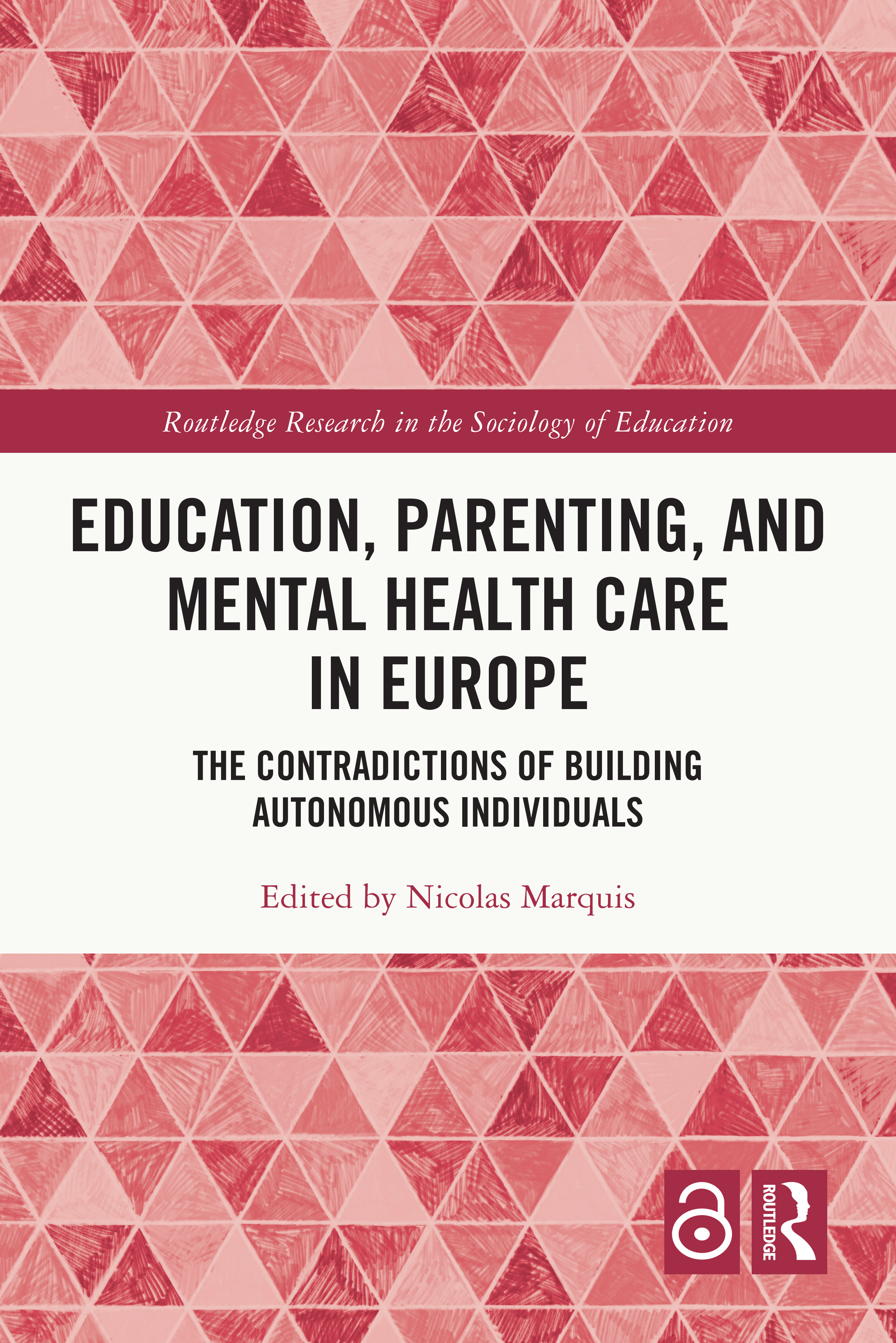

Routledge Research in the Sociology of Education

EDUCATION, PARENTING, AND MENTAL HEALTH CARE IN EUROPE

THE CONTRADICTIONS OF BUILDING AUTONOMOUS INDIVIDUALS

Edited by Nicolas Marquis

Education, Parenting, and Mental Health Care in Europe

This edited collection investigates, from a sociological perspective, what it means to create an autonomous individual through a novel exploration of three central fields of sociology: education, mental health care, and parenting.

By linking these three aspects through their contribution to the building of an autonomous child, the volume analyses the intersecting roles of parent, teacher, and caregiver as well as the transformations in identities of child, pupil, and patient to understand the construction and repair of autonomy. Using a comparison of various case studies across Scandinavian, English-speaking, and French-speaking countries, chapters explore why personal autonomy is so important in many societies and demonstrate the conceptual and practical challenges the idea brings. Ultimately, the book provides an innovative contribution to the fields of educational sociology and the philosophy of education, as well as parenting studies and the sociology of mental health by making the case for taking autonomy, and its paradoxes, seriously.

This cross-disciplinary volume will be of interest to scholars, researchers, and postgraduate students working in sociology and the philosophy of education, parenting, mental health, and child development more broadly. Those with a focus on the study of individualistic societies will also find the volume of use.

Nicolas Marquis is an ERC Starting Grantee and Professor in Sociology and Methodology, Université UCLouvain Saint-Louis Brussels, Belgium.

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The Contradictions of Building Autonomous Individuals

Edited by Nicolas Marquis

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This book is dedicated to the memory of our colleague and friend, Anders Petersen.

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Introduction

Puzzling Autonomy

Nicolas Marquis and Emmanuelle Lenel

A journey in autonomy

Imagine: You wake up after having slept for a long but unknown time and have to figure out what exactly has changed, and to what extent, in the society you wake up in. Turning on the radio in the morning, you hear a commercial about a professional training course on how to "be a leader" in both your private and your professional life. Even though you are not yet wide awake, this arouses your interest and, whilst drinking your coffee, you visit the website. On the front page you come across a proposal in bold type: coaches are available to help you "take back control of your life" and to be "freed from constraining social norms" that prevent you from unleashing your "true potential" and finally achieving "autonomy". How do they claim to do this? It seems that what they offer consists mainly of "empowerment" sessions through which those seeking leadership are encouraged to find the answers and guidance "within themselves". This reclaiming path, they say, starts with "being yourself".

Being yourself? At last! This is what you have always wanted, and you are pretty sure that you do not need to be empowered to do it! Still, let's give it a try: you leave the apartment and, once in the street, you begin to engage in conversations with strangers because your inner self has always been very sociable. Unfortunately, these passers-by look at you suspiciously. A person even asks what is wrong with you "from a mental health point of view" and says you should get treatment. Luckily, a good Samaritan bystander asks you how he can help. You tell him that you just woke up and felt entitled to be yourself. He says that he understands but then gently explains to you that being an autonomous person is not simply doing what you want and expressing yourself freely: it means doing it in a certain way that will put people at ease and help you be recognized for who you are. He encourages you to develop your "social skills" in order to understand informal norms and reminds you that being yourself also comes with a sense of "personal responsibility".

"Being yourself" seems much more complicated than you first thought. You take a rest on a nearby bench, closing your eyes for a little while and processing what has just happened. Someone apologizes for disturbing you "during your mindfulness meditation" and ask if you are alright. You have no

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idea what to answer. Given your astonishment, the young lady adds that she wants to know "if you feel that you are in the driver's seat of your life". Your head begins to ache and you hold it in your hands. Taking that gesture as a "no", the woman then says that even if you might feel down for the moment, you have the "right to be happy in life" and that possibility lies at your fingertips. You should never forget that everyone, including yourself, is a "unique person" and you can make the best of the difficult times you are going through right now. But to do so, you need a "secure yet challenging environment" that will let you discover the "potential of your brain". She says that she sees how far you could go and she could be this environment for you. You answer that you are fine, thank you, maybe just a little bit melancholic today. As you try to leave, she apologizes and says she doesn't want to do your good for you, but insists that you should refuse any normative labels such as "depressed" and "mentally ill" that are imposed on some people by society to belittle them. If you feel different from the rest, she says, it may be because you are "neuro-atypical", and you should cherish this feature and use it as a strength to help other people. She eventually gives you a card on which she presents herself as a "life coach". You begin to wonder how you are truly making out in life.

Later in the day, you meet a friend whom you used to know when you were at university decades ago. You begin to chat with him, trying to improve those "social competencies" you were warned about. You both hark back to memories of how strict the teachers were at the time. Your friend says that he now realizes that it did hurt him a lot for, although he was a good student, he performed well because he feared punishment and sanctions, not because he truly liked what he was doing, and now he has the impression of having missed out on life. Then he tells you how relieved he is because things have changed: his children are now in a school where teachers are called "supporting companions". Following the precepts of alternative pedagogies now proved by neurosciences, they let children explore and discover by themselves what they want to know and to be; they guide them by nudges to get them to learn without being taught. In this school where "non-violent communication" between everyone is the norm, the most important value, he says, is that everyone (teachers, pupils, parents) feel that they are "in tune with their true selves".

Your old friend seems unstoppable about the merits of these groundbreaking ways of dealing with children. He argues that this is a game-changing development because children's brains mature only when parents and teachers form a "benevolent" environment. He then advises you to foster your own future children's "self-actualization" by reading picture books to them, even before their birth, that will help them to get the vocabulary to recognize and express their emotional states. That is the best way, he claims, to help them build a feeling of "personal achievement" later in life and a fulfilling career. Your friend's new keyword seems to be "being and acting *positive*": positive parenting, positive education, and positive thinking.

Leaving your positive friend, you enter a bar called "The inner Journey". Watching the news on the screen, you learn that the head of state of your country recently gave a speech declaring that “mental health is the great crisis of our time”, but as we are a “resilient nation”, the next ten years will be the “decade of personal autonomy”. In the speech, parents, teachers, and mental health caregivers are presented as key players in this fundamental challenge. Their sacred mission is to help people, and especially children, help themselves to become the persons they want to be. These actors will from now on have to attend compulsory coaching sessions where they will be given clear pointers on how to make people autonomous without ever taking their place. You cannot believe your ears when you hear that psychedelic substances will be legalized next year in order to help people shake off depression and maximize their potential. “The question,” the head of state says, “is not whether you take antidepressants or psychedelic substances but how you make use of these substances, with the help of a coach, to foster your agency and to be the solution you want to see for yourself and the world”. The speech concludes by stating that during this decade, no one shall be left behind. “Thanks to neurosciences,” it is claimed, “we now know how our infinitely diverse brains work”. New empowering techniques will help overcome social inequalities, provided that each person plays their role in society. Every citizen’s job is to wish to be autonomous. The responsibility of the society is to enhance each person’s “capabilities” to be so.

The crowd in the bar applauds, and you really need a drink. The bar’s speciality is a light blond beer called “Freedom”, for which the advert promises “A rendezvous with yourself”. You order it, and the bottle comes, but with a warning on the label: “We trust you to drink with self-control. No one knows your limits better than you do”. However, looking more closely, you also see that it says consuming this product is “Forbidden for those under 18, pregnant women, and people suffering from mental health issues”. It is time to go home.

Eventually, and as if the day was not bizarre and exhausting enough, on your way back, a book displayed in a bookshop window and entitled *The Contradictions of Building Autonomous Individuals* catches your eye. What on earth is all this muck about autonomy and what makes it so fascinating, even for social scientists?

Individualist people: a very close tribe

The preceding sketch is less fictional than freely inspired by real events. Some of its aspects might give some readers a feeling of déjà vu. One might feel that some elements are caricatures, but others are in lockstep with the reality of society as it is. Some elements might appear problematic, if not frightening, whilst others seem to be perfectly desirable. For some of us, it will look like Orwell’s *1984*, for others more like the perfect lost society of Gondawa in Barjavel’s *The Ice People*. Reality or fiction? Utopia or dystopia? Beyond the diversity of our reactions, we might assume two elements. First, many people will feel some sense of familiarity with these situations in which personal autonomy is promoted, either because they experience it themselves or because they imagine others do. Second, evoking these situations will not leave us indifferent, as we know or feel that something important for our way of life is at stake. In a nutshell: it speaks to us.

Capabilities, agency, self-management, independence, personal achievement, self-governance, self-control, freedom, empowerment, competencies and skills, individual potential, personal responsibility, etc. As a category, autonomy rarely comes alone. It is enmeshed in what Ludwig Wittgenstein calls a language game, i.e., a set of words and expressions but also a web of social activities that find their socially shared, even if unclear, meanings in the stream of our everyday life. Sociologically, the meaning of the word "autonomy", or even the use of this category instead of another one in this language game, is less important than the form of life to which it points, i.e., the one that we may observe in individualistic societies.

This book explores in depth some aspects, tensions, and paradoxes of living in societies that value, probably more than ever before, human beings as individuals. There are, of course, as we shall see, multiple ways of living an individualistic form of life and of making use of its language game, but it is quite easy to pinpoint some of the common-sense axioms that are widely taken for granted in such a context: autonomy is an important issue and a valuable thing; it has to do with the valorization of something that is "inside" each individual and makes them unique; our interiority is a resource of meaning and power; one should strive to discover who one truly is and make the most of an inner potential that is often hidden and unexploited; each person is, ultimately, the only one to decide what he or she wants; you should fight familial, traditional, and/or social determinisms that divert you from your own path; the role of society is to foster the autonomy of its citizens; individuals have the responsibility of being (pro)active and reducing their dependency on others as much as possible; helping someone in a relevant way does not imply doing something for them, but showing them how they can do it themselves; if everyone mobilized their own resources and lived according to what was inside them, this could have an important, certainly positive, impact on many social issues.

The contributions in this book all rest upon the observation, now commonly accepted in the scientific literature, that autonomy has become an important issue in individualistic societies (and in the social sciences studying them), to the point of becoming a "common condition", as Alain Ehrenberg (2010) puts it. This does not mean in any way that everyone has suddenly become able to manage their own lives. Nor does it imply that every person living in an individualistic society, whatever their cultural origin or socio-economic background, is passionately excited about the ideals of autonomy. But it means that personal autonomy has become a common good and an unavoidable landmark at various levels.

In social, professional, and familial relations, it is a valued way of living one's life and thus grounds for distinction, as well as a criterion for assigning merit and responsibilities. This is illustrated by the unceasing success of self-help content promoting individual abilities and personal responsibility (Marquis 2014), or by the triumph of the modern “from rags to riches” tale, still unchallenged, from Horatio Alger’s popular novels (such as famous *Ragged Dick* [1867] 2008) to social media influencers explaining how to become successful in every aspect of existence.

In another field, the foothold that the reference to autonomy has taken in international law over the last decades is striking. For example, whilst, like many fundamental texts of the time, the European Convention for the Protection of Human Rights and Fundamental Freedoms (Council of Europe 1950) does not refer to autonomy directly, the European Court of Human Rights has recently interpreted some of its fundamental provisions (such as Article 2 on the right to life or Article 8 on the right to respect for private and family life) with regard to self-determination, or even “personal autonomy”, understood as “the ability to conduct one’s life in a manner of one’s own choosing”[1]. Interestingly, the more recent United Nations (UN) Convention on the Rights of Persons with Disabilities (2006) makes “individual autonomy, including the freedom to make one’s own choice” the very first of its General Principles (CRPD, Art. 3). At the same time, autonomy has become a legitimate claim for every person, and movements of vulnerable people such as psychiatry survivor movements, AIDS patients, and organizations of persons with disabilities want to fight oppression with the “Nothing about us without us” slogan for self-determination (see Charlton 1998).

The individual’s autonomy has also become a key preoccupation for governments and in many public policies in the last decades. The role of the state is nowadays widely considered in liberal-individualistic societies to be less that of providing people with undifferentiated protections to overcome adversity than to activate and empower people so that tailored, temporary support enables them to bounce back and retake control of their own lives (this stance is also criticized, especially in France). All in all, autonomy is a norm and a value. It is also a collective expectation for everyone, as it is taken for granted that, whatever his or her forces or weaknesses, abilities or impairments, each person has the potential, right, and duty to manage himself or herself as autonomously as possible. But do we sufficiently know what we are talking about when we are dealing with autonomy – and is the question worth asking?

Praise or criticism? Autonomy as a common-sense, philosophical, historical, and sociological subject

What is “autonomy” in actual fact? Does it even exist? Are people nowadays truly more autonomous than they were before? Can everyone actually become autonomous? Is this contemporary preoccupation with autonomy in public policies a good thing? Does it “work”? Or is it just a big, normative sham, a deceitful lie designed to dominate people, one that might even eventually lead to the collapse of society? How can we distinguish between “false” and "true" personal autonomy? These are the kinds of question with which we are very familiar in common sense, as the ever-growing criticism of self-help techniques shows. Let us take, for example, the evocative titles of essays such as Tom Tiede's *Self-help Nation. The Long Overdue, Entirely Justified, Delightfully Hostile Guide to the Snake-oil Peddlers Who Are Sapping Our Nation's Soul* (2001), Steve Justman's *Fool's Paradise. The Unreal World of Pop Psychology* (2005), Steve Salerno's *Sham: How the Self-Help Movements Made America Helpless* (2006), etc.

Individual autonomy and other categories have this characteristic of sacred issues: they have a great power of attraction, but they also create apprehensions and attract criticism. We may fear not being able to make it and missing out one's own life, but we may also worry about unintended consequences and paradoxes such as the fact that autonomy has become a social norm. The essays cited above often revolve around two ideas. First, if self-help actually made people more autonomous, we should know it by now. "Surely it is the inefficacy, not the efficacy, of self-help that keeps the genre going" (Justman 2005, 6). Second, self-help books are not only ineffectual but also can eventually make people *less* autonomous by having them rely on experts or public authorities instead of trusting themselves or by transforming their lives into lives of boring perpetual self-examination. This kind of criticism has been heard by self-help book authors who, at least in France, have now endorsed criticisms of forms of socially expected autonomy (understood as a commercial sham or as an expectation of performance weighing heavily on the individual) – but only to promote another, true form of individual autonomy as a way of "really being oneself" (see, for example, books by best-selling author and psychiatrist Christophe André 2009). What is remarkable in such controversies is that the relevance of autonomy per se is never in question: only certain forms, definitions, or paths to get to it are seen as problematic. As Alain Ehrenberg (2010) has shown, valuing and criticism of autonomy move forward hand in hand in individualistic societies.

Whilst visible in common-sense discussions, these kinds of worries are probably nowhere more present than in academic circles in the social sciences and humanities, where many scholars seem to have endorsed the mission to tell some truths about personal autonomy and the form of life it implies – most often from a critical perspective. Given a global trend of valuing personal autonomy, approaching this category in a positivist way (does it actually exist? what is it exactly?) or evaluative way (is it good or bad?) is of course extremely tempting and has given birth to major works in both philosophy and the social sciences. But where has it led us?

Autonomy as a philosophical UFO

In the history of philosophy, and moral philosophy in particular, the concept of autonomy is largely derived from the Kantian perspective (Hill 1991; Korsgaard 1996; Schneewind 1998). Seen from this angle, the autonomous individual is someone who is not simply subject to his or her inclinations, but whose will is guided by the exercise of reason and by self-command, i.e., being able to bend the will to moral duties. Against this conception of autonomy, based on the idea of a subject who is fully conscious, rational, and free to self-determine his or her actions, the philosophical tradition that came after Marx, Nietzsche, and Freud set out to criticize the so-called "philosophies of the subject", suspiciously highlighting the illusion of a (modern) subject entirely responsible for controlling his or her actions and emphasizing the fact that the reasons for his or her actions are largely independent of the subject's conscious will.

Another wave of even more radical critiques of the figure of the autonomous, self-governing individual surfaced in the 20th century in the wake of Ludwig Wittgenstein and other philosophers inspired by his work. In this profoundly anti-internalist perspective, the focus is not on determinations hindering individual autonomy, but rather on the very fact that any conception of autonomy as self-foundation is logically impossible. Indeed, as anthropologist Veena Das (1998) shows regarding suffering, the public dimension of human life always takes precedence over the private dimension: in order to live and to express one's own feelings, one has to rely on a public language, no matter how private and intimate these feelings might seem. Autonomy, in this view, paradoxically lies in the learning of external rules, which is an essential condition of any action that is generally considered to be "individual" (Descombes 2005).

Moreover, as Joan Tronto (1993), Iris Murdoch (2013), Eva Kittay (2011), and many other scholars borrowing from the philosophy of care or feminist theories have shown, the dominant liberal perspective on autonomy, crystallized in the heroic figure of the action man, strongly tends to obliterate the indispensable, and often invisible, human, social, and material aids that allow any one of us to say something to the effect of "I am conducting a brilliant professional career" (see Paperman and Laugier 2020). One should not focus on an abstract capacity or right to decide what is good for oneself. Rather, one should pay attention to the very concrete situational parameters that determine the capabilities of a person, i.e., the actual possibility for the person to achieve what matters to him or her (Nussbaum 2011).

In a nutshell, it is fair to say, as philosopher Vincent Descombes (2013) puts it, that much Western philosophical and political thought has tried, over at least a century, to reveal autonomy as an insufficient, biased, problematic, if not simply false, category. What is more, for those in social sciences and humanities who wish to safeguard autonomy as a value or category, all hopes of building an encompassing definition or an integrated theory have until now foundered against the double status of autonomy as an etic (scholarly) and an emic (common sense) category. There is, what is more, an indisputable diversity of academic perspectives (opposing, for example, those for whom autonomy is a substantial value that has to do with the definition of a life worth living it and those for whom autonomy is, above all, a matter of procedures and possibilities of choice). There is also, and above all, an apparently unsurpassable multiplicity of practical uses of autonomy, especially with regard to people whose autonomy is considered problematic. A recently published book entitled *Autonomy and Mental Disorder* (Radoilska 2012) clearly illustrates some of the shortcomings of a state of the art about autonomy that can be summarized as follows: we have the intellectual tools to identify many conceptual, ethical, and practical problems regarding autonomy, but we do not have any viable solution to surmount them.

The intricate roots of autonomy

One may then ask why, as individuals, groups, and societies, we have come to value so much a belief that at best seems to act as an empty shell and at worst is a problematic chimera? How has this become a landmark of an individualistic way of life? Philosopher Charles Taylor insists on the need to trace the origin of the way we "feel the demands to freedom and self-rule as axiomatically justified" (Taylor 1989, 495), at least in the beginning of the modern period, with its Deist, Enlightenment, and Romantic movements that have, in various ways, delved into the individual's inner self. Sociologists such as Max Weber (1967) and Louis Dumont (1985) propose that we consider that the origin of individualism and its accent on the value of self-determination is to be found in even more ancient sources, such as the invention of "subjective rights" in the Middle Ages (Occam) or even the monotheistic religions of Christianity and (ancient) Judaism.

Many historians have insisted on the importance of the *melting pot* that was America during the last four centuries, where Protestantism, liberalism, capitalism, Emerson's transcendentalist philosophy on the "divine sufficiency of the individual", James's pragmatism, and Quimby's New Thought movement met the fascination for Mesmer's "animal magnetism", Eddy's Christian Science curing the mind and the body, Coué's method, Freud's 1909 Conferences at Clark University (and the theories of those, such as Jung, who followed and then broke with him), Peale's 1952 *Power of Positive Thinking*, Maslow's pyramid of the human needs, and techniques and movements such as those developed in the Californian Esalen Institute, to name just a few of the elements in the mix (see *inter alia* Hale 1971; Hewitt 1998; Illouz 2008). These ingredients, among many others, have been interpreted as progressively giving birth to an unprecedented preoccupation with the self, termed the (third) "Great Awakening" by essayist Tom Wolfe, that was particularly visible in the 1970s' "'Me' Decade" (Wolfe 1976). Other scholars also link the impressive success of Seligman and Csikszentmihalyi's positive psychology at the beginning of the 21st century to this breeding ground (Cederström 2018).

But whatever happened in the United States should definitely not be interpreted as the sole starting impulse in modern history of a hypothetical wave of American individualistic way of life that gradually conquered the world. Indeed, other genealogies exist in various countries. In France and continental

Europe more generally, many social scientists have given a prominent role to actors in the last three centuries who claimed to explore, to correct, or to cure the human mind, its madness, and its suffering. Among these actors, religious movements and therapeutic figures from Mesmer to contemporary (neuro)psychiatrists via Freud or French alienists are considered to have played an important role in delving into modern individuals' interiority; see, for example, the writings of historians Henri Ellenberger (1970) and Hervé Guillemain (2016), psychiatrist Gladys Swain (1994), philosopher Pierre-Henri Castel (2011, 2012), and more recently sociologist Nicolas Henckes and historian Benoît Majerus (2022).

Other scholars studied how things unfolded during the same period in England, when psychology (and especially scientific psychology) was gaining ground, whilst being also linked to programmes for measuring individuals' and groups' health (Rose 1985). But above all, one must not forget that the expression "self-help" was coined by author Samuel Smiles in Victorian England, not the United States. In 1859, Smiles published a book titled *Self-help, with Illustrations of Character, Conduct and Perseverance,* of which 250,000 copies were sold (after having initially been rejected by the newly founded publisher Routledge!) in which he wrote:

> The spirit of self-help is the root of all genuine growth in the individual; and, exhibited in the lives of many, it constitutes the true source of national vigour and strength. Help from without is often enfeebling in its effects, but help from within invariably invigorates. Whatever is done FOR men or classes, to a certain extent takes away the stimulus and necessity of doing for themselves; and where men are subjected to over-guidance and overgovernment, the inevitable tendency is to render them comparatively helpless.
>
> (Smiles [1859] 2002)

Later in the 20th century, other scholars with a background in "psy" disciplines (psychoanalysts Donald W. Winnicott and Françoise Dolto, psychiatrist John Bowlby, psychologist Pierre Daco, etc.), as well as countless authors of popular books, nourished what was termed a "therapy culture" in England (by the title of sociologist Frank Furedi's book, 2003) and a "post-psychoanalytical society" in France (by the title of the 1981 book of sociologist Robert Castel).

Finally, more recent works show that this interest in the individual and the rise of a therapeutic approach to the individual's inner self and its capacities can now be observed in contexts as different as Japan (Kitanaka 2012) and India (Gagnant 2023), with many local adaptations to existing practices and representations. All in all, a total history of autonomy and related categories, taken as values and a way of life, seems as exhausting and impossible as offering clear, usable definitions of what they mean. One thing is certain, though: the fascination for the individual and the individual's personal autonomy is in many ways enmeshed in our recent history.

Sociological denunciations of autonomy

For much of the last century, numerous sociologists have of course noticed the importance of the reference to the language game of autonomy in a form of life that was becoming more and more individualistic. This has led to so many remarkable studies that it is not possible to describe them all. However, it is probably fair to say that the general tone of the research regarding the norm of autonomy is critical (to say the least) here, too. Still, some notable exceptions are worth mentioning. Some authors, such as Anthony Giddens (1992), rejoice over the growing presence of autonomy. More interestingly, others, such as Durkheim (2002), Elias (1991), and Dumont (1985), offer a more analytical perspective – several chapters of this book refer to these authors, and we shall come back to them later on. However, the vast majority of sociologists working on this issue have seen their job as one of uncovering not only the conceptual and genealogical issues about autonomy but, above all, also its supposed various and nefarious effects on individuals and societies. How can we explain this stance?

The valuing of personal autonomy is at odds with much of a discipline that is accustomed to analysing the determinants of individual behaviours and representations as well as of collective structure. It is also an easy playing field, since sociologists and many observers of social life would not have too much difficulty dismissing autonomy as a (post-)modern fantasy: the interdependences we are stuck in for the least of our everyday life actions, the big-data-proven regularities in preferences we see as intimate, and our shrinking individual or even collective room for manoeuvre regarding global challenges are all becoming increasingly visible. It is not much more complicated to brush off the claim of autonomy as pathetically contradictory: if autonomy is nowadays a social norm, trying to be yourself by rejecting social norms is the least autonomous thing you can do.

However, the hypothetical consequences of the ubiquitous reference to individual autonomy have been the main objects of sociological criticism and worries. One can schematically identify two arguments which are not mutually exclusive. First, the growing reference to autonomy has been regarded as a threat both to the making of society and to people's quality of life. In the English-speaking world, this perspective is clearly exemplified in Rieff's *The Triumph of the Therapeutics* (1966), Sennett's *The Fall of the Public Man* (1977), Bellah et al.'s *Habits of the Heart* (1985), and above all Lasch's *The Culture of Narcissism* (1978): being full of himself and his feelings, the modern individual considers the external world only with respect to the way it touches him personally. Instead of gaining the sham autonomy promised by therapeutic-capitalist advertisements, he sinks in his dull life, no longer capable of making the sacrifices that are required for a truly autonomous life in a thriving society. In Germany, Axel Honneth (2010) and other heirs to the Frankfurt School's Critical Theory (Adorno 2011) have pointed to the pathological aspects of a social organization centred around (self-)performance that impoverishes peoples' lives, makes them unhappy, and, from a mental health standpoint, literally unwell. Many French-speaking authors have also embraced what can be termed a "decline model" in which they pitch what they see as an atomizing interest in personal autonomy against the very possibility of "doing" society (see Ehrenberg 2010; Marquis 2014).

While this first perspective has been greatly inspired by authors borrowing from psychoanalysis as well as from social sciences, the other main line of criticism clearly refers to the seminal work of Michel Foucault. As Dreyfus and Rabinow (1983) show, Foucault progressively moved from a "repressive hypothesis" (see *Surveiller et punir* 1975) to the idea of a "bio-power" (*Naissance de la biopolitique* or "The birth of biopolitics" was indeed the title of the lessons he gave in 1979 at the Collège de France). Bio-power is a way to govern human beings that is compatible with the principles of liberalism and democracy in societies where personal freedom is important. In this system, power is not exerted through constraining or restricting individuals' autonomy, but through "techniques of the self" (such as practising tests and exercises or giving an account of oneself, see Butler 2005) that have people govern themselves through self-knowledge and the building of their own autonomy – in a certain way that makes them knowledgeable and manageable. We are nowadays living in a "psy-shaped space" (Rose 1996, 265) where psy disciplines have made us think everyone has an "inner psychology that animates and explains our conduct and strives for self-realization, self-esteem, and self-fulfilment in everyday life" (Rose 1996, 3). The contemporary promotion of self-agency is thus, in Foucault's words, an "action on people's actions" (see Foucault 2001, 2008), as the contemporary interest in politics of the nudge would illustrate perfectly. Autonomy is, to cite some famous book titles of the Foucauldian sociologist Nikolas Rose, a command to "Inventing Our Selves" (1996), a way of "Governing the Souls" (1990) through psychological knowledge, as well as a means to organize the "Management of the Mind" through the "New Brain Sciences" (2013). But it is in no way a true promise that one should take literally. Moreover, it might seem, as Castel (1981) put it, that working on one's own personal autonomy is the pathetic signal of a dramatic misreading of where the actual points of leverage are.

Taking autonomy – and its paradoxes – seriously

Whilst extremely powerful and interesting, these critical perspectives on autonomy may miss some important points. In a way, approaching autonomy through such questions as "Does it really exist?" (plausible answer from most authors cited above: no) and "What are the real effects of its contemporary promotion?" (plausible answer: they are numerous, but different from what is claimed, and mostly negative) comes down to acting as an anthropologist who, when confronted with magical or sorcery practices, would wonder if these practices were as effective as they claimed to be, or if they were simply a travesty. There is indeed no difficulty in showing that neither these traditional rituals nor the contemporary celebration of autonomy live up to the expectations that they set. Further in this line of questioning, it will then seem only logical to wonder why people still hold on to beliefs, be it witchcraft or autonomy, when reality continuously disproves them and it is supposed that these beliefs might even hurt them. Among the most frequently given answers to this interrogation, we find the idea that people commit this error either because, for whatever historical, cultural, or sociological reason, they do not have the capacity to think correctly or as responsible citizens, or because they are deceived by a social organization that dominates them. We join here Wittgenstein's classical criticism of Frazer's position on rituals in his *Golden Bough* (criticism later echoed by Peter Winch's *Understanding a Primitive Society* [1964]):

> Frazer says that it is very difficult to discover the error in magic and this is why it persists for so long – because, for example, a ceremony which is supposed to bring rain is sure to appear effective sooner or later. But then it is queer that people do not notice sooner that it does rain sooner or later anyway.… It never does become plausible that people do all this out of sheer stupidity.
>
> (Wittgenstein 2018 [1935])

In our view, regarding autonomy through this lens might reduce our ability to understand why people, groups, and society still resort to this language game. "Taking autonomy seriously", as well as the tensions, controversies, and paradoxes it creates, is the primary aim of this book. What does that mean? In an individualistic form of life, personal autonomy is something that obviously counts, despite all its limitations highlighted by academic works and common-sense preoccupations. It is a normative horizon for many lay individuals, professionals, and public policies. Despite being an empty shell, it gets people to agree on its moral merits quickly. (And indeed, who in liberal individualistic societies is going to say that, generally speaking, autonomy is a bad thing?) It is an expectation that we often have for ourselves, if not for others.

But autonomy is unclear, it generates common-sense disagreements as well as contradictions in everyday practices about the way to measure it, to perform autonomously, and to foster it. It might be an important criterion in many circumstances that allows people, professionals, or policy makers to discuss what an effective practice that is respectful of everyone's agency is, or what a life worth living is. But in most cases, and despite the generalities pinpointed above, it does not deliver sufficient, obviously shared answers per se.

These debates and disputes are, for instance, extremely visible in social, ethical, and often legal controversies regarding liminal situations in which autonomy is considered to be not fully present and not fully absent, as is often the case with mental health issues. How should caregivers deal with the will of a psychiatric patient, even if what he wishes is considered potentially harmful to him (see Pols 2003 and Velpry 2008)? To what extent can people refuse vital treatments, disagree with experts or relatives about how their illnesses are labelled, assign their own labels or ask that their peculiarities not be treated but respected as a sign of neurodiversity (see Marquis, Maignan and Daelman, this volume)? Is it right to consider a young person to be accountable for his or her disruptive behaviours or to explain them by the immaturity of the individual's psychological development (see the chapters by Ehrenberg and Marquis and by Marquis and Mignon, this volume)?

Conflicts also arise in cases where people claim the right to perform acts that affect their own autonomy adversely. When young adults claim that taking antidepressant medication or psychedelics is part of their identity, should that be seen as a sign of autonomy or as a form of alienation (see the chapters by Petersen, and by Charrasse and Marquis in this volume)? What attitude should be taken towards a young person asking for euthanasia because of unbearable suffering caused by trauma (see, for example the debates around the tragic case of the 23-year-old Belgian survivor of the 2016 terrorist attacks in Brussels who was euthanized in 2022)? How should we react when a loved one wilfully joins a group that others see as a sect and deliberately accepts the restrictions that are placed on his or her own autonomy?

Disputes are also frequent in cases where the autonomy of an individual conflicts with that of another person. Is it acceptable to limit the autonomy of parents in the name of their children's (and even as-yet unborn children's) autonomy (see the chapters by Lee, Martin, and Westerling in this volume)? What kind of autonomy should teachers leave to pupils and students in the learning processes (see the chapters by Degraef et al., Durler, and Morel in this volume)? And last but not least, is having children or adults speak the language of skills and personal autonomy a relevant way to make them autonomous, or is it just a way to normalize and (de)responsibilize them (see the chapters by Frawley et al., Gullov, and Jensen and Prieur in this volume)?

Taking autonomy seriously means distancing oneself from a perspective that considers the practical use of autonomy to be a mistake – although an understandable one – that should be corrected or, on the contrary, praises the growing reference to this moral category. Proving the existence or absence of personal autonomy is not what is at stake, no more than proving people right or wrong is. Still, it does not mean taking the claim of autonomy at face value. It does not prevent the need to develop a critical perspective to show, for example, how the reference to autonomy might place a burden on individuals and reconfigure the state's action, how it may come down to asking people to accept what is imposed on them, or, more generally, to what extent people are in unequal positions when it comes to satisfying the demands of this social norm.

However, taking autonomy seriously also means not assuming that the controversies mentioned above would be easily settled if autonomy were defined more accurately or flawlessly. It may even call for not delving into these controversies, taking sides, or counting points. On the contrary, it means considering that this language game, its importance as well as *the controversies it* *generates*, are somehow coextensive of individualistic societies, as they are part of our "collective consciousness", as Durkheim would put it: it is an issue on which you do not want to mess up.

Finally, taking autonomy seriously means, as proposed in the beginning of this introduction, regarding it as a door to understanding what it is to live in individualistic societies in which the development of the self is a common preoccupation and we share "a feeling of an irreducible singularity" (Elias 1991). For this purpose, autonomy will be approached in this book not *in abstracto*, but as a performance, not as a musical score, but as a concert, or, to refer once again to a Wittgensteinian image, as an engine that is not idling but at full throttle.

Building autonomous individuals

The chapters in the book all deal with a specific set of practical uses of the language game of autonomy: situations in which some people try to foster the autonomy of other people. Intervening in other people's lives to transform them or to help them become something they are not yet is a common activity in every society: nurturing, caring for, educating, feeding, advising, curing, teaching, showing, socializing, welcoming or excluding, helping, acting in their stead, imposing, etc. Although they are very common, these practices are most of the time rendered routine and coded, if not formalized and ritualized. They will be considered legitimate and efficient only if they respect some parameters: who does what to whom, in which circumstances, with which title(s) or public acknowledgement, etc.

In societies that value personal autonomy as a given and/or as a possibility for each individual, this immediately points to a moral and practical problem: Is personal autonomy always an already-there capacity inside each of us, or is it a to-be-acquired skill that is situational and dependent on the intervention of other people? This issue has cascading declinations: Is it right to consider that some people (such as persons with [mental] disabilities, young or elderly people, persons with low social skills) are less autonomous than others and should be treated as such? And if (almost) every human being is, in (nearly) every situation, deemed to be the most capable of deciding what is good for him or her, what would be a legitimate and efficient intervention, even if this intervention strove to foster his or her autonomy? Whose decision is it? What are the respective rights and duties of each party? And what should be done when disagreements arise? Should we avoid at all costs doing good to a person against, despite or besides her will, and, if so, how? Can a person autonomously refuse to be autonomous? And so on.

In an interesting essay, philosopher Jane Heal (2012) observes that even if no consensus emerges about a positive definition of autonomy, we undoubtedly value the contrary of its contrary: non-coercion. Indeed, in individualistic societies, the freedom and potential of the individual are easily seen as threatened by external, social, and collective norms and elements that seem to have an institutional origin and are often interpreted as constraints, coercion, and unacceptable limits on self-determination (hence the current accent on personal choice and capabilities). This corresponds to what Ehrenberg (2010) calls the "personal turn of individualism", when autonomy, no longer a distant aspiration, becomes an immediate expectation. It is indeed fair to say that, in such contexts, feeling allergic to external interference that may restrict one's possibility to steer one's own life and criticizing those affecting other people's lives is valued. The interpretation of the aforementioned UN CRPD (2006) by the body responsible for monitoring its implementation, the UN Committee for the Rights of Persons with Disabilities, is an eloquent example in this regard. In its General Observations (especially Observation n°5), the Committee presents any kind of institutional form – not only "total institutions" but also any imposed routine in small settings or ambulatory care, any form of gathering people with the same characteristics in order to facilitate their treatment, any care given by a person that the care receiver did not explicitly chose, etc. – as unacceptably restricting the autonomy and personal choice of persons with disabilities, even if the initial aim is precisely to help them lead a more autonomous life (see Marquis, Maignan, and Daelman in this volume).

Education, parenting, and mental health care: from asymmetry to symmetry?

In individualistic societies, intervening on other people is thus practically and conceptually a very complicated issue raising tensions. These tensions are manifested nowhere more clearly than in three fields that are socially designated as responsible for building and repairing other people's – especially children's – autonomy, namely, mental health care, parenting, and education, three fields at the core of the chapters in this book. Why study together these areas that have usually been regarded in the social sciences as separate thematic fields? Because in individualistic societies they are confronted with similar challenges and paradoxes.

Mental health care, parenting, and education have historically been based on an asymmetrical relationship between, on the one hand, a person in a higher position (a parent, a teacher, a caregiver), whose position is legitimated by some sort of social validation (titles and expertise, tradition and eldership, etc.) and, on the other hand, a person in a lower position (a child, a pupil, a patient), whose autonomy must be (re)constructed through top-down processes: the teacher inculcates knowledge in his or her pupil, the parent educates his or her child, the caregiver cures his or her patient. While Talcott Parsons' (1975) classical "sick role" analysis of the structure of the relations between patient and physician (which he compares to the relations between a child and a parent or a student and a teacher) offers a functionalist perspective on the necessity for the patient to submit to the doctor's expertise, the bulk of the research in the social sciences has approached these relations in a cautious, if not critical, way, questioning, amongst other things, the power relationships, domination processes, and symbolic violence involved in the fields of education, (mental) health care, and parenting (see, for an example in the mental health field, the numerous works about the too-often-overlooked consent of the patient).

But the criticisms of the classically asymmetrical practices are far from being the prerogative of sociology. They have also been developed in other academic areas (such as psychology or pedagogy) or by famous figures (such as Celestin Freinet and Maria Montessori for education, Franco Basaglia for mental health care, and Donald Winnicott or Françoise Dolto for parenting). Last but not least, they have been increasingly present in the common sense of individualistic societies. Indeed, all three fields share the fact that they are confronted with movements and actors who reject traditional forms of asymmetry as being not only disrespectful but also inefficient and promote instead more horizontal, symmetrical, and negotiated forms of intervention that rely on everyone's presumed capacity and desire for autonomy. They take the person's competencies and resources as the starting point of any move and tend to foster his or her *agency* in order to put him or her in the driver's seat of his or her own change. Movements such as positive parenting (see Martin, and Mignon and Marquis in this volume), benevolent education (see the chapters by Degraef et al., Durler, and Morel in this volume), and the Hypersensitive Persons or Voice Hearers movements (see Marquis, Maignan, and Daelman in this volume) are, among many others, front and centre in this redefinition of what fosters the autonomy of a person in a way that is at the same time respectful and efficient. This redefinition is also at the core of public policies focusing on the enablement of actors such as children (see Ehrenberg and Marquis, and Gullov in this volume), parents (see Martin, and Westerling in this volume), and students (see Frawley et al. in this volume).

Moral entrepreneurs of this trend, be they public or private actors, often mobilize specific languages to establish their claims, such as psychic suffering and well-being, as well as (cognitive) neuroscience categories. They call for focusing the interventions on a new object: peoples' *skills*, and especially social skills, such as the ability to express or to control oneself (see Gullov, and Jensen and Prieur, this volume). They reframe parenting, educating, and caring for a person in new terms and new forms that are in line with the individualistic ideal that everyone has inner resources: companionship, guiding, peer expertise and peer supporting, testimonies, empowerment, etc. "Coaching" is undoubtedly the most explicit and most often used term in this new normative landscape.

In trying to transform the parameters of the process of building autonomous individuals, these positions and practices also alter actors at both ends of the spectrum. First, what does it mean, in this configuration, to be a good teacher, a relevant mental health caregiver, or an adequate parent? How should one react to a child's tantrum? Are university staff responsible for the mental health of their students? What is the difference between guiding people through therapeutic psychedelic trips and giving them prescriptions for antidepressants? The chapters in this book analyse what the recommended practices for these actors dedicated to helping people produce the changes that they need themselves are (Marquis and Lenel, 2024), how they legitimate their interventions, and even what new labels are assigned to them. Several contributions show how, in the three domains, organizing an environment dedicated to sustaining individuals' potential to evolve and transform themselves is now considered to be the overarching mission of teachers, caregivers, and parents. They also point to an important transformation: these "autonomy makers" are themselves subject to sometimes paradoxical injunctions. On the one hand, they are encouraged to be autonomous, to trust their "intuitive knowledge", to set their own limits, to increase their own capacity to distance themselves from inherited institutional models and general social expectations. On the other hand, parents, teachers, and caregivers are monitored by policies and advised to consider that their parental or professional role should be subject to a learning and training process (in light of the most advanced [neuro]scientific knowledge, for example, about how our brain works) because, if not properly conducted, their actions might harm the development of the people in their care. They are expected to create a good-enough environment, which at the same time offers challenges and security, limits and unconditional acceptance, strong landmarks but also the possibility to determine one's own life project. New actors emerge, such as self-help producers, *doulas*, experts by experience, promoters of alternative pedagogies mixed with cognitive neurosciences, etc., who claim to enhance the autonomy of those whose role in turn is to foster personal autonomy. The parental coaching market is exemplary in this regard. It organizes a kind of transitivity where coaches coach (future parental) coaches, who in turn coach parents to help them coach their children.

Second, if we take the other side's perspective, what it means to be an individual whose autonomy is fostered by external intervention is also deeply transformed. The positions and practices challenging old-fashioned asymmetrical relationships come with what one could call a "practical anthropology" of the infant, pupil, student, and patient. This representation for all practical purposes of what a human being is actually quite demanding. Overall, it presupposes capacities for and interest in autonomy. It assumes the existence in each of us of a (perhaps vulnerable, perhaps hidden) potential waiting for the right environmental conditions to bloom. People must now meet the expectations set by their own potential. All the chapters in this book deal with the question of how these characters are constructed – with a special focus on *already-but-not-completely autonomous* toddlers, children, and teenagers, who are clearly crystallizing hopes, fears, controversies, and paradoxes. They show in various ways why the competencies of these "incompletely autonomous individuals" are the subjects of so much concern, to which stimuli they are supposed to respond, why their troubles are often read through a mental health lens, and above all, what kind of expectations rest upon their shoulders. The autonomous person who is doing well is not supposed to do everything on his or her own. But such autonomous people are expected to have the capacity to be themselves (instead of not knowing who they are and what their strengths and weaknesses are) and to express themselves, to be active (instead of being passive and expecting everything automatically to fall into their hands), and to be well integrated in their social environments, for example, by knowing how, where, and when to search for support (instead of being isolated or, on the contrary, relying too much on other people) (Marquis 2022).

Of course, these ideal new roles do not always translate into reality: children may not always be good and responsible, pupils fail exams despite Montessori-inspired teaching, students may not take up resources designed to support their well-being, parents may continue to feel depressed and helpless after seeing a coach, patients may reject environments that are perceived as being good enough, people may not use medication or drugs in a way that makes them more autonomous, and people may simply not be interested in being more autonomous. It is then interesting, as several chapters in each of the three fields do, to see how these failures are explained by the various stakeholders. More precisely, contributions in this book show how these views and practices challenging education, parenting, and care refer to a practical theory of accountability (following Mary Douglas's expression [1980]), i.e. ways of dispatching responsibilities for successes and failures. The individual brain, pupils' family environments, cultural background, socio-economic inequalities, the state, society and its norms, each actor's personal sense of responsibility, etc., are all categories mobilized by stakeholders to grasp what is going on when the rituals of autonomy fail to deliver. In studying these evocations, chapters in this book show how, in the three domains under consideration, creating someone's autonomy and being autonomous are indeed coded – yet unclear – expectations.

Plural autonomies: perspective from three European contexts (Denmark, the United Kingdom, and French-speaking continental Europe)

When studying any social objects, social scientists are confronted with what William James termed the problem of the "one and the many". Through various studies in the domains of mental health care, parenting, and education, the overarching goal of this book is to sharpen our understanding of the form of human life in an individualistic society. In other words, in focusing on the uses and paradoxes of autonomy, we shed light on an important aspect of our "collective consciousness" (Durkheim) and show that, in various contexts, we can find clues to what Georg Simmel calls "shared social forms" in the geometry of social life: common issues, arguments and resources, actors and structures, values and representations, common changes in the building of autonomous individuals. Not a collection of scattered chapters and perspectives, this book tends strongly to shed light on a global, albeit elusive, phenomenon transcending particular and different situations. The accent is clearly set on the "one" rather than on the "many".

We have, however, already suggested that there are multiple ways of performing an individualistic form of life. As some contributions taking a socio-historical perspective show, these can vary across time in the same society (see Ehrenberg and Marquis in this volume and Martin in this volume). However, the issue of autonomy also unfolds in different ways depending on the specific environment of each (individualistic) society. To account for this "many in the one" aspect, the book offers perspectives on parenting, mental health care, and education from three European areas: Denmark (and Scandinavia more generally), the United Kingdom, and French-speaking countries (France, and the French-speaking parts of Belgium and of Switzerland).

These three areas represent variations of liberal individualistic societies that are close enough to share many family resemblances but different enough to enable us to pinpoint some interesting issues. Though it is not the aim of the book to offer a systematic comparative perspective, two elements are worth mentioning.

First, regarding autonomy itself, it is striking to see in the contributions that, whilst the issue of building autonomous individuals is extremely important in the three areas under consideration, it does not entail the use of the same words, and certainly not the same meanings. Most interestingly, the controversies do not unfold in the exact same way. The differences are particularly visible regarding the character of "the child", which, as we saw, is central in the reconfigurations of the processes of building autonomous individuals. Marquis and Mignon (in this book) offer in the first part of their chapter a condensed summary of what other chapters on French, Danish, and UK contexts show, to wit, fostering the autonomy of the child is at the same time a goal for stakeholders and policies and a problematic issue in the three areas, which entails some actions on and by the environment. In Denmark, the challenge is to recognize and to develop the (already-there) social skills of a basically competent child. In the UK, the issue revolves around the protection of a fragile child whose potential and development are threatened by a dangerous environment. In French-speaking countries, the debates revolve around the indetermination of the child's potential, seen by some as wondrous (such as promoters of the positive parenting movement) and by others as calling for limits to be set.

These differences are manifest in policy preoccupations. In Denmark, the issue of children's skills is fundamental, as shown by the chapters by Gullov and by Westerling, particularly in the school institution. The first part of the chapter by Degraef et al. contrasts the development of (pre)schooling in Denmark with France and French-speaking Belgium. As is also clearly shown by Morel and by Durler (in this book), the language of competencies was also spread successfully in the French-speaking education context, but with some differences from the Danish context: the accent on performance and achievement, the reference to neurosciences-based approaches, and a much stronger debate about the role of teachers (and parents). On the French-speaking parenting scene, the matter of the *limits* that are to be imposed (or not) on the child is nowadays a much more heated subject of debate (see Martin, and Ehrenberg and Marquis in this volume). In the UK, the issue of protecting the child – and even the still-to-be-conceived child – is extremely visible in the policies regarding alcohol consumption by (future) pregnant women, as Lee clearly shows. In the same way, as Frawley et al. show in their chapter, questions arise about the responsibility of the university in protecting students' mental health.

These differences in accents regarding autonomy and its paradoxes can be explained, as several chapters show, by differences in socio-historical background. But they are also intertwined with sociological sensitivities that are represented in the book. Authors from Denmark work from different perspectives (epistemological, interactionist, Eliassian, etc.) on the prominent place taken by skills in various contexts and on the ways it redistributes the responsibilities and expectations on different stakeholders – in the first place the competent individuals themselves. Authors from the UK have a special interest in questioning the hiatus between the general promotion of autonomy or a declared interest in mental health and the consequences it has concretely, which may consist in factually leading to a reduction in individuals' autonomy. Authors from French-speaking countries (France, Belgium, and Switzerland) offer a dialogue between two perspectives: one that analyses the surge in the references to autonomy (and the debates between, to put it quickly, the power of our brain vs. the need for external landmarks) as a way to understand what living in an individualistic society means and another that closely examines the (in)coherence of this appeal to autonomy, the role of the state, and the burden this places on stakeholders, i.e. parents, teachers, children, etc.

Of course, many other areas could have been taken into account in the analyses. First, it would be interesting to contrast the areas under study with other European countries where similar processes of promoting (the fostering of) personal autonomy are coloured by socio-economic difficulties (for example, in Italy, where transformations in the families can come up against the shrinking possibilities for people to become financially independent) or by political and ideological processes such as a return to traditionalist views or illiberal policies (for example, Hungary or Poland). Second, comparing European perspectives and the state of affairs in North America regarding the issue of autonomy could also prove to be extremely relevant (Ehrenberg [2010] laid the groundwork for an analysis of the role of autonomy in French and U.S. societies). Finally, one of the most pressing issues is to put the results and analyses presented here in perspective with fieldwork in and views from the Global South.

Four elements to analyse the contradictions of building autonomous individuals

The book stems from a Starting Grant project, funded by the European Research Council (n°850754), entitled "Coaching as a social ritual: acting on people in a liberal-individualistic society (parenting, education, mental health care)". Several chapters written by this research team present some of the results of this "CoachingRituals" project in each of these three scenes. Thanks to this funding, the team had the opportunity to hold several seminars to discuss its work, which culminated in a workshop at Aalborg University in 2021, co-organized by Nicolas Marquis and the late Anders Petersen. This process enabled us to meet with some of the most interesting experts on the elusive but ubiquitous issue of autonomy in the three fields, some of them being (co-)authors in this book. Besides the differences in perspectives and fieldwork, all the authors share a common socio-anthropological interest in what might be called "the felicity conditions of autonomy": the reasons why, as individuals and societies, we find this language game interesting, we praise the work on the self, and we believe it works. Four elements have been considered indispensable to understand the importance of autonomy nowadays and underpin the structure of the book.

Autonomy in the brain? (Neuro)cognitive sciences and changing representations of the child and pupil

The starting point of the first part of the book is the growing reference, especially (but not only) in the field of education, to an ever more important entity: the individual's (and especially the child's) brain. Why is that so, and what does it change? The first three chapters show that cognitive (neuro)sciences-based approaches offer a new and successful language for the idea of a potential hidden in each child. In their respective contributions, the authors shed various registers of light on collective representations, pedagogical or therapeutic methods, and ways of attributing responsibilities when behavioural or learning failures arise.

Alain Ehrenberg and Nicolas Marquis propose a socio-historical perspective of the overall moral context of the transformations of individualism. First, they develop an analytical framework to explore the relationships amongst neurosciences, mental health, autonomy, and individualism. Second, they apply this framework to identify an important shift, at least in France, regarding the way we see children and their disorders. After being considered, in the aftermath of the Second World War, "expressive selves" to listen to, children have begun to be regarded more and more as fully fledged actors of their own lives who are to be empowered. This shift is related to changes in collective representations and to the growing legitimacy of neurosciences, to the detriment of psychoanalysis.

Stanislas Morel then questions the relevance of considering that cognitive neurosciences offer a clear background to the categories of autonomy in the field of education. In fact, he shows how neurosciences are often considered to offer prescriptive or even authoritarian insights. What is more, they may be seen as bearing a deterministic message, according to which each of us is a "genetic self", and have been used to criticize very harshly methods and results from pedagogies that leave children great room for manoeuvre. Morel questions how moral entrepreneurs mobilizing neurosciences in the field of education manage to make these references compatible with the moral principle of autonomy (for example, by advancing the notion of "structured autonomy") and to show that education should take account of strong constraints on learning – and thus on teachers' and pupils' practices.

Drawing upon the results from the ERC project CoachingRituals, **Veronique Degraef, Emmanuelle Lenel, and Nicolas Marquis** also examine the conditions for the success of early childhood education and care methods inspired by cognitive neurosciences. They first offer a comparison of the Danish- and French-speaking backgrounds that attests to the persistence of specific traditions, although it shows that both areas have been undergoing a strong "schooling process". Why are references to neurosciences much more frequent in the French-speaking area? Through an analysis of field research conducted with teachers and coaches, they develop the hypothesis that the local success of this language game can be explained by the ability of neurosciences to reconcile the strictly academic requirements and the socio-pedagogical requirements that preschool institutions traditionally set for themselves – in other words, by equating well-being and performance.

Autonomy under (self-)control? Social and emotional (in)competencies

The second part deals with the inescapable reference to what seems to act as a measurable materialization of an autonomous behaviour: relational (social and emotional) skills, for which the demand is said to be on the rise both for adults and children. Because skills and competencies are emic and academic categories, the first goal of this part is to provide an overview of the sociological resources available to investigate this demand for social skills and the transformations of the behaviours that are expected of children, but also of people who work with children. The second goal is to investigate empirically the common-sense meanings of being socially skilled or not and the practices that are developed to bolster such skills.

Based on the observation of a growing demand for social skills in the fields of intervention on others, **Sune Qvotrup Jensen and Annick Prieur** draw up an inventory of the sociological theories that enable social skills to be understood. They show that academics are torn between perspectives that analyse the rise in the reference to social skills as responding to comprehensive societal transformations functionally and other perspectives adopting a more critical tone about the consequences of this centrality and the many inequalities or (im)balances of power that it may generate and hide at the same time.

The chapter by **Eva Gulløv** grounds the social changes that form the background of this demand for relational skills empirically. To do this, she examines from a perspective inspired by Elias the new forms of emotional self-control induced by transformations in the upbringing of young children in Scandinavia. She demonstrates how this self-control entails, for children as well as for adults, two seemingly contradictory movements: the informalization of authority, on the one hand, and the formalization of certain types of emotional expression, on the other hand. Autonomy is thus neither emancipation nor independence; it is the possession of specific skills such as knowing how to react in various situations. Whilst this leads to important changes in what it means to develop as a child, it also impacts the persons whose role is to guide children's development.

Using results of the ERC project CoachingRituals, **Nicolas Marquis and Solène Mignon** focus on a central group of actors involved in enhancing skills, namely, coaches in the parenting field. They show how coaches, in claiming to enhance competencies for parents, children, and future coaches alike, try to recognize and develop the value of each person's instinctive "common sense". This helps coaches to tell parents that they are themselves the experts but at the same time they might need some things provided by a coach's expertise. This pragmatic posture also allows coaches to stay away from burning public controversies.

Shaping autonomy makers? Paradoxes in institutional guidance for parents and teachers

How autonomous should the people whose role is to build autonomous individuals be? The contributions in the third part of this book focus on the paradoxes associated with being a parent or a teacher in these new configurations. As autonomy builders, both figures are the focus of public policies and of street-level bureaucrats and professionals. These policies have evolved with time. The four chapters describe how, nowadays, many expectations rest on the shoulders of teachers and parents, who may even be confronted with intrusive monitoring of their ability to build autonomous children and pupils.

Taking a socio-historical perspective, **Claude Martin** provides an overview and a genealogy of parenting support policies that emerged in many countries at the end of the 20th century. He distinguishes three main periods and examines the paradoxes generated by these policies in the most recent one, given that they promote children's autonomy by supervising and controlling the parent practices. He also shows that references to neurosciences recently played a very important role in the current policy focus on the affective dimension of parenting.

Further on the parenting scene, **Ellie Lee** also questions the intertwining of moral and scientific discourse when it comes to policies intended to regulate the drinking behaviour of pregnant (or even pregnant-to-be) women. Through an analysis of English policy documents about foetal alcohol spectrum disorder, she shows that while the "autonomy" category is emphasized, women are ultimately left little choice.

Allan Westerling then investigates how Danish policies regulating parenthood play out at the very hands-on level of parent-school interactions when it comes to children's transition to upper classes. He analyses how the parent's role as an autonomy-builder is negotiated with school professionals and how parents from different background try to win back some agency in the face of professionals' standardized criteria.

Finally, **Héloïse Durler** shows through ethnographic studies in Switzerland how the demand for autonomy has conquered all levels of schooling, with paradoxical consequences for teachers, pupils, and parents alike. This pervasive reference to autonomy also establishes specific, constrained forms of learning and requires the actors, especially pupils, truly to desire what is, in fact, imposed on them.

Diagnosing the effects of autonomy? Transformations of mental health suffering in liberal-individualistic societies

In common-sense discussions, autonomy is associated with a burden placed on people and, at the same time, a promise of individual well-being. In the same way, the language games of mental health and illness, which have become a modern idiom, are concurrently considered an obligatory way of expressing oneself. Taking psychic suffering and mental health as socio-anthropological objects, the last part of this volume focuses more specifically on the complex relationships between the promise of autonomy and mental health language games, diagnoses, shaping of psychic suffering, and mental disorders. It shows how people are invited to consider any element an opportunity to work on themselves and how stigmas traditionally associated with individual singularities are being reversed – with limited success.

Anders Petersen offers a sociological diagnosis of the growth of mental disorders, particularly anxiety and depression among young people. He takes aim at the overall critical tone of studies in this field and shows through an empirical perspective how young people perceive antidepressant medication and make it part of their identity. Still, he asks, what kind of identity is promoted by these "initiative pills" in what he calls the "achievement society"?

Starting from ERC CoachingRituals project results, **Fanny Charrasse and Nicolas Marquis** focus on the recent revival of another set of substances in mental health care: psychedelics. Through interviews with caregivers and guides who use psychedelics with patients, they show that the ability of those who are promoting them to make their use compatible with contemporary ideals of autonomy and especially the idea that good care implies empowering the person are essential in the (re)legitimization of psychedelics.

Ashley Frawley, Ken McLaughlin, and Chloe Wakeham examine the systemic effects of therapeutic entrepreneurship in the UK university environment. While there is an ever-growing preoccupation with students' "mental health", the bodies that are supposed to provide support tend to pass the buck to other instances, which rarely results in effective care, but rather in advice to constantly seek external guidance.

Finally, drawing on the CoachingRituals project, **Nicolas Marquis, Alex Maignan, and Chloé Daelman** compare two rising and "alternative" categories in the field of mental health and psychiatry: high sensitivity and voice hearing. Both aim to reverse stigma and promote neurodiversity. The chapter shows how the background of this process lies in the blurring between the vocabularies of mental health and disability and the valorization of a social model of disability. It also examines how moral entrepreneurs of these categories have to navigate between a naturalist and a constructivist perspective.

Note

1 See, for example, among some recent decisions, ECtHR, 29 February 2002, *Pretty v. United Kingdom*, No. 2346/02, § 65.

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Part I

Autonomy in the Brain?

(Neuro)Cognitive Sciences and Changing Representations of the Child and the Pupil

1 Children as Individuals and Their Disorders in the Ages of Autonomy

Alain Ehrenberg and Nicolas Marquis

Introduction: how controversies about childhood set a trap for sociologists

In 2023, several controversies took place in the French-speaking public arena regarding children and the way to deal with them. In France, psychologist Caroline Goldman, author of the best-selling books *Establishing Educational Boundaries* (2019) and *Go to Your Room!* (2020), explained in a podcast offering advice to the millions of parents listening to it how boundaries were essential to children's and parents' mental health, which are both under threat. In her line of sight, positive parenting (see Martin, and Marquis and Mignon, in this book) and its "alarming" excesses allegedly contribute to "children bullying their parents", as she terms it in a newspaper interview (*Le Figaro*, 2023). Against her recommendation to parents to assert their authority by using the "time-out" method (which implies temporarily isolating the child), 280 scholars and specialists in education published in March 2023 an op-ed entitled "The use of repressive education is unfavourable to child development" in which they denounced the use of what they saw as "ordinary educational violence". In still another newspaper, Isabelle Filliozat, a leading figure of positive parenting in France, criticized Goldman's caricature of positive parenting and insisted: "there is no such thing as a whimsical child" and "benevolence is not laxism". Catherine Gueguen, the other main figure of the same movement, explained in an interview in the leading French newspaper *Le Monde* (2023) that the "whole World Health Organization [WHO]" supported the idea of non-violent education. Empathy with the child, she says, "helps his/her brain to mature". On the contrary, what's the use of locking kids in their rooms? Gueguen adds:

> It's just like locking up a woman. How would you feel if your spouse locked you in your room? Why do we do this to children? Why do women get respect and not children? Because children don't have a voice. There are not many of us to defend them.

Months before (in March 2022), a team of psychologists in Belgium that had been promoting the need to raise awareness about "parental burnout"

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internationally[1] published a paper denouncing the deleterious effects of what they termed, long after Boas (1966), a "cult of the child". The current focus on children's needs and their mental health both in schools and families is to be understood, the paper argues, as a consequence of a general "lack of discipline", of nefarious individualistic values and an overdeveloped "spirit of child protection" embodied by international conventions and national laws aiming to protect children, such as the UN Convention on the Rights of the Child (1989). Not only does the "cult of the child" lead parents and teachers to burn out, but more importantly, the paper suggests, it itself risks creating mental health problems (depression, anxiety, narcissism) and cognitive issues for the very children we want to protect and cherish. Finally, the paper asserts, a child raised in such a context is "unlikely to become a citizen who is concerned about the issues affecting society, is critical and puts the common good first. Their most likely fate is to become immature, ignorant and selfish" (Dupont, Mikolajczak, and Roskam 2022). Although the paper was published in a low-profile journal, it nevertheless drew the attention of the press and sparked another controversy. Non-governmental organizations (NGOs) defending children's rights, legal scholars, and promoters of positive parenting unexpectedly found a common ground in their criticism of the paper's stance. They denounced the misinterpretation of the principle of the "best interest of the child" and its supposed problematic consequences. Echoing Gueguen's criticism about the specific method of the time-out, a large coalition of Belgian NGOs frankly expressed its disagreement:

> The child is a human being like the adult is. They are entitled to the same respect as any other human being. As adults, would we accept that our rights and the principles that guide them be swept away because of isolated, individualistic or selfish behaviour? No. Have human rights produced adults who are dangerous to democracy? No. Neither have children's rights.
>
> (Gueguen, *Le Monde*, 2023)

Another public reaction by a lawyer[2] sums up an argument that has been frequently opposed to the diagnostic of the "cult of the child": yes, parents, teachers, and children (even children termed "child-kings") may experience a lot of psychic suffering, but the origin of such suffering is not a lack of discipline or the emphasis placed on children-as-subjects and their well-being. On the contrary, it is because we, as a society, are still unable to construct an inclusive model, one that really takes account of each child's needs and respects them as the full-fledged human beings that they are (see also, for a development of this argument, Delcourt 2021).

One thing stands out in such controversies, which seem to pit two sides, each claiming to have a better knowledge regarding how to deal with children, against each other. Beyond differences in their opinions, the participants nonetheless share the idea that the way we understand childhood and the role and responsibilities of adults is today an essential issue not only for the well-being of the children and people taking care of them but also for the future of society. In other words, they may not agree upon what a child is, but they converge in considering this question to be fundamental. For both sides, the reason for this relevance is that there is a lot of psychological suffering today, considered to be somehow caused by some aspects of our social organizations that are essentially linked to the importance of personal autonomy.

In fact, they have similar questions (What place should the child get? What is the role of the adult? Why so much suffering? How can we enhance children's well-being? Are troubling children actually troubled children? etc.), but different answers. The essential disagreement concerns the way society is incriminated in the way it affects people's well-being – whether it is considered (by "time-out" promoters or critics of the contemporary cult of the child) as too laxist and giving too much room to individual autonomy or, on the contrary, regarded (by positive parenting supporters) as authoritarian, violent, and abusive, not respectful enough of individuals' and especially children's needs and autonomy.

These vivid controversies, which unfold at the edge of academia and common sense, set a very attractive trap for sociologists, who could end up getting dragged into the arena and taking sides in the dispute. It is indeed tempting to dismiss the criticism of "positive parenting" or of the "cult of the child" as reactionary conservatism and to support greater concern for children's well-being and autonomy. On the contrary, one could also bemoan the excessive attention given to children and their feelings and consider it a sign of the privatization of existence, a crisis of social ties, or the de-institutionalization of social relationships, to take some of the most common themes of social philosophy (see Ehrenberg and Marquis 2024, for a review of such theories). Why is it a trap? In fact, these two opposing stances are merely different ways of reproducing what can be called a common-sense "individualist socio-anthropology" that opposes individual and societal levels, personal autonomy, and collective norms, as if one could exist without the other. It also takes for granted the idea that malaise and (mental) suffering should be analysed as consequences of some aspects of liberal-individualistic societies where personal autonomy is, indeed, at the forefront of our values.

This chapter challenges this trend by taking a "socio-anthropology of individualism" perspective and asks the following questions: What does it take for a society to see such debates around the perception of the child take place? What does this tell us about the tensions and expectations concerning individual autonomy, which is paradoxically seen at the same time as a common good and as a threat to the individual and society? Why do these public controversies and expressions of malaise borrow the language of mental health? And to what kind of practices towards children, and especially children encountering problems, do they lead?

The first part of the chapter proposes an analytical framework to explore the relationships between mental health, autonomy, and individualism. We shall see how collective representations regarding these notions have changed in France since the Second World War. We shall also see how mental health can be approached as an ensemble of practices to regulate the tensions of socialization in a society permeated by ideas, values, and norms – what Émile Durkheim termed "collective representations" – of autonomy.

The second part applies this framework to the evolving conceptions of childhood in the same French context. The goal is to put changes in the ways of thinking about and acting with "problem children", whose issues are today expressed in terms of mental health, as the above controversies illustrate, into perspective. We shall show that the two great sources of mental health representations and practices – psychoanalysis and cognitive (neuro)sciences – although opposing in theory, are, from a sociological perspective, complementary ways of understanding and supporting children in a context where autonomy has become a normative expectation.

Individualism, autonomy, and mental health: sociology and subjectivity

"Individualism" is a category marred by confusion because it is at the same time a characteristic of a particular way of doing society *and* an -emic, common-sense category in these very societies that attracts moral considerations, as the controversies discussed above show. From a sociological point of view, "individualism" is a feature of the collective mind of a society. In 1898, Émile Durkheim already wrote that it was necessary to stop confusing individualism with egotism or utilitarianism: "Individualism […] is the glorification not of the ego, but of the individual in general. Its principle is not egotism, but sympathy". One can indeed be disposed to have sympathy for every human being only if the latter is anthropologically considered an equal, a fellow individual creature. Durkheim adds: "A verbal similarity can lead one to believe that individualism derives from individual feelings […]. Actually, the religion of the individual is a social institution" (Durkheim 1898). Of course, every type of society makes room for the individual and their autonomy, and, as Théry (2007) reminds us, any individual in any context can say, "I (I am, I do,…)", but only democratic societies are individualistic, because in them the individual is a value grounded in the idea of liberty and equality (De Tocqueville, 1848).

However, there is not just one way for a society to be individualistic (see Marquis and Lenel, in this book). Societies can be compared across places, but also across periods, as we shall show here with the French case. From the Second World War to today, profound transformations have indeed occurred in the way French society considers and performs the category of autonomy, bringing to the fore individual subjectivity in social life. In a nutshell, autonomy first became a collective aspiration during the 1960 to 1970s, but since the 1980s has progressively been considered a common condition, an expectation for each of us.

Autonomy as a collective aspiration, autonomy as a common condition

At the end of the war, French society entered what historian Lucien Febvre termed the "second 20th century" and carried out, between the 1960s and the beginning of the 1980s, what sociologist Henri Mendras called its "Second Revolution" (1988). This post–World War II revolution consisted of the development of a civilization of well-being and the democratization of society, accompanied by new ways of life and new ideas of social relations (between men and women or between generations, in the family, the workplace or education, etc.). Autonomy, defined as the possibility to choose one's own path in life, has progressively become a collective aspiration since the 1960s in the context of welfare state protections regarding unemployment, old age, and health risks – what is called the "social model" in France – but also of the extension of school education, strong economic growth, the development of mass consumption, and the emancipation of mores (Ehrenberg 2010). Himself a contemporary of that time, Mendras underlines that, among the fundamental changes, "individualism is making such progress that it is no longer an ideology, but a way of being now common to all" (1988, 34). Social liberation movements (crystallized in France by the events of May 1968) gave rise to claims of independence, personal accomplishment, self-ownership, choice, innovation, and gender equality in a society still permeated by republican morals of duty, obedience, and conformity to various social rules. These movements transformed French society: the rigid class system, from which few ever escaped, gave way to new possibilities of social mobility. The idea that people had the right to lead a private life of their choosing and to care for their own well-being (and to be themselves cared for by the authorities) was no longer a distant aspiration restricted to the happy few, but a legitimate claim and potentially attainable reality, even for the working class. The first main change is thus to be found in the democratization of these ideals.

Between the 1970s and 1980s, autonomy started to permeate the whole of social relationships in the new context of globalization. It progressively became, more than a mass aspiration, a collective condition. "Autonomy as a condition" does not, of course, mean that individuals would suddenly have proven to be (more) autonomous. However, the main feature of autonomy as a common condition means that it has become a system of collective expectations regarding each individual, a common spirit. We expect autonomous behaviour from ourselves and from others, as the possibility to act autonomously, once an elusive ability, is now considered to be rooted in each of us, even if it may be temporarily overshadowed, for example, by some impairment. This is the second great change in collective representations of individualism: as a practical and normative assumption, autonomy today constitutes a social imperative.

The content of the notion of autonomy itself changed in this process. Autonomy as a condition is, of course, characterized by the deepening of dynamics of the precedent decades: further emancipation of mores, stronger accent on personal freedom of choice – which has even extended to the possibility to change one's gender, a choice that was previously considered a sign of psychosis (Castel 2003). But it also brings new elements into the spotlight, such as the valorization of action, personal initiative, and individual responsibility. Work organization in companies and the employment market have been at the epicentre of a society shifting, to use Abram de Swaan's words (1990), from "command by order" to "management through negotiation". Autonomous behaviour is now described using a vocabulary of capability, skills, responsibility, project, support, and trajectories, profoundly transforming relationships in the workplace and what is expected of workers and managers (Illouz 2006). Forming a pervasive language game, these notions are no longer confined to the work sphere: they are omnipresent in public action, therapeutic practices, education, work and employment policy, etc. They structure what in French-speaking countries is termed the *etat social actif* (active social state), in contrast to the *etat social providence* (social welfare state) of the "social model" (see Vielle 2005, Cantelli and Genard 2007). The provision of any support, care, training, or help will be considered *efficient* only if it increases the room for manoeuvring and autonomy of the suffering individual, jobless worker, parent, or (mental health) patient – if it empowers him or her. It will be considered ethical and *respectful* only if it is based on the assumption that each of us, whatever our disabilities or difficulties, has not only the right to choose our own life but also an already-there minimum level of autonomy that can be cultivated.

In the workplace, in public policies or practices aiming at making people (for example, parents, see Martin 2014, and in this volume) autonomous, the strong valorization of freedom of choice and self-ownership, individual initiative and creativity, emphasizes the importance collectively attached to the individual's ability to act by himself or herself appropriately. This forms a system that can be called an individualism of capability (Ehrenberg 2020), in which the empowerment of individuals is a crucial stake, as are their skills to cooperate with others in ever more interdependent contexts (see Gullov in this volume, and Wouters 1986).

Being affected in autonomy societies: mental health as an obligatory expression of emotions

In a nutshell, we have entered a society of individuals as actors of their professional careers or private lives, childhood or parenthood, illness or recovery. But the context of autonomy as a condition not only changes the way we *act* (on ourselves) and are expected to do so; it also transforms the way we feel, experience, or suffer – in a word, the ways in which we are *affected* and expect to be affected. It has been widely noted, often in a critical way, that, nowadays, subjectivity, emotions, affect, moral feelings, psychic life, etc., permeate the whole society. Indeed, interest in mental health and psychic suffering, which were of marginal importance before the turning point of the 1970s to 1980s, has grown with the dynamics evoked above (changes in the system of control-release of mores, transformation of work organization, and modifications of the scope of public policies). It is crucial to note that the scope of the language of mental health is much larger than psychiatric illness. It now extends to well-being, which has become a legitimate expectation for everyone (see the WHO's definition of mental health), and even a human right in the European Union (EU) since 2008.

Instead of lamenting the importance of mental health issues as a public health crisis or dismissing the focus on well-being as a neo-liberal trick to distract people from real issues (Ehrenberg and Marquis 2024, also see Jensen and Prieur in this volume), turning to Marcel Mauss's classic and famous article "The obligatory expression of emotions" about mourning rituals in traditional societies (Mauss 1921) offers a sociological way to take seriously the importance of the mental health language game in the context where autonomy is a condition. Mauss writes:

> A considerable category of oral expressions of sentiments and emotions has a collective character [...]. This collective character does not in any way hinder the intensity of feelings, on the contrary [...]. They are more than simple manifestations; they are signs, they are expressions which are understood, in short, they are a language. These screams are like sentences and words. They must be said, but if they must be said it is because the group understands them.
>
> (Mauss 1921)

Here, Mauss highlights a crucial point for going beyond individualistic sociologies: the social character of individual subjectivity, of affect, emotions, or sentiments, is not a causal relationship between mourning and emotions, nor is it a social construct added by culture to nature. The point is that human subjectivity or suffering can be expressed only in specific contexts, using specific language, according to specific social rules and specific assumptions, enabling their recognition and their uses for varied ends (Das 1998). Therefore, these manifestations of individual subjectivity, be they expressions of grief or mental health troubles, are at the same time obligatory (following rules and using external criteria) and voluntary (expressing true personal feelings). They are expected and spontaneous at the same time: "this conventionality and this regularity do not at all exclude sincerity [...] All this is at once social, obligatory, and yet violent and natural" (Mauss 1921).

The hypothesis proposed here is that mental health has become the form of obligatory expression in societies where autonomy is a common condition, or to use Peter Winch's term (1964), an "attitude towards contingencies", i.e., a general attitude regarding adversity specific to a context, which not only makes it possible to frame problems in certain ways but also opens up possibilities to act upon them. This means that it is, at the same time, the way we authentically relate to ourselves when asking "How am I doing?" and the collectively, ordinarily, and institutionally expected way to answer the question "How are you doing?" Mental health language is used to express not only issues of specific psychic suffering and well-being but also any conflicts, tensions, or dilemmas of an interdependent social life organized in reference to autonomy, where both strong control over emotions and a good ability to express them are required, and individual action is at the same time of the utmost importance and constantly threatened by contingencies. It is also mobilized to frame and to evaluate (public) interventions on individuals – for example, by considering enhancing individuals' self-esteem as a *sine qua non* of the recovery of their possibility to act.

In a nutshell, the language of mental health is the legitimate way to describe the consequences of anything that can foster or, on the contrary, disrupt the possibility for an individual to meet the common expectations we face in a society where autonomy is a condition: being oneself, acting by oneself, and being able to interact in society (Marquis 2022). From a sociological point of view, emphasis on individual actions and autonomy and obligatory expression of affections in the language of mental health are thus two sides of the same coin.

Changing ways of psychic suffering, comp(l)eting languages: psychoanalysis and cognitive neurosciences

In this context, an immense and heterogeneous market of inner balance and mental health has taken shape over the last five decades, mobilizing multiple types of professionals beyond psychiatrists and psychologists (such as social workers), using widely diverse forms of intervention, among which self-help and coaching are nowadays some of the most visible (Marquis 2014). These practices all draw in various ways and proportions upon the two great ensembles of psychotherapies which have become widespread in our society: first, psychoanalysis, which is at the basis of psychodynamic practices, and second, behavioural-cognitive psychologies, recently associated with neuroscience under the qualification of cognitive neuroscience (see Ehrenberg 2020). Debates have been raging, especially in the French-speaking context, between proponents and opponents of the two paradigms, and it is worth saying a word about the role they played.

Psychoanalysis spread in France in the context of autonomy as aspiration during the 1960s to 1970s. It first provided concepts to express and criticize the consequences of a social organization based on discipline. Indeed, Freud elaborated his theoretical system by describing Oedipal neuroses (phobia, hysteria, obsession) characterized by an intrapsychic conflict between the superego and the ego and resulting in symptomatic guilt. However, since the 1970s in France (the 1950s in the United States), psychoanalysts have claimed to observe a diminution of such neuroses among their clients and an increase of borderline and narcissistic pathologies, where symptoms of emptiness and insecurity, feelings of loss or shame, and attack on self-esteem replace expressions of guilt. In these new pathologies, and as will be the case with depression, the conflict takes place between the ideal of the ego (which incites action) and the ego – the latter becoming insecure as it is no longer protected by a strong superego. Psychoanalysts have thus documented a change in the way individuals suffer: there has been a shift from pathologies characteristic of a society where socialization refers to discipline and the superego (excessively) pressures the ego to pathologies of emancipation and autonomy, where the ego tries to reach an (excessively demanding) ideal of the ego (Ehrenberg 1998, 2010).

Although psychoanalysis has suffered a steep decline since the 1990s in favour of cognitive-behavioural approaches associated with neuroscience, it has provided a language that still resonates to express new difficulties in the autonomy-condition context where, especially in France and more globally in the French-speaking context, it is feared that we are undergoing a weakening of discipline and social bonds, a process of privatization of the existence, and the disappearance of individuals' ability to be good citizens. As the paper about the "cult of the child" discussed in the introduction shows, this language is still met with great success in common-sense, professional, and academic circles.[3] It has become part of our grammar to express our weariness and unease.

The ascent of cognitive neurosciences (and of cognitive-behavioural) approaches started in the 1980s and has accelerated since the 1990s. As Ehrenberg (2020) has shown, their phenomenal success is based on the transfiguration of ideals of autonomy as a condition into scientific language games. With the focus on the brain, a new vocabulary has appeared, echoing the values and norms of a context in which individual action and what makes it (im)possible are central to understanding and promoting autonomy. Indeed, the main targets of (mental health, educational, parenting or coaching) neuroscience-based practices are cognitive, social, or even emotional abilities, termed *life skills* by the 1986 WHO Ottawa Charter, and which are deemed essential, especially in the work sphere. One of the much rehearsed and successful claims of neuroscience-based approaches is that these skills can be learned because of what is termed each human's cerebral plasticity (see the incredible work of Moutaud (2022) for an empirical study in psychiatry). This concept, which is the object of extensive and phantasmatic uses, obviously grounds in an "evidence-based" and legitimate language the normative assumption of a possibility of (more) autonomy rooted in everyone, accessible through exercises and based on education and remediation.

Changes in children as individuals and in their disorders

The character of the child constitutes an excellent analyser of the changes sketched above. More specifically, the child who suffers from disorders crystallizes the growing importance taken by autonomy as well as its changing content. In this second part, we show how the approaches to children and their difficulties in France roughly followed the analytical periods presented above. Two figures of child disorders, as well as institutional ways developed to deal with them, will be mentioned here: first, on the clinical side, the "troubled child" suffering from (mental) health problems, and second, on the judicial side, the "troubling child", whose behaviour disturbs the social order.

Interest in childhood and a "science of the child" grew gradually starting in the middle of the 19th century (Ottavi 2009). Problems encountered by children began to be dealt with in new ways. In the educational domain, "perfecting/remedial classes" for the so-called "retarded" children emerged in the now compulsory schooling in 1909. In the judicial field, specific courts for children were created in 1912, along with the possibility of replacing jail sentences for juvenile delinquents by supervised monitoring. In the therapeutic domain, the first psychiatric clinic for children in Paris was set up in 1925 – and hired a psychoanalyst. The rationale behind these new practices and policies can be quickly summarized as follows: as immaturity, abnormality, retardedness, and indiscipline tended to be considered the same thing, addressing childhood deviance meant (re)educating and correcting the will. This perspective was clearly influenced by the then-successful paradigm of evolutionism in which the immature child was represented as going through successive steps until he reached the norm of the mature adult. Briefly said, the child affected by disorders was then approached as a deficient individual under the immaturity/maturity polarity.

From the 1940s to today, we can analytically distinguish two moments that correspond to the two periods of autonomy-aspiration and autonomy-condition. First, from the post-WWII period until the 1980s, the child underwent a process of recognition as a full-fledged person, who has feelings that can be communicated, even through symptoms. Then, a new figure emerged in the 1980s and 1990s: the child began to be regarded as an actor of his or her own life, capable of having plans and of choosing and expressing opinions (besides emotions). This child and his or her well-being are understood primarily on the basis of what he or she can, cannot, or might be able to do in reference to a handicap-potential axis. Both representations of children carry specific conceptions of the problems affecting them. Psychoanalysis has been the great reference for conceiving of and dealing with the expressive child and his or her difficulties understood as symptoms; cognitive neurosciences occupy the same role for the child considered as an actor and the child's difficulties understood as disabilities, whereas psychoanalysts have noticed modifications in symptoms as they did for adults.

The child as an expressive self: symptoms, psychic suffering, and personality

After the Second World War, new approaches to treating children's disorders began to spread. They regarded the child as a specific being, no longer characterized by immaturity or what he or she lacked regarding the full-fledged adult (see also Martin in this volume). The child became an expressive self in the sense that his or her symptoms should no longer be considered mistakes, a lack of discipline, or tokens of abnormality, but expressions of psychic suffering which, if taken seriously, would give access to a better understanding of the child's own personality. Another characteristic of this representation further contrasts with the immaturity/maturity perspective: as the child began to be conceived of according to an open future, good experiences (such as good enough care) and bad experiences (such as neglect or trauma) happening to the child were considered to condition the future of the adult that he or she would become. Bowlby's theory of attachment, the phenomenal success of which is still not denied today, would be a key moment in this recognition. In his report *Maternal Care and Mental Health* published in 1951 by the WHO, Bowlby set out to show that deprivation in childhood severely disturbed the personality growth of any adult-to-be. He writes, "It is now demonstrated that maternal care in infancy and early childhood is essential for mental health. This is a discovery comparable in magnitude to that of the role of vitamins in physical health, and of far-reaching significance for programmes of prevention mental hygiene". He adds that his research "promises also to cast light on some of the fundamental problems of personality development, on the understanding of which all the social sciences depend" (Bowlby 1951, 59). Work done by psychoanalysts such as Melanie Klein and Donald W. Winnicott or, in France, Françoise Dolto, Jenny Aubry, and Maryse Choisy would further cement the idea that even a baby was a complete person who already possessed relational skills, but one who was fragile and susceptible to suffering (if only because of the trauma of birth) and expressed emotional needs that had to be met should he or she become a fully fledged adult. In France, the representation of the child as an expressive self was materialized by two great institutional changes: first, on the therapeutic side, the creation of outpatient treatment centres, the *Centres medico-psycho-pédagogiques* (CMPP); second, on the judicial side, the Office of Education system for young offenders at the Ministry of Justice.

Building upon the developments presented above, a 1972 circular of the Ministry of Health, which created the territorial organization of child psychiatry, clearly states that "the child is a being whose personality is fundamentally different from that of the adult". The CMPPs, often run by psychoanalysts, received children experiencing psychological troubles or learning difficulties (whose numbers increased with the extension of the mandatory schooling age to 16 at the end of the 1950s; see Garcia 2013). These institutions were laboratories in which clinicians documented the changes exposed above: before the 1980s, disorders, mainly interiorized, were often considered to be the consequences of separation anxiety (Becquemin 2012.

Regarding juvenile delinquents, a 1945 decree established the principle of the "educability of the juvenile offender", to take the place of the principle of discernment, and distinguished between sanctions and educational measures. That same year, the *Direction de l'Éducation surveillée* (Educational Oversight Office) was created to manage correctional facilities for juvenile offenders, distinct from the penitentiary administration managing adults. Abiding by the principle of educability, it gave a fundamental role to professions such as educators and psychologists. A protective model was implemented in which the juvenile offender was to be regarded as a minor in danger. The decree indeed specified that "what is most important to know is, much more than the material offence for which the minor is reproached, his genuine personality, which conditions measures to be adopted in his interest". As the 1958 decree about "Childhood in danger" would further confirm, the troubling child is a troubled child who suffers; his or her offences against social norms are, above all, symptoms of a malaise.

The child as an actor: new pathologies observed by psychoanalysis, ascent of cognitive neuroscience

The gradual shift towards children understood as actors of their own lives can be exemplified by the International Convention of Children Rights (approved in 1989 by the General Assembly of the United Nations), which is based on four fundamental principles: non-discrimination; the superior interest of the child; the right to live, survive, and develop; and respect for children's opinions. To protection-rights for children have been added new liberty-rights (Renaut 2002), such as the right to express their views freely in all matters affecting them (Art. 12), the right to freedom of thought (Art. 14), and the right to intimacy (Art. 16). As such rights were until then the exclusive domains of adults, the convention constitutes a decisive moment in the emancipation of the child characteristic of the autonomy-condition period. For children, too, autonomy is no longer an aspiration in a distant, open future, and every child, whatever their age or disability, should already be considered an actor mastering some kind, degree, or form of agency – even though Article 12 says, "the views of the child [should be given] due weight in accordance with the age and maturity of the child".

A tension appears here in plain sight between the (bits of) autonomy formally recognized to children and the fact that in practice they remain dependent in many aspects of their lives. The consequence is that children's troubling behaviours or suffering cannot be understood – as they were in the paradigm of the child as expressive self – as mere symptoms. Taking them seriously now means something else. In the judicial field, this tension is perfectly illustrated by changes concerning delinquent minors that have taken place since the 1990s, as the accent shifts from protection to some degrees of responsibility of the young person. "An offence is no longer the symptom of a situation in which the offender is the victim, it is the act of a rational individual" (Youf 2011). As sociologist Irène Théry (1992) pointed out, with the principles underlying the UN Convention consecrating the child as a (nearly) full-fledged actor, "protection as a primary right has come to an end". Indeed, the offending minor is now more easily understood as bearing some responsibility for his or her own acts. In France, a law passed in 2002 reintroduced penal responsibility for minors at age 12. In 2021, another law requires that a quick verdict precede educational intervention, increasing the relative importance of sanctions and bringing, in a move consistent with the context of autonomy as a common condition, the status of the child nearer that of the adult.

This growing reference to (juvenile) responsibility should also be understood regarding developments in the field of psychopathology and shifts in clinical observations. As noted above, since the 1980s, French psychoanalysts have reported profound changes in the difficulties encountered by the children that they see. As in adults, these new difficulties are linked with increases in borderline and narcissistic pathologies, where (psychic) conflict is absent and often projected onto elements of the (social) environment towards which violence or maladjustment emerge. These pathologies, which oscillate between psychosis and neurosis, are considered personality disorders rooted in the pre-Oedipal period and characterized by defects of early childhood reinforcement interactions. This tends to produce more shame than guilt – shame about not being up to the demands of success in school, sports, social life, etc. – in an environment that demands ever more performance, autonomy, or popularity (see Petersen, this volume).

Most importantly, the child's behaviour becomes a central question, as these new pathologies manifest themselves in a form that psychoanalysts call "agirs", symptom-acts, which means that the symptom is the act. These symptom-acts are considered means of protection against depression and anxiety. Among these acts, psychoanalysts distinguish two categories, which can overlap, namely psychomotor instability and disruptive behavioural disorders. Psychomotor instability consists of agitation, lack of attention, etc., with attention-deficit/hyperactivity disorder – today a major preoccupation (especially in the education area) – being paradigmatic. The widely used DSM-IV-TR (APA 1994) describes hyperactive behaviour in children as follows: "Toddlers and preschoolers with this disorder differ from normally active young children by being constantly on the go and into everything; they dart back and forth, are 'out of the door before their coat is on,' jump or climb on furniture, run through the house, and have difficulty participating in sedentary group activities in preschool classes (e.g., listening to a story)" (APA 1994, 79). Disruptive behavioural disorders include such problems as "oppositional defiant disorder" and "conduct disorder". While the first set of disruptive behavioural disorders shows a "recurrent pattern of negativistic, disobedient and hostile behaviour toward authority figures", the second one concerns a pattern of behaviour "in which the basic rights of others or major age-appropriate societal norms or rules are violated", where the person shows "little empathy" but develops "aggressive conduct that causes or threatens physical harms" (*Ibid.*, pp. 87–91).

The rise in these behaviours, which carry the risk of triggering psychopathy or antisocial personalities, generates weariness and the search for explanations. In France, the social aetiology of these disorders first developed by psychoanalysts (e.g., Charles Melman), as well as some philosophers or social scientists (e.g., Marcel Gauchet), and then spread in the common sense is generally linked precisely to a society of narcissistic individualism characterized by the weakening of traditional prohibitions, especially in the family, where negotiation has replaced authority. Perfectly illustrated by the paper about the "cult of the child" cited in the introduction, this line of criticism lamenting a "limitless world" (Lebrun 1997), a "man without gravity" (Melman 2005), or the "de-institutionalization of the family" (Gauchet 2002) is now completely part of the common sense of the society of autonomy as a condition that France has become. As noted above, it is an institutionalized, legitimate way of evoking the tensions innervating the collective representation of a context where autonomy is a demand and an assumption – applied here to childhood.

However, as a sociological explanation, this perspective of a nefarious "anthropological mutation" of the family, schools, or other institutions misses the bigger picture by focusing only on what is disappearing. Take the family, for example. We have indeed witnessed a great change in the kinship system in our society. "Demariage" (dismarriage), to use Irène Théry's term (1993), and the pluralization of family forms indicate that the family has shifted from a model centred around marriage to a model centred around filiation and children. This transformation has not meant in any way the end of family, but the development of new ways of regulating attitudes of both parents and children, new ideals, new vocabularies, etc. – actually new attitudes towards problems and contingencies. New techniques have come on the scene in order to support stakeholders in assuming the new personal responsibilities resulting from autonomy as a condition. Even in the judicial area, where the delinquent minor's newly acquired responsibility has led to an increase in the importance of sanctions, the latter are accompanied by practices that aim to render individuals *capable* of becoming more autonomous. In France, numerous schemes have been created since the 1990s in many domains, especially in education, mental health, and parenting: support groups, networks and facilities of various kinds, local contracts to support schooling, family mediation, etc. Contributions in this book show how such policies and practices are implemented, but also how they bring their own set of tensions or even paradoxes. In the next point, we shall focus on a specific element without which they – and their success – are impossible to understand, namely, the focus on children's and parents' skills and the role that cognitive science has played here. We shall then see how this helps shed light on the controversies discussed in the introduction.

Discussion: the focus on skills as answers to new issues of autonomy-condition and the role of cognitive neurosciences

The focus on (developing) skills is actually in line with a common-sense and normative assumption in the autonomy-condition context, which can be termed "the ideal of a hidden potential" in each of us, and especially in children – a potential that can be unleashed or exploited through specific practices. This ideal is grounded in moral and scientific arguments.

Moreover, because they deal with disabilities and situations, but not persons, as is the case with psychodynamic approaches, these educational therapies are totally in line with the growing reference to disability (instead of illness), and especially what is called the "social model of disability", which makes it not a characteristic of the person, but a relationship with an environment still unable to accommodate personal specificities (see Marquis, Maignan, and Daelman in this volume). In so doing, they are supposed to "destigmatize" and have a positive effect on self-esteem. This has helped them get the support of families, which now turn to psychodynamic institutions only when the symptomatology becomes too "noisy", as in the case of behavioural disorders. These approaches reason in terms of relative capacities. The role of adults and institutions is to create an environment that is not disabling, but likely to trigger the development of each child's potential, whatever their specificities. Therefore, instead of thinking of public action in terms of specialized facilities, it is now conceived of in terms of direct services to the handicapped individual. At the same time, the principle of educability becomes the principle of schooling; that is, education must take place primarily in the school, where every child is entitled to get personalized case support, rather than a specialized structure.

This model has also received scientific credentials through a neuroscience-inspired focus on the (child's) brain and its infinite possibilities, as well as through the success of positive psychology since the end of the 1990s and its focus on character strengths that help build a meaningful life (see Seligman 2002). Cognitive neuroscience–inspired practices positively ground the reference to the disability/potential axis in the concept of cerebral plasticity, which is mobilized as the biological basis of learning and of the effectiveness of these techniques. "One of the most fundamental messages is that the brain learns all along life", the Organisation for Economic Co-operation and Development (OECD) wrote in 2002. Babies and children are approached as little scientists, as cognitive actors able to produce variable strategies and whose neuronal paths must be strengthened. In the educational domain, this allows learning difficulties to be reframed as handicaps, which must be more the object of educative and remediation methods than of psychotherapy. In the same way, mental illnesses become "neurodevelopmental disorders", of which "specific learning disorders" (dyslexia, etc.) is a particular category. "Specific" means here that these peculiarities are neither intellectual deficits nor mental pathologies; that is, they are not pathologies at all. They characterize not persons, but disabling disorders and situations. With the simultaneous ascent of the neuroscience-based approach and the social model of disability, the content of what are considered to be efficient and respectful methods changes. The "everything is psychological" approach of CMPPs is the object of constant criticism, as psychodynamics is deemed unable to highlight and address these specific syndromes. For instance, a report of the High Committee for Public Health, published in 1999, claims that CMPPs where "consultations often have psychotherapeutic aims, do not necessarily address the problem, because generally only a psychological check-up would have been proposed, excluding a neuropsychological one" (Vaivre-Douret and Turz 1999). Therefore, the French High Authority on Health recommends "interventions with educative and remediation aims" favouring exercises (including learning of strategies of coping) over discernment and reflexivity, which are put into practice in schools by promoters of neuroscientific-based approaches such as Celine Alvarez (see Degraef *et al.*, and Morel, in this volume).

Conclusion

While they are critical of psychodynamic approaches, users and entrepreneurs of cognitive neuroscience–based approaches have still integrated the individualistic turn of the child which became dominant during the 1970s, notably thanks to psychoanalysis: the child must be approached in his or her totality and singularity. But in these evolutions, two entities appear to be taking on vital importance: children are essentially approached through their *brains* and their *environments*. The brain and its plasticity constitute the element for demonstrating the moral ideal of autonomy-condition societies scientifically: each of us has unlimited potential for both regularity *and* change. Through the combination of plasticity, potential, and learning, cognitive neuroscience plays on the two big facets of behaviour regulation in individualistic mass society in which autonomy multiplies both opportunities and uncertainties and makes the ability to act appropriately by oneself the supreme value for adults and children alike.

However, the child's brain is at the same time wondrous *and* vulnerable, full of already-there potential connections *and yet* still developing. This is why, along with the focus on the brain comes a focalization on the quality of an environment (parents, teachers, society as a whole), as the controversies presented above have shown. On this environment rests the responsibility to help each child actualize their potential (see Mignon and Marquis, in this volume) by giving them the right place, right protections, right stimuli, and room for manoeuvre. This is, *in fine*, what the controversies are about: what should be expected from the environment when educating a child who is, with his or her full-of-potential-but-still-in-development brain, essentially in a liminal position.

Some observers may have analysed these disputes as further proof of the irreconcilability of these two tacks, i.e., a psychodynamic-inspired perspective focusing on the role of norms and the importance of bringing discernment and reflexivity to children and cognitive neuroscience–inspired perspectives focusing on the importance of training the brain. This chapter points to two observations. First, the ways societies read and treat contingencies and difficulties evolves with their moral environment and the expectations resting upon individuals' shoulders. In this regard, the success of neurosciences and the focus on the brain to the detriment of psychodynamics highlights changes associated with the transition from a society where autonomy is an aspiration to a society where autonomy is a condition, even for children. In the latter, the tensions of socialization are now more linked with disabilities and hindrances to potential than with interdiction and conflicts, which were the object of psychoanalysis.

However, and this is the second observation, the decline of the psychodynamic way of dealing with difficulties does not in any event mean its disappearance. These attitudes towards contingencies mix rather than replace each other. We can now indeed see how the different stakeholders in the controversies, whatever their position, actually mobilize elements from both, if only because they share a focus on the role of the environment, express their worries in the language of mental health (as this obligatory expression of emotions), and subordinate the idea of cure to the aim of empowerment. Practices of discernment, aimed at reflexivity, and practices of exercises, aimed at changing habits, are ways to enable people, especially children, to meet the particular expectations of autonomy-condition societies. In a sense, they are complementary elective afflictions, necessary to our form of life, because they enable both the formulations of these tensions and the possibilities of responding effectively to them.

Notes

1 See their website www.burnoutparental.com (consulted April 2023).

2 "No, children's rights do not consecrate the child-king" (*Le Soir* 2022).

3 The idea of the weakening of social links is a recurrent topic in our society and has become a common trope in some part of sociology, directly inspired by clinical psychoanalysis. See, for the English-speaking world, Sennett (1977) and Lasch (1979), and for the French-speaking world, see later.

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2 Cognitive Science and the Building of an "Autonomous Pupil"

Scientific Controversies Surrounding Autonomy in the Field of Education

Stanislas Morel

Autonomous individuals are widely valued in contemporary societies, and, as a lay concept, autonomy seems to be a goal for any individual. The cult of autonomy, implemented both in discourse and in practice, has largely contributed to the transformation of many fields such as mental health care, social work, parenting, and education. Nevertheless, in order not to produce an overbearing scientific analysis, it is important to study empirically in each field the representations and practices linked to autonomy. For this purpose, I will focus here on education, and the category of autonomy will be mainly taken as an object of controversies between social groups trying to impose their own definition of what autonomy means.

The increasing centrality of autonomy issues in the field of education supports Ehrenberg's thesis that our societies have entered into an autonomy-as-a-condition era, societies that value the autonomous, self-governing individual (Ehrenberg 2018). Whereas in the first half of the 20th century, children's autonomy was a theme mainly put forward by a pedagogical avant-garde opposed to the traditional school (Ferrière 1921), it has become a common place in the debates on education. Nowadays, children's autonomy is a widely shared objective in our societies. To put it bluntly, children's autonomy, according to the expression of the French sociologist Héloïse Durler, has paradoxically become "obligatory" (Durler 2015). This shift towards autonomy has unquestionable effects on parenting and schooling. Some of them have been described by sociologists: learning activities in which the students have a more active role and are encouraged to monitor themselves and assess their own performance (Durler 2015; Plomin 2018) and less asymmetrical and more negotiated teacher/pupil or parent/pupil relationships (Périer 2014).

As expected, autonomy has also become a central object for the sociology of education. Scholars analyse the ways of educating children in schools or in families that value autonomous, self-governing children. They also study the effects of this shift towards autonomy, whether these are the effects claimed by promotors (such as emancipation of the children from the adults, for instance) or, conversely, side effects that sociologists often point out (normalization of the children's behaviour (Perrier 2014) and increasing educational inequalities (Durler 2015 and this volume; Joigneaux 2014; Lahire 2001).

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Nevertheless, this sociological research programme would be easier to carry out if we could clearly identify what autonomy encompasses. If everyone agrees to recognize autonomy as an important moral principle or a social norm, what autonomy really is in the education field and what paths are to be followed to get an autonomous child remain highly debated questions, which take here a very specific form. Indeed, in an educational context, what is mainly at stake is the autonomy of children in relation to parents or teachers. Yet, despite all the efforts made by some actors in the world of education to demonstrate that it is possible to conceive the relationship between adults and children as respecting the autonomy of the latter, the adult/children, or worse, the teacher/students relationships are precisely the most frequently cited counter-examples to autonomy. Outside the field of education, the adult/children relationship still evokes an asymmetrical relationship marked by the adult's hold over the child. Consequently, debates over autonomy in the field of education can be very different from the ones in the field of healthcare or social work.

This does not call into question the centrality of autonomy in our societies in general and in education in particular, but it does invite us to study autonomy, not as a substantive notion, but as a highly sought-after label that can fit many conceptions of relationships between teachers/adults and children, even those characterized by asymmetry and constraint. From the perspective that I will express in this chapter, the centrality of autonomy in our societies is also made clear by the fact that differences between individuals or social groups involved in the field of education are increasingly expressed in terms of different stances on what autonomy should be.

This chapter focuses on the controversies surrounding the notions of "structured" or "guided" autonomy introduced by cognitive neuroscience, the most influent scientific approach in this field since the 2000s (Morel 2016). Most cognitive neuroscientists have underlined in their works or in public debates that children's autonomy must be a cornerstone for any brain-based approach of educational issues. According to them, autonomy results from implementing an educational environment that, by integrating some biological/neurological constraints, optimizes the functioning of the learning machine that is the human brain. The centrality of autonomy issues in many cognitive science works on education probably explains why Alain Ehrenberg, in his latest book, attributes the rise of cognitive neuroscience to its emphasis on autonomy and, consequently, its ability to be in tune with the social norm currently prevailing (Ehrenberg 2018). Nevertheless, in the field of education, presenting cognitive neuroscience as epitomizing and producing autonomy seems, at least, questionable.

In fact, as we will show in the first part of this chapter, the claim of cognitive neuroscience to represent a scientific discipline contributing to the making of an autonomous child must overcome many obstacles. Cognitive scientists face opponents (social science or educational researchers, psychologists, psychoanalysts, teachers, etc.) who denounce them as denying child autonomy and contributing to an authoritative turn in education. These opponents point out that the success of cognitive neuroscience in the field of education largely results from its contribution to the widespread criticism of the autonomy-based pedagogies that prevailed in French schools from the 1970s to the 1990s and that has been since frequently targeted as one of the main reasons for the poor performance of the French education system. Cognitive neuroscience is also accused of promoting a highly directive pedagogy imposed on students, parents, and teachers alike as the one best way to teach and learn. Opponents underline the tendency of neuroscience to advocate a pedagogy under strong biological determinism, leading to an increasing medicalization of school difficulties and a loss of autonomy for children struggling at school as well as for their parents, who are more and more confronted with the authority of healthcare professionals (Garcia 2013; Morel 2014; Woollven 2021).

Consequently, as we will see next, in order to conform with the social norm of autonomy, cognitive scientists have been compelled to argue that it is not the idea of an autonomous child that is the focus of their criticism, but a particular kind of autonomy, appealing but false, that has prevailed in the educational field over the last decades. They claim to have elaborated an alternative "scientific" and "realistic" definition of autonomy, compatible with strong biological and cognitive constraints on learning. In this perspective, children are considered biologically equipped to learn, and making them autonomous mainly consists in placing them in conditions that do not hinder their predisposition to learn. Once these conditions are set up, the autonomy of children must be developed by putting them in active learning situations which, based on available knowledge of cognitive functioning, are much more effective than passive learning situations. To counter a too deterministic stance, cognitive scientists have also emphasized the brain's plasticity, i.e., its capacity to transform itself, and the potential cognitive creativity and originality of children with neurologically induced learning disabilities.

As a conclusion, we will raise the question of the plasticity of the notion of autonomy in the field of education. All the academic or clinical disciplines dealing with children's issues (psychology, psychoanalysis, educational science, sociology, or neuroscience) have promoted very different conceptions of autonomy, more or less framed by different constraints (Foray 2016). Finally, it has become very difficult to define what autonomy means and to associate autonomy with a particular type of educational discourse or practice. And we may well wonder to what extent autonomy has not become an empty shell devoid of any specific meaning, a very influential but highly plastic social norm that everyone tries to shape according to their own conceptions and interests.

Is cognitive science a claim against the "autonomous pupil"?

In France at least, the rise of cognitive neuroscience in the field of education provoked a counteroffensive, mainly by those who had been the target of criticism by cognitive neuroscience researchers, notably because of their supposed "pseudoscientific" conception of autonomy. Many French educational researchers and pedagogues pointed out how cognitive neuroscience, caricaturing earlier conceptions of autonomy, has led to an authoritative turn in pedagogy. They criticized the detailed prescriptions of cognitive neuroscientists on how to educate children so as to transmit knowledge effectively (Meirieu 2018). Critics also came from sociologists or philosophers who accused neuroscience and neuropedagogy of imposing a normativity on human existence and "a set of standardized, coded procedures compatible with the operation of future artificial intelligence machines" (Blay and Laval 2019, 91). Psychoanalytically oriented psychiatrists and psychologists denounced neuroscience as leading to the medicalization of children's difficulties and to the recognition of disabilities that restrain children's autonomy in the resolution of their problems (Morel 2014). But the most virulent criticisms of the concept of autonomy inspired by cognitive neuroscience came from teachers' unions (such as the Syndicat National Unitaire des Instituteurs [SNUIPP]) and educational organizations (like the Groupe français d'éducation nouvelle [GFEN]), who condemned the pedagogical prescriptions of neuroscience as an attack on the autonomy of both students and teachers.

Cognitive science as opposed to the "pedagogy of autonomy"

These criticisms are closely linked to the fact that cognitive sciences have gained legitimacy in pedagogical issues and largely built their success in the field of education by calling into question some educational approaches that had made children's autonomy the touchstone of their pedagogy, such as the socio-constructivist pedagogies (Leroy 2022) whose golden age extends from the 1960s to the 1980s. Some of these alternative pedagogies have been frequently accused by cognitive neuroscientists of relying too much on the capacity of students to discover by themselves and to be the main architects of their knowledge (as in Rancière 1987). In France, cognitive scientists played a central role in the crusade against all forms of "pedagogy of autonomy," often held responsible for the inefficiency of the French educational system, which is one of the current main concerns of policy makers. Let's give an example taken from the latest book by the best-known French neuroscientist Stanislas Dehaene, whose title is *How We Learn*:

> For Rousseau and his successors, it is always better to let children discover for themselves and build their own knowledge, even if it implies that they might waste hours tinkering and exploring. … This time is never lost, Rousseau believed, because it eventually yields autonomous minds, capable not only of thinking for themselves but also of solving real problems, rather than passively receiving knowledge and spitting out rote and ready-made solutions. "Teach your student to observe the phenomena of nature," says Rousseau, "and you will soon rouse his curiosity; but if you want his curiosity to grow, do not be in too great a hurry to satisfy it. Lay the problems before him and let him solve them himself."

> The theory is attractive. … Unfortunately, multiple studies, spread over several decades, demonstrate that its pedagogical value is close to zero—and this finding has been replicated so often that one researcher entitled his review paper "Should There Be a Three-Strikes Rule against Pure Discovery Learning?" When children are left to themselves, they have great difficulty discovering the abstract rules that govern a domain, and they learn much less, if anything at all.
>
> (Dehaene 2020, 182)

This extract is interesting because it shows that a certain kind of "autonomy" has been described by some cognitive scientists as a pedagogical sham which has led to the failure of the French educational system. As we will see in the next sub-section, this type of assertion led to a significant number of controversies between cognitive scientists and pedagogues, controversies in which the former occupy the role of opponents to autonomy or, worse, are portrayed as impostors trying to pass off their authoritative pedagogical practices as compatible with the social norm of autonomy.

From the biological foundations of the cognitive processes implied in school learning to directive pedagogy

One of the leitmotivs of cognitive scientists in the field of school learning is that teaching methods used by teachers, and even parents, should be adjusted to what we now know about how our brain works. Furthermore, cognitive science studies have shown that people's brains are relatively similar both in terms of their architecture and their functioning. Consequently, the pedagogical prescriptions formulated by the cognitive sciences have almost a universal scope. Many cognitive scientists have recently published books criticizing psychological theories which, like Gardner's theory of multiple intelligences (Gardner 1983), emphasize the multiplicity of cognitive styles, assimilating these theories to neuromyths (Sander et al. 2018): "The idea that each of us has his or her own learning style is a myth" (Dehaene 2020, 314).

This call for a universal pedagogy based on cognitive science has been criticized for not taking into account individual differences in learning and for imposing a rather standardized and directive approach onto academic learning. Opponents to cognitive science's stance on pedagogical issues, and particularly teachers' unions, highlight a contradiction. While on the one hand cognitive scientists invite teachers to creatively awaken the curiosity of students by stimulating their brain (since this organ always "wants" to learn new things), on the other hand, they also stress the obligation to follow some cognitive rules, they identify many learning stages, they advise to respect a predefined learning tempo, etc. For instance, learning to read as prescribed by cognitive scientists forces pupils to develop their phonological awareness by studying the graphemes and the phonemes at a fixed pace and to follow the stages imposed by the teacher, step by step in a set order, even if they feel like skipping these steps because this deciphering work is boring. Cognitive scientists are thus accused of being at the origin of a technicist and very directive pedagogy both for teachers and pupils. As a result, cognitive science seems to come into conflict with some values associated with autonomy like originality, creativity, and innovation (Ehrenberg 2018).

These criticisms have been echoed by some influential French pedagogues, such as Philippe Meirieu, who explains in an interview given to the very popular internet site "Le café pédagogique":

> The arrival of cognitive sciences renewed by neurosciences [...] reduces, in the long run, the teacher's activity to obedience to systematic prescriptions, neglects the singularity of the educational relationship, and makes us forget the importance of other factors in learning.
>
> (Meirieu 2018)

In another interview for the magazine *L'école des parents* (2018, 59), Meirieu underlines his fear that neuroscience will lead to the development of "learning reflexes" in children, which he sees as opposed to reflexivity and autonomy. More generally, some researchers in educational science have stressed the risk of neuroscience imposing an "educational orthopraxy" on students and teachers (Roelens 2021).

In short, cognitive sciences can appear in public debates as leading to jeopardizing the autonomy of both students and teachers.

Biological determinism

The rise of cognitive sciences has been accompanied by a return of biological determinism, which indirectly may also affect their claim to contribute to an education that gives a central place to children's autonomy. Controversies on the biologically constrained autonomy induced by cognitive neuroscience, i.e., an autonomy shaped by natural laws, are mainly driven by those who question its scientific validity, such as some educational researchers (Meirieu 2018), social science researchers (De Cock 2017), or psychoanalysts (Pommier 2010. According to them, biological determinism is not an indisputable given on which to base autonomy and needs to be criticized as leading to a limitation of the child's potential and to a very impoverished version of autonomy.

To illustrate these controversies, we can take the example of learning disorders, which have been promoted in recent decades by cognitive neuroscience (dyslexia, dyscalculia, dyspraxia, attention-deficit hyperactivity disorder [ADHD], etc.). Calling into question the scientific validity of this type of explanation for children's difficulties at school, psychoanalysts, for example, have sought to show how this type of diagnosis and the ensuing recognition of disability can hinder children's and parents' power to act and question themselves by encouraging them to rely only on the action of healthcare professionals (Morel 2014).

These controversies indirectly reveal the conditions under which constrained autonomy may be accepted. The possibility for biological constraints and autonomy to appear compatible depends on the scientific and public recognition of these constraints. If the biological constraints on human behaviour are recognized as objective and indisputable, then the issue of autonomy concerns the way in which individuals are able to reach their potential within the constraints imposed on them. But if these biological constraints are contested, as they often are, then the debates also turn around the reduction of individual autonomy induced by these controversial constraints.

These controversies are all the more virulent as we are currently witnessing a wide circulation of a rather hard biological determinism, in particular with the rise of behavioural genetics. Behavioural genetics occupy a much more central place in cognitive science, whereas the question of the genetic determination of intelligence or of school achievement is still quite a taboo in the French public debate. Though not denying the importance of environmental factors, some very renowned behavioural genetics researchers, like Richard Plomin (2013, 2018) or Kathryn Paige Harden (2021), to name only the most famous, who have published papers in high-level scientific journals such as *Nature* or *Science*, claim that 50% of the individual variations of intelligence or of school attainment is due to our genes. These highly controversial results are accompanied by an equally controversial attempt to redefine autonomy as the possibility for individuals to discover their "genetic self" and to follow their genetic predispositions. In France at least, this attempt is far from having won the support of public opinion, and the theses developed by behavioural genetics are still frequently perceived today as the vector of an erroneous and dangerous biological determinism that is not compatible with the prevailing definition of autonomy.

The biological determinism induced by cognitive neuroscience has also led to the growing interventions of healthcare professionals in educational issues.

Is children's and parents' autonomy reduced by healthcare experts?

Since the end of the 1990s in France, researchers in cognitive science have intervened more and more in debates on school failure mostly by highlighting the existence of many neuro-developmental learning disorders, dyslexia being the best known. This led to a growing intervention of healthcare professionals (paediatrics, psychiatrists, psychologists, speech therapists, psychomotor therapists) for solving school problems. Parents of pupils struggling at school are frequently invited, mainly from teachers, to consult healthcare professionals, whose recommendations parents are expected to follow (Payet et al. 2018). Consequently, parents and children are increasingly experiencing confrontations with a growing number of experts, with whom they may disagree. The ability of parents confronted by healthcare professionals to maintain freedom of educational choice is very much dependent on financial and cultural resources and is of course very unevenly distributed (Morel 2014). Many parents feel that their legitimacy and autonomy to interpret their child's school difficulties or to educate their child the way they want are put into question. As a result, the medicalization of school difficulties, largely induced these past decades by cognitive science, is frequently interpreted by the parents whose children struggle at school as reducing their autonomy (Morel 2012).

How cognitive scientists comply with the social standard of autonomy

For all the reasons mentioned in the first part of the chapter, the compatibility of cognitive science with the social norm of autonomy is not obvious. We will now examine how some cognitive scientists have tried to redefine autonomy in education as the capacity to take biological and cognitive constraints into account and, this frame being accepted, to maximize one's potential. On philosophical grounds, it could seem easy. Many philosophers have found reasons to reconcile autonomy with constraints, rule, and authority, claiming that these notions are not necessarily opposed (in the field of educational research, see for instance Foray 2016). But in a context of social struggle over the definition of autonomy, developing an alternative definition of autonomy is more difficult.

From biological constraints to autonomy

Let's take again the example of behavioural genetics which, as said earlier, is every day more present in cognitive science, in particular in the field of education (Plomin and Asbury 2013). How can we reconcile the biological determinism of behavioural genetics with the idea of individual autonomy? Genetic constraints can seem opposed to autonomy: if what you do or think or become is determined by your genes, how can you be considered to be the actor of your own life? Researchers in behavioural genetics are currently working hard to produce a narrative whose goal is to construct a bridge between genetic constraints and autonomy. They try to convince the public that if genetic determinism is an indisputable scientific truth, as they believe it is, then we may consider that knowing these genetic constraints and adapting our education and, more generally, our life to them is the only way to act as autonomous individuals, who are aware of their weaknesses but also of their gifts, their singularities, or their originality (Plomin and Asbury 2013).

> Rather than striving for an ideal self that sits on an impossibly tall pedestal, it might be worth trying to look for your genetic self and to feel comfortable in your own skin. Moreover, as we have seen, with age, as genetic influence increases, the more we become who we are.
>
> (Plomin 2018, 92)

In the United States, where behavioural genetics play a central part in the debates on education, parenting, or other aspects of our lives, we have witnessed the multiplication of general audience books that celebrate the recovered autonomy of individuals building their lives according to their genetic self. By accepting their genetic self, individuals can free themselves from the social forces, norms, hierarchies, and stereotypes which always threaten to make them lose their way. Having found their "genetic self," knowing their qualities and their weaknesses, they will consequently be more self-confident, more creative, and more capable of choosing their life so that they can become "who they are." For behavioural genetics, a discipline particularly interested in the question of risk and predictability, the acceptation of the laws of nature is in this perspective the starting point of *a scientific and realistic kind of autonomy.*

Reversing the stigma of learning disorders

The scientific construction of learning disabilities as specific disorders is another example of how cognitive scientists have sought to conform to the social norm of autonomy. Since the beginning of the 21st century, we have seen a multiplication of learning disorders (dyslexia, dysorthography, dyscalculia, dyspraxia, attention disorder with or without hyperactivity, gifted children). Some speak of an epidemic (Ouzilou 2001). The genetic origin of these disorders is increasingly being put forward by cognitive science researchers (van Bergen, van der Leij, and de Jong 2014). To counter the biological determinism associated with these learning disorders, cognitive scientists have made many efforts to highlight in public debates the high potential of pupils with learning disorders. First, all of these disorders have been characterized as "specific." This characterization is very important because it implies that learning disorders affect only one cognitive process: for instance, students with dyslexia have difficulty mastering written language, but their intelligence is normal and they are quite able to do well in other subjects, such as arts subjects or oral language–based subjects. Learning disorders can even lead to an inversion of the stigma. Dyslexic children are frequently described by cognitive scientists as very smart and very creative. Their handicap can also be a strength. And thus, these disorders can be connected with the issue of autonomy. Children with "specific" learning disorders should be able to manage their disability, to use their skills, to be creative and original. As Alain Ehrenberg writes:

> One of the most powerful ideals of this society of generalized autonomy is the individual, whatever one's handicaps, deviances, or pathologies, who is capable of self-fulfillment by transforming those handicaps into assets through creation, thereby increasing one's personal value. We will call it the ideal of hidden potential. At the crossroads of two major individualist representations that create value (creator of wealth, creator of lifestyle), a new ideal of action was established. It associates traditional virtues of courage with newer ones of creativity, both of which socialize an uncontrollable ill, turning it into a way of life and a value

> of civilization. This ideal is the specific social form by which people diagnosed as ill, handicapped, or deviant (treated up to that point in institutions that sociologist Erving Goffman called "total institutions") became individuals capable of self-actualizing not despite their ailment, but thanks to it.
>
> (Ehrenberg 2020, 11)

In this perspective, far from being only constrained by biological determinism, the disabled children are considered autonomous actors whose agency must be strengthened (Ehrenberg and Marquis 2023).

From plasticity to autonomy

The strength of the social value of autonomy is nowhere more visible than in the attempts made to conform to it. To counteract the representation of cognitive science as a scientific discipline with little concern for the autonomy of children, the promoters of cognitive science have constructed a narrative whose aim is to show their concern for autonomy. For instance, instead of stressing genetic or other biological constraints, cognitive researchers tend to focus on the plasticity of the brain.

> Cerebral plasticity refers to our brain's ability to constantly modify its connections (creating, reorganizing, disconnecting) according to the environment and experiences we have undergone. The brain is plastic, that is it constantly reconfigures itself.
>
> (Berthier et al. 2021)

Besides, we agree here with the analyses of Alain Ehrenberg (2018), who clearly showed how neuroscience had made the brain an autonomous being, wired to have its own activity, its own calculations, its own expectations, aside from external stimuli. The brain, far from being just an organ responding to external stimuli, is considered a reflexive intelligence that can transform itself. When applied to the educational field, this perspective leads to define autonomy as the possibility to give free rein to our brain's desire to learn.

This kind of vision is, for instance, very present in the bestseller written by Céline Alvarez in 2016 and translated into English in 2019 (*The Natural Laws of Children. Why Children Thrive When We Understand How Their Brains Are Wired*). Céline Alvarez is a French teacher who, during two years, tried to integrate the results of cognitive neuroscience into her teaching methods. Her book tells the story of how successful this experiment was and how the pupils as a whole made dramatic progress. Autonomy is among the most widely used words: in the French version, there are 113 occurrences of the words "autonomous" and "autonomy." For Céline Alvarez, the role of the teacher is only to set a school environment, taking into account the biological and cognitive constraints that shape school learning. This done, the teacher has only to let the children learn by themselves, maximizing the extraordinary potentialities of their brain, which is "wired to learn" (Alvarez 2019). Some educational researchers have criticized the fact that, apart from the exceptional human and financial resources given to Céline Alvarez for her experimentation, the pedagogy implemented was finally based on well-known principles and practices long adopted by most kindergarten teachers (De Cock 2017).

Advocating for structured autonomy

Cognitive scientists, like many pedagogues before them, are trying to construct a kind of "guided and structured autonomy." To this end, it is as important to criticize a representation of the autonomous child as an individual who can be left on his or her own as it is to define a new form of autonomy whose objective is to allow the child to find his or her personality and maximize his or her potential, given the cognitive constraints on learning.

> Keep children active, curious, engaged, and autonomous. Passive students do not learn much. Make them more active. Engage their intelligence so that their minds sparkle with curiosity and constantly generate new hypotheses. But do not expect them to discover everything on their own: guide them through a structured curriculum.
>
> (Dehaene 2020, 315)

To legitimize this "structured autonomy," Maria Montessori is a very useful reference and model. A woman of science, a doctor, and the founder of an experimental pedagogy, Maria Montessori is one of the pioneers who contributed to the advent of the concept of guided or structured autonomy. After having been praised in France by a socio-constructivist pedagogical avant-garde from the 1960s to the 1980s, Montessori pedagogy is now the icon of the proponents of an autonomy guided by natural and biological laws.

> Maria Montessori thus created in 1907 what she called the "children's houses", which brought together about forty children aged 3 to 6 years: the essential educational principle of these places of living and learning was an accompanied and structured autonomy.
>
> (Alvarez 2019, 13)

To some extent, guided or structured autonomy has also been defended by some sociologists who, in the wake of Basil Bernstein's pioneering work on implicit pedagogies, have shown that the lack of a cognitive framework for learning situations leads to an increase in educational inequalities (Durler 2015; Garcia 2013; Joigneaux 2014).

It is difficult to know what the outcome of these controversies and struggles around the notion of autonomy will be. It depends on many factors, both internal to the scientific field (balance of power between the various scientific disciplines struggling to impose their definition of autonomy) and external (the acceptance of the different scientific conceptions of autonomy by different social groups in the field of education). Nevertheless, at the present time, in a context marked on the one hand by the crisis of the French education system, whose relative inefficiency has been shown by international surveys such as Program for International Student Assessment (PISA), and on the other hand by the attempts of successive governments to regain control of pedagogical practices, the idea of an autonomy structured on the basis of scientific results has been well received by political leaders with the ambition of reforming schools. But resistance is still very strong, especially among teachers, and the outcome of the struggles is uncertain.

Conclusion

The empirical study of the uses of the category of autonomy in the field of education tends to illustrate Alain Ehrenberg's thesis of societies that have entered an autonomy-as-condition era. But, at the same time, it also leads to discuss it.

First, although autonomy (of the children, parents, teachers, etc.) is a leitmotiv in the field of education, defining it is almost impossible, as the notion is so plastic. We can legitimately wonder whether, in one way or another, not all pedagogical practices can be made compatible with the ideal of autonomy. In other words, at least in the field of education, we can observe the omnipresence of autonomy issues in discourses, but without being able to identify a set of practices inspired by the search of autonomy. So, societies may have entered an autonomy-as-condition era, but, at least in the field of education, we don't really know what autonomy means in practice, what it includes or excludes.

Second, in the field of education, the link between cognitive science and autonomy seems less obvious and more problematic than in the field of mental health, which is the focus of Ehrenberg's work. There are two reasons for this. The first one is that child autonomy is a long-standing concern in the field of education (at least since the 1970s, cf. Patry 2018), and is therefore shared by a vast array of educational approaches that promote very different versions of autonomy. The second one is that cognitive science seems, partially at least, to deviate from the ideal of autonomy that prevails today, for example, when it emphasizes the relative universality of ways of learning and the need for a systematic approach to teaching and learning.

Third, the outcomes of the struggles between the different scientific disciplines studying education (sociology, psychology, neuroscience, pedagogy), far from taking only the form of scientific debates, also depend on the capacity of each scientific community to conform to the social figure of the autonomous child, mainly by imposing a definition of autonomy compatible with its scientific stance. What is really at stake in these scientific controversies about the autonomous child is the legitimation or delegitimation of each scientific approach dealing with educational issues in societies that value the autonomous, self-governing individual. As a result, nowadays, a good way of asserting the various degrees of the legitimacy of the multiple scientific disciplines and theory studying the socio-bio-psychological determinisms that shape our lives is to estimate the ease with which these theories can construct a widely accepted narrative of their compatibility with autonomy. Thirty years ago, it would have been impossible to associate genetic determinism to autonomy. It is now possible, at least in the United States, partly because the scientific theses of behavioural genetics are much more accepted, even naturalized, and this makes them seem compatible with a "realistic" type of autonomy, one that takes into account the natural constraints necessarily shaping our lives. As a matter of fact, a sociological approach of autonomy today is not only about studying a set of well-defined practices but also about analysing a moral principle and a social norm that structure and mediate the relations, and in particular the power relations, between scientific disciplines and more generally between social groups.

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3 Children's Well-Being and Teachers' Benevolence as the Road to Higher Performance?

Cognitive Neuroscience and Montessori in Preschools

Véronique Degraef, Emmanuelle Lenel, and Nicolas Marquis

Introduction: "now we know!"

A series of international statistical comparisons of educational attainment produced by organizations such as the Organisation for Economic Co-operation and Development (OECD), United Nations Educational, Scientific and Cultural Organization (UNESCO), and European Commission throughout the 1990s reflected the growing interest of public authorities in early childhood education as having a determining role in the fight against socio-educational inequalities. There seemed to be a consensus on the need for "a social investment strategy centred upon childhood" to meet this challenge (Esping-Andersen 2002). As argued by Nobel Prize–winning economist Heckman, prevention rather than a cure must be the strategy: the return on public investment in early childhood education is greater than that of all other investments in education (Heckman 2008). In the same period, a new field of research and application concerning metacognition, namely "educational neurosciences" or "neuro-education" (see Morel, this volume), emerged. This new field has given rise to unprecedented scientific arguments to make such a preventive investment in early childhood education a reality. As recently stated by a French professor of educational neuroscience,[1] the crucial contribution of this new knowledge is to enable each of us, and especially pupils, to "learn how to learn":

> … the problem is that we enter into fundamental knowledge before having learned the fundamentals of learning, and if we really want to reduce inequalities, we should start by learning to learn. (…) It is necessary to explain to 5-year-olds how their brains work and teach them how to set up learning and evaluation strategies. That's what metacognition is all about. [2]

In France and French-speaking Belgium, this new knowledge has been successfully disseminated to the general public. The announced launch by the same professor of a first-of-its-kind university degree in neuro-education intended

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to "put research work in psychology and neuroscience of learning at the service of teachers, trainers, educational advisors, psychologists, national education inspectors and generally to the whole world of education"[3] bears witness to this. This chapter studies the reasons for the success of neuro-education and the pedagogical practices that it inspires in early childhood education.

On a general level, the legitimacy of these new perspectives can of course be explained by the public's fascination with the mysteries of the brain and the broad legitimacy of neurosciences, stirred by cultural intermediaries such as media or moral entrepreneurs mobilizing them "as a new grid for reading the world that is both scientifically guaranteed and politically acceptable" (Lemerle 2011, 14). Neurosciences constitute a resource for putting issues into words that is particularly prestigious in individualistic societies (Ehrenberg 2008, 2018, 2020). Here, we shall defend a complementary explanation for this success in education, i.e., a neurosciences-based approach offers all stakeholders the promise of a solution to the never-ending "school crisis" (Dubet 2003). Parents, teachers, and policy makers hope to find in this experimental science the possibility of transforming schools, improving teaching methods, and increasing academic success.

The first part of this chapter takes an international comparative perspective between France and Belgium, on the one hand, and Denmark, on the other hand. It focuses on recent transformations in early childhood education and care (ECEC) that are in line with the prevalent idea of autonomy as a common condition in individualistic societies (see Ehrenberg and Marquis, in this volume). It also sheds light on the dual ambition that currently runs through the preschool institutions in both areas: to provide benevolence to each child in an inclusive perspective (accent on well-being) and to get most, if not all, pupils to succeed in their (future) learning (accent on performance). These ambitions are of course connected to different degrees and in different ways in each country, according to specific cultural and political traditions relating to the roles of the state and families in early childhood education, as well as conceptions of childhood and relations between adults and children. The comparison will show that while these ways of thinking mostly combine in Denmark, they generate more tensions in the Franco-Belgian context.

The second part looks at the messaging of neuro-education promoters in the latter context (France and French-speaking Belgium) to shed light on how they claim to "revolutionize" school to ensure success *and* well-being for all pupils, but also how they take up the difficulties that teachers face in exercising their profession in relation to this double injunction and its tensions. Two periods of field research support the argument. The first one (2013–2018) consisted of focus groups with preschool teachers, directors, and inspectors, as well as with professors in charge of the initial training of preschool teachers in French-speaking Belgium (Degraef 2014, 2016; Degraef et al. 2019). The second one (2021–2024) is based on documentary research, interviews, and observations with French and Belgian promoters of neuro-education and coaching in preschool and primary school.[4]

In the third part and the conclusion, we analyse how neurosciences-based approaches claim to reconcile benevolence and academic achievement and how they organize new ways of dispatching the responsibilities for the learning process amongst pupils, teachers/educators, and parents. In so doing, they offer practical ways to alleviate the tensions inherent in raising "(already) autonomous children."

Transformations of early childhood education and care in Denmark, France, and French-speaking Belgium

In the early 2000s, the OECD embarked on a programme called *Starting Strong*, which has resulted in six reports to date (from 2001 to 2021). In an article summarizing the first two reports, John Bennett (2005) distinguishes two major "traditions" that structure the field of so-called preschool institutions from a curricular and pedagogical point of view: the *pre-primary tradition* in which preschool is seen as the first milestone in the child's schooling, with a focus on the acquisition of "fundamentals" (reading, writing, arithmetic), and the *socio-pedagogical tradition* in which preschool strives for the "global" or "holistic" development of children.

In this categorization, the Franco-Belgian preschool is considered as belonging to the pre-primary tradition. The teacher is the driving force of the class (it is said to be "teacher oriented"), whereas the child is represented as an individual in progress requiring a proper school education, i.e., a "pupil-child." The fundamentals are learned from the age of 3. In contrast, the Danish kindergarten is presented by Bennett as being close to the socio-pedagogical tradition. It is anchored in a particular attention to the child's well-being (the class is said to be "children centred"), and children are invited to play freely without being subject to constant supervision and investment by *paedagogs* (the Danish word for early childhood professionals), according to the social representation of a "competent child" (see Mignon and Marquis, in this volume). However, in the last two decades, preschool institutions in both geographical areas have undergone significant changes, tilting towards (even) more schooling logic and attention to learning skills. These changes have been criticized by social science scholars in both geographical areas, even though, as we shall see, the consequences interestingly have unfolded in very different ways.

The Danish kindergarten: a holistic approach to the "competent child"

In the social pedagogy tradition of the Fröebelian kindergartens, education, learning and care are strongly intertwined in a model called "educare," in which children are considered "individuals in their own right, members of society, and not just members of a family" (Bahle 2009, 15). This perspective aiming for the children's integration in the community has structured the model of the Danish preschool for a long time. In this model, professionals work in close collaboration with parents to ensure the overall development of the child, which is key for such integration. However, since the 2000s, in response to the relatively poor performance of Danish pupils in the PISA ranking,[5] the preschool system underwent reforms that culminated in 2018 in the adoption of new curricular regulations called *Strengthened Pedagogical Curriculum* (see also Westerling in this volume).

Scholars have analysed how this reform process has challenged some of the fundamental aspects of the Danish model. For example, according to Westerling and Juhl, the collaborative relationship between professionals and parents has been put under strain, as the new curriculum "introduces a learning agenda that installs an asymmetrical distribution of tasks, which (…) poses a threat to the shared care arrangement, which has historically characterized the welfare states of Scandinavia" (Westerling and Juhl 2021, 1). The new focus on learning has indeed added a function of what we might call "parental coaching" to the kindergarten professionals' traditional activities (see Dannesboe et al. 2018), thereby changing the traditional role of *paedagogs*. Others have shown how the emphasis on learning and assessment reframed as "play," is still an essential element in kindergarten, in a logic of skill acquisition. In this new configuration, free play is absorbed by its apparent opposite, learning, with the latter giving meaning to the former (Dumont 1983). No longer autotelic, this "play useful for learning" (as described by Minister Christine Antorini; Ellegaard and Kryger 2020) is formally invested as a channel of the child's development, a relevant activity for assessing skills acquisition, and a transactional object for involving parents in a project (Westerling in this volume; see also Marquis 2022).

However, it is interesting to note that the skills targeted by these programmes are not so much academic but increasingly of a "social" nature, as they concern emotional and interactional abilities (Gulløv in this volume; see Prieur et al. 2016, for a critical perspective). Skills acquisition at the kindergarten level has, in this way, been made compatible with the traditional, holistic, socio-pedagogical perspective aimed at the integration of the child. Indeed, even if these reforms leaning towards school logic have questioned the integration model, "in the daily practice of institutions, child-centered pedagogy is still predominant" (Gulløv 2012, 101). Primacy is still concretely given to the well-being of the child conceived of as an end, and the primary role of the Danish professional remains to ensure that the child is well and is able to participate in community life, thanks to the learning of appropriate (social) skills such as the ability to manage oneself (Ellegaard and Kryger 2020).

The Franco-Belgian nursery school: the "pupil-child" pedagogical approach

The "pre-primary tradition" that Bennett claims to find in the Franco-Belgian preschool system has certainly not been there from the beginning. When the schools of the Third Republic were set up in 1881 in France, preschool was called "nursery school" (*école maternelle* in France and *école gardienne* in Belgium) and was a stronghold for female inspectors and teachers for nearly a century, with the aim of asserting its specificity in early childcare compared with primary school (Plaisance 1986, 1997). One of the most famous vocal supporters of this specificity was Inspector-General Pauline Kergomard (1838–1925), who "founded" nursery schools in France and never ceased to ensure that primary school did not invade it, as young children were not "school subjects": "Play is the child's work; it is her/his job; it is her/his life" (Plaisance 2019, 9).

However, in the Franco-Belgian nursery schools, the schooling logic has been considerably reinforced since the end of the 20th century, far earlier than in Denmark. In France, the arrival of male teachers in preschooling in the 1980s and the so-called Chevènement instructions in 1986 were the first of a series of practices and policy reforms focusing more and more on academic learning in order to prepare for entry into primary school (Brougère 2002), with the most recent being the 2019 law "For a school of confidence," which lowered the age limit of compulsory education from 6 to 3 years. In the same way, the government of the French-speaking part of Belgium embarked in 2015 on a large-scale reform of its education system called the "Pact for Excellence in Teaching."(Fédération Wallonie-Bruxelles 2017). Interestingly, nursery school was the focus of all attention under this pact, in a clear reversal of the long period during which preschool was considered just an institution dedicated to keeping busy the children of working parents. This recent political interest in nursery school has been aroused by concerns about the very unequal nature of the Belgian educational system, which have their source in scientific studies of the early stages of schooling (Degraef 2014; Degraef et al. 2019). Here again, flagship measures reinforce the schooling process in nursery school significantly, to wit, a single common core curriculum for all pupils from the age of 5 to 15; an initial skills reference framework designed to set learning objectives for nursery school; and a lowering of the compulsory school entry-level age to 5, the ultimate objective being to begin compulsory schooling at 3 years of age.

The political decisions to make preschool attendance compulsory were the subject of a great deal of criticism, in particular from sociologists of education and childhood who questioned its expected effects on socio-educational inequalities. They argued that, in actual fact, nursery school had been providing schooling for almost all children from age 3 to 6 since the 1990s, albeit without preventing the development of socio-school inequalities, as attested by a host of studies (Bautier 2006; Darmon 2001; Duru-Bellat 2012; Garnier 2012; Joigneaux 2009). For these observers, this measure also strengthens the asymmetrical relationship between school and family that underlies the French school system (Dubet 2002), since it changes the parental freedom of choice regarding preschool attendance into a parental responsibility and obligation with penalties. Despite institutional injunctions to bring families closer to school, this asymmetrical model still dominates, leading to a "pedagogization" of parent/school relations (Garnier 2016). Just as the child is required to learn his or her job as a pupil, parents are required to learn their jobs as the parents of a pupil.

Nevertheless, despite the growing focus on the pre-primarization of nursery schools, it would not be correct to say that the Franco-Belgian model is centred purely around academic achievement. For example, in Belgium, concern for the child's well-being and all-round development has not been sidelined by the pact. On the contrary, the flagship measures cited above are justified by "the search for a balance between requirement and benevolence and the concern for more equitable and inclusive education" (Framework of Initial Competencies – Common Core 2020, 2, our translation). The child's autonomy in particular, broken down into four interdependent facets (affective, motor, social, cognitive, and language), is at the heart of the so-called transverse skill "Learning to learn and making choices." More generally, analysis of the latest programmes of the French and French-speaking Belgian nursery schools shows that the teacher is also expected to have a "positive" and "benevolent" attitude to ensure the child's well-being (Fédération Wallonie-Bruxelles 2020, Ministère de l'Education nationale et de la Jeunesse 2021).

Comparing the effects of the schooling process of the nursery schools in Denmark and France

In both cases, competing logics seem to clash in the nursery schools due to the current push towards more schooling: playing and learning, being a child and being a pupil, acquiring (academic or social) skills, and fostering one's well-being. The insistence on the fundamental role of nursery school in the success of pupils' careers and the reconfiguration of the traditional opposition between play and learning so that learning now encompasses playing (Marquis, Mignon, and Wiseur 2021) highlight the tensions that run through this institution in both areas. What is then the difference between the Franco-Belgian and the Danish situation? Two elements are worth noticing in concluding this comparative part.

First, the atmosphere of the debates seems very different. In Denmark the "educare" preschool model adapted to the push towards the schooling logic and incorporated the growing focus on "social skills" in the existing policies and practices by linking the importance of developing children's ability to manage themselves (and their relations with others), on the one hand, and children's current and future well-being, as well as their integration into the community, on the other hand. Therefore, the overarching goal of the Danish kindergarten has been more reframed than fundamentally transformed by the reforms.

On the contrary, in the Franco-Belgian context, which is much more accustomed to the idea of an "educational system crisis" (Dubet 2010), the push towards the schooling logic in nursery schools has given rise to many tensions. These tensions are fuelled by the difficulty for the professionals looking after children in school (and for the parents) to discern what is "school" in nursery school or, conversely, what is "nursery" in this school (Garnier 2016). Is it a real "school" centred around the role of instruction historically assigned to the school institution or a "nursery" that takes in and takes care of the overall development of young children? Teachers express being caught between providing care to ensure the well-being of each child and the injunction to prepare successful pupils. As Garnier writes, "[t]he idea of 'the whole child' prohibits in principle and makes it difficult in practice to distinguish what is pedagogical, educational, school socialization from the daily life of a young child" (Garnier 2016, 109). For teachers, this is the source of discomfort and feeling of powerlessness in the exercise of a profession whose meaning is no longer considered to be clear.

Second, neurosciences-based pedagogies and approaches have gained a prominent position in the Franco-Belgian disputes about nursery schools that they do not seem to have in the Danish context (even though they are far from absent there). Our hypothesis here is that their legitimacy in the Franco-Belgian context is linked precisely to the specific unfolding of tensions between the two logics and the claim from neurosciences-based approaches to reconcile the terms that seems to be at odds (well-being and learning are presented as two sides of the same coin, as are academic and holistic requirements) while offering concrete methods for stakeholders (mainly teachers) (Durler 2015; Morel 2016). This is what the next point shows, through the observation of the current revival of alternative Montessori-type pedagogies, which claim to be compatible with the newest knowledge from neurosciences, in private and public nursery schools in France and French-speaking Belgium (Huard 2018; Leroy 2020; Leroy and Lescouarch 2019; Wagnon 2018).

Neurosciences for solving the school crisis? Recipe for success

Huard (2018) recently showed that the use of alternative Montessori-type pedagogies in classrooms responds to difficulties for teachers to connect paradoxical institutional and societal injunctions that assign them the dual mission of academic success for all and personal fulfilment for everyone. Although Montessori's pedagogy was developed long before the emergence of cognitive neurosciences, the revival of its main principles is often justified, as we shall see, by the asserted correspondence of these principles with the teachings of cognitive neuroscience. These practices are in fact supported by a central vision: a pupil-child, with a "natural" learning potential, acting autonomously, and who can "learn without being taught." We first show how the discourse of two French figures promoting cognitive neuroscience in schools – the pedagogue Céline Alvarez and the neuroscientist Stanislas Dehaene – is particularly eloquent in this respect. We shall then turn to the case of a nursery schoolteacher who advocates for these methods.

Céline Alvarez and Stanislas Dehaene: from Montessori to cognitive neuroscience

Throughout 2016, a book later translated in English and entitled *The Natural Laws of Children: Why Children Thrive When We Understand How Their Brains Are Wired* (Alvarez 2019a), received impressive media coverage in

France and was a great commercial success, with 200,000 copies sold in less than a year. The author, Céline Alvarez, tells the success story of a pedagogical experiment carried out over three years (2011–2014) in a nursery school class in a Gennevilliers (France) priority education zone, or "ZEP." Presented as "revolutionary," the pilot experiment received the support of Jean-Michel Blanquer, then head of the Directorate-General of School Education. His technical advisor was none other than Stanislas Dehaene, professor at the College of France in experimental cognitive psychology, whose research team ensured an annual scientific follow-up of the experiment. Himself an author of popular books on learning, including *How We Learn: The New Science of Education and the Brain* (2020), Dehaene was recently entrusted president of the Scientific Council of National Education. Declaring herself heir to the "scientific pedagogy"[6] of Maria Montessori, Alvarez relied indeed on the contributions of much research in cognitive neurosciences to define what she calls "the great biological principles of learning" as well as "the pedagogical invariants they impose." She also argues in favour of the key role of nursery school in academic success, because it concerns the age of very rapid development of the so-called executive skills that enable children to activate their natural potential for autonomous learning. She writes that these cognitive skills "enable human beings to be autonomous and to achieve the goals they set for themselves in an organized, controlled and planned way" (Alvarez 2016, 277–278).

Furthermore, taking up Montessori's century-old thesis about the crucial nature of the environment for a child's proper development, Alvarez mobilizes the key notion of brain plasticity to assert that

> inequalities between beings are created not by genes, but by the environment. If we want to reduce educational inequalities, we need to focus on environmental conditions. We can clearly make a difference for many children, not just by changing the way we teach, but by having a very positive influence on the environments in which they live – both home and school.
>
> (Alvarez 2016, 42)

The author defends the importance of the material environment in the development of executive skills and autonomous learning, as we shall see below. But, first and foremost, she emphasizes the relational dimension of the environment as a key factor in activating the child's "natural" desire to experiment and to learn from her or his experiences. Alvarez thus calls for the search for well-being and benevolence in the relationship between adult and child:

> Do you want to help your children increase their learning capacity? Love them. (…) When we have a benevolent, warm, affectionate attitude with the child, the neurons of her/his hippocampus then abound with new neural connections: her/his memory, as well as her/his learning capacities, develops considerably.
>
> (Alvarez 2016, 141)

Dehaene supports the same environmental principle in the autonomous learning. The scientist, promoting for his part "evidence-based education," considers the social environment to have a key role to play in metacognition, which is a crucial factor of academic success. For Dehaene, "[t]oo many children do not realize their full learning potential because their families or schools do not provide the ideal conditions" (Dehaene 2018, 313). Schools and families must take pains to "make every school day a pleasure," with the aim of making "the child active, curious, engaged, [and] autonomous" (Dehaene 2018, 316). This is indeed for him one of the keys to the success of Alvarez's experiment in Gennevilliers, as he emailed the Ministry of Education:

> The children are extraordinarily happy and focused, enthusiastically engaged in their work, and teach each other informally, stimulated by the teaching materials provided. Most importantly, half of them can read, one or two years before first grade. They understand base 10, positional notation of numbers and 4-digit addition. I have often said that the traditional school underestimates the potential of children. After visiting this class, I no longer have any doubt.
>
> (Dehaene, quoted in Alvarez 2016, 23)

Isabelle: the nursery school teacher turned Montessori and neuro-education promotor

By at the same time affirming that "the education revolution is possible" and presenting pragmatic ways to put words into action, neuroscience-based supporters provide a stark contrast with the prevailing scepticism about the school system. Alvarez, for example, does not just have a very enthusiastic discourse on the power of children's cognitive and social intelligence. She also provides concrete support for the development of this potential. She created a website providing videos of the young pupils of Gennevilliers's activities and tutorials. Other videos of the website come from a teacher training cycle she provided in 2018 at the request of the Minister of Education of French-speaking Belgium that led to a new book entitled *A Year to Change Everything and Allow the Child to Reveal Himself* (Alvarez 2019b). Just like the website, which has been consulted by nearly 3 million people, the training was a resounding success.

Indeed, alongside these well-known personalities, a host of promoters of cognitive neuroscience in school act on a more local scale. This is the case of Isabelle, director of a municipal school in Brussels, who organizes training in alternative pedagogies, mainly Freinet and Montessori, for preschool and primary school teachers. One of them is named "Teaching according to discoveries in neuroscience." Her conviction that cognitive neuroscience can and must profoundly transform schooling was forged through her own experiences in the school system. The child of immigrant parents, Isabelle was raised by her grandmother, an illiterate lady who subsisted on social assistance. Isabelle was found to be of high potential in primary school but refused to "skip a grade" and continued her normal schooling, with very good results. At the end of secondary school she dreamt of studying medicine, but had to lower her ambitions and quickly earn a degree in order to take care of herself financially. She thus opted, without much conviction, for a bachelor's degree in preschool teaching. Her professional training bored and disappointed her:

> So, I did my three years. The bare minimum. Get good grades, succeed in your internships, basta. (…) Your training, you paid for it, you lived it for three years, you have a diploma, and you say no, it's not worth much. (…) And I started teaching for five, six years in automatic mode. I took great care of pupils, but I was like, "You're not going to do this all your life."
>
> (Fieldwork interview, 8 March 2022)

Her disappointment, this breach in her existence (Marquis 2014), leveraged her conversion to new practices. Her encounter with Maria Montessori's work in the first years of teaching led her to discover the possibilities of converting this disappointment into a moral and professional enterprise. She enrolled in the first Montessori training course in Brussels: "I said to myself, 'Here they speak the same language as me'. And I became the person I am. I became passionate, I became combative, I found my fight" (Fieldwork interview, 8 March 2022). Isabelle then gradually introduced Montessori pedagogy into the nursery class of a municipal school. After ten years, she managed to convince the public authorities to create the new free public Montessori school that she manages. She discovered neurosciences, thanks to Alvarez, a few years ago:

> Those I did not know yet: Stanislas Dehaene, Houdé, etc. (…) That was the big explosion! I think my side interest in medicine has returned. The brain obsesses me. But as soon as I see videos of neurons, I go crazy!
>
> (Fieldwork interview, 8 March 2022)

She finally decided to start a master's degree in cognitive neuroscience. Not only is Isabelle convinced of the fundamental contribution of cognitive neuroscience to improve teaching practices. She is also aware of the legitimacy she can draw from it, with administrative officials and with parents, to ensure the effectiveness of her pedagogical practices:

> (…) neuroscience is not subjective, it is scientifically proven (…) When I read that Montessori is proven by science, I want to cry because that's just great. (…) As soon as we said, "science and neuroscience" to our inspector, he ate out of our hands. If it's proven, it's because it works! You can read a great thing, but if neuroscience says it's a neuromyth, it is.
>
> (Fieldwork interview 8 March 2022)

Pedagogical atmospheres: make the children learn without teaching

The transformation of the teacher's posture occupies a central place among the concrete pedagogical changes advocated by neuro-education promoters. When one watches videos of Alvarez's training, one is struck by her emphasis on the emotional work required of teachers to achieve the goal of children's autonomy. In order to favour the development of the child's learning potential, the teacher must acquire pedagogical skills, concerning particularly the classroom layout and the choice and arrangement of teaching materials. But she or he also has to develop emotional and relational skills conducive to a better school climate, as she explains in this excerpt:

> You're really going to need to start with good inhibitory control to manage your emotions: anger, frustration, impatience, etc. (…) The children need your energy, your benevolence, your full presence to develop their autonomy, and they will do it only if you are "operational" to guide them individually and collectively on this path. Take care of yourself, you are their conductor.
>
> (Lecture to Belgian teachers, 2019)[7]

This insistence on the teacher's posture is also visible in a two-day training course given by Isabelle entitled "Learning to read and write with alternative pedagogies." There was much talk of a "pedagogical atmosphere," a keystone of Montessori pedagogy that requires the educators (rather than teachers) to work in pairs to produce a framework for supporting the autonomous learning of children. In this framework, the child is at the centre of an environment where everything is subject to learning. In this sense, the role of the educator is that of a designer of pedagogical environments (Marquis and Lenel 2024 [in press]), composed of multiple devices allowing the person who mobilizes them to "make the children learn without teaching." The educator's posture is that of an accompanist, consisting of alternating moments of guiding the activity and of "letting go." The degree of guidance is very strong at the beginning of the activity, before decreasing in order to leave room for the autonomous activity: the adult begins by naming the objects and then shows the "key gestures" of the manipulation, systematically following a very precise and codified didactic sequence in an essentially "applicationist" professional position. She or he then asks the children to carry out the task, remaining in the background and readjusting the activity if necessary. Only then can the child do the task alone and use the material in a free activity with an adult who progressively becomes a companion. The aim is to ensure that the child never feels forced to learn. She or he is placed in a situation in which what looks like a game is in fact a learning channel. This reversal of the pedagogical relationship, from exogenous to (apparently) endogenous learning by impregnation, is made possible by the child's illusion that she or he is not learning. As Leroy states, "With these practices, the figure of a child learning autonomously, with a teacher being relatively distant, takes even more accomplished forms" (Leroy 2020, 139).

When children fail: assessment of the (in)effectualness of the practices

One of the main reasons for the success of neurosciences-based pedagogical discourse is that it satisfies the desire for change of many nursery schoolteachers and parents who are, as Leroy says, "certainly critical of 'primarisation' but are also attached to the importance of the school's representation of children and nursery schools" (Leroy 2020, 121). It offers a pragmatic approach to change that seems to reassure and comfort adults who are disappointed by the traditional school system. It apparently gives the feeling of a power to act and a sense of effectiveness. As this teacher who volunteered to try out the Alvarez "method" in her nursery classroom testified during the debriefing session of Alvarez's training course:

> I was so stressed before, I was in a panic all the time, I was alone, I couldn't see the end. Autonomy was not instilled at all, we took the time to do it, it's beneficial (…). They go to the toilet on their own, they look after themselves, there is a mutual aid relationship, they no longer need the adult, it's a relief for us. Since the first video, I have let go, I have relaxed, I have stopped worrying [about] will I succeed, will the learning be done, what will the other colleagues say? I've let go of everything, I'm in our bubble, I know what I'm doing.[8]

However, and this is the main point, neither the insistence on the teacher's emotional work nor the reversal of the pedagogical relationship prevents the goal from remaining largely academic. As also observed by Ghislain Leroy in France, "performance and assessments are subjects of great concern among Montessori- and neuroeducation-inspired teachers, and the parents of their pupils whose expectations at this level are sometimes even much higher than in the past" (Leroy 2020, 139). As Isabelle explains, pupils' success according to standardized assessments such as the CEB (certificate-based assessment) in Belgium is taken as proof of the effectiveness of the practices she promotes:

> There are some who might be satisfied with getting 60% on their CEB. We are not like that. In our steering plan, we set higher objectives. So, we put crazy pressure on ourselves! […] This school is also a project to prove that it works.
>
> (Fieldwork interview 8 March 2022)

Benevolence should not imply lowering expectations, on the contrary. But of course, not all children succeed. How then do the implementers of these techniques that are supposedly "naturally" in tune with the cognitive mechanisms of all children cope with potential failure? Observations show that these practices are rarely subjected to criticism. In line with Alvarez and Dehaene's argument about the environment as a factor fostering but also potentially preventing the development of the child's potential, the parents are considered to bear the primary responsibility for not having sufficiently stimulated the child's autonomy, taken as a prerequisite for internalizing academic motivations. Isabelle continues:

> Sometimes you have to deal with a lot of educational problems. The parent who let everything happen, who has not set a framework, who has not set limits, who has not made her/his child autonomous. And so, the child waits for you to do everything. (…) She talks about that a lot, Alvarez, in her book. And indeed, learning begins there. So those who have to do all that beforehand, no, they do not read at the end of nursery school. That takes more.
>
> (Fieldwork interview 8 March 2022)

As Leroy states, "Discourse inspired by neuroscience or Montessori can finally lead to legitimizing teacher resignations and classroom practices that are based more than ever on the prior school dispositions of children, for those who possess them" (Leroy 2020, 139). This discourse promotes practices that rely on autonomous dispositions that are unequally acquired by pupils and at the same time conceal them as dispositions.

Conclusion

Comparing representations of the child and practices of intervention on the child in preschool institutions in Denmark, France, and French-speaking Belgium first allows us to highlight two different configurations of coping with the general push towards more schooling in the nursery school. Whereas in Denmark, holistic and pre-primary dynamics seem to combine, they give rise in the French-speaking context to another layer of tensions fuelling the general atmosphere of a "school crisis," where teachers perceive themselves and are increasingly perceived as having a "difficult," if not "impossible," job. The appeal of neurosciences-based pedagogies lies in that they claim to offer conceptual and practical solutions to this situation. When asserting that well-being and academic progress are two sides of the same coin because thriving children are ready to learn, they reconcile the fundamental facets of autonomy, i.e., being oneself, actively developing skills, and being socially integrated (Marquis 2022). When they urge people to revolutionize the school system, they confirm many teachers' belief that something is (or has always been) problematic in the organization of teaching. When they argue that even children from less privileged backgrounds can achieve success when put in the right conditions just like other children, not only do they offer hope and room for manoeuvre. They also propose a way to hold together the ideas that each child (and each brain) is different and that universal methods applied to all children can deliver results. When they call for putting the focus on the role of the environment, they lessen the burden on teachers' shoulders and offer a way to attribute the responsibilities for the children's development practically. Teachers are given concrete clues and check-lists about how to create an environment in which pupils can be happy and learn without knowing it by impregnation (here Vigotski's work is an important reference). Children, considered as "already wired" for learning and developing themselves, just have to make the most of what teachers offer. Parents have to participate in building an environment for the children that is at the same time stimulating and protective. Finally, when claiming that "now we know," they invite both parents and teachers to rely, in their frequent disputes, on external, evidence-based knowledge about how the child's brain works. Of course, they legitimize the roles of new actors, such as scientists, experts, and coaches, who help (adults) to help (children), not only because of their knowledge of the child's brain but also because they know how to foster the well-being of these adults as they accompany children. This is important, they suggest, because only a happy and thriving teacher (or parent) can make a child thrive as well.

Notes

1 Grégoire Borst, director of the Laboratory of Developmental Psychology and Child Education, professor of developmental psychology and educational neuroscience at the University of Paris, and co-author with Mathieu Cassoti of *C'est (pas) moi, c'est mon cerveau*, Nathan jeunesse, 2022.
2 https://www.radiofrance.fr/franceculture/podcasts/etre-et-savoir/quel-est-l-apport-des-neurosciences-a-l-ecole-6897946
3 https://www.lemonde.fr/societe/article/2019/05/20/les-neurosciences-completent-la-boite-a-outils-pedagogique-des-enseignants_5464609_3224.html
4 The data collection of this second period were conducted/collected by Gaspard Wiseur and Véronique Degraef.
5 PISA: Program for International Student Assessment undertaken by OECD
6 *La découverte de l'enfant : pédagogie scientifique* is the first volume of the first book published by Maria Montessori in 1926.
7 https://www.celinealvarez.org/une-annee-pour-tout-changer
8 https://www.celinealvarez.org/une-annee-pour-tout-changer

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Part II

Autonomy Under (Self-)Control?

Social and Emotional (In)Competencies

4 Theorizing Strengthened Demands for Social Skills, Emotional Control, and Autonomy

Sune Qvotrup Jensen and Annick Prieur

Introduction

Contemporary, liberal, and individualized societies encourage, demand, and strive to induce autonomy in their citizens.[1] This tendency seems almost omnipresent, as attested to by the contributions made in this book. In this chapter, we understand autonomy as a normative concept referring to the idea of self-steering individuals. Autonomy thus implies that individuals are prudent and able to navigate the social world. Autonomy therefore presumes rationality in a rather narrow understanding of the term, as the practice of conscious and well-informed choices. As we will argue throughout this chapter, however, exercising autonomy also demands "softer" capabilities. Autonomous individuals need social skills and emotional control to successfully steer themselves and navigate the social world without bumping into too many obstacles. Autonomy, emotional control, and social skills are thus tightly linked as different facets of contemporary normative demands.

In daily language, in self-help literature, and in academic discourse, the personal resources we address here go by a range of different names: life skills, personal skills, soft skills, emotional competence, emotional intelligence, interpersonal skills, people skills, communicative skills, social competences, and social skills. The terms "social skills" and "emotional control" usually refer to the ability to see and understand the needs and intentions of others, to control one's emotions and put feelings into words instead of expressing them physically through violence, to be self-assertive without being dominating, to cooperate with others, to make friends, etc. (Prieur et al. 2016).

Ethically speaking, these are undeniably positive capabilities. From a more overall sociological perspective, however, it is striking how the concern for social skills has increased strongly in the Western world in recent decades (ibid.). As we will demonstrate below with contemporary Denmark as our case, social skills have become a governmental concern behind a number of interventions in people's lives, through programmes and training in schools, working life, etc. This concern entails ideas about how people ought to interact with each other and reflect on this interaction, and about the state's responsibility for the interactions between citizens. Likewise, personal autonomy is held as a

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goal for childrearing as well as for a range of social policies, which juxtapose autonomy as the positive pole and dependency as the negative pole.

What has sociology to offer for the understanding of these normative transformations related to social skills, emotional control, and autonomy? This chapter presents an array of theoretical approaches to this question. Some of them are helpful in terms of gaining a deeper understanding of common norms for social interaction, while others provide a contribution to understanding changes in the concerns and norms for this interaction. Some theorizations are based on positive views on how the skills function, while others take a more critical stance on the demand for them. Our presentation is not in chronological order, as there is no linear development of a continuously "better" theory. We will end with a tentative synthetization of central aspects from different approaches. Before theorizing, however, we will empirically display the new concerns and demands that we want to understand better.

The concern with autonomy, social skills, and emotional control: empirical background

Our theorization builds on our prior research in the ESSET project (*Education in social skills and emotional training*[2]) carried out together with colleagues. ESSET started with a genealogical study that traced the travel of the concept of social skills from American psychology journals of the 1950s and 1960s. The idea that something such as social skills existed seems to have triggered concerns for those who lacked them. This could initially be observed in journal articles on deficiencies in social skills among those with mental disabilities or psychiatric disorders. The concern thereafter seemed to expand to the general population, expressed in journal articles about their challenges. This was worded with attention to social skills and other, related concepts, such as empathy, self-control, or emotional intelligence. Apparently, this new and increasing concern stimulated the creation of a market for screening tests, self-help books, and trademarked programmes aimed at repairing deficits related to these issues (Prieur et al. 2016).

The concern reached Denmark mainly through paediatric psychology in the 1980s and rapidly expanded to the general population. In recent decades, the national curricula for kindergartens and schools have included training in social competences and regular assessments of all children's social skills. Training programmes in social skills and emotional control are broadly offered in kindergartens and public schools. Social skills and anger management programmes are also offered to prison inmates, with the aim of keeping them out of violent crime. The similarities in the messages given to toddlers and prisoners alike are striking: calm down, keep your cool, put your feelings into words, and tell the other person how you feel (e.g., when something is taken away from you by another playmate/inmate) instead of using physical force (Laursen and Pedersen 2016). By heightening the awareness of one's own emotions, it is possible to increase both the ability to not be unconsciously controlled by them and to stand up to pressure from others and better steer towards one's own goals, thus performing autonomy. Vulnerable and unemployed young people are trained in similar skills, with the dual aim of improving their quality of life and labour market value (Jensen 2016, 2019). Assessment and training in social skills are also central when recruiting and educating police officers, based on an assumption that such skills equip them for softer handling of citizens (Bloksgaard and Prieur 2021).

But the concern is even more general. In a national assessment of competences in 2005, social competences were ranked along with a series of educational qualifications, the argument being that stronger social competences would be valuable for Denmark's international competitiveness. Sixteen per cent of the Danish population were then evaluated as having limited social competences, which was considered a handicap in the labour market (Nationale Kompetenceregnskab 2005).

Other Danish studies corroborate our findings. Gulløv, for instance, has demonstrated how Danish children are brought up to manage emotions and to speak about emotions "correctly." Anger is seen as problematic, children are taught not to display it, and angry children are seen as requiring treatment (see Gulløv's chapter in this volume).

The review of theoretical approaches in the next section will refer to an empirical example from the ESSET project: the problem definitions of social workers engaged in helping vulnerable young people (the so-called NEETS) to get closer to the labour market or to pursue further education (Prieur, Jensen, and Nielsen 2020). In two separate rounds of ethnographic fieldwork, we thus engaged in multiple informal dialogues as well as 25 in-depth interviews where social workers assessed their clients' problems. The sample reflects variation in client groups, in types of social work, in levels of seniority among social workers, in their number of clients, and in the geographic location of municipalities. In their answers, these social workers were realistic about the challenges their clients would meet in working life and in schools by pointing very concretely to the problems they would face due to their ways of being. In particular, the young people were considered to require training in communicative, social, and cognitive skills as well as in basic life-skills (e.g., being on time for appointments, getting food and sleep, and maintaining their appearance), together with developing their self-esteem and courage when confronted with challenges. The deficiencies that were pointed out included the lack of abilities for reading people and situations, for handling conflicts instead of quitting or becoming angry, for controlling emotions, for adapting bodily attitudes, for communicating politely, for understanding humour, for showing humility, for accepting an inferior position or more generally the rules of the game, for demonstrating robustness and perseverance when confronted with difficulties and illnesses, etc. This list of lacking abilities is indeed telling about current demands that usually remain tacit but are rendered explicit by the social workers who strive to assist those who do not meet them.

This preoccupation with social skills, emotional control, and autonomy may be particularly high in Denmark due to its welfare traditions but is also present in other Western countries (Jensen and Prieur 2016). As this preoccupation concerns basic norms for social interaction as well as the relationships between the state and its citizens, they merit to be theorized. We will now turn to how sociological theories have dealt with the question of social skills and how they can help us to understand the current focus on these skills.

Sociological perspectives on social skills, emotional control, and autonomy

A perspective on increasing self-control

The first steppingstone in our theorization is the seminal work of Norbert Elias (1978 [1939], 1994 [1939]) on the civilizing process. Elias analysed the social history of increasing self-discipline and emotional control, linking changes at the personal and societal levels. The increasing differentiation of society – with increasingly differentiated chains of interdependence and the construction of a modern state – has been accompanied by a civilization of manners. Elias linked the civilizing of people's manners to the development of a modern state and its monopoly on the use of violence through the creation of a national army and a national police force. To avoid violent confrontations between citizens, disputes should be handed over to the state. The pacification demanded citizens' capacities for and acceptance of the dialogical and peaceful handling of conflicts, which relied on changed affect structures. Violent encounters formerly regarded as joyful for the participants and spectators alike were not only forbidden but started evoking a general sense of disgust. Progressively, it became a common norm to tame emotions related to anger as well as to the expression of other emotions, such as religious feelings, fear, or joy. The new societal complexity and increased interdependence among citizens created needs for predictability in encounters and emotional control, particularly with respect to expressions of anger.

Elias thus described and explained changes in normativity regarding social interactions and demonstrated, for instance, how new manners were taught in the royal court. In the beginning, instructive handbooks were needed, but over time the new ways of controlling bodies and emotions at dinner tables and in other social gatherings became naturalized and implicit. Finer distinctions in manners, such as at the table, became important class markers.

While the idea of a civilization process seems to support a positive narrative about modernity, and while concepts such as culture and civilization have been important for European self-understanding as particularly advanced societies, Elias did not place Europe at the forefront of this development. In China, the knife disappeared from the table many centuries ago, an observation that Elias (1978, 126) linked to the idea that the dominating upper class was a class of pacified, scholarly officials and not of warriors.

Elias's theoretical perspective has maintained its value for understanding civilizing processes, and it has been applied in recent studies of the schooling of children (Gilliam and Gulløv 2012). With Germany, Netherlands, England, and the United States as cases, Cas Wouters (1990, 2007) has investigated broader historical changes in the manners and norms regulating social life. He found a continued trend towards the informalization of social life rendering it more complex: when explicit displays of social hierarchies become illegitimate, people are expected to be able to navigate subtle and informal norms of social interactions.

Both Elias and Wouters contribute to our understanding of self-steering personhood as related to social skills and emotional control, as harsh violence or explicit hierarchies are not necessary to hold successfully autonomous citizens in place. The world in which we live is less chaotic and unpredictable than in medieval times, and we are all involved in chains of interdependence in which we behave in ways that are usually predictable to others; in other words, most people today demonstrate autonomy and the mastery of social skills and emotional control.

Looking at the young people in our example from this perspective, they are challenged in a society that demands autonomy because they lack the social skills needed for handling social complexity. They may have lost a learning opportunity because their marginality has excluded them from mainstream circuits of interdependence, and they are caught in a vicious circle as long as they remain outside the core institutions of society. The state is directly involved in the civilizing process as public servants (social workers) teach them to master appropriate, autonomous navigation in a complex society.

Interaction and interpersonal dynamics

Our next steppingstone is the interactionist and ethnomethodological legacy. In his micro-sociological investigations of impression management and face work, Erving Goffman (1955, 1959) mapped the unwritten norms for social interaction in everyday life, highlighting how humans present themselves and interact in coordinated but tacit and unconscious cooperation with others. People strive for mutual face-saving and will often act as if they do not notice rule-breaking. These interactions demand attention to and care for others, even strangers, and rely on the informal everyday mastery of complex norms for social interaction. These interactions seem to be underpinned by a widespread agreement that competent actors should not display improper emotions in the public space. While the concept of social skills was not yet frequently applied in academic discourse (as mentioned, this discourse started in the 1950s and 1960s, thus parallel to Goffman's writing), Goffman can be said to have provided a cartography of unwritten rules guiding navigation in the world of socially skilled, emotionally controlled, and autonomous social actors.

With the founding of ethnomethodology, Harold Garfinkel (1967) followed up with a programme for how to cast light on tacit norms: by provocation, by breaking the implicit rules. In a very concrete way, the *breaching* method exposes the limits of socially skilled and emotionally controlled behaviours by consciously overstepping them. Without formal rules, actors seemingly act autonomously, but there are tacit social norms for the limits of this autonomy.

From this perspective, the young people in our example can be considered to lack the mastering of the informal norms important for navigating in everyday social interactions. These norms usually remain tacit, but these young people must have them spelled out in practical training programmes.

Governmentality: steering citizens through their subjectivities

The third perspective we will present conveys a more critical – or at least more multi-faceted – view than the previous two regarding the demands for social skills, emotional control, and autonomy. From the perspective of Michel Foucault (1978, 1982), there has been a historical change in the state-citizen relationship, from the external disciplining of citizens by a powerful state to an apparently softer power deployment, where autonomous individuals are made to steer themselves. According to this perspective, which later scholars have followed up on, in particular Nikolas Rose (1998, 2000) and Mitchell Dean (1996), modern, liberal states cannot legitimately govern citizens through a manifest deployment of "raw" power. Instead, they work through what has been conceptualized as *governmentality*. As a model of power, governmentality implies the shaping of autonomous citizens' subjectivities in a way that motivates and guides them towards self-steering.

What Dean refers to with Foucault's term "techniques of the self" today relates to a normalizing and omnipresent "micro-power" that shapes and conditions citizens according to often implicit ideals. Ideal modern citizens are thus rational, responsible, and reflexive. According to Rose, the "psy-sciences" (psychology, psychiatry, psychotherapy) have a profound impact on how people now understand themselves and their relations to others, but they are accompanied by neoliberal political discourses emphasizing personal responsibility, choice, and autonomy, thereby matching the contemporary labour market demands. The governmentality tradition understands modern Western societies as neoliberal, the emphasis being on how formally autonomous *citizens are steered through freedom* (or at least formal freedom). Competent citizens govern their own lives with help from normalizing measures, such as incentive structures, action plans, self-medication, self-surveillance, etc. Conversely, those who fail to govern themselves are subjected to external governance.

Scholars referring to the governmentality tradition sometimes overlook Foucault's assertion that the discourses are not reducible to disciplining tools used by the state to steer citizens through their subjectivities, but also empowering and enabling tools for autonomous citizens themselves, which help them to understand themselves and form their own life projects. While the English term "power" does not retain the original French dual meaning of *pouvoir* as both power and mastery, for Foucault, state power holds this ambiguity. The state that cares for its citizens' social skills is simultaneously an intrusive and caring state, which exercises its pastoral power just as good shepherds should.

Interpreting our example from a Foucauldian perspective, the social workers engage in a rather intrusive and powerful – but also caring – intervention to help marginalized young people govern themselves. The aim is to form prudent, self-steering subjectivities that can handle their formal autonomy. While the young people themselves may or may not experience this positively, it should not be reduced to a simple exercise of power in the traditional, critical meaning of the term.

The emotional demands from new capitalism

Arlie Hochschild's conceptualization of *emotional labour* (1979, 1983) contributes to understanding the relation between capitalist markets, social skills, and emotional control. While Hochschild builds on the interactionist legacy, her work also explores the commodification of emotional control and social skills on capitalist labour markets. Such demands are intensified in certain branches of working life, particularly in service industries with predominantly female employees. With the work of flight attendants as her primary case, Hochschild conceptualizes the demands for superficial expressions as *surface acting* and demands for authentically feeling the expected emotions as *deep acting*. She argued that the new service industries turn working life emotions into commodities, integrating them in the product purchased by the customer. For Hochschild, this is a form of capitalist exploitation of workers who sell not only their raw labour power but also their emotional expressions. Hochschild thus pioneered an emerging tradition that places the explanans of new demands for social skills and emotional control in the sphere of production.

Later contributions to the idea of new capitalism include Moulier-Boutang's (2011) concept of *cognitive capitalism* and Boltanski and Chiapello's (2005a, b) ideas of a *new spirit of capitalism*. Cognitive capitalism refers to how information technology has given rise to a new economy wherein information and services (i.e., immaterial rather than material goods and products) are produced and exchanged. This economy gives rise to new demands concerning the ability of workers to communicate and navigate in networks. Similarly, Boltanski and Chiapello argue that a new spirit of capitalism emerges in which most jobs are temporary and production is increasingly organized in networks. A new labour market logic emphasizes flexibility, mobility, and the ability to connect smoothly to others – conceptualized as *connectivity*. The core point made by Doogan (2009) is that while industrial work still exists in core Western countries, post-material work has become hegemonic, as it has come to define how Western societies understand work and attribute labour market value to certain human characteristics. In an ideological sense, all labour has become emotional labour.

The idea of a new form of capitalism combines an analysis of post-industrialization with an analysis of neo-liberalization, albeit in a rather different sense than in the Foucauldian tradition. In new capitalism theory, neo-liberalization refers to the accelerated marketization of societies, with a logic of re-commodification that rolls back the decommodification characteristic of earlier welfare capitalism (Esping-Andersen 1990). Recommodification implies that citizens' welfare depends more on the value they have on the labour market than earlier (Wacquant 2010, 2012). On the labour market, a high value is given to "connectivity," which regards the ability to establish and maintain contacts (Boltanski and Chiapello 2005a, b).

This analysis provides a new understanding of the relation between social skills and emotional control, on the one hand, and state and market, on the other hand. As in our example regarding the marginalized youth, when the state formally trains autonomous individuals in social skills and emotional control, the state *caters to the market* (Wacquant 2010, 2012) by supplying it with a labour force with competences perceived as valuable; in particular, those related to communication and cooperation. From this perspective, the more widespread concern with social skills and emotional control in all spheres of life reflects a now-dominant capitalist logic nested in the market that spills over into the lifeworld. This theoretical tradition thus provides a more critical understanding of our example, as training in social skills here illustrates the commodification and instrumentalization of human life.

Theories of new capitalism thus help us explain *why* current preoccupations with social skills and emotional control have come about, while contributing less to understanding how this process unfolds. Eva Illouz's (2007) theory of *emotional capitalism* articulates this well. As Illouz builds on core ideas from Bourdieu, we will address them together.

Personal ways of being as capital

Drawing on Elias's concern for how manners were turned into class markers and on Goffman's sensitivity for interpersonal meetings, Pierre Bourdieu's theory about different forms of capital brings insights into how evaluations of social skills and emotional control may serve in struggles for recognition and exclusionary processes. For Bourdieu, inequalities in the access to economic and cultural capital and other resources lead to differences in the opportunities for success in life, as everybody must perform in social universes where the competences of the culturally and/or economically privileged are rewarded. For Bourdieu, cultural capital assumes different forms, including embodied forms or habitus (1986), which may be exemplified as ways of being and feeling, tastes, and "manners." Bourdieu and Passeron's studies of French schools (1996) demonstrated how this embodied capital was important when assessing pupils and evaluating personal traits like their "maturity" or "autonomy."

Such subtle but classed evaluations are also analysed and linked to gender in Skeggs's (1997) analysis of how classed discourses of respectability have positioned British working-class women as morally inferior. For Skeggs, "[r]espectability is a discursive position that informs the take-up and content of subject positions" (1997, 12). A yardstick emanating from the middle class has become an ideal for all classes, causing suffering and a lack of self-confidence for the deprived. Skeggs (1997, 2004) describes how especially those in the lowest positions of the class structure strive to have their personal value recognized, as well as to maintain respect and self-respect despite social devaluation frequently voiced in moral terms.

We hold that the discourses on personal resources, such as social skills and emotional control, encountered by the young people in our example may work in a similar way as the discourse on respectability; namely, as tools for classifying, evaluating, and hierarchizing people according to the personal characteristics they are assumed to possess. Some are thereby elevated in the social hierarchies, while others are devalued and possibly humiliated.

Eva Illouz (2007, 2008) builds on the scholarship of Elias and Bourdieu, and her analysis has a high degree of affinity with what we have referred to here as theories of new capitalism. She links current demands for personal resources to a new workplace culture, hereby pointing to new demands on employees to perform and communicate emotions when establishing connections and networks. In the era of what Illouz terms *emotional capitalism*, ideal human beings succeed in forming social relationships and being "in touch with their emotions" while still controlling them enough to avoid becoming "emotional" at the workplace. With "communication" becoming a moral impetus and cultural model both for public and private life, emotions are objectified and rationalized. Emotions and emotional expressions are also somewhat instrumentalized as facilitators of processes in the production sphere. Since the 1960s and 1970s, corporations have displayed an interest in emotions that historically originated in psychology and psychoanalysis. Consequently, a new emotional style is now given high status and has become established as a common norm (Illouz 2007, 2008).

In an analysis somewhat similar to Skeggs, Illouz emphasizes the classed character of this ideal emotional style, showing the devaluation and marginalization of a traditional working-class form of sociality. As the ability to control and display emotions appropriately may provide social benefits, she conceptualizes them as *emotional capital* (Illouz 2007, 63–64; see also Cottingham 2016), claiming this capital to be the most embodied part of the embodied forms of cultural capital in Bourdieu's (1986) sense of the term.

Extending Illouz's analysis by adding social skills and autonomy to the emotional demands she highlights, we hold that all these elements can be seen as forms of embodied cultural capital, which are now important for social distinctions both within and outside the labour market (cf. Jensen and Prieur 2016; Prieur et al. 2020). In line with Skeggs's analysis, the possession of this capital has become a marker of valued personhood and thereby central in defining valuable and devalued subjects, respectively.

From this perspective, the marginalized young people in our example become subject to social devaluation because they do not possess the embodied middle-class manners or the appropriate habitus ascribed value in contemporary society; in other words, they do not master the codes of the new emotional style. Without inferring causality (which our data do not allow), we also observe that they disproportionately hail from less privileged class backgrounds.

Concluding discussion

After observing the heightened importance of social skill and emotional control in Denmark today, we presented five strands of theorizations regarding transformations in relation to demands for social skills, emotional control, and autonomy. Our theoretical discussion has included a recurring dialogue with an empirical example: the training of vulnerable and marginalized unemployed youth in social skills and emotional competences. The theoretical perspectives presented provide rather different interpretations of this example, ranging from the provision of the skills necessary to master complexity to a social devaluation of their personal way of being. We will now discuss how we can build further on the different perspectives.

From Elias's perspective on civilization, we retain an understanding of changes in manners and rules for interactions as connected to a political process of pacification and state construction. For our purpose, however, it is not evident that Elias's explanation of long, historical changes can grasp the much more recent trends, where an increased concern for social skills and emotional control accompanies a relaxation in manners (e.g., informalization of language, eating habits). Further, we are unconvinced that the link Elias draws between the civilization of manners and state building holds. As Briggs (1970) has shown, emotional control was also highly valued among the Canadian Inuit with whom she lived in the 1960s, who were profoundly shocked and hurt by white Canadians' more direct emotional expressions, particularly their expressions of anger. Her work is a warning against an ethnocentric positioning of Western societies as the most civilized.

From the interactionist and ethnomethodological approach, we retain how integration into a group requires that the participants adapt to subtle norms of interaction and that formal autonomy must be managed in very specific ways to navigate the social world successfully; however, this approach explains neither normative transformations nor transformations of the relation between state and citizen.

From the governmentality tradition, we retain the dual perspective on public discourses on appropriate behaviour as both disciplining and caring. Current preoccupations with social skills and emotional control are then explained by a state increasingly exercising soft power over formally autonomous citizens. These changes entail processes shaping and conditioning citizens to develop a rational attitude to their own social relations and emotional lives.

From theories of new capitalism, we retain that normative changes for interpersonal relations emanate from a sphere of production that, on the one hand, increasingly demands cooperation and networking and, on the other, commodifies emotions to maximize profit. The spread of these demands from working life to other areas of life may be interpreted as a spill-over of market rationalities to the lifeworld.

From Bourdieu and Skeggs, we retain how personal ways of being are subject to classed and gendered evaluations according to a social hierarchy. Illouz adds insights drawn from the new capitalism tradition, claiming that the mastery of a certain emotional style has become an asset, or a capital, in both working life and more personal spheres, leading to the devaluation of those who lack it.

Summing up across these theoretical approaches: social skills, emotional control, and autonomy are important in face-to-face interactions. Today's demands for these skills reflect a longer political and historical development, with shifts both in citizen-state relations and in market logics of new capitalism. Lastly, the demands provide value to a new form of emotional capital, with a new normativity that underpins existing social hierarchies.

But the approaches are not compatible in all aspects. Both Elias's approach and the interactionist legacy reflect a functional or even positive understanding of social skills and emotional control, which are considered beneficial to competent and civilized human life. Other approaches are more critical, viewing these ideas as drivers of an instrumentalization of human emotions or as vehicles of social inequality. The approaches from Foucault and Illouz are more balanced, as the conditioning of more emotionally skilled citizens may contain both disciplining and hierarchization as well as ethically positive changes. Illouz (2007) holds that besides being disciplining social constructions, personal competences are real resources in our society that provide advantages both in working life and private life. In our view, both the functional/positive and the more critical perspectives contribute to understanding the profound ambivalence of the social demands in question. *At the level of social interaction,* social skills, emotional control, and personal autonomy are beneficial for our social lives, but *as ideas*, they are also discursive drivers of social inequality and devaluation of certain subjectivities.

If the so-called civilization process continues by supporting more considerate social interactions, this should be viewed as more than new forms of control and instrumentalization. It may clearly be positive for vulnerable citizens to be provided with the opportunity to develop the skills that allow them to navigate society without constantly bumping into barriers.

Still, experiencing situations in which one's own shortcomings are addressed may be extremely humiliating. This is because social norms are related to the attribution of value. Illouz's notion of "emotional stratification" (2007) may be extended to a more general stratification through ways of being and behaving. The current concern with social skills, emotional control, and autonomy plays into already-existing social hierarchies. Skeggs (1997) highlighted the devaluation of female working-class subjectivities, while Illouz (2007) has expressed concern about working-class masculinities. We wish to add an ethnic dimension, as we see a current devaluation of ways of being that are more widespread among ethnic minorities than among majorities (at least in Nordic countries, where speaking loudly and expressing anger or excitement is often seen as inappropriate).

How, then, do we understand the widespread state involvement in assessing and training social skills and emotional control? Inspired by the governmentality tradition, one take would be to claim that the state is striving to teach its citizens how to manage their autonomy. Citizens lacking the proper skills to be able to exercise autonomy, such as maladjusted young people, the vulnerable unemployed, or prison inmates, may be entitled to a state intervention in the form of training in social skills and emotional control, which simultaneously equips them for a better, perhaps more successful, life and heightens their labour market value.

As Skeggs (2004, 2011), points out, however, one could argue that the governmentality tradition exaggerates how deeply scientific and political discourses form and shape people's lives and minds. She has studied the attribution of value to different performances of the self, in particular, the heavily stigmatizing discourse on working-class women. People often resist negative categorizations and attribute value to their life forms despite negative discourses. In the context of autonomy, one may thus ask whether (some) people have the autonomy *not* to conform to current norms regarding social skills and emotional control.

By this, we think we have shown the limits of the compatibility of the perspectives and thus also for synthesizing them: the unbridgeable difference between them concerns whether the normative changes are regarded in a positive or in a more critical light. For us as sociologists, the critical theories are perhaps the most appealing, biased as we are towards problematizing society. Still, as empirical sociologists, we hold that a fruitful theorization should account for people's experiences in a sufficiently nuanced manner. In this field, this implies understanding that state interventions in one's personal sphere may be experienced both as helpful and as humiliating.

Notes

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2 See https://www.soc.aau.dk/forskning/projekter/esset/

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5 Balanced Emotional Expressions

Learning to Be an Autonomous Social Being

Eva Gulløv

VIGNETTE[1]

As I observe one in a series of therapeutic group sessions for 7- to 10-year-old children whose parents are in conflict or recently divorced, I notice that emotions and emotion management are at the heart of what is going on. I have placed myself on the floor in the corner of a cosy room from where I have a good view of the group of children and the adult therapist, sitting on cushions in a circle. Thomas,[2] the adult, recaps the feelings the children had mentioned during the previous session: "Anger, sadness, grief, annoyance, guilt, a sense of loss[3]". He places sheets of paper and crayons in a pile in the middle and asks each child to draw a circle. He instructs them by saying: "Choose a feeling you have sometimes. Maybe it's something you often feel, maybe more rarely. Try to fill in the circle, how much this feeling fills in you". To my surprise, this rather abstract exercise does not seem to give the children any problems. Some ask which colours they should use or if it needs to look nice, but no one questions the request. Once finished, the children are asked to draw a square and illustrate the feeling within this frame. "What does the feeling look like?", Thomas asks. "Please give it a name and try thinking about this: When does the feeling visit you? What happened last time it visited you? What does it make you do?" The exercise is followed by an extended dialogue where the children tell each other about the feeling they have chosen, how they experience it, where it is in their bodies: "the throat", "the stomach", "the head", "the blood". Tasha has drawn a circle with spikes on. "I call my feeling 'planet of spikes'", she says, and explains that she often feels very angry and that this feeling is in her stomach. Sophy has named her feeling "a crying lump" and explains that it is in the lower part of her throat. "The lump often cries. I am not crying, but the lump is". Her voice trembles, and Thomas gently asks when the lump cries. She replies: "It cries when I think about my parents being divorced".

This small excerpt comes from ethnographic observations I conducted at a "family centre" in Copenhagen, Denmark. The centre is a state-supported institution, offering free counselling and therapeutic group

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sessions for couples and children experiencing challenges in family life – annually, approximately 300–400 children and a similar number of parents attend activities at the centre. I followed a group of seven children who came to the centre every second Tuesday. Through conversations and small exercises, the professionals wanted the children to talk about their feelings so they could realize that others may have similar experiences. After the session described above, Thomas told me how important he thinks it is that children develop a vocabulary that enables them to recognize and express their emotional states so they can share them with others and identify similar feelings expressed by others. This "brings them out of social isolation" but also gives them the means to process their feelings and avoid more destructive forms of communication "that can make it difficult for them to establish good social relationships", he clarified.

Introduction

While conducting observations in this semi-therapeutic setting for children in 2012, I became increasingly fascinated by not only the children's ability to talk about their emotional state in a nuanced manner but also the pedagogical approach – in particular the efforts to teach children how to acknowledge, analyse, and verbalise their feelings.[4] Furthermore, the fact that many municipalities in Denmark currently offer such therapeutic sessions to children and parents for free caught my interest – an interest which has been reinforced by my subsequent realization that working with children's emotions is a key component of the pedagogical methods used by professionals working with children and young people today. In addition to services for children in crisis such as the centre described here, most of the country's day-care centres and schools implement programmes for working with children's emotion management. Regardless of whether or not children are experiencing difficulties at home, these initiatives seek to teach them to recognize different emotional states – both their own and those of others – and provide tools for managing their emotions in socially appropriate ways (Faber, Jensen, and Prieur 2016; Grumløse, Kaas, and Berg 2021; Hansen 2020). But why this focus on emotions and on how to express them? What do such initiatives reveal about the kinds of emotional expressions that are considered legitimate in contemporary social interactions? And why did programmes that teach children how to express and control their emotions become a task for public authorities?

Spurred by these questions, the chapter discusses why there is so much focus on children's emotion management and reflects on how this relates to current ideas of the autonomous individual. As such, autonomy is studied as a cultural notion formed through changing views on the relationship between the individual and society. I present my arguments in five sections. Drawing on sociologists Norbert Elias's and Cas Wouters's writing on social developments in Western Europe, the first section sketches the historical context, outlining how emotional expressions became more informal during the 20th century. This informalization is very clear when looking at relations between different generations, as discussed in the second section. In the third section, I argue that these general tendencies seem particularly evident in Scandinavian societies, where democratic relations between children and parents and the autonomy of the individual stand as distinctive cultural ideals. These ideals run in tandem with the welfare state's attempts to support individuals' opportunities for an autonomous life, not least through the development of a comprehensive range of educational institutions for children and young people. One of the political means has been to professionalize children's upbringing, thereby freeing up parents to work while also ensuring that children are taught the social skills required by contemporary society, which involves learning how to interact with a diverse range of people without transgressing their boundaries. Paradoxically, as I show in the fourth section, this implies a greater focus on emotional expressions among the professionals working with children and young people and thereby a re-formalization of the informal and a standardization of appropriate forms of social interaction. In the fifth section, I conclude by reflecting on how this increased professional interest in emotion management can be seen as a renewed concern with the form of individual autonomy; i.e., it represents greater focus on the individual's ability to strike a balance between the self and others and between informal and formalized ways of interacting.

The informalization of social relations

In an attempt to understand why the family centre had such a strong focus on teaching children to articulate and manage their emotions, I turn to the work of sociologist Norbert Elias. In his studies of social transformations in Western Europe, Elias identified a general change in behavioural codes and people's psychic habitus. He argued that this reflects how, over centuries, people have become part of ever-longer chains of interdependency, with profound implications for their ways of relating to each other, expressing themselves, and competing for status and respect (Elias 1994 [1939]). The increasing dependency on others across social strata meant that most people had to attune their conduct to the specific situations and power relations of which they became part. Social success became dependent on the ability to decode tacit expectations and assess how others perceive one's behaviour. Maintaining one's social position entailed learning to curb one's impulses when in the company of more influential others – or at least taking into account the social consequences of one's actions. Although Elias emphasized that this historical development has never been linear, he nevertheless saw the psychosocial development of Western Europe as characterized by an increase in self-restraint and self-inspection (Elias 1994 [1939], 413–414). The more people became interconnected and dependent on the judgement of others, the more important it became to guard oneself against social blunders and appear trustworthy and accountable.

Even though the demands to follow prescribed codes of conduct to protect one's honour peaked more than a century ago, followed by a period with a more relaxed view of social etiquette, Elias pointed out that social interactions have continued to demand self-control – just in different ways (Elias 1998, 206; Gilliam and Gulløv 2017, ch. 1). The use of violence serves as an example. Elias showed how violent behaviour has become increasingly stigmatized (Elias 1994 [1939], 366–369, 429), linking this development to the consolidation and increased influence of the state in Western European countries. In particular, he highlighted the importance of the state's monopoly on the exercise of power, which has led to the criminalization of the use of violence by citizens – first in the public sphere, then in workplaces and public institutions, and, in contemporary Scandinavian societies, in the private sphere. In practice, this has given citizens greater physical security, but also led to growing alienation from and discomfort with expressions of aggression. That is not to say that violence, aggression, and intense affects are no longer part of human life, but such expressions have gradually been pushed behind the scenes, making it increasingly stigmatizing and socially degrading to give in to such impulses. Over time, the fear of physical harm resulting from other people's use of violence and retaliation has been transformed into a fear of psychological harm caused by the judgements of others (ibid.). In this way, Elias argued, behavioural restraint and emotional self-control have gradually become an integral part of the psychic habitus, at least for those who want to appear civilized (Elias 1998).

In his work on changing norms in relation to manners and emotions in 20th-century Western Europe, sociologist Cas Wouters has elaborated on these points, describing a general process of "informalisation" (Wouters 1977, 2004, 2011). In the highly stratified social organization of 19th- and early-20th-century Western Europe, social mixing was imbued with status anxiety; as a result, members of various social classes either avoided each other entirely or interacted in relatively strict and codified ways to signal that they knew their place in the social structure. However, as class and gender dynamics changed (due to new forms of production and trade, urbanization, reforms of political representation, labour-market reforms, etc.) and the boundaries between social segments blurred, it became necessary to behave in less distant and hierarchical ways. As Wouters states: "When more and more people in positions of higher rank and power were forced by the rise of lower social strata to maintain some kind of friendly relation with their inferiors, open displays of aggrandizement or contempt in avoidance behaviour became unacceptable" (Wouters 1989, 108). His point is that formal codes for regulating behaviour gradually lost significance and were replaced by more informal and context-sensitive ways of interacting. Although this process of informalization initially seems to constitute a reduction in the power of conventions, Wouters stresses that "social success did become more strongly dependent on a reflexive and flexible self-regulation, the ability to combine firmness and flexibility, directness and tactfulness" (Wouters 2004, 210). In this way, a new form of permissiveness took centre stage, although there were limits. The functional cooperation between people who had formerly lived in segregated social strata demanded a systematic awareness of one's own behaviour and emotional expressions and attention to the demands of the specific social setting; in short, what Wouters terms: "A controlled de-controlling of emotional controls" (see Wouters 2007, app. 2).

These processes were reinforced by the extensive social transformations of the 20th century, which not only accelerated contact between previously segregated individuals but also (and partly as a consequence) led to a gradual disintegration of group and class identifications. As Wouters describes, "… the old we-groups – groups such as family, sex or gender, city, religion, class or nation that in the previous phase of accommodation and resignation had provided a solid sense of belonging – seemed to have crumbled or lost cohesion" (Wouters 2007, 191). Although this process of "individualization" in many ways led to an unclear and uncertain basis for identification, the broad social contact also brought with it new possibilities and aspirations (e.g., Beck and Beck-Gernsheim 2002; Giddens 1992). It became possible to imagine a different life – one not bound by social conventions and obligations to established group affiliations. While it meant liberation from old loyalties and social determinism, it also created new challenges, with individuals increasingly left to create their own social roots and trajectories. Building robust relationships requires specific skills: an ability to be both authentic and considerate, a well-developed sense of how one's behaviour is seen by others, and a watchful eye for what a specific situation requires. In this sense, the informalization of behavioural norms has been both liberating, providing the individual with new opportunities, and challenging, creating new demands in terms of the individual's ability to navigate diverse social contexts without reference to established codes or group affiliations.

The levelling of intergenerational hierarchies

The "informalization" of behavioural norms described above is easy to recognize in contemporary Danish society. This was also the case at the family centre, where I noticed a flexible and relaxed interactional form among everyone present and also across generations. This observation resonates with descriptions of a more general change in intergenerational relations in Western societies over the last half-century (e.g. Cunningham 1995; Elias 1998; Wyness 2006; Zelizer 1985). From a view of the child as inferior – who ought to know their place in the social hierarchy and who should not speak before spoken to – it is now seen as an autonomous, albeit vulnerable, social being. Relations between the generations have become far more equal, and markers of distance and adult status have been replaced by more casual modes of interaction. Although it is still up to parents to ensure that their children know how to act and what to do in various situations, behavioural forms are less codified and upbringing less authoritarian. Of course, this development has proceeded at different speeds in different countries and social segments (for France, see Ehrenberg and Marquis in this volume). Nevertheless, it is possible to identify a general trend involving major changes in how children are viewed and in child-rearing methods and ideals, as well as a democratization of relations between generations. Furthermore, children's well-being is now considered a collective societal concern and responsibility, and parents' care for their children and involvement in their lives have become crucial for the family's social reputation (Furedi 2001; Lee et al. 2014). In this way, the informalization of behavioural conventions and authority structures has also left its mark on family manners and relationships, and the distinction between how to behave at home and away has become more blurred. Gradually, parents' interactions with their children have become a matter of public interest, just as parents expect professionals and other adults to interact with their children in an informal and supportive manner, with respect for the child's unique qualities and needs.

These changes are particularly evident in the Scandinavian countries where, for instance, any form of corporal punishment of minors is a criminal offence no matter the relation to the child; where gender and age are no longer indisputable markers of social status and authority; and where children have been given far more privileges and resources than previously and, in general, more influence over decisions in their own lives and in family matters. Parenting has become far more "child-sensitive", aiming to protect children, help them realize their potentials, and support their ability to navigate social life (Gullestad 1996). In this cultural atmosphere, parents try to support their children's individuation process while simultaneously ensuring that they can act independently without compromising their (and the family's) social relations, opportunities, and reputation. Children are expected to simultaneously learn to manage the extensive set of implicit norms of treating people equally, showing mutual respect and consideration for others so that they can establish and maintain social relationships themselves, while at the same time expressing and maintaining their own unique character, interests, and authenticity. To do so they have to develop a sophisticated sense of self, of social situations and demands, and learn to consider how their words and actions affect others.

As several Scandinavian family researchers have shown, discussions about everyday events and interpretations of encounters with other people have come to play a more important role in family life, testifying to how intergenerational relationships today are based on confidentiality and intimacy (Aarseth 2014; Bach 2017; Vasbø & Hegna 2023). To ensure that their children are capable of decoding context-specific social demands, parents increasingly find it important and right to invest time and energy in their children's affective life. Likewise, pedagogical regimes seek to train children's social and affective awareness through collective reflections on different social situations and how to deal with them. Parents and teachers thus seem to agree on the importance of supporting children's ability to decode social situations and reflect on their own behaviour, rather than simply following adult instructions. It was this ambition concerning children's emotional education that was at the core of the situations I witnessed in the family centre. Parents had made it a priority to send their children to the centre so that professionals could facilitate group discussions among children that could help them reflect upon and talk about how to manage their emotions in constructive ways.

Professional work with emotions

When the children first arrive at the family centre, they meet professionals trained as psychologists, teachers, or educators who will guide them through a six-step programme over the next three months. The aim is to equip them with tools to reflect on their own emotional state and help them express how they feel in a safe space, where they can compare their own experiences to those of others in similar situations and realize that they are not alone with their feelings. Each session lasts two hours and consists of various activities that address issues related to parental separation, as well as difficult emotions such as anger, sadness, loneliness, rejection, and jealousy. One of the sessions began with the children drinking a cup of cocoa while watching some video clips of a girl reflecting on how she felt about celebrating Christmas without her father but with her mother's new partner. Thomas, the professional, then asked the children for their reactions, and they discussed this for almost an hour, interspersed with small breaks for more cocoa. At the end of the session, Thomas returned to the topic of new partners:

Thomas: "I know lots of children who think that their parent's new partner is nice but still find him or her annoying. It's a funny thing about feelings, but sometimes you can like someone and still wish they weren't there. How do you feel about it?"

Sophy (eagerly): "I feel exactly the same way. I feel exactly the same way about my mum's new boyfriend. His name is Kim and he's actually quite funny. But sometimes I wish he wasn't there and had never been there. It's exactly the same feeling. When he's there I think he's nice, but when he's not there I get sad and I just wish he wasn't there."

Winnie: "My dad's girlfriend – I never thought she was nice. She always has to decide everything. And she's not very nice to my little brother. . . ."

Tasha: "Can't it be true that you can like someone in two ways? That you like them, but you don't want them in the family?"

Thomas: "I couldn't have said that better, Tasha. Is that how you feel, Sophy?"

Sophy: "Yes, exactly".

Observing this group through the sequence of sessions, and subsequently other children in other ethnographic studies in kindergartens and schools, I have come to realize how common this professional interest in children's emotions is. Moreover, this interest has a quite distinct form that reflects the anti-authoritarian and child-sensitive ideals described above. As this short extract shows, it is a gentle and empathic interest, with the therapist – like teachers and pedagogues I have observed in other contexts – never telling the children what to feel or expressing any kind of judgement about their feelings. He picks up on the issues raised by the children and organizes a dialogue. The agenda seems to be to bring emotions, no matter how difficult, out into the open so that the children can deal with them together – an exercise that hopefully gives each child both a vocabulary for talking about emotions and tools to reflect on them.

This realization has subsequently led me to reflect on the role emotions play in social life in contemporary Scandinavian societies and why it is so important for parents and child specialists to teach children to express their emotions in certain ways. Addressing a related issue concerning the role of emotions in contemporary Scandinavian families, sociologist Helene Aarseth (2018) has suggested that, today, "our close relationships are less anchored in a work-based community than [they were] in the past. Instead, it is emotional bonds themselves that create the glue between people. In turn, emotional bonds take on a new and greater significance" (Aarseth 2018, 87 my translation). She links this development to welfare-state policies – such as shared parental responsibility, comprehensive out-of-home childcare from the child's first year of life, free education, support for single parents – which are intended to ensure that individuals' opportunities in life are not dependent on family support or group loyalties. The aim has been to make spouses economically independent of one another and give young people the chance to participate in society unfettered by family obligations or financial constraints. In short, the ability of individuals to act autonomously, choosing their own trajectories and making social commitments of their own volition rather than being tied to certain groups, is an ideal at the core of contemporary Scandinavian societies (e.g., Gullestad 1996).

One of the most far-reaching measures to support individual autonomy has been the establishment and expansion of a number of state-subsidized institutions for children, such as nurseries, kindergartens, and after-school clubs, alongside the already-existing schools. The intention has been (and continues to be) to provide the tools for intergenerational independence – that is, to enable both parents to continue to work, but also to loosen children's ties to the family home from an early age. In these specially designed environments, children are not only expected to develop academic skills but also social skills such as flexibility, sensitivity, and adaptability, learning to get along with a diverse group of people and establish their own relations here and now as well as later in life. However, it is important to stress that this prioritization of social adaptability not only reflects prevailing cultural norms; it is also a result of the institutional form itself (Gilliam and Gulløv 2014, 2017, ch. 2). As many people have to interact in daily encounters in these settings, it becomes necessary to ensure that everybody knows how to behave in ways that neither violate the well-being of others nor undermine the functionality of the institution.

This is the background for the increased focus on emotion management among professionals working with children and young people. Uncontrolled emotions have become a threat in the same way as physical violence: a form of domination that risks undermining the bonds between people based on principles of respect, reciprocity, and equality. Uncontrolled outbursts stigmatize those who cannot control themselves, thus limiting their opportunities, but it also violates the personal space of others and inhibits their ability to express themselves freely. The more it is left to the individual to establish relationships within and across a range of social situations, the more important the ability to decode other people's physical and/or psychological boundaries – not only for one's own sake and the sake of those with whom one interacts but also to ensure social stability more generally. And this is precisely why it has become so important to incorporate emotion management in children's upbringing – not only for parents but also society as a whole. However, since it is impossible to know whether parents are capable of teaching their children to control potentially transgressive behaviour, it is a task that has increasingly been assigned to various professionals.

This is also reflected in interviews I conducted at the family centre. Anders, another therapist, explained: "It is so important to show them ways of expressing themselves that arouse others' sympathy rather than rejection". He continued: "When a child acts out – but also when someone shutters themselves behind their grief – he or she will often find that people keep their distance, when in fact it is a cry for help. … In the long run, this can be very damaging for the child's relationships, but also for their self-esteem – in fact, for their entire development as a healthy and stable human being". Further reflecting on parents' ability to support their children, Anders stated: "All parents want the best for their children, but when they themselves are in crisis, they are not always capable of seeing or understanding the child's needs. That is where we have a job to do. And that does not just involve teaching the children better ways to process and express their emotions, but also teaching their parents". These reflections not only indicate the importance that Anders and his colleagues placed on children's ability to express their emotions in a socially acceptable way but also that they cannot always rely on parental support – particularly when their parents are themselves in crisis, as is the case with the children attending the centre.

However, these considerations seem to have broader resonance. Judging by the introductions to the most commonly used programmes for working with children's emotions in Danish kindergartens and schools[5] today, teaching children to express and deal with difficult emotions such as sadness and anger is a general concern. Although several of these programmes were originally developed to help children and families with various problems, they are presented as universal methods suitable for supporting every child in developing their ability to deal with conflict and negative emotions. It appears that anger in particular is seen as problematic, as it risks isolating the child and transgressing other people's boundaries. Although it is consistently stated that it is absolutely essential that adults acknowledge that children can feel anger, it is equally stressed that they help them find means to express it in ways that allow others to help – preferably based on the child's own reflections rather than through adult instruction. It is a different situation when it comes to sadness since children often conceal such feelings. The programmes therefore present various tools for dialogue and encourage children to talk about these emotions. Children who internalize their grief are seen as psychologically fragile, while those who are able to involve others by articulating their sadness are seen as resourceful.

In short, there seems to be a profound concern that if children do not master the implicit codes of relationality, which include friendliness, sensitivity to others' situations, and consideration of their feelings, as well as sincerity and authenticity, it may threaten their opportunities to establish meaningful social relations – here and now among peers as well as in the long term. This concern may explain the high level of societal attention paid to children's emotional expression. As I interpret this attention to emotional expressions, it is neither an emancipation project nor a subtle form of social control. Rather, we are witnessing a new formalization of previously informal social codes – a formalization which reflects the difficulty of decoding and dealing with the complexity of contemporary social life, requiring more explicit guidelines to help individuals navigate diverse contexts and situations on their own.

The role of the state

At the beginning of this chapter, I raised the question of why public authorities have begun to offer free therapeutic sessions to children of divorced parents and, more generally, to integrate training in emotion management in the education system. I argue that the answer lies in a fear of the complex nature of contemporary social relations. Similar to many other European countries, the Danish state has become increasingly involved in the upbringing and education of children, in particular through the expansion of educational and care institutions for children. Today, the state plays an important role in overseeing, regulating, and certifying various forms of educational provision: in particular, day-care institutions and schools. That does not mean that the state dictates norms of social life. Rather, there is a democratic-dialectic relationship between the state and wider society: the regulatory authority of the state reflects yet also contributes to a general understanding that the provision of professional childcare and free education for all children is justified and even necessary in meeting the needs of individuals and promoting social cohesion. Thus, people not only send their children to school because it is mandated by law but also because they feel that doing so is right and necessary, helping their children to develop into well-functioning adults. This in turn supports the state's efforts to ensure that all children have the same opportunities, resulting in a dynamic of mutual reinforcement where the identification and prevention of potential problems among children have become core tasks for state-supported child institutions (Gilliam and Gulløv forthcoming).

The educational priorities run in tandem with the norms for social interaction described above. The informalization of intergenerational hierarchies, increasingly liberal attitudes to social etiquette, and the general perception of children as independent individuals in need of support and guidance have all left their mark on the task of upbringing (Gullestad 1996). Whether parents, professional teachers, or pedagogues, one can see an emphasis on the importance of an anti-authoritarian approach and a strong commitment to teaching children to relate to others in appropriate ways while supporting their development as autonomous individuals capable of forming social bonds on their own (Bach 2017). I believe this must be understood in light of the historical changes described above. In a society whose members have become increasingly interdependent in ever-growing networks, while at the same time becoming detached from pre-defined group loyalties, the ability of individuals to establish their own binding relationships has become a key determinant of social success and thus also an educational goal. Those who are unable to do so, or who find themselves in situations where they risk isolation, raise concern. This can be seen in society as a whole, but also on a smaller scale within educational institutions whenever teachers express their concerns about a child who refuses to sit next to or work with one of the peers, who oversteps other people's boundaries, or who is unable to empathize with someone else's situation. Or, as in the opening example, when the children find themselves in the midst of a family crisis and therefore potentially at risk of developing either aggressive or insular attitudes. In short, monitoring the individual child's ability to engage in positive social relations seems to be a key part of the role as a professional working with children. I suggest that this is the reason for the family centre's offer of free therapeutic sessions and the raison d'être of the widespread adoption of programmes addressing emotion management in day-care centres and schools. The greater the importance attached to the individual's ability to create their own social relationships, the more it has become a task for the state and its institutions to provide children with the necessary means.

Across the various emotional management programmes, children are offered help to translate their presumably rather mixed emotions into a verbal form – a general and almost ritualized emotion-lingo that others can acknowledge and relate to. Though not very old, the children I met at the centre seemed to have learned this vocabulary. Most were able to express themselves in words and drawings depicting difficult emotional experiences in a calm manner and, despite evidently having strong feelings, they never transgressed other children's personal boundaries. Through gentle guidance and various exercises, the therapist – like parents, pedagogues, and teachers in other settings – worked to teach them how to deal with difficult experiences and strike an appropriate balance between authenticity and socially acceptable behaviour when expressing personal feelings. Initiatives such as anger-management programmes, conflict-management workshops, and anti-bullying courses are now part of the curriculum in almost every day-care centre and school in Denmark. While such programmes cater for different age groups and have different learning objectives, they all encourage children to reflect on how they express their feelings and tame their emotions by translating them into a socially acceptable verbal language and emotional style. This standardization can be described as a re-formalization of the informal codes of conduct that gained ground in the latter half of the 20th century. In his analysis of changes in emotional conduct, Wouters identifies "a spiral-process in alternating short-time phases of informalization and formalization, the latter mainly consisting of formalization of previous informalization, in one word: reformalization" (2007, 9). In Denmark and similar societies where the state has become heavily involved in children's education and upbringing, there is clear evidence of such a re-formalization in the form of contemporary codes of conduct. By virtue of the state's dedication to ensuring the integration of all children into society, increasingly fine-grained initiatives have been established that aim to identify and correct modes of expression and behaviour that may have negative social consequences.

Not all children find it easy to manage their emotions in socially acceptable ways. In some cases, children find that when they encounter problems in their lives that give rise to various feelings, they themselves are problematized because of these feelings – or rather how they express them (see Gilliam 2017; Gulløv 2017). As such, children who are able verbally to describe their emotions to others not only meet the sympathy of others but are also acknowledged as responsible and independent individuals capable of engaging emotionally with other people in constructive ways. Meanwhile, children who are unable to verbalize their feelings, whether because doing so is too painful or because they have conflicting or complex feelings that cannot be easily expressed, are not only deprived of a positive response but potentially also experience a social distance. In this way, seemingly liberating and emancipatory initiatives to help children learn constructive ways of expressing themselves also judge and distinguish between such expressions, resulting in experiences of dignity and recognition, but also a sense of culpability and shame.

In conclusion

In this chapter, I have discussed current approaches to nurturing and guiding children's emotional expressions and argued that they must be understood in light of major social transformations. Over the past century, established group loyalties have been dissolved and replaced by new social dependencies. This has had consequences for norms of social interaction. From being highly formalized in ways that reflected hierarchical structures of society, social interaction has become far less rigid and predefined. This has given the individual far greater leeway and autonomy, but also greater responsibility for creating his or her own social relations and opportunities. Thus, the informalization of codes of conduct has not led to liberation from social norms; instead, these norms have taken new forms that have made flexibility, self-inspection, and situational awareness crucial skills for ensuring social success.

In this process, I argue that the view of individual autonomy has changed. From being primarily an emancipatory project, where the individual's detachment from the constraints of family and local or religious communities was a key in the self-image of the liberated Western societies, this form of autonomy has increasingly become a source of concern. For it has become more and more evident how this detachment can lead to isolation, disconnection, and alienation, threatening the well-being and development of the individual as well as the stability of society. It is this realization that has led to a greater focus on the individual's emotional development and social skills among professionals working with children, while striking a balance between bringing children into line with social norms and supporting them in realizing their potentials. In other words, concerns about social isolation have led to a shift in values from a positive view of "detached" individual autonomy to an emphasis on an "attached" autonomy promoted and supported by professionals. However, the responsibility for striking a balance between independence and adaptation, between liberation and attachment, is not only incumbent on the individual teacher, educator, or child specialist; the attached autonomy has become an integral and formalized ideal for children throughout the entire childcare and education system, at least in the Scandinavian countries. The development of well-adjusted autonomous citizens who can form relationships on their own and engage with society in constructive ways has become a central part of society's educational project.

It is these social expectations that are reflected in contemporary norms for children's upbringing, in the policies and practices at children's institutions such as schools and day-care centres, and in specific pedagogical initiatives such as the programme at the family centre described in this chapter. In these settings, professionals work to enable children to forge their own bonds independent of their family's current situation and social background. To this end, children must learn to be flexible in their interactions with other people and to express themselves in ways that are emotionally balanced and situationally aware. The example that opened the chapter is indicative in this regard. The professionals at the family centre wanted to equip children with tools for coping with changing circumstances – including their own family situation – and the means to establish and maintain their own social relationships. Such skills involve the ability to reflect on one's own feelings and ways of expressing them. The many measures for regulating emotions testify to an attempt to contain potentially destabilizing forces in a more individualized society. To help children strike an appropriate and constructive balance between self and other, the informal and the formal, and act as flexible and attached autonomous individuals in contexts characterized by social change.

Notes

1 An early, shorter version of this text was published in the Danish journal *Dansk Sociologi*, vol. 27 (3–4), 2016.
2 All names are pseudonyms.
3 All quotes are translated by me from the original Danish.
4 Though I recognize that there are important psychological distinctions between emotions and feelings, such distinctions are not relevant for the present analysis, and I use the terms interchangeably to describe the variety of sensations people experience.
5 The most popular programmes are: "Step by Step", "Jeg Kan", "The Incredible Years", "Positive Behaviour, Supportive Learning Environment and Sociability (PALS)", and "Aggression Replacement Training (ART)".

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6 Parental Coaching and the "Happy Medium" Between Laxism and Authoritarianism

Experts in Common Sense

Nicolas Marquis and Solène Mignon

Introduction: competencies, common sense, and expertise

Parental coaches are professionals dedicated to assisting parents in their role, whether they are dealing with a specific problem (their baby's deregulated sleep pattern, their adolescent's relationships with screens, conflicts between siblings, etc.) or they want to "improve" their parental practices overall. The objectives of parental coaching are multiple, but a main goal seems to emerge: coaches value and give (back) confidence to parents regarding their "parental competences". As coaches see it, parents do not lack competencies, but rather have lost, forgot, or never truly cultivated them, mainly due to a lack of self-confidence. They present themselves as birthing and nurturing parents' ideas and solutions by questioning them, almost as in a philosophical, maïeutic dialogue. They ask parents to question, to reframe, and to reflect on their practices and always to *adapt* to the specific situations that they are facing.

Interestingly, these competencies are not given any proper definitions by any of these actors. They seem to serve as "empty signifiers", as Levi-Strauss puts it. These categories stress what counts as relevant for every stakeholder. We are not sure about what they are, but we are certain that they exist and are of the utmost importance. Indeed, no one contests, at least at first sight, the fact that it is crucial that coaches, parents, and children alike should develop their skills and be helped to do so (for example, through coaching) in order to help others develop their own competencies. In this chapter, we hypothesize that the reference to the vague but ubiquitous notion of "competencies" or "skills" offers various stakeholders (coaches, future coaches, and parents) a common language that helps overcome some tensions or oppositions that are currently present in the field of parenting.

Despite the uncertainty around competence and skills, there is a strong leitmotiv, in the coaches' discourse, that, in most situations, each parent should make use of their so-called precious *common sense* ("bon sens" in French). Common sense is presented as something innate, immediate, and natural, but at the same time as something that can be taught or rediscovered through

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coaching, precisely because it is hindered by various elements (a parent's own education, too many contradictory pieces of advice, a feeling of anxiety or self-depreciation, etc.). Coach Diane Legrand[1] explains that common sense arises when "the head, the heart and the body"[2] are aligned. Coach Pablo Sevilla represents "common sense" as a set of words from wise elders seated under a tree in an ancient village. Inspired by this figure, he even claims to be happy when parents think that what he is telling them during his coaching session are "obvious platitudes". His goal, as he puts it, is not to have parents think that they should and will learn new knowledge, but, on the contrary, to trigger parents' own common sense (even if that results in parents' disagreeing with him). By doing so, he wants parents to develop their own opinions and to empower them.

But besides this valorization of parental competencies, what characterizes a posture that is dictated by common sense? In the coaches' discourse, this kind of attitude is, at its core, pragmatic, adapted to every particular situation and always distant from extreme positions. It is interesting, even surprising, to see this appeal to common sense at a time when parenting issues are marred by violent controversies opposing, as we shall see, supporters and critics of positive parenting (Martin 2022). One could also have expected coaches to be fond supporters of this trend, deriding other ways of dealing with children as tokens from an ancient, obsolete world. On the contrary, coaches prefer to present in their practice a nuanced perspective that borrows of course from positive parenting but also from other, divergent perspectives, such as categories from psychoanalysis.[3]

The observations in this chapter are supported by 17 months of participant observation in three coaching training courses both for future parental coaches and for parents that took place in French-speaking Belgium and by 20 interviews with professionals.[4] Our goal is to understand how coaches and parents legitimate their practices and what the appeal to common sense means to them. To do so, we first have to specify the moral environment of parenting practices in French-speaking Belgium. Through a rapid comparison with two other areas, namely the United Kingdom and Denmark, we shall see how the issues of what a child is and how parents should act take a very peculiar form in the French-speaking context. It is marked by tension between an approach that celebrates the *potential* of children (and their brains), which sees them as wonderful maturing human beings, and an approach that warns of the consequences of failing to impose *limits* on children that sets them up to become dreadful spoilt children ("enfant-roi"[5]) or even "tiny tyrants". In a second part, we shall then ask how coaches mobilize and/or keep away from these two figures of the child. In doing so, how do they use the category of common sense? In a third and last part, we shall see how, despite the valorization of already existing parental common sense, coaches manage to preserve the legitimacy of their unique expertise.

What is a child? A comparative perspective on some controversies

In Denmark, a "competent" child

In Denmark, the representation of the "competent" child seems to dominate the discourse on childhood (Brembeck et al. 2008, 8) and is widely valued as something that can (or should) be an international model (Juul 2002, 15). According to the sociologists Brembeck et al., the representation of the "competent child" is rooted in the "Danish peasant past" (2008, 14), where "equality and homogeneity" were the core values of society (*Ibid.*, p. 11). Whereas children were initially seen as a domestic labour force, their status was transformed in the 1960s (with a push for recognition of their specific rights), and their competence gradually evolved to become "social" (Prieur et al. 2016) or even "existential" (Juul 2002).

The "competent child" was widely popularized by family therapist Jesper Juul. In his best-selling book *Raising Competent Children* (2002), he defines the competent child as having the ability to act on his or her own, as a child who is "reflexive", "autonomous", "robust", and ultimately able to identify and communicate his or her needs (see also Brembeck et al. 2008, 7). Children are said to be "able to teach us what we [adults] need to learn. They give us the feedback that allows us to regain our own lost skills and helps us to get rid of unsuccessful, unloving, and self-destructive behavior patterns" (Juul 2002, 18). Children are represented as moral models for adults, who are not seen in a higher or dominant position anymore. The child, as a complete human, is indeed presented as worthy of respect and dignity equal to that of adults and a partner in decision-making. The child is "social, responsive, and empathetic" from birth (2002, 25). Children have an innate empirical knowledge of the environment's dynamics, as if they could intuitively understand what is going on between other human beings. Indeed, Juul asserts that we now know that a child "can fully express his integrity, cooperate with adults, (…) verbally and non-verbally express the nature of the emotional and existential dilemmas that their parents experience." (2002, 72). Juul exemplifies these competencies with the narrative of a 6-month-old child crying when his mother drops him off at the nursery. For Juul, the baby is saying: "Dear mother, something is wrong between us, something is not clear. I am letting you know that I understand, and that I assume that you will take responsibility for finding a solution, so that we both feel better" (2002, 51). In a nutshell, Danish parents and children should act as respectful guides for each other and be recognized in this capacity. The situation in Denmark is thus often used as a moral standard or a (unreachable) goal in other countries regarding how parents could be more benevolent and listen to their children's guidance.

In the United Kingdom, a "vulnerable" child

In the United Kingdom, the focus in the representation of the child differs greatly. As in Denmark, the child is also seen as a fully fledged individual, with marvellous potential, but unlike the "robustness" that Juul attributes to them, British kids are seen as "intensely vulnerable and highly impressionable" (Furedi, 2002). This figure of the vulnerable child is rooted in the popularization of the Winnicottian concept of a "good enough" environment, crucial for the development of young ones. But it really took off with the theory of attachment developed by John Bowlby on the basis of observations of the damage caused by hospitalization syndrome after the Second World War. More recently, this focus on early childhood has been legitimized in neuroscientific terms (whilst retaining the reference to attachment). In 2013, a manifesto supported by the entire political spectrum launched the "1001 critical days" campaign, the period from conception to the child's second birthday, which allegedly leaves an indelible mark on the child. New experts enter the field of counselling and public policies, developing what sociologist Macvarish calls "neuroparenting", or the idea that "we now know", thanks to neurosciences, how children ought to be raised, especially during the early years when children's brains are said to be more malleable (2016, 3).

The Parenting Culture Studies Group at Kent University made a proficient and critical analysis of the perception and management of children in public policies and discourse (Lee et al. 2014, and Lee in this volume). Frank Furedi was one of the first to denounce how the reaction to scandals involving the deaths or abuse of children, be they due to negligence or to violence, led to "over-protective" public policies (such as the "Every Child Matters" initiative, followed by the "Children Act" in 2004) and, more generally, "paranoid parenting" as per the title of his famous book. Parents are indeed expected to *protect* the vulnerable child from dangers and risks that may come from every corner. The role of experts and policy makers is to check that parents, instead of protecting children from risks, do not themselves become triggers of risk, for example, by not paying sufficient attention to the children's needs or brain development. To develop the child's brain properly, parents are invited to practice "attunement", as Macvarish has observed (2016). This term, coming from mechanics, is the so-called ability of the individual to vibrate in unison with an environment, to tune in emotionally with his or her surroundings. A good enough parent must thus actively "tune in" with the child through gaze, touch, and verbal interaction.

This parenting attitude hypothetically promoted by experts and policy makers has received many critical labels in the scientific community: "intensive parenting attitude" (Liss et al. 2013), "parenting perfectionism" (Snell et al. 2005), "helicopter parenting" (Bristow in Lee et al. 2014), and "overparenting" (Segrin et al. 2020). All these terms are used to denounce the fact that it is precisely by wanting to protect the child from risks and stress, by being actively concerned not only with the child's primary needs but also with "his comfort and emotional security" (Macvarish 2016), that anxious parents will end up creating a stressful environment and a stressed child, saturated with cortisol and incapable of autonomy.

In continental French-speaking countries, a controversy between limits and potential

This rapid comparison shows that investing in children and their competencies in individualistic societies can take various forms, calls for different parental behaviours, and produces different interventions on parental behaviours from experts or authorities (Marquis et al. 2021). In Denmark, the child's competencies are considered natural. So are, to a certain extent, the competencies of the parents having grown in this environment. At most, they need to be reminded of how competent children are and how relevant it is to be guided by them as much as we guide them. The key issue is thus the recognition of the child's skills by its environment. In the UK, children and their brains are considered wondrous but essentially fragile and in dire need of security and protection from a dangerous, vicious world. The fundamental challenge is to protect the child, by means of a close good-enough environment, from a larger threatening environment.

How does this compare with the situation in France and the French-speaking part of Belgium in which the surveyed coaches live and the observed coaching practices take place? In these areas, the moral environment of parenting is nowadays largely coloured by the "positive parenting" movement. Sociologist Martin defines it as a "part of a general movement to promote the well-being, happiness, and success of individuals. The message delivered by […] so-called positive methods can be summarized as follows: 'You have your destiny in your hands, but also that of your children'" (Martin 2022, 561; see also Martin 2014, 2019, Martin et al. 2017, and Neyrand 2019). Developing each stakeholder's competencies and enhancing (intimate) relationships in families through better communication is at the core of the "positive parenting" movement. Positive parenting has multiple forms, but supporters converge in their rejection of all forms of violence.[6] Values of benevolence, equal respect and dignity for all, and the wish for more horizontal relationships are capital to this new standard. The spotlight on *empowerment*, the capacity for parents to learn and to evolve in their new role, sometimes described as a "job", also implies the emergence of new professionals working with or intervening on parents, such as coaches. Books, TV shows, podcasts, magazines, conferences, workshops, TED Talks, etc., make it almost impossible for (new) parents to ignore this revived parenting paradigm. Charismatic figures such as Laurence Pernoud (writer), Isabelle Filliozat (coach), and Catherine Gueguen (paediatrician)[7] in France or the reality show *Super Nanny* in some European countries paved the way to use parental coaching expertise outside of private consultations (see, on the show, Bristow 2009).

However, as other chapters in this book show, positive parenting has recently led to some violent controversies in European French-speaking countries. These practices have been criticized from different vantage points because of their exaggeration of the child's competencies, their sole focus on techniques relying too much on neuroscientific perspectives that are yet not correctly understood, their dumping of psychodynamic categories that help understand the development of the child, the destruction of the hierarchical order in the family, the paradoxical disempowerment of parents with regard to their parental competencies to the benefit of public authorities or so-called experts, and the risk of creating children who are unable to become good citizens by encouraging laxist forms of education.

These debates around positive parenting show that, as is the case in Denmark and the UK, the relationship between children and their environment (parents, schools, adults, institutions, etc.) is the subject of lively discussions. However, the key question here is not so much recognizing or protecting the child, but whether and to what extent the environment should limit, or even set constraints on, the child's development. Children definitely have potential, but the nature of this potential continues to be a much-debated issue in this area: if children are not sufficiently supervised, will they develop marvellous capabilities and automatically become good and competent humans, or do they risk, on the contrary, unleashing problematic unconscious impulses such as omnipotence or even psychopathy and asocial or destructive behaviours? Are they already fully fledged partners of the great symbolic exchange in society, or do they need to be reminded of their liminal place until they grow up?

This "potential-limits" problem – this opposition between a child considered to be a competent relational partner and the same child seen as an incremental being who needs to be introduced to social life by adults who have a very different status from them – is very specific to the continental French-speaking area (see Ehrenberg and Marquis, under press). There is an ad hoc word in French that has no clear correspondence in English but has been enjoying considerable success, especially in therapeutic settings inspired by psychoanalysis: "le cadre" (frame, framework). "Le cadre", in parenting, can be understood as an environment created by parents. More symbolic than material, it sets limits for children and reminds them of their status, duties, and rights and, by doing so, protects them and helps them become autonomous human beings and good citizens. As coach Sophie Petit puts it, "[C]reating a framework is the biggest job of the parent".

In France/French-speaking Belgium, this notion is particularly insightful to understand two very popular representations: the "spoilt child" (*enfant-roi*) and the "(brain) immature child". The first is deemed to be a consequence of imposing too few limits on the child, while the second is referred to in order to criticize the irrelevance and negative consequences of imposing limits on a child. Both are competing explanations mobilized at the edge of scientific and emic literature by various stakeholders to approach the burning (at least in the French-speaking context) question of the child's behaviour and the potential troubles it may create for the child as well as for the environment. If the troubling child has become a pressing social issue at a macro level (see Ehrenberg and Marquis, this volume), the parents who seek out coaching advice also experience, on a very concrete level, small or bigger difficulties regarding their children's behaviour. Coaches and future coaches in this survey are well aware that they have to produce not only explanations for these behaviours when they face parents' difficulties or helplessness regarding the troubling behaviours of their children but also a way to deal with these states practically. The next point shows how they mobilize both the "spoilt child" and the "brain immature child" figure, but also distance themselves from them and offer parents a new solution, that of trusting their common sense to find the "happy medium" between too much and too little limitation.

Intertwining boundaries and potential: coaches in search of the "happy medium"

The dreadful "spoilt child", a legacy from psychoanalysis

The spoilt child, seen as a little king (*enfant-roi*), is a ubiquitous figure in France and French-speaking Belgium. It emerged from psychology and especially from psychoanalysis, which, despite its decline, continues to hold a strong position in France (Meyer 2005). As Ehrenberg and Marquis (this volume) argue, psychoanalysis has given a vocabulary to express tensions and fears for members of societies where autonomy is a condition. The spoilt child, or "child king", is still one of the most successful categories. This character aims to describe children raised in such a way that they feel that everything is due them, rather quickly and according to their own terms (see, for example, the recent interview of Caroline Goldman in *Le Parisien* 2022). Such children are capricious, impatient, not able to behave properly in public, throw tantrums, etc. Following psychoanalysis, every child has impetuses, unconscious desires to dominate and destroy, and will do anything to fulfil them unless they are given limits ("cadré" in French, in reference to the mentioned "framing" metaphor). Large audience books for parents ('Bacus 2018; L'Ecuyer 2019) argue that if the number of spoilt children is rising steeply, it is precisely because of this new, undue centrality of the child and the loss of a sturdy framework built by parents. At the edge of popular and academic literature, several authors describe other worrying figures close to the spoilt child ("enfant-roi"), such as the tyrant-child (Pleux 2002) or the godlike child (Drory 2021; see also Dupont, Mikolajczak, and Roskam 2022).

Coaches are obviously aware of this figure. Whilst the spoilt child is never portrayed as a desirable model in their discourse, two different stances exist. The first considers that the kinglike behaviour is indeed an unfortunate fact and caused by the way adults, especially parents, interact with the child. This is the case of parental coach Mathilde Luc, who introduces the spoilt child/ king-child by endorsing the common sense representation: "I think [the spoilt child] is simply a child who has no bounds, a child to whom you say yes to everything, (…) he's the head of the family!" The second stance considers, on the contrary, that the "child king" does not actually exist. It is instead a "fantasy-like" representation that implicitly conveys a criticism of "positive parenting", as parental coach Estelle Loyer puts it: "[To] my mind, the spoilt child [seen as a little king] is a cliché. And often a criticism of positive parenting as well, we'll say that it's going to be the child whose parents will disregard everything." For her, the kinglike spoilt child tyrant is a trope used to criticize a particular way of raising children, seen either as "positive parenting" (by the proponents) or "laxism" (by the detractors).

Despite their different positions regarding the reality of the character, the two coaches agree, however, that the lack of limits and laxism *are* problematic parental behaviours and that positive parenting, or at least the way that it is put into practice, does not encourage laxism in any way. Mathilde Luc insists, "[T]here are still a lot of people who confuse positive parenting and laxism. It's absolutely not letting children do whatever they want". Beatrice Muller adds, "[Positive parenting] is a very demanding type of child rearing, contrary to the nonsense that is bandied about in the media, [that] it is laxist, it creates 'tiny tyrants', etc.". In other words, the limits that are set should protect parents as well as children from this dreadful figure.

The marvellously "immature (brain) child" from neurosciences

While the thoroughly spoilt child or tiny tyrant portrait comes from psychoanalysis, the "(brain) immature child" is a representation derived from neuroscience, and especially from "affective and social neuroscience", of which the French paediatrician Catherine Gueguen is one of the most famous proponents. In her last book, she announces, "We now know that a baby comes into the world with an extremely immature, fragile and malleable brain. (…) Every time you reassure them, you help their brains to mature" (2020, back cover). In this perspective, children's brains are represented as immature, as not yet completely "wired" until the age of 25. Consequently, children should no longer be held responsible for their strong emotions, such as anger or sadness. Tantrums are not signs of unconscious desires or destructive impulses and do not need to be analysed through a psychoanalytic lens. They are certainly not a consequence of giving too much importance to the child (as never enough attention can be given to a child).

Children expressing disruptive behaviour are, on the contrary, described as being overwhelmed by emotions that stem from their "archaic", "primitive", or even "reptilian" brain (notably analysed by the great sociologist Lemerle 2021). Describing the evolution of the representation of children through their brains, Gueguen urges readers to rejoice in the switch from children seen as "capricious", "tyrannical", "infernal", and "mean" to children who are "empathetic and capable of feeling the emotions of those around them, eager to exchange" *but* who also need "to feel secure and be reassured when they are in distress, because they are extremely fragile, immature and dependent on you" (Gueguen 2020, 29). Seen from this perspective, imposing a constraining frame (for example, through punishment or isolation) on children who manifest through their cries their need to be reassured is not only ineffectual but also completely inhumane. "Benevolence" as well as "empathy" from adults are the main ingredients for cerebral maturation, as they allow children to understand, to adapt, and to master emotions. Parents are thus asked to catalyse an environment that both protects and activates the hidden potential of the child. Therefore, positive parenting practices may indeed prove quite demanding because the proper implementation of positive parenting requires reflexivity instead of blindly imposing limits or principles (for more on parental "reflexivity", see Berton, Bureau, and Rist 2020).

Coaches frequently refer to children as being "immature" in order to reassure parents about the normality of what they consider issues or difficulties. But how do coaches actually cope with the great emphasis that promotors of positive parenting such as Gueguen put on benevolence and with their thinly veiled criticism of limits and a certain kind of firmness, while coaches want to assess their own opposition to laxism?

Firmness and benevolence, laxism and authoritarianism

In this moral environment, parental coaches juggle with different representations and practices in order to present a pragmatically balanced position between the extremes of laxism (too few boundaries) and authoritarianism (too much limitation). Let us now look at two scenes from coaching practices to train future parental coaches.

> **Situation 1:**
>
> Parental coach Tamarin teaches "positive discipline". In the middle of the afternoon, she introduces the movement, which comes from the U.S., as a way to "help parents to find a happy medium between benevolence and firmness".
>
> *Coach Tamarin:* Get your notebooks! What does benevolence mean? And what does firmness mean?
>
> All eighteen future parental coaches begin writing, some nodding their heads, some looking through the window, some very focused. After five minutes, coach Tamarin rings a bell and answers pop up. Some are, for benevolence, "taking care", "being available for people", and for firmness, "a form of power", or "to stick to something".
>
> *Coach Tamarin:* Well, now let's see the dictionary definitions of both words. Benevolence: a favourable disposition towards someone. Firmness: state of what is assured, decided, consistent.

> A short silence.
>
> *Coach Tamarin:* So who said that firmness is harmful? Now, what do we need in parenting?
>
> *Participants:* Both!
>
> **Situation 2:**
>
> Tamarin then proposes to practice coaching in small groups to enable the participants to reflect on their own relationships with benevolence and firmness, as mothers and futures coaches (one is the coach, one is the parent, and two observers in the small groups).
>
> During another training course on the importance of limits, parental coach Sophie Petit brings a squared wooden plank surrounded by a piece of cardboard and a small marble. She explains that the plank represents the framework and the marble the child. She gives the plank to a participant and puts the marble in. The marble falls on the floor very easily. Some laughter. She declares that this represented the "laxist framework", because it is not firm enough to hold the child inside. Then, she takes another wooden square, with irregular edges which represents the parent's moods. She repeats the same process. The marble can either fall or be retained. She calls it the "permissive style". She pulls out still another plank, one with a barrier of sharp nails. Participants understand that this represents the authoritarian style and hurts the marble/child. The last plank is surrounded by a pretty high wooden edge with different colours. This framework is said to be both benevolent and firm and clearly claims what is allowed (green), negotiable (orange), and forbidden (red). The marble does not fall on the floor and is not hurt.

In both observations, the coaches' pragmatic stance is on full display. The goal of both exercises is to show how extremes (being only benevolent or showing only firmness) create inappropriate situations and behaviours (see, for parenting styles, Baumrind 1991). Striking a balance between the two is a must for parents and professionals alike. Whilst the surveyed coaches totally agree with the importance of benevolence, they definitely argue that firmness is also necessary to create a "good" set of "landmarks". Firmness is even presented as a sign of respect for children by parental coach Pedro Sevilla, who insists on the negative bias that parents have with words such as authority, hierarchy, obedience, and orders. In the sessions he organizes, he also asks parents what words such as authoritarianism, authority, laxism, and cooperation mean for them, then gives a "neutral" definition of the words, in the same way as coach Tamarin did.

If coaches make a point of entering the parent's system of meaning ("parents' world's map") by asking them their "beliefs" regarding their practices, it is interesting to see how much coaches value what they present as the "neutral definition" of words, moving away from a plurality of possible meanings. To build these neutral definitions, coaches have a finger in every pie. They borrow language from psychology (attachment theories, transactional analysis), neurosciences (mirror neurons, prefrontal cortex), personal development from the United States (encouragement, positive thinking, even cheerleading), sometimes psychoanalysis (inner child, trauma issues), or even more esoteric practices (such as *doulas*[8]) to create a range of tools for parents. The latter can follow, refuse, or tinker with these tools, depending on what "speaks to them".

The main goal coaches pursue in mobilizing such categories is to show parents that they may hold "false beliefs" regarding their practices. In other words, they want to insist on the fact that parents have lost (access to) their own common sense, due mainly to incorrect pieces of advice, but should trust themselves. The foregoing excerpts show that this is especially the case for issues regarding firmness: coaches want to prove, through objective knowledge, how becoming firmer is not only beneficial for children, by teaching them frustration, but also helps prevent exhaustion (such as parental burnout, see Roskam and Mikolajczak 2015). Creating boundaries between parents and their children has been proven healthy, they claim, and may be a part of positive parenting. In other words, coaches suggest that parents change their practices only if these practices are guided by false beliefs. In all other cases, they advise changing not the parents' behaviours and gut feelings, but the negative images (coming from the same false representations) that they have about themselves and trusting in their ability to act correctly in each situation without following any external rule. The solution to rehabilitating their common sense, coaches claim, is to ban extremes from one's vocabulary and practices. One must get rid of "laxism" and "authoritarianism", whatever these categories might mean.

In short, when dealing with both parents and future coaches, coaches totally endorse the idea of *empowering* people. They present blind compliance to general principles as something to be avoided at all cost and value what parents already know (even if through recalling some "objective" knowledge). Yet a question still remains: What is the added value or even expertise of the coach's professional posture if parents need only common sense to be "good enough" parents?

Valorizing common sense, safeguarding expertise: coaches building their legitimacy

> Certain currents in psychology will say, "No, as professionals we don't talk about our personal experience" (…) I don't agree with that (…). The mirroring of someone saying, "You can actually let go, and simplify your life, and it's okay", is going to relieve parents so much, it's going to be almost as good as everything else you do.
>
> (Parental coach Diane Legrand)

For many coaches, a fundamental aspect that differentiates them from psychologists is their valorization of personal experience, as the overwhelming majority are parents themselves. In workshops and training classes, the process of coaching often relies on experiences shared by parents, who are always presented as being the "first experts of their children". Their daily life experience is largely valued as a source of common sense. But, as the excerpt above from coach Diane Legrand underlines, many coaches insist on the importance of showing examples of their personal lives to the parents in order to help them accept letting go of high expectations. In that way, they portray or perform their parenting in a relatable way to reassure parents. Because they are also parents, they share the fact that they know intimately what parents are going through. This relationship to expertise prompts a specific professional posture that coaches present as, for instance, a "low posture" (Mathilde Luc), a "humility posture" (Adeline Tamarin), a "neutral posture" (Sophie Petit), or a "supporting posture" (Marie Lapeyre). The "low" posture criticizes the idea of hierarchical transmission of information, described as traditional, sometimes even in reference to patriarchal representations. A more horizontal posture portrays the ideal type of relationship between parents and children. But does that mean that coaching is just another form of peer support? Do coaches claim that they are in a completely symmetrical relationship with the parents? At first sight, we might think that that is the case, especially because of their emphasis, in the definition of their role, on the primacy of "active hearing" of what parents have to unload ("deposer" in French). Still, coaches refer to their own expertise in a particular way:

> I don't know if I would call myself an expert in something, but in any case I would call myself a professional in parenting or support, in education, no doubt, because I've been immersed in it for ten years.
>
> (Future parental coach Sarah Pierre)

As the excerpt above shows, the coaches see themselves neither as full-fledged experts nor as simple parents: they have also learnt and trained themselves to assist parents. This raises an important distinction to explore concerning the way coaches build their legitimacy and efficiency. On one hand, coaches manifest their proximity with the parents they coach by displaying their own experience. It allows them to claim specificity in the large market of parental advice. On the other hand, coaches manifest a difference that is rooted in the added value of their training, during which they have learnt techniques, tools, and a particular work method. Through training courses, books, media, peers and professionals, or self-experimentation, they have come to master some knowledge, knowledge that mainly concerns the various stages of child development (inspired by Piaget and Inhelder 1966) or specific topics such as the effects of screens on the brain, addiction during adolescence, how to diversify food for babies, how to use "non-violent communication" (Rosenberg 2005), etc.

Coaches thus make use of two types of knowledge: deductive knowledge from what they call "theory" (notions, concepts from neurosciences, clinical psychology, sometimes sociology, history, etc.), in which they ground legitimacy through objectivity, and more inductive knowledge from their own daily life experiences through which they prove their relevance in assisting the parents. Both sorts are mobilized by coaches in various configurations referring to common sense in order to find solutions and develop behaviours pragmatically adapted to each situation. It allows them to tell the parents that they are *right* and should trust their own competencies (such as reflexivity or "gut instincts" to detect what behaviour would be most suitable) and at the same time they might be *wrong* because of false beliefs that they hold due to their education or to tradition.

Coaches see the way that they mix these types of knowledge as a tool to *empower* parents and to establish their professional expertise. Whilst they theoretically consider deductive and inductive knowledge to have the same level of legitimacy (or even that personal expertise is ultimately the most relevant element, see Marquis 2014), they still introduce another difference: inductive knowledge drawn from personal experience may be transmitted peer to peer, from a parent-coach to the parent-participant, directly. On the contrary, coaches have an ambiguous relationship with the dissemination of deductive knowledge (which also serves to generate a solid base for coaches to feel confident and competent in their jobs). They see deductive knowledge as providing useful tools for achieving a better understanding or correcting false beliefs of children and parents. But they also fear that this kind of knowledge may pose a possible threat for parents. From the coaches' standpoint, the danger lies in the fact that parents are already overwhelmed with (and consuming) too much information, which leads them to lose confidence in their own competencies. In a nutshell, if parents rely too much on deductive knowledge, they will not value their inductive knowledge as much. Coaches then have to find a way to enhance the status of inductive knowledge whilst at the same time sprinkling some deductive knowledge through their methodology.

Because coaches are in search of more recognition and public legitimacy, they often reflect on how to balance deductive and inductive knowledge. Whilst parents can have some deductive knowledge, they must rely more on inductive knowledge. So even if there is a sense of transitivity in the fact that coaches and parents are pushed to develop the same competencies, the difference lies in their resources, where coaches safeguard their specific type of expertise.

Conclusion

This chapter started with an observation about the pervasiveness and fluidity of the notion of "competencies", used to pinpoint what is to count as important when it comes to parents, but also to professionals and children: competencies engender more competencies. Whilst this vagueness remains, it is now possible to specify a bit further what these competencies are about: they are essentially *soft skills* in which communication and emotions play a central role (see Jensen and Prieur, as well as Gulløv, this volume). "Soft skills" (Prieur et al. 2016) indeed represent the core of what coaching performs, through exercises based on "active listening" ("écoute active"), "unconditional reception of emotions" ("accueil inconditionnel des émotions"[9]), and "open-ended questions" ("questions ouvertes"). Thanks to those tools, the quality of the relationship between coaches and parents, as well as between parents and children, can be evaluated, since it is deemed fundamental for the development of the latter's competencies.

This chapter has shown that the force of the reference to "competencies", especially when linked to the idea of "common sense", is that it makes it possible to create a common language, pragmatically navigating between multiple and sometimes contradictory scientific and emic resources. In so doing, it also overcomes multiple theoretical oppositions or conflicts. First, managing competencies allows coaches to work with parents in a way that respects their autonomy and develops their hidden potential, thus bridging the possible gap between the notions of framework and potential. Their competencies are represented as already present, albeit in need of possible updates. Thus, the parents' expertise is the focal point for coaches to build up, whilst their own expertise as competency specialists prospers. Second, by keeping away from extremes, common sense represents a happy medium between tradition and creativity, firmness and benevolence, laxism and authoritarianism, psychoanalysis and neurosciences, and so on. Presented as morally and naturally good, common sense can be seen as performing the ideals of the hidden potential and the autonomy-as-a-condition paradigm in the parental coaching field. Just as parents should both protect and develop their children's hidden potential, coaches should protect and develop their client's hidden potential. There is here a sense of transitivity on how the (soft) skills should be applied by coaches and parents. Transitivity could also lead to a better understanding of how coaches, parents, and children relate. Third, whilst children, parents, and coaches all develop competencies and thus competence, coaches preserve a specific expertise by differentiating their own abilities through references to "objective", scientifically proven elements that they carefully instil in parents. These elements allow coaches to display a generally pragmatic, solution-oriented stance that keeps them safe from burning controversies about parental practices and their consequences.

Notes

1 The names of coaches that are part of our fieldwork have been changed.

2 All quotes in French have been translated by the authors.

3 This observation is in line with Ehrenberg and Marquis' argument (in this volume) that perspectives that may be harshly opposed in theories or public controversies often show a sociological complementarity in practice.

4 The fieldwork subtending this chapter was conducted by Solène Mignon.

5 In English, this "child king" concept is translated as the "spoilt child" or "entitled child". We have chosen spoilt child as the most common term, even though it downplays the "kinglike" behaviour to which the French term refers. "Tiny tyrant" is a close category we will refer to.

6 As the "ordinary educational violence" controversy shows, the definition of violence itself is still in debate.
7 *J'attends un enfant* (Pernoud 2023 [1956]), *J'ai tout essayé* (Filliozat 2011), *Lettre à un jeune parent* (Gueguen 2020).
8 *Doulas* are professionals who provide emotional guidance for women regarding mainly pregnancy and childbirth.
9 Psychologist and coach Sevilla adds: "Not all behaviors are acceptable, but all emotions are legitimate".

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Part III

Shaping Autonomy Makers?

Paradoxes in Institutional Guidance for Parents and Teachers

7 From Educating Mothers to Neuroparenting

Ideas and Controversies in Parenting Issues

Claude Martin

Introduction

The concept of autonomy is a buzzword in the vocabulary of public policy in France and concerns a number of different sectors (education, youth policies, work, ageing, and disability). In this chapter, autonomy will be approached from the child's point of view and as the result of parental socialization. For many stakeholders, children's autonomy is *in fine* the motivation for adopting a number of measures and guidelines centred on primary socialization. The idea is to promote children's autonomy through their families via the work of parenting. It is supposed that parents may forge the autonomy of their offspring, along with their well-being and social integration, but only under certain conditions – conditions that could justify educating parents to play their own role.

Since the early 1990s, numerous developed countries, notably in the European Union (EU), have seen the emergence of a specific sector of public action concerning parenthood and the education and care provided by parents with measures called "parenting support" or, in France, "soutien à la parentalité" (Martin 2014, 2015, 2017, 2018a, 2018b). These measures have gradually become a component of family policy. Child well-being is the indirect goal of these measures, which centre on parental practices and behaviours. Numerous international institutions have contributed to raise states' awareness of the issue of overall child well-being, including the United Nations (UN), Organisation for Economic Co-operation and Development (OECD), United Nations International Children's Emergency Fund (UNICEF), and the Council of Europe, which in 2006 published a recommendation on so-called "positive parenting" (Daly 2007)[1]. The signing of the United Nations Convention on the Rights of the Child in 1989 facilitated this affirmation of a new viewpoint on childhood. However, this global affirmation still leaves room for wide-ranging differences between countries, depending on whether measures and policies are aimed at children directly or indirectly by giving a more or less central role to their primary socialization agents, in other words, their parents, and often more or less explicitly, their mothers (Daly 2020).[2]

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How far do these elements constitute a completely new paradigm? The "parenting turn" that took place in the 1990s (Daly 2015; Knijn, Martin, and Ostner 2018) should not distract from the fact that the primary socialization carried out by parents, in particular the act of mothering, has been an explicit focus of policy for over a century. In this chapter, we propose to understand the developments and turns involved in this collective and globalized issue of parenting (Macvarish and Martin 2021). Without going back to the reflections of Jean-Jacques Rousseau in his *Emile: ou sur l'éducation* (1762), our objective is to look at the history of this public problem and its major developments since 1890 in order to identify what has held steady and what has changed. To do so, we follow the policy framing perspectives established by Donald Schön and Martin Rein (Schön and Rein 1994). These authors propose to mobilize different materials and levels of analysis: policy practices; policy rules (laws, entitlements, resource allocations); the positions and arguments involved in policy debates and struggles, the beliefs and values of institutions, interest groups, and stakeholders; and finally, even more generally, the beliefs and values of the members of a societal culture.

Using this analytical framework, we proceed in three stages: the first looks back at the development of these debates since the end of the 19th century, initially marked by public health issues and the fight against infant mortality, then by the post-war development of a market in counselling for mothers, inspired by different theoretical traditions in psychology, and culminating in the 1990s in a "parenting turn", putting forward the idea of a specific parenting public policy. In the second, we look at the parallel development of neuroscience since the 1990s and its impact on this sector through the politicization of a certain number of ideas and results by political players and professionals in the field. This lay use of neuroscience research has generated two types of development, one on the side of children's cognitive development, the other on their emotional development. In the third stage, that of the current period, we propose to grasp the meaning and depth of these changes, maintaining that doing so requires drawing on this historical work to determine whether we are dealing with instrumental reform levels, a simple revival of old methods, or a paradigm shift (Hall 1993).

From educating parents to the parenting turn (1890–1990)

The term "parenting", coined in the 1980s, and its popularization in public debate in the following decades have tended to disguise the fact that the question of parenting work – parenthood, parental skills, and the "job" of being a parent – has featured on the political agenda for more than a century. It is also important to remember that before the emergence of the apparently gender-neutral term "parents", the main issue was mothering. A look back at these earlier episodes, which cover more than a century, raises the question of understanding how exactly these public problems were built up over time, with the support of numerous sets of actors, ideologies, and knowledge making up the ingredients by which public measures and policies have been and continue to be conducted.[3]

The ambition of public authorities to support and guide parenting is connected to the construction of major social problems in the second half of the 19th century. Scholars, researchers, and politicians were mobilized to face the challenge of reducing mortality. The connection between population planning and parental education was essentially enacted by controlling sexual practices, prohibiting abortion and avoiding pregnancy, monitoring mother and child health, and creating the first "schools for mothers" in the United Kingdom and *Mutterschule* in Germany. Doctors reached two significant victories at that time: the first resulted from the development of obstetrics and the application of hygiene standards by practitioners during childbirth, enabling doctors to avoid numerous maternal deaths due to postpartum infections; the second followed advances in the sterilization of milk, which rapidly reduced the number of neonatal deaths from digestive disorders.

Different configurations of actors are identifiable in this process of defining the problem(s) related to childhood and primary socialization, depending on the country and national culture. For example, in the case of France, which is an excellent example of this academic and political mobilization, as the country was confronted throughout the 19th century with a demographic deficit, the subject mobilized mainly an elite of male doctors, demographers, and senior civil servants involved in the public affairs of the Third Republic. In the United States, however, it was driven by a closely involved female elite supported by large foundations (Russel Sage, Rockefeller) and drawing upon fledgling child sciences, which gradually influenced all welfare states. Although diverse, these approaches came into very close contact at the start of the 20th century through numerous, regular international conferences that provided opportunities to compare ideas and methods (Rollet 2001).

The interwar period was a hotbed for new ideas in child-rearing methods on both sides of the Atlantic. In France, these included the creation of the "*Ecole des Parents*" (parents' school), whose objective was to disseminate to parents the main recommendations emanating from child sciences, also with the aim of strengthening their role compared with that of the "hussards of the Republic" (the teachers), who were once encouraged to replace them on certain sensitive subjects, such as sex education. In the period from the 1920s to the 1960s, the model promoted by child sciences and child development specialists clearly had the greatest influence in shaping the dominant vision of childhood and parent education and practices. Harry Hendrick sums up these developments and trends as follows:

> Beginning in the 1920s there developed two new approaches to child-rearing: one was relatively short lived; the other proved to be more persuasive over the long term (…) The first was the "scientific" method of baby care, "mothercraft", which was associated with F. Truby King, a New Zealand doctor, who advocated breast feeding ("Breast-fed is

> best-fed"), toilet training and sleeping according to fixed timetables, and with John B. Watson, an American behavioral psychologist, who wanted mothers to rear superior children. (…) The other influential and more long-term trend was associated with the "new psychology", whose components included the nursery school movement, educational psychology, psycho-analysis and child guidance, all of which combined to produce more liberal elements in the parent (usually middle-class)-child relationship.
>
> (Hendrick 1997, 28–30)

An important market for parental advice developed following the Second World War, during what can be considered the golden age of the nuclear family, seen as an institution capable of forging emotionally balanced individuals through parent-child relations. The boom in parental advice was spurred by the popularity of a book by Benjamin Spock published in 1946, *The Common Sense Book of Baby and Child Care*. Spock promoted a permissive parenting culture, in other words, a totally different take on mother-child interactions from that of behaviourists, with an emphasis on play and pleasure in interacting with children, and a focus on mothers' intuitive knowledge with the famous expression: "You know more than you think you do".

The porosity between some theories and their popularization in the media was remarkable. This popular knowledge involved, for example, lessons learned from attachment theory and the works of John Bowlby on maternal care deprivation in the 1950s (Bowlby 1952, 1958); those by Donald Winnicott regarding "good enough mothers" (1971); and the work of Diana Baumrind about parenting styles, first published in 1966, which pointed to a third model between authoritarian and permissive styles, i.e., the authoritative style (Baumrind 1991).

Throughout the 1960s and up to the 1980s, this psychological culture continued to gain ground and was disseminated in a wide range of media: manuals, radio and television programmes, and press specializing in family and childhood, all of which gradually developed into a booming market. This "psychological culture" marked a very clear shift from a preoccupation with the survival of children, mostly targeting working-class mothers, to a concern for psychological well-being, mainly involving middle-class mothers. However, not until the start of the 1980s did a new term gradually take hold, with the transformation of the noun "parent" into a verb, giving the neologism "parenting" in English and "*parentalité*" in French.

This new term, "parenting", was politicized in the 1990s to group together the different types of action directed towards parents, some inspired by this long legacy of policies, others exploring new avenues. Most of these parenting measures in fact resembled previously identified actions, whose purposes included educating parents on their role by promoting good practices, regulating incapable parents or those not equipped with the skills required to look after their children, supporting them to assist with schoolwork, creating opportunities to talk about their everyday parenting difficulties in discussion groups, and informing them about the latest parenting methods at public conferences, etc. These parenting support measures completed the traditional family support policy such as early childhood education and care.

Besides the creation of a new word, does "parenting" simply constitute an extension, or even a revival, of a long-established public concern or a significant change in perspective? On the one hand, a clear continuity with the past is visible. As was the case with previous policies, these parenting support interventions can be grouped into three main areas: health-related interventions for both parents and children, child protection, and education and support for parents. On the other hand, however, a few points make the argument for a new parent education regime. Firstly, although numerous initiatives were run by non-profit organizations and volunteers in the late 20th century in many countries, public authorities decided to provide new impetus by supporting these organizations officially, including financially, and provided institutional recognition with the title "parenting support" (Daly 2015; Martin 2014; Neyrand 2011). Another significant element concerns the crucial role played by international bodies such as the Council of Europe, as already mentioned, but also UNICEF, the European Network of National Observatories on Childhood, and the European Commission, in the framing of these policies.

The development and marketization of evidence-based programmes (using randomized control trials) and their international commercialization are another feature of this turn during the 1990s. With these programmes, the behaviourist model got a second wind. The new parenting programme market aimed to equip parents with parenting skills with demonstrable effectiveness. The wider development of evidence-based policies (both in education and medicine) and the associated review culture led them to be financed and adopted by numerous countries at international and more often local scales. Examples of such developments are numerous, both in English-speaking countries, which were the key providers of this type of programme (United States, UK, Canada, Australia, New Zealand), as well as in Western and Northern Europe (e.g., Belgium, the Netherlands, and Sweden) (Knijn and Hopman 2015; Lundqvist 2015; Vandenbroeck, Roets, and Roose 2012). Many authors interpret the expansion of parenting programmes and experts, financed by public and/or private funds, as an expression of neoliberal social policies that put the responsibility for turning out well-adjusted children on parents, even going so far as to undermine the cause of social problems faced by post-industrial societies (Faircloth 2020; Furedi 2002; Gillies 2012; Hartas 2014; Hendrick 2016; Lee et al. 2014; Ramaekers and Suissa 2012; Richter and Andresen 2012; Vandenbroeck et al. 2012).

But the main result of these recent developments is the reinforcement of a two-tiered social treatment of parenting issues. Concerning working-class families, the key question remained guiding practices and behaviours judged to be "dangerous" and damaging to children who needed protection. Concerning the middle classes, the aim was to disseminate and popularize norms and messages to improve the work of mothering and parenting, with the implication that this parental investment, known as "intensive parenting", and these good practices were likely to guarantee children's success and happiness. The rise in unemployment and job insecurity in the 1990s and 2000s, with its particularly deleterious effects on the integration of young people, only reinforced parents' concern to create the best possible conditions for their children. With the end of the social ladder, i.e., the fear that their children would not manage to occupy social positions at least equivalent to their own, parents were eager for advice and methods likely to counteract this tendency towards social downgrading. In the United States, Annette Lareau used the strategy of "concerted cultivation" to describe these practices of parental investment or intensive parenting (Lareau 2003).

Neuroscience, a success story

Neuroscience also experienced a boom at the turn of the 1990s, sometimes referred to as "neuromania" (Tallis 2011). For Nikolas Rose and Joelle Abi-Rached, neuroscience, or knowledge about the brain, changed our conception of personhood (Rose and Abi-Rached 2013). Fascination with the progress of research in this area, in particular following the development of brain imaging (magnetic resonance imaging [MRI] and positron emission tomography [PET] scans), pervaded both the media and public opinion and influenced political decision makers. This spilling over of neuroscience beyond the perimeter of research was notable in numerous fields, starting with education, and including the field of parenting and support for mothers, which interests us here.

This neuroscience success story calls for a distinction between:

- On the one hand, the knowledge that research has acquired in a great number of medical or "hard science" domains and specialities (molecular biology, biochemistry, medical biophysics, brain lesion studies, imaging, animal models, clinical and pharmacological research centred on brain or neurodegenerative disorders, etc.) but also in human and social sciences (psychology, philosophy, law, ethics, education, economics, marketing, etc., disciplines that have gradually taken on the prefix "neuro-");
- And on the other hand, the use of this knowledge by a certain number of actors in the fields of education, family policy, and parenting, as well as political or public decision makers to back up their proposals and recommendations.

Neuroscientists often point out that our understanding of how the brain works is still in its infancy, although some very promising applications have already been made in the field of disabilities (e.g., implanted chips that enable some people to recover their ability to walk and others to recover partial sight), along with scientific and technological developments in the military sector. Researchers maintain that brain plasticity continues throughout our lifetimes, including after accidents that formerly proved fatal or highly debilitating due to slow diagnosis and treatment. They also often underline that transferring knowledge acquired in the laboratory and/or from animal experiments is still highly risky, as is equating brain imaging with brain activity. As Bessant argues, "There is no single one-to-one relationship between brain anatomy and mental experience of a behaviour or a perception" (Bessant 2008, 349; see also Damasio 2006; Moulton and Kosslyn 2008).

For laypeople, however, it is tempting to draw conclusions from these research results that specialists might consider hasty, premature, or even false,[4] or to defend the existence of causalities leading to recommendations for a particular idea or avenue of reform, or such and such method or application, in the name of science. Despite the precautions of some scientists, "neurologic narratives can be located within popular media and self-help books, as well as within policy documents and scientific literature on development" (Pickersgill 2013, 329). These two levels of discussion underline the opposition between a scientific approach and scientism as "an ideological phenomenon in which the authority of science is drawn upon those outside the field" (Tallis 2011, cited by Macvarish, Lee, and Lowe 2014, 795).

Faced with the success of neuroscience in the parental education sector, several authors have employed the expression "neuroparenting", in other words, "a parenting style where neuroscientific insights are used to improve parenting and thereby to foster child development" (Snoek and Horstkötter 2021, 387; see also Macvarish 2016). In taking up, simplifying, and popularizing neuroscientific knowledge, some practitioners (doctors, paediatricians, clinical psychologists, social workers and trainers) and political decision makers have suggested two key moments to intervene in the child development process. The first corresponds to the primary stages of life (from conception and throughout the first three years). Advocates of this option claim that neuroscience shows that parents wield powerful forces to act on the development of their children in order to optimize their learning, mental well-being, and psycho-emotional development, provided that they behave in a certain way and respect certain rules – or in other words, follow experts' advice. This capacity to optimize children, both on the cognitive development and psycho-emotional level, is reportedly more effective when these lessons and good practices are implemented from an early age, with the targeted window of opportunity being "the first three years" or the "first 1,000 days" (Cyrulnik 2020, for a critic of this argument see Bruer 1999).

The other key moment or window of opportunity is reportedly during adolescence, with the idea of the "teenage brain", in particular "the prefrontal cortex, which in the adolescent is considered to be in a state of ripening or maturation" (Van de Werff 2017, 214). Because brain development stabilizes only at around age 25, parents apparently have the power to play the role of a "good external frontal lobe" for their teenager by following two moral parenting repertoires: "parents as protective guardians of external stimuli", avoiding risks in the adolescent environment, and "parents as stimulating coaches”, leaving their teenagers room for experimentation (van de Werff, *op. cit.*). These two moral repertoires work as a sort of double bind, alternating between a protection approach and an empowerment approach.

In addition to these two moments, two outcomes are evoked to justify these interventions: the first concerns neurocognitive development, with the idea that stimulating children from an early age is one of the best guarantees of their successful learning, while for teenagers it is more important to propose pertinent activities (“concerted cultivation” to pick up once again on the term used by Anne Lareau (Lareau 2003)); the second rather concerns neuroaffective development – which explains the distinction between cognitive neuroscience and affective neuroscience.

A neuroaffective parenting turn?

In becoming a real movement or lobby, and by making this cause political, the theme of the first three years considerably influenced decision-making spheres and led to a reform pathway in numerous countries, sometimes involving the misuse of so-called probing knowledge, resulting in brain-based policies. This movement of ideas started out in the United States with the announcement by the U.S. Congress of a “decade of the brain” starting in 1989 (see Bruer 1999) and then gained a firm foothold in the UK at the turn of the 2000s (Broer and Pickersgill 2015; Gillies, Edwards, and Horsley 2017; Macvarish 2016), along with Canada, New Zealand, and Australia. Almost two decades later, the same ideas influenced the construction of public policies in France (*Les 1000 premiers jours* report, Cyrulnik 2020). As pointed out by Jan Macvarish, Ellie Lee, and Pam Lowe, “This alliance of child welfare advocates and politicians, which became increasingly vocal and influential from the early 1990s, has drawn authority from the wider excitement about neuroscience to argue that social problems such as inequality, poverty, educational underachievement, violence and mental illness are best addressed through ‘early intervention’ programmes to protect or enhance emotional and cognitive aspects of children’s brain development” (Macvarish et al. 2014, 792–793).

In their review of the literature on this three years movement, Jan Macvarish, Ellie Lee, and Pam Lowe make three main criticisms: the first concerns the scientific validity of brain claims; the second “calls into question the politicisation of parenting and childcare as a solution to what have been more usually seen as structurally generated social problems, such as inequality and poverty” (Macvarish et al. 2014, 793); and the third engages with the reconceptualizing of love in biological terms. In their systematic review of the literature on neuroparenting, Snoek and Horskötter (2021) partly support these proposals and also raise three main criticisms that partially overlap with those just mentioned: they confirm the gap between neuroscientific findings and neuroparenting advice but also put forward the implicit normativity in the transfer from neuroscience to practice and, third, the idea that neuroparenting is a form of neoliberal self-management.

A great deal of confusion and myths clearly surround these brain claims on the first 1,000 days, starting with the confusion between the explosive synaptic connectivity of the early years of the child and brain power. The fact that neural connections multiply exponentially in early life does not make a newborn's brain more "powerful", as a computer would be. This leads to another causal hypothesis that has been widely contested, claiming that hyperstimulation improves children's cognitive performance. As numerous neuropsychologists have pointed out, "too much deterministic power is attributed to the early years" (Macvarish et al. 2014, 795). Conceiving of the brains of newborns and young children as formidable small computers that require only stimulating and feeding with information to improve their performance led to a complementary line of argument that concerns not just cognitive development but affective and emotional development, remobilizing the latest contributions and theories on attachment resulting from the seminal work of John Bowlby (Bowlby 1958).

To understand the political uses and misuses of neuroscience in the production of public policies in the United Kingdom, Tineke Broer and Martyn Pickersgill analysed a series of official reports and documents published in the UK from 2000 to 2013 (a total of 84 plus 6 websites) featuring a series of key words related to neuroscience, brains, and education (Broer and Pickersgill 2015). These authors show how neuroscience-based concepts contribute to redefining responsibilities in contemporary societies, in other words, both responsibility to and for oneself and responsibility for others. This reframing of responsibility follows three arguments: that of optimizing human potential on a neurobiological register, with the idea of investing in human capital; that of self-governance, resilience, and the capacity to deal with stress when under pressure and faced with challenges; and that of vulnerability, in particular given that children and teenagers are particularly (even "naturally") vulnerable and porous to ordeals and risks.

Despite criticism and precautions put forward by a large number of researchers in neuropsychology and neuroscience, as well as social sciences, brain claims have continued to filter into political discussions and guide public policies in the sector. For example, the authors that we cite here almost all mention the mediatization in 2011 of an MRI image comparing the brains of two children, one of which was "normal" and the other subject to extreme neglect, and calling for an early intervention campaign to reduce public costs and guarantee massive savings.[5] These messages and injunctions aimed at parents, in particular mothers, to guarantee the good development of their children's brains led in the UK to removing children, for preventative reasons, from parents deemed incapable and making mothers understand the point to which their responsibility was key for the future of their offspring. The injunction to pursue intensive parenting (in fact, especially intensive mothering), in other words involving parental investment above social investment, has been compared by numerous authors to the neoliberal ideology, whereby individuals are encouraged to self-govern (among others see Wall 2004 and 2010).

Analysing the situation in a Canadian province, Glenda Wall argues that "The focus on educating parents fits well with a model of individual responsibility and privatised parenting. It does not require governments to re-invest in the welfare state and design policy to alleviate poverty, provide affordable housing and child care services, and improve employment practices" (Wall 2004, 47). To qualify this offloading onto parents of collective socialization responsibilities, we have put forward the idea of "parentalisation du social" (parentalizing social issues) (Martin and Leloup 2020), in other words, a shift from the social issue, or the issue of inequality, to the issue of parenthood. Frank Furedi has described this assumption of responsibility by parents as the source of a large number of social problems as parental determinism (Furedi 2002).

This entrepreneurial parenting model has (re)opened an area of influence that insists less on the cognitive dimension (i.e., optimizing children's learning) and more on the affective dimension (i.e., making children happy). As Davi Johnson Thornton puts it so well, "Good babies are not measured by cognitive or intellectual criteria: instead, what makes a baby 'good' is defined in terms of happiness, emotional adaptability and social adjustment" (Thornton 2011, 400). By picking up on the achievements of research on attachment and importing some results from neuroscience on this emotional dimension of brain functioning, numerous manuals offering practical advice to mothers and child and family professionals reinforce the injunctions aimed at mothers, and in doing so, their anxiety.

According to this orientation, children's neuroemotional development and sense of security and well-being depend not only on what their mothers do and say but also on the authenticity of their mothers' own emotions. Mothers can guarantee this good emotional attachment only if they themselves "authentically" experience well-being (when breastfeeding, in their interactions and games with their children, etc.). And they must also understand that these feelings have hormonal and therefore biological repercussions ("maternal hormones as the key determinant of the bonding experience"), their only playing card being to work on their own emotions. "Successful bonding is a project of personal freedom, inextricably bound up with women's self-realization. Attachment is a project of authenticity that requires women [to] shape themselves into mothers who genuinely enjoy the early experiences with their infant" (Thornton 2011, pp. 407, 409). As once again put so well by Davi Thornton, "women are obliged to be free", in other words, obliged to comply with the advice of these experts whose mission is "disciplining the depths of mothers' souls" (*Ibid*, p. 414).

The French configuration of these debates is particularly illuminating here. When a group of experts was put together in 2019–2020 to reflect on the policy to adopt for the first 1,000 days of a child's life, some areas of knowledge and competencies were clearly emphasized more than others: as might be expected, the group comprised child development psychologists, paediatricians, child psychiatrists, neuropsychiatrists, and a midwife, but no specialists in social and family policies, demographers, historians, or sociologists.

Yet perhaps even more striking is the place given to people responsible for popularizing positive parenting knowledge and practices, promoting training and services to childhood and family professionals as well as to parents themselves. This group of experts undoubtedly made certain that the report delivered balanced recommendations, but not without mentioning the importance of "taking inspiration from the British model and the Early Intervention Foundation (EIF), specializing in pre-school children" (Cyrulnik 2020, 121), despite the well-documented criticisms expressed in the literature mentioned above.

This understanding in terms of a movement of ideas and power struggle is also clearly illustrated by several media controversies that were particularly symptomatic of the intensity, even the violence, of clashes. During the autumn of 2022, numerous daily and weekly newspapers in France published articles on a controversy opposing advocates of the "time out" with defenders of positive parenting. In other words, the issue was whether or not sending children to their bedrooms to calm down is an everyday violence that has very negative impacts on children's development and might even be the first stage of a path leading to much more violent acts.

This intense controversy involved a confrontation between, in one corner, a clinical child psychologist called Caroline Goldman, who strongly criticized the adverse impacts of the French version of positive parenting defended by "self-proclaimed" (as she put it) experts on confused parents and mothers at risk of burn-out; and in the other corner, the leading two (so-called "self-proclaimed") experts: the psychotherapist Isabelle Filliozat, vice-president of the First 1000 Days Commission and a figurehead of the positive parenting market in France, author of two popular psychology books with sales of, respectively, 500,000 and almost 400,000 copies, and at the head of a "registered trademark" for a training and presentation catalogue, and Catherine Gueguen, a paediatrician and also author of bestsellers that popularize, at the risk of "disinforming", according to Caroline Goldman, the lessons of affective neuroscience "for a happy childhood" (the title of one of Gueguen's books).

Over and above the terms of this controversy, and its knock-on effect on articles signed by collectives of professionals supporting one or other of the positions, it illustrates the strong resonance that this theme of parenting, and in particular mothering, has had on contemporary French society. Undoubtedly, the topic provides a reliable staple for the media. Once again, the issues involved here are struggle and influence and the promotion of a vision of mothering and parenting that tends to boil down to the level of interindividual interactions while overlooking the importance of their context.

Conclusion

At the end of this retrospective look at parenting and its role in shaping individual autonomy, we should like to emphasize a few points. Firstly, the fact that parenting work and practices are far from a new policy issue. However, major changes have occurred in the arguments that have contributed to building this public problem. At the start of the 20th century, the questions raised were clearly collective and political, as they concerned the national fertility rate, infant mortality, and population growth. But following the Second World War and the surge in knowledge about child development, the issue no longer concerned mainly the quantity of children, but rather their quality. The development of a therapeutic culture played a key part in defining the roles of mothers and parents and the impact of their roles on children and teenagers.

In this process, another lesson of this look back concerns the highly euphemistic use of the term "parent" in the last decades, since it is clear that most of the questions raised tend to concern the practices and attitudes of mothers. Contrary to what one might think, the term parent is not employed here to underline equally shared roles between mothers and fathers, but rather an attempt to disguise the gendered dimension of this role: a gender-blind approach rather than a gender-neutral one, as pointed out by Mary Daly (2013).

A change occurred in the 1990s with the re-emergence of a specific policy aimed at parents, combining old and new ideas: old objectives, such as controlling parents' bad behaviour and preventing risks to children in order to avoid delinquency or other forms of deviance later in life, and also new directions, complementing family support measures (services and allowances designed in particular to help parents combine work and family responsibilities) with a policy aimed at educating parents about their own role, encouraging them to invest in that role in order to produce brighter, more successful, more efficient and happier children (intensive parenting). This injunction to perform coincides with the ideas and practices of the personal development market (Marquis 2014).

This revival has less to do with the preventative and punitive approach that continues to be applied to parents deemed incapable (the vast majority of whom belong to the working classes) and more to do with the development of injunctions addressed to middle-class parents to "optimize" their offspring through intensive and positive parenting methods. The result is an exponential supply of devices – a parenting market – that meets a growing demand for advice from parents concerned about the future and success of their offspring in a context of social regression.

The development of this parenting policy should lead to a clearer distinction being drawn between what comes under the heading of social investment, i.e., collective services and rights that enable individuals to cope better with the constraints of contemporary society, and what comes under the heading of parental investment, understood as a condition for the production of "quality" and autonomous individuals.

While the targets of these parental measures remain the same as in the past (mothers, fathers), the change also lies in the knowledge and techniques mobilized and their roles in the production of primary socialization norms. In this renewal, the politicization of neuroscientific knowledge is remarkable, leading to a public policy that clearly favours interventions on individuals rather than on the contexts in which they live. It is important in that respect to make a clear distinction between what is happening on the knowledge side and what is happening on the battlefield of ideas, values, and ideologies on the lobbying and decision-making side.

In this battle of ideas, there is, on the one hand, an approach that emphasizes the individual responsibilities and capacities that people must have in order to be socially integrated, according to a logic that combines investment in oneself and parental investment and, on the other hand, an approach that emphasizes the conditions that enable individuals to be autonomous, taking account of their environment and living conditions. In this second perspective, the main issue concerns the inequality of conditions for parents.

Notes

1. https://archive.crin.org/en/library/legal-database/council-europe-recommendation-rec200619-policy-support-positive-parenting.html (accessed on 01/06/2023).
2. Mary Daly makes a distinction between family-oriented policies (whereby children remain in the shadow of the family), childhood-oriented policies (which consider children as beings in the making), child-focused policies (centred on children's needs), and child-centred policies (focused on children's rights, participation, and empowerment). In France, the approach is still mainly family-oriented: extending the eligible age to receive family benefits up to a child's 21st birthday, deploying early childhood care solutions to make it easier for parents to juggle their family and working lives, and developing parenting support measures to improve parents' educational skills.
3. We developed these questions in a recently published chapter and here take up some of the points mentioned (Martin 2023).
4. For example, the Royal Society mentioned in their report on "Neuroscience: implications for education and lifelong learning": "We urge caution in the rush to apply so-called brain-based methods, many of which do not yet have a sound basis in science" (Royal Society 2011, p. v).
5. https://www.gov.uk/government/publications/early-intervention-smart-investment-massive-savings (accessed on 01/06/2023).

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8 Pregnancy After "a Choice to Drink"

Meanings of Autonomy in England's Policies on Fetal Alcohol Spectrum Disorder

Ellie Lee

Introduction

There are arguably few areas of modern social life where the paradox of autonomy is played out more continually than with pregnancy. The contested status of the pregnant woman's claim to moral and bodily autonomy most obviously drives abortion debates, but influences all aspects of thinking around pregnancy, both pregnancies that women seek to prevent or end and those they want to establish and continue (Jackson 2001). In this chapter, our investigation of this paradox is shaped by the observation that its workings have come to be strongly influenced by the context of "parental determinism" (Furedi 2008); that is, the increasingly institutionalized belief, discussed elsewhere in this collection, that it is what parents do and do not do, through "parenting", which determines the health and well-being of children and, in turn, the wider society. As has been detailed elsewhere (Furedi 2008; Lee 2014), parental determinism has expanded backwards, meaning pregnancy and also, increasingly, the period pre-conception have come to be culturally constructed as a time of "parenting before children". The boundary between parent and potential parent has become weakened, as the thinking that dominates parenting culture, in which the child is constructed as inherently "at risk" and the parent as risk manager, has become definitional in accounts of both the fetus and even the potential fetus. The example we take to explore this further is policy about alcohol consumption and pregnancy as developed in the United Kingdom since 2020. In what follows we present an analysis of the texts of key documents to consider the contours of the paradox of autonomy within them.

The policy is set out in a connected set of documents published between 2020 and 2022 by bodies working at national and local policy levels, which we outline below. All the documents take fetal alcohol spectrum disorder (FASD) as their focus; for example, that published by the National Institute for Health and Care Excellence (NICE) is a Quality Standard (a document setting out best practice guidelines for those working in healthcare) titled "Fetal Alcohol Spectrum Disorder". As the name indicates, the disabling condition at issue is understood to comprise a large "spectrum" of impairments of many types

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presenting at varying levels of severity, but with a purported single underlying cause: alcohol consumption during pregnancy. The terms alcohol exposed pregnancy (AEP) and fetal alcohol exposure (FAE) are now routinely used in policy and specialist literature to describe the problem in pregnancy that may later express itself in FASD. Our analysis is focused on the shift in approach we suggest these policy documents establish. This centres on the view that the response to FASD should be to remove any reference to a "choice to drink" from policy, recommend only total alcohol abstinence to women, and prescribe a raft of healthcare activities to be provided to women before and during pregnancy, deemed necessary to address and prevent FAE/AEPs in the interests of child health and welfare.

The policy background to this shift lies in prior decisions made by the chief medical officers (CMOs) of the four different countries making up the United Kingdom. In 2016 they jointly published a new guideline about alcohol consumption (DoH 2016 in which previous advice about what pregnant women might do to "reduce risk" (namely to limit alcohol consumption to "one or two units, once or twice a week") was removed. Advice for the first time came to contain no reference to "a choice to drink" or suggestions about risk reduction. Instead, women were advised only to "avoid alcohol" to ensure the best outcomes for their children. In their justification of this move, the CMOs made the case that they favoured a "precautionary" approach, ascribing a particular meaning to how to think about risk in the context of absence of evidence about harms caused by drinking. They also argued for a preference for making advice simple and clear (instead of exploring complexities). Although they conceded there was no new reason to perceive a causal relation between drinking alcohol at a "low level" and fetal impairment, and so no new evidential base to advise "avoiding alcohol", it was therefore decided to only advise abstinence on the grounds this is "clear" and "consistent" (Lee et al. 2022; Thom, Herring, and Milne 2020).

The recently published policy documents we analyse here build on this approach. They also introduce a significant shift, however, through the proposals they contain for healthcare activities deemed predicated on the precautionary approach. These mirror those set out in the framework adopted in Scotland since 2019, detailed in "SIGN 156 Children and young people exposed prenatally to alcohol, a national clinical guideline" (Scottish Inter-Collegiate Guidelines Network 2019), which in turn adapts Canadian guidance (Lee et al. 2022). Based on strong presumptions about potential harms caused by any alcohol consumption, English policy (like that in Scotland) now promotes an approach in which all communication by healthcare professionals *with women* will promote alcohol abstinence and focuses discussion on healthcare practices *about women*, which include monitoring and screening for alcohol consumption throughout pregnancy and recording information collected (Arkell and Lee 2022; Lee and Arkell 2022; Lee et al. 2022).

The policy presumption, then, is that women have no legitimate decision to make about "the choice to drink". From this starting point, a new and distinct approach to FASD prevention activities has been devised. The shift is away from *advising women* about "choices" they might make to *directing health professionals* on how they need to go about reducing and managing the risk of FAE/AEPs to improve matters for children, families, and society. It is this shift away from "choice" that forms our starting point, as we set out our interpretation of how this "post-choice" policy framework accounts for and conceptualizes the meaning of autonomy during pregnancy.

The supporters of the new policy framework view it as a great step forward in addressing FASD, presented by them as the leading cause of preventable disability in the UK (NOFASD 2022). Our presumption is, in contrast, that questions should be asked about the direction of policy travel because, ostensibly at least, autonomy is a rightly privileged concept in pregnancy. Patient autonomy is upheld as a core value in UK healthcare, and the fact of pregnancy is not supposed to diminish recognition of its significance for women as future parents. Indeed, "choice" is a frequently used word in accounts of the ideal in maternity care, which claims to privilege the autonomy of the pregnant woman. Our interest, therefore, is in how, if at all, this contradiction is recognized, addressed, or accounted for in policy about FASD. As we discuss, what emerges from our analysis is mainly the effacing of this contradiction, as the matter of autonomy is rarely mentioned in the policy documents. Other frames are mostly used which rely on a norm of a managed, rather than choosing, mother-to-be. We begin by situating our analysis of this policy shift within the wider sociological literature on risk, choice, alcohol, and pregnancy.

FAS, FASD, and the autonomy problem

The policy developments summarized above can be situated through a literature which has critiqued the ascent of alcohol abstinence advocacy to pregnant women. This work describes and engages a trajectory of alarm developing in the 1970s in the United States about the teratogenic (malformation causing) effects of alcohol on the fetus. They track the emergence and expansion of this alarm, from its beginnings based in the initial description of alcohol harms as a rarely occurring fetal alcohol syndrome (FAS). They discuss the growing dominance of the concept FASD as an umbrella designation connecting a very large number of developmental and health deficits to alcohol consumption during pregnancy with associated policy activities stretching across criminal law to public health (Armstrong 1998, 2003; Armstrong and Abel 2000; Golden 2005).

This work raises objections to the key mantra that dominates official FASD prevention: "No safe time, No safe amount, No safe alcohol, Period" (Bell, McNaughton, and Salmon 2009). Commentary accepts there is a relation between alcohol and impaired fetal development; indeed, the burden of the argument made by some is that alcohol abstinence promotion programmes fail to address the very real challenges presented where women in some communities and contexts regularly drink high volumes of alcohol for a range of reasons, undoubtedly to the detriment of them and their children (Salmon 2011). Research of this kind partly highlights the contrast between an account emphasizing "wider factors" at work in the lives of such women impacting pregnancy – for example, inadequate nutrition and poverty – and a singular focus on alcohol. It also points to the inadequacies of an approach based primarily on "raising awareness" of the need for alcohol abstinence, which has little realistic possibility of being an effective support. The scholarship also attends, however, to the reasons for, and effects of, the growing attention paid not to alcoholism and addiction, but in contrast to consumption at "low to moderate levels" that has in fact come to dominate and which has driven the rise of abstinence advocacy (Leppo 2012; Lee 2014; Lowe and Lee 2010; Lupton 2012; Leppo, Hecksher and Tryggvesson 2014; McCallum and Holland 2018).

Armstrong (1998) used the term "democratization" to characterize the ascent of concern with all alcohol consumption at any level by any pregnant woman, and she and others connect this development in policy thinking to wider sociological trends. Bell et al. argued that the sociology of "moral panic" is relevant and consider alcohol and pregnancy as one example of "looming health emergencies" (2009, 155) where concern is with:

> . . . the individualised behaviours of parents (and mothers in particular), whose actions are constructed as dangerous to the interests of their children, families, communities and nations.
>
> (2009, 157)

Individualization is also central to Lupton's commentary as she discusses how:

> Health conditions or problems or developmental delays in children are often attributed to their mothers failing to respond appropriately to expert advice concerning appropriate health promoting behaviours during pregnancy.
>
> (Lupton 2012, 331)

The associated policy responses have included criminal justice measures, especially in the United States, which construe drinking in pregnancy as a form of child endangerment or abuse and criminalize women accordingly (Bell et al. 2009). The more ubiquitous response has been that of public health which rests, in contrast to criminalization, primarily on what Lupton (2012) has termed "reproductive citizenship". In this policy approach, FASD prevention programmes present responsible female citizenship as entailing self-surveillance and voluntary behaviour change from pregnancy onwards to ensure the welfare and well-being of future citizens.

A useful concept employed to capture the development of this public health response is that of the "social conditioning of choice" (Ruhl 1999). This recognizes that choice, as a concept applicable to the cultural framing of decisions by pregnant women, is continually constrained by influences that seek to define its terms and shape its exercise. According to Ruhl, the concept of "choice" had, by the late 20th century, become markedly bound up with an imperative to be "informed" (and so, in Lupton's terms, take reproductive citizenship seriously). When it came to alcohol and pregnancy, "being informed" had, in turn, come to centre increasingly on messages about evidence, but centrally also *its absence*.

Evidence, it was said, was lacking about drinking at what was termed "low" and "moderate" levels. This activity had not been shown to be a cause of fetal impairment, but neither could it be proven to be safe, and so the "informed choice" should be to abstain. Ruhl thus explained:

> [A woman] is informed that in the absence of thorough studies it is safer (less risky) for her to abstain from alcohol entirely than risk the effects of even small amounts of alcohol on her foetus.
>
> (Ruhl 1999, 104)

Importantly, as Ruhl also clarified, "The subject of risk reduction is not the pregnant woman" (1999, 95). The perceived problem is not the health and welfare of the woman, and the absence of evidence on this matter, but rather the fetus. Indeed, the most important matter is that legitimacy is given via this precautionary thinking to the idea that health authorities should rightfully focus energy on reducing *hypothetical and potential* risks the woman's actions *might* present to the fetus in the interests of the health of the future child. The associated assumption is that efforts should be made to guide and shape maternal behaviour on a precautionary basis that condones action only where outcomes are proven to be safe or beneficial to the fetus.

In a previous piece of policy analysis, we took this idea of the social conditioning of choice as our springboard to assess developments in Scottish policy. From this analysis we argued, as noted above, that precautionary thinking had led to a shift "from women being thought of as *managers of risk*, encouraged to 'make a choice' (and ideally change their behaviour in line with precautionary advice) to women *managed as a risk* by professionals because of the problem of FASD" (Lee et al. 2022, 18). Our assessment of the policy documents discussed here builds on this observation.

The new FASD policy and its context

We analysed documents published by the National Institute for Health and Care Excellence (NICE) (2020/2022), Public Health England (PHE) (2020), the Department of Health and Social Care (DHSC 2021), and the Greater Manchester Combined Authority (GMCA/NHS 2021). The titles of these documents, respectively, are "Fetal alcohol spectrum disorder NICE Quality Standard"; "Maternity high impact area: Reducing the incidence of harms caused by alcohol in pregnancy"; "Fetal alcohol spectrum disorder: health needs assessment"; and "Greater Manchester Alcohol Exposed Pregnancy Programme: Evaluation". We included the last of these, published by a local state body, because the Greater Manchester Programme is highlighted in the national policy documents as a good example of "best practice".

We noted above that the development of this policy framework was strongly welcomed by some. Its supporters, who describe themselves as the UK FASD Community, are primarily organizations that reflect the views of those who are parents and carers of children with experience with the child social care system or adoption and of some of the medical professionals who assist them. A marked feature of the policy development process was the interaction between policy makers and this community, and in public debate about the policies, they have appeared clearly as the "owners" of the problem of FASD and the new policy response to it (Lee and Arkell 2022). In contrast, those who provide healthcare to the general population of women before or during pregnancy were not included in the policy development process, but rather responded to (and contested) the policy approach being developed.

Differences of opinion about the best direction for policy were expressed especially strongly in the development of the NICE Quality Standard, and it became the subject of public debate in the news media. An organization that provides reproductive healthcare services, British Pregnancy Advisory Service (BPAS), made their criticisms public in the press and intervened in the policy consultation process (Lee and Arkell 2022). As a result of this intervention, there are areas of significant difference between the text of the initial draft Quality Standard from NICE and the final version. The former included a requirement to automatically transfer information about any alcohol consumption from a woman's health records to those of her child, without need for the woman's consent. This was objected to successfully on the grounds that this would compromise women's privacy and autonomy in healthcare. We used the text of the final NICE Quality Standard for our analysis, rather than the contested draft version, but took into account this background as we considered the framings present in the final text.

We organized our analysis around firstly, representations of the need for abstinence and of the "choice to drink". Second, we analysed around the theme of action; how were proposals for new healthcare activities about FASD defined and justified? We considered autonomy where the documents set out their case about what professionals should be doing. In the space we have here, we organize our comments around provision and gathering of "information" by professionals.

"Avoid alcohol": precautionary thinking and the end of "the choice to drink"

The literature discussed above highlighted the growing emphasis on "precaution" within which the idea of "the choice to drink" is devalued. We noted that this interpretation of precaution was fully adopted by the UK CMOs from

2017, and in our analysis of the documents, we found commentary about the need for a strong message against a "choice to drink" to be a central theme.

We found only one instance where consideration was given to possible pitfalls of this approach, in a short section on "law and ethics" in the document by the DHSC. Here, reference was made to how best to consider the relation between evidence and advice. The authors observed that messaging suggesting any and all alcohol consumption is "unsafe" and "…does create social and ethical challenges", and the text continues:

> …there is concern that a strong message raising awareness of the potential harms of alcohol consumption during pregnancy would mean some women may feel pressures to terminate a pregnancy even if the risks were extremely low.
>
> (2021, 39)

This concern with possible effects of eradicating all reference to "a choice to drink" (including where this is about "low levels" of alcohol) is left as an observation, however, effaced by all other commentary.

The more frequently occurring theme from the DHSC is that the CMO's decision to change advice was correct and the need for "consistency" is emphasized. "No alcohol during pregnancy" is described as the "correct advice", and "message inconsistency" is bemoaned. The authors of the DHSC document cite the results of a survey from the organization at the centre of the "UK FASD Community" (the National Organization for FASD [NOFASD]) showing too few people know the "correct answer" that "the safest approach is to drink no alcohol at all" (DHSC 2021, 9).

There is no other mention of drawbacks of the message "avoid alcohol". NICE's Quality Standard comprises five Statements, with the first two being about "the pregnant woman". The first, about "advice", explicitly connects uncertainty, risk minimization, abstention advocacy, and clear messaging:

> The UK Chief Medical Officers' low-risk drinking guidelines state that the safest approach is to avoid alcohol altogether to minimise risks to the baby. Midwives and other healthcare professionals should give women clear and consistent advice on avoiding alcohol throughout pregnancy.
>
> (NICE 2022, 5)

The GMCA's document goes furthest in negativizing the prior policy position of describing drinking "one or two units once or twice a week" as a risk-reducing choice:

> Conflicting professional advice over the years has led to mixed messages with many believing it is safe to drink one or two units of alcohol a week, with no harmful effects to a developing baby.
>
> (GMCA 2021, 26)

In this account, uncertainty regarding the relation between "low-level" drinking and fetal impairment is replaced with a clear assertion of "harmful effects to a developing baby".

A focus on abstinence is built into the design of PHE's policy document: its title, "Reducing the incidence of harms caused by alcohol in pregnancy" links "alcohol" and "harm" causally (PHE 2020, 7). "There is no safe time or safe amount of alcohol to drink during pregnancy", states the text, but PHE also reframes the scope of the message temporally to include *either side* of pregnancy:

> Reducing the incidence of harms caused by alcohol *before, during and after* pregnancy is a public health priority, and is vital to ensuring that all children are given the best possible start in life.
>
> (PHE 2020, 9, our emphasis)

In this way, the emphasis on "message consistency" focused on "no alcohol" appears connected to proposals for widened healthcare activity. PHE states services need to include "interventions" directed at "women *who are not pregnant*" [our emphasis] but are "using alcohol" and "not using effective contraception" and that there must be "services" for women who *are* pregnant [our emphasis], who are not "alcohol dependent" but who are not abstaining altogether from drinking alcohol (so are "continuing to drink"). The latter services are also to be provided to pregnant women's *partners* to encourage them to abstain (PHE 2020, 11).

There is not space here to discuss in detail the merging of FASD prevention with reproductive healthcare, but this is an important outcome with implications for understandings of autonomy in contraceptive provision. "FASD prevention should complement public health approaches to family planning and contraception", states the DHSC (2021, 19), and it is recommended that health professionals "raise the issue of contraception and family planning with *all women of childbearing age*, and make clear the links between alcohol, sexual activity and FASD" (DHSC 2021, 25, our emphasis).

Attention to FASD prevention as part of "planning for pregnancy" is also captured by the term "preconception health". In the foreword to PHE's document, the author situates abstinence advocacy as part of a general drive to "…increase action…from preconception through to 6 to 8 weeks postpartum" and "ensure every woman is fit for and during pregnancy and supported to give children the best start in life" (PHE 2020, 3). The terminology of "empowerment" is used to describe this movement within interaction between healthcare professionals and women:

> Empowering women to have greater control in planning for pregnancy is an important aspect of reducing the number of alcohol exposed pregnancies.
>
> (DHSC 2021, 25)

As others note, subsuming emphasis on women's autonomy in choosing and using contraception in favour of "empowering" women through the idea of "fitness for pregnancy" is an important development demanding interrogation of its assumptions and effects for women (Budds 2021; Lee and Arkell 2022).

"Information" and definitions of autonomy

As we have indicated, discussion of contest around justifications for advice to "avoid alcohol" was mostly absent from the policy texts and the phrase "the choice to drink" discredited by claims about the need for "consistency". In Ruhl's terms, choice has been socially conditioned in these texts as a harm that policy makers must *act against* through making it clear there is no choice to make. We now discuss the justifications and rationales for healthcare activities associated with this "post choice" framework, focusing on those about "information". We discuss three aspects of how information is presented in the documents and associated meanings given to the autonomy of pregnant women. As we show, "information" is discussed in different ways so to as to give weight to the need for professional management of pregnant women.

When autonomy is present: "enhancing" autonomy

As we later detail, there is almost no discussion in the documents about the relation between health professionals eliciting and recording information and the autonomy of pregnant women. The DHSC's text is the only one that mentions the word "autonomy" at all. This is in discussion about information, specifically what is referred to as the deficits of "merely providing information to an individual".

Only providing information, it is argued, is "not enough to engender a positive change in behaviour" since:

> …a person's freedom to make choices is often affected, constrained or 'determined' by a host of other social factors outside of their control. … In the context of alcohol-exposed pregnancies, this means considering issues such as an individual's perceptions of social norms around drinking, feelings of stress relief from drinking, and access to services that can reinforce key health messages.
>
> (DHSC 2021, 23)

The DHSC goes on to discuss how professional-led abstinence encouragement can be considered an example of an activity that does not therefore merely provide information, but instead aims "…to enhance the autonomy of an individual and increase the chance of an intervention bringing about a positive change in their life" (2021, 23).

In so far as autonomy is mentioned, it is then presented as the ability to reject "social norms" and instead accept and act on professional advice and embrace "intervention". Autonomy is expressed through attitudinal congruence with official conceptions of health, and its exercise contingent on the acceptance of interaction with professionals. Necessarily, drinking understood this way can never be an autonomous act or genuine choice, as it expresses "issues" unmediated by professionals, and neither can a woman be autonomous outside the context of an intervention. We now turn to discuss the more frequently occurring form of discussion of information, in which these same assumptions pertain, but without any explicit reference to autonomy (or, indeed, to connected terms such as consent).

Collecting, recording, and transferring information as professional responsibility

NICE's second Quality Standard is titled "Fetal alcohol exposure". It prescribes that "Pregnant women are asked about their alcohol use *throughout their pregnancy* and *this is recorded*" (2022 8, our emphasis). In the draft version of this document, the objective of collecting and recording this information was described this way:

> The timing, quantity and frequency of alcohol use should be recorded in maternity records and then transferred to the child's health records after birth.
>
> (NICE 2020, 7)

The text from the DHSC, published a year previously, similarly prescribed both recording and transfer of information elicited from the women; indeed, the DHSC suggested this transfer should be "ideally automatic", that is occur without notifying the mother:

> Where this [prenatal alcohol use] is recoded in maternity medical records, it should ideally be automatically transferred to the child's records to prevent information being lost. This is particularly important for the population of looked after children.
>
> (2021, 20–21)

We noted previously the disagreement and contest led by BPAS over this aspect of NICE's Quality Standards when the draft of them was consulted on. BPAS's efforts focused specifically on emphasizing the necessity of confidentiality of medical records as a component of patient autonomy. Under pressure, NICE accepted that health information cannot be transferred by a third party in this way without consent (Lee and Arkell 2022), and the major difference between the draft and final versions of the Quality Standards is the deletion of any reference to automatic transfer of information.

NICE's formulation of best practice otherwise contains no reference to the autonomy of a pregnant woman (that is, consideration of whether she wants to be asked about alcohol use and then have information she provides recorded). Recording information is presented as something that will simply occur with no reference to her authorization or consent. Indeed, the ubiquitous theme across the documents is the emphasis on professional responsibility for monitoring, collecting, and recording information, with an assumed need for the necessity of doing so.

PHE summarizes this professional imperative through stating "frontline professionals" should "…record alcohol intake throughout pregnancy, not just at booking appointment" and "make every contact count in terms of encouraging women abstain from alcohol use during pregnancy" (PHE 2020, 10). NICE's Quality Statement 2 is about ongoing discussion and recording in maternity notes throughout pregnancy. It specifies that health professionals should detail "the number and types of alcohol drinks consumed, as well as the pattern and frequency of drinking" (2022, 10).

The onus for increasing rates of abstinence is explicitly placed on health professionals through this approach to information. This is given priority over the woman and her self-surveillance, as she no longer has a choice to make but needs instead to provide information repeatedly to a professional as a key part of maintaining her abstinent behaviour. In this aspect of FASD policy, autonomy disappears as a consideration; the woman becomes less a "reproductive citizen" than a "managed pregnancy". This definition of the woman is clearer still in justifications of the need for more "accurate" information.

The unreliable woman and the problem of "accuracy": screening and the disregarding of consent

Throughout the documents, reference is made to the need to find ways of improving the collection of information about FAE/AEPs. Here too, no reference is made to autonomy. The project based in Greater Manchester is described as successful for making what it terms "alcohol screening" as a means to collect information "standard" and "routine" in its maternity services. Overcoming the perceived barrier of asking women whether they want to provide information is given positive connotations. "Routine alcohol screening" had been "successfully embedded at both Trusts [healthcare services in the geographical area concerned]", notes the document (GMCA/NHS Greater Manchester 2021, 5).

Use of the term "patient consent" might be expected in an evaluation of a practice described as "screening", with the idea of "consent" inherently connected to the necessary validation of patient autonomy. This term is, however, absent in the GMCA's document. Women's perception of and reactions to "screening" are discussed only through considering "underreporting" and deficiency in the extent of midwives' preparedness to act to address women's perceived lack of honesty or "underappreciation" of the problem of alcohol:

> Despite midwives demonstrating awareness that women commonly conceal their true alcohol intake from clinicians, they tended to accept maternal self-reports of abstinence and consequently opportunities for information giving were missed. Midwives observed that women frequently disclosed having drunk alcohol in the period prior to pregnancy recognition, but they tended to focus on reported drinking following pregnancy awareness. Participants appeared to under appreciate the significance of early pregnancy drinking as a risk factor for further alcohol exposure.
>
> (GMCA 2021, 20)

In line with this preoccupation with the unreliability of information provided by women, and their under-appreciation of the dangers of consuming alcohol before knowing they were pregnant, concern is with developing ways to assess for FAE/AEPs *independently of information a woman gives.* This theme appears in all documents, as they discuss evidence about which procedures might best allow for the most accuracy. This includes the DHSC highlighting the possibilities given by assessing "biomarkers", listed to include those obtained from imaging, meconium (a baby's first excrement), and cord blood, rather than relying on what a woman might say to a professional or report, for example, in a questionnaire:

> Research continues in understanding the range of 'biomarkers' that could identify alcohol use… these could play an increasingly important role in ascertaining the risk of alcohol exposure.
>
> (DHSC, 19–20)

"However, the DHSC notes, it is important to recognise that obtaining diagnostic data such as this carries ethical and potentially legal risks" (DHSC, 19–20). This is the only document to make any reference to these "risks", which are elaborated through the comment that "…neonatal screening programme are recognised as having a set of distinct ethical challenges" (2021, 38).

The DHSC, though, does not go any further; there is no elaboration of what these risks might be or reference to terms usually considered inherent to the ethics of screening programmes. "Consent" and "informed choice" are not discussed. There is no use of the term "patient autonomy" or consideration of who the patient is being taken to be (that is, the fetus, the baby, or the woman) and so who is supposed to be the beneficiary of this version of screening. PHE makes no reference to any downsides in the use of biomarkers. To the contrary, "effective service delivery" should "determine true prevalence rates through research into effective antenatal alcohol screening tools, blood biomarkers, meconium testing and so on", it argues (PHE 2020, 12).

Discussion and conclusions

A theme in previous critiques of policy about alcohol and pregnancy has been the framing of women as responsible for individual and social pathology, and so for improving child health, family life, and the wider state of society, through risk-averse behaviour. Does the new English policy framework for FASD conform to this characterization? We suggest it does but that there are important modifications, with implications for meanings ascribed to autonomy.

The theme of "moving on" from previous concepts in policy, particularly that of "choice", is strong, and the emphasis on "clarity" and "consistency" around the need for alcohol abstinence dominant. Having re-conditioned "the choice to drink" as illegitimate, behaviour change towards alcohol abstinence is not left as an outcome of self-surveillance. Rather, it becomes a measurable objective of healthcare activity. The woman as reproductive citizen is, consequently, given arguably less responsibility for increasing rates of abstinence than health professionals (especially midwives) who become reproductive citizen-managers.

There is no discussion in policy documents of wider changes to societal conditions or attention to larger determinants of health. There is, however, a conceptualization of the activity of healthcare provision in relation to an idea of autonomy. This is only developed by the DHSC, which presents autonomy as the ability to comply with professional understandings of health and presents professional activities that seek to increase compliance as autonomy-expanding. This is in line with wider concepts of health promotion activity as empowerment and with the more general devaluation of autonomy and choice within policy frameworks, including those associated with "nudging". Otherwise, in the documents, if their discussion of information is taken as the example, autonomy is an absent concept.

The scope of proposed professional action predicated on these definitions of choice and autonomy is perhaps the most notable finding of the analysis. The need for professional oversight and monitoring is implicit, assumed and prioritized particularly through discussion of the "inaccuracy" of information provided by women and their lack of awareness of the harms of abstinence before a pregnancy is confirmed. Proposals for use of biomarkers in "screening" without consent for their collection is striking, as is the advocacy of the expansion of monitoring activity by professionals, from preconception, across pregnancy, to beyond pregnancy. Presently, a critical response to advocacy of the sorts of practices is notable for its absence, with few exceptions (Zizzo and Racine 2017). Responses to practices described as "screening" that pay due attention to even "...cost, implication of false positives and false negatives" and the absence of "empirical evidence that such an initiative [universal screening] would result in substantial health benefits" (McLennan and Braunberger 2017, 181) are too few and far between. An important contribution for ongoing discussion is to insist questions of these sorts are taken seriously and developed further.

More broadly, there is a need to promote debate about models of health promotion in which the meaning of autonomy has been so substantively redefined. It may be argued that the compromising of the value of moral and bodily autonomy in pregnancy has tended historically to be allied with pronatalist tendencies and projected around denying women access to methods of pregnancy prevention. In the context of risk-averse parenting culture, however, impetus is also given to the monitoring, oversight, and control of pregnancies that may end in birth. Indeed, this aspect of the paradox of autonomy, in official encouragement of contraceptive use by "risky women", is one this chapter has engaged. Support for access to pregnancy prevention methods (contraception and abortion), as an outcome of an emphasis on precaution and the need to avoid risk, rather than by merit of validation of reproductive autonomy, raises important questions around the fundamental matter of the rights and freedoms of those women deemed "risky".

More generally still, the effects of the institutionalization of parenting before children, with its emphasis on precaution and the need to avoid risk as its normative value, may be playing a part in large social trends. Policies around alcohol and pregnancy form just one part of this thinking around "family planning". While well beyond the scope of discussion in this chapter, it is plausible that one effect of this thinking about family formation overall is a contribution to failing birth rates, as the demands of planning and continuing a pregnancy and what is normalized as part of expected behaviour and lifestyle increase. While those who champion precautionary thinking can only see benefits for individuals and society, others of us will do well to draw attention to the harms of approaches that degrade autonomy in the name of risk avoidance.

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9 Doing Good Parenthood in Early Childhood Education and Care

Allan Westerling

Introduction

This chapter contributes to the discussion on how parents become involved in early childhood education and care (ECEC). I study how the relevance of the perspectives of parents is negotiated in the collaboration between parents and ECEC professionals when framed by an institutional agenda focused on language development. Driven by national legislation and local policies designating specific tasks to families and ECEC institutions, the institutional agenda is related to children's early learning. Westerling and Juhl (2021) argue that the current focus on early learning potentially involves parents as instruments of institutional learning agendas, which in turn limits the forms of knowledge considered relevant in the collaboration between parents and professionals. Collaboration between families and ECEC centres is intended to contribute to children's development and well-being, but the instrumentalization of parents' role in ECEC potentially works against the aim of establishing a shared understanding of children. However, when exploring the daily collaborative practices in ECEC, it becomes evident that agendas other than the learning agenda also play an important role, which makes these practices complex. In this chapter, which explores how parents and professionals navigate the agendas of contemporary ECEC, I will show how navigating involves negotiating contradictory perspectives on children. I will demonstrate how the perspectives and experiences of parents may become relevant in the collaborations with professionals and how this involves the negotiation of good parenthood.

Alasuutari and Markström (2011) argue that conceptions of the child and childhood are constructed and negotiated at parent-teacher conferences. They understand these encounters as a setting in which knowledge about the social order of the institution, as well as about the child and child-adult relationship, is produced. The focus is on the child as an individual actor, yet the involvement of parents is central to the enactment of this conceptualization of the child. To some extent, parents are enrolled in the institutional order to support the child's autonomy, but this creates a tension since such institutionalization of parenthood may, in fact, limit parental autonomy. ECEC provides a framework for constructing a parent-teacher partnership by introducing the

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topics that the partnership is expected to concern in a more or less standardized way, yet this also introduces a tension since the partnership concerns individual children, and children are always unique (Alasuutari 2020). In this way, a tension exists regarding institutional standardization and the addressing of each child's individuality.

To understand parents' perspectives, I draw on the concept of family practices (Morgan 2011), which comprise activities and the active, everyday nature of parenting. I understand family practices as connected to other social practices unfolding in a complex contemporary society. Parenting is part of family practice. I use the term parenthood to focus on the interaction of parents with others, e.g., with ECEC professionals, other parents, stepparents, and grandparents. From this perspective, parenthood is seen as being accomplished collaboratively in and through social relations. Yet parenthood is always also part of a societal and historical setting, which means it includes not only the parents' activities (parenting) but also normative and cultural layers of meaning. Parenthood always involves actions (doings) but is also always constituted through social practices and cultural frameworks (Lind et al. 2016).

The case study in this chapter is a parent-teacher conference. It is part of an ethnographic research project conducted in Denmark exploring the negotiations between families and ECEC centres on the transition of children from nursery to kindergarten (Westerling et al. 2020). The analysis of how ECEC policies constitute a key condition for parenthood is relevant beyond the local context. Current Danish ECEC policies are an example of a transnational development in which early learning policies have been designed to support children's development and social well-being. The overall impression of contemporary early childhood and education globally is that diverse policies, practices, aims, and levels of accessibility exist. There is, nonetheless, an emphasis worldwide on expanding and improving overall regulation of the ECEC sector, which is the case when, for example, a curriculum or ECEC framework is adopted that "guides the practical implementation of caring and education" for young children (Phillipson, Harju-Luukkainen, and Garvis 2018, 242). Competing ideals are evident in these frameworks, but early learning is continuously emphasized and moved to the forefront of collaboration between parents and professionals (Phillipson et al. 2018). National traditions and structures must be considered to understand how transnational trends are translated and transformed into local practices (Dannesboe, Westerling, and Juhl 2021; Juhl 2018). Research shows that Nordic welfare policies are shifting toward a learning paradigm that emphasizes ECEC services as a social investment that promotes economic growth and prevents inequality (Einarsdottir et al. 2015; Karila 2012; Repo et al. 2020). Lundqvist and Ostner (2017), who study Swedish and German family policies, argue that ideas on supporting parents in rearing their children are converging and being articulated as a way to enhance good parenting. The authors identify this trend as being framed by child-centred social investment strategies that also translate into parenting support policies and that aim to re-institutionalize parenthood.

Such trends are reflected in the way a transnational learning agenda is transformed into various national ECEC policies: parents are always designated as central actors. The Danish case that I analyse is an example of how the involvement of parents in ECEC learning agendas contribute to the normative conditions for negotiating parenthood.

The institutionalization of childhood and parenthood

Like the other Nordic welfare states, Denmark is characterized by extensive partnerships between the state and families, with multiple provisions and institutions directed at central aspects of family life. Thus, the negotiations I analyse take place in a welfare state with a high degree of intricate institutional regulations, democratic ideals, and child-centred teaching that includes shared care arrangements across ECEC centres and families (Andenæs 2011; Einarsdottir and Wagner 2006).

Kampmann (2004), who analyses the historic evolution of Danish ECEC from the 1970s to the early 2000s, examines the institutionalization of childhood and identifies two phases that took place in the process. The first phase occurred in the 1970s with the expansion of public day-care, where young children less than 6 years of age spent a larger amount of time in public day-care, which was chiefly considered a supplement to the primary childrearing provided by the parents. The second phase began around the late 1980s, when socialization was also partly a public matter in the shared care arrangement. Young children were the object of a concerted pedagogical effort in professional settings, and the experiences and perspectives of children were important cornerstones in the evolving pedagogical traditions. ECEC centres were now considered independent from the family and making an important contribution to the development and well-being of children. Scholars argued that this development could be understood as dual socialization (Dencik 1989, Sommer 1998) and emphasized that the everyday lives of children comprise two distinct, but equally important, arenas in which children learn, experience, and develop. This line of thinking considers children as independent and individual actors who move across family contexts and institutional contexts. From the perspective of children, these contexts are connected; however, from the perspective of the adults, i.e., parents and ECEC professionals, family life and life at ECEC centres are separate and distinct. Parents and ECEC professionals only have partial insight into the contexts that children navigate, which generates the need for coordination and extensive collaboration (Kousholt 2011).

Kryger (2015) argues that the institutionalization of childhood entered a third phase in the 2000s, when the new Day Care Act in Denmark stipulated national objectives for ECEC. The act introduced an explicit focus on learning, which has since been strengthened through local policies. Thus, learning agendas intertwined with the Danish pedagogical traditions prioritizing a child-centred approach (Jensen 2009). This meant that parents became involved in institutional partnerships with ECEC professionals, positioning the child as a learner at the centre of the collaboration and the family home as a site for extended learning (Kryger 2015, 18). The most recent reform of the Day Care Act[1] specifies that ECEC professionals must support parents in developing a home learning environment. With the explicit policy focus on home learning, the third phase of the institutionalization of childhood also seems to institutionalize parental involvement. Schmidt (2017) argues that we are witnessing a state-driven responsibilization of parents and contends that the increased focus on early learning indicates a rising curricularization of family life that gives parents greater responsibility for their children's learning and for evaluating them according to policy objectives. This evolution shows that the third phase of the institutionalization of childhood also involves the institutionalization of parenthood.

Data and methods

The data I use is from a large ethnographic research project conducted in Denmark from 2016 to 2019 (Bach et al. 2020) and includes interviews with ECEC staff (including managers) and parents, participant observations in five ECEC centres, and audio and video recordings of interactions between children, children and professionals, and parents and professionals. Pseudonyms are used to ensure participant anonymity. The case that I analyse involves the transition of a child named Ahmed, age 3, from the nursery setting (0 to 3 years) to kindergarten (3 to 5 years) in the same ECEC centre. The analysis is primarily based on transcripts from a meeting between staff and parents regarding Ahmed's transition but also on field notes taken while observing everyday life of the ECEC centre. The aforementioned meeting included the staff giving Ahmed's father feedback on a language test that Ahmed had taken prior to the meeting.

Using a social psychological approach, I study the interaction that took place between ECEC staff and the parents during the meeting. I explore how the participants interpret and enact policy in everyday life. Emphasizing agency in the study of ECEC policies in practice also includes focusing on how various actors transform and enact policies through their actions. Highlighting agency entails an understanding of social practices as a complex nexus, where multiple ambiguous interests and demands contribute to the co-creation of policies in everyday life. This approach comprises analysing the structural conditions and the participants' activities, which is why studying everyday life using this approach includes the study of the actors and structure (Dannesboe, Westerling, and Juhl 2021; Sutton and Levinson 2001).

I understand discourse as "a whole range of different symbolic activities, including styles of dress, patterns of consumption, ways of moving as well as talking," emphasizing that "… people are, at the same time, both the products and the producers of discourse (…) the masters and slaves of language" (Edley 2001, 190–191). Social psychological discourse analysis centres on the resources that people use to make sense of and understand everyday life complexities. A key concept is interpretative repertoires, which can be understood as cultural frameworks of meaning that people draw on to make sense of the world and through which they become intelligible to their interlocutors and themselves (Wetherell and Edley 2014). This analysis involves identifying the positions made available and negotiated within these frameworks, in addition to examining the intertwining patterns of meaning that emerge through the interactions. Discourse analysis tends to focus on conversation and the positions that people communicate from "constructing an identity for the moment as part of the discursive flow" (Wetherell and Edley 2014, 359). However, positions are also negotiated via other resources besides conversation, for instance, body language, artifacts, and the use of space. The concept of position refers to locations within conversations and interactions, while positioning refers to the actions and activities used to assume negotiating positions.

The transition from nursery to kindergarten

Pedagogical efforts are designed to support the process of children transitioning from the nursery rooms in the ECEC centre attended by children aged 0 to 3 to the kindergarten rooms attended by children aged 3 to 5. This process involves planning and cooperation between the staff at the nursery and at the kindergarten. This was the case for Ahmed, whose transition spanned several weeks while he was slowly eased into the new setting, new routines, and unfamiliar faces. According to the staff, attending kindergarten requires much more independence and self-reliance than nursery, and living up to that was considered a challenge for Ahmed. The staff thought he was quiet, shy, and in need of a bit more comforting than the other children. For this reason, they chose to postpone Ahmed's transition for one month so it would coincide with that of a girl named Sophia, who he was friends with. The primary rationale behind this strategy was to smooth the transition from the nursery setting to the kindergarten setting.

Children must undergo a standardized language assessment at age 3, as stipulated by the local authorities. The assessment, which follows a fixed set of procedures and questions, asks children to identify pictures of words that the staff member administering the assessment says out loud. Hannah, who has had special training and courses on children's language development, facilitates the assessment. Hannah usually does this during a one-on-one session in a private room, with the child isolated from the other children. Ahmed, however, was reluctant to enter the room alone, and even though he finally did, he refused to answer any of Hannah's questions. He only agreed to participate when Sophia was allowed to join them. Even though this broke with the language assessment protocol, Hannah allowed Sophia to participate to be able to complete the assessment. With Sophia in the room, Ahmed answered some, but not all, of the questions. Sophia, who had previously taken the assessment alone, participated and answered some of the questions with and for Ahmed. After completing the procedure, Hannah scored Ahmed according to a standardized measure comprising three categories: no special effort needed, focused effort needed, and extra effort needed. According to Hannah, 85% of children are put in the first category and about 5% in the last one. Ahmed's score resulted in him being placed in the last category.

The structure of the meeting

As the transition date nears, nursery and kindergarten staff meet with the parents at the ECEC centre to discuss the transition process and the language test. Three professionals attended the meeting: Susan, a trained worker from the kindergarten; Maya, a trained nursery worker who is responsible for the transition; and Hannah, who oversaw the language assessment. Ahmed's father, Hamid, attended the meeting but Ahmed's mother did not since she was at work. The meeting with Hamid took place right after a similar meeting with Sophia's parents with the same staff, each lasting about 30 minutes.

Hannah was only present for the last 10 minutes of the meeting with Sophia's parents and the first 10 minutes of the meeting with Hamid. She stayed in the room between the meetings but did not attend the entirety of either meeting. This approach was taken to ensure the efficient allocation of her work hours to specialized tasks but placed additional emphasis on the language assessment. The meeting was not planned to accommodate Ahmed's mother's work schedule, thus positioning the parents as subordinate to the institutional agenda.

The order of the meetings affected how the language assessment was introduced and discussed. When Hannah entered the meeting with Sophia's parents, the staff had already talked at length about Sophia, including how they experienced her, what she needed to feel safe and secure, and her nap routines, meals, and general care. Sophia's mother had recently had a baby boy who was also present at the meeting and who became the focus of attention and discussion. This contrasts with the way the meeting with Ahmed's father unfolded. Hannah was there from the beginning, which meant the language assessment was the first item on the agenda and became the starting point for the interaction that took place at the meeting and solidified Hamid's position as a subordinate participant in a meeting the professionals had planned.

Ahmed's language skills

Hannah presented herself as the language pedagogue but also mentioned that she knew Ahmed from the nursery, which she occasionally visited. She explained that Ahmed's test results were in the lowest 5% of the cohort, indicating that a special effort was required to improve his language skills.

Hannah: His results mean that we must help Ahmed to become a better language user.
Hamid: Yes.
Hannah: And when I was with him, my impression was that he can do a lot more than what he's showing on this test.

Hamid: Yes.
Hannah: And this is also how I experience him when I'm at the nursery; he's much more skilled than this test shows.

This exchange positions Ahmed as an actor who must exert effort to acquire the skills he lacks but the extra effort can also be interpreted as what the adults must do to help Ahmed more. In this way, the introduction of the assessment and its results sets the agenda. Hannah described the test results as a fixed category but did not explain how the conditions for the assessment had deviated from the protocol. Hannah's remark that Ahmed was more skilled than the test showed undermined the impact of his results. The remainder of the discussion about Ahmed was framed by his lack of language skills and introduced an evaluative interpretative repertoire. Hannah's assumption about his abilities, however, put the test results into question. Use of the first-person plural pronoun "we" served to align the adults' perceptions and paved the way for the other staff, who are not trained in language assessment, to add to the discussion. For example, Maya opened by saying: "He's also starting to use full sentences when he's with us … we can feel that he's progressing," adding perspectives and experiences that did not solely refer to the test. Hannah and Hamid continued with the following exchange:

Hannah: Yes, he's experiencing huge development.
Hamid: All of a sudden, he's begun. He's begun speaking in full sentences.
Hannah: Yeah.
Hamid: Not just a few words, like before, right?
Hannah: Yeah.
Hamid: So … so, from now on, you will surely see that he's improving, right? … But before it was, like you say, only words, but now it's … uhhmm. … He's speaking normally, right?

Hamid made an effort to become part of the "we" who must help Ahmed develop his language skills, but he also spoke from a different position by telling Maya and Hannah, "You'll see." This put them in the position of having to provide approval while making Hamid and Ahmed the ones who must make an extra effort. Moreover, Hamid's use of evaluative phrases such as "he's speaking normally" means he adopted the same evaluative interpretative repertoire that supported the discussion of Ahmed as a child with a language deficit. In this way, he aligned himself with the premise presented by Hannah. i.e., that extra effort had to be exerted by (and with) Ahmed.

Ahmed and family practices

In the meeting, Hannah continued with detailed advice about how Ahmed's parents could interact with him in a way that "strengthens his language … how you can talk about what it is that you do when you go to the supermarket,

[and] get ready for supper or for bed." Hamid responded politely saying, "But we actually do all these things." Hannah asked if they also read books, and Hamid confirmed that they did. He did not exhibit any resentment regarding the questions or appear to interpret them as patronizing. When Hannah positioned Hamid and his wife as unaware of the library's existence, he simply accepted this position, but corrected Hannah:

Hamid: … we do. We read to [Ahmed's older brother]. Sometimes to both of them, you see.
Hannah: Have you tried to visit the library?
Hamid: Yes (…), yeah, we do borrow books, and so does his brother, from school. (…) So we do read, ehm, almost every night, you see.
Hannah: Aw, that's really good.

In this part of the conversation, Hamid accepted the focus on the development of Ahmed's language skills and also Hannah's position as an expert who was able to advise him on how to interact with Ahmed in family settings. Hamid also refers to the family's practices and Ahmed's older brother, who had attended the same ECEC centre but was now in primary school. The staff at the meeting remembered Ahmed's brother and they discussed how he had also been shy, like Ahmed. Hannah recalled that Ahmed's older brother's assessment scores were also low when he was 3, at which point Hamid proudly announced that he was doing very well in school. Maya continued: "I just think that it's his [Ahmed's] shyness that impairs his language … he just needs to feel safe, and we must not push him cause then he just clams up." At this point, the focus in the conversation shifted from language skills to feelings, which provided the opportunity for Hamid to share another perspective and interpretation of Ahmed's behaviour and demeanour. By referring to Ahmed's brother and the family context, Ahmed's relationships and family practices became part of the meeting, making shyness relevant when discussing language and changing the focus from Ahmed's language development deficiencies to his personality and his abilities.

Hamid: Perhaps it [Ahmed's shyness] is because we have no family [kin] here. (…) Well, I have no family here, nor does [Ahmed's mother], and Ahmed and his brother don't see many people. I mean, they don't see other family members, like their grandfathers.
Susan: No?
Hamid: Cousins, yes. No one gives them a hug … it's probably only me and his mother, you see. So he probably could use a bit more caring, you see?
Susan and Maya: Yes.
Hamid: Or love … from others too, right?
Susan: Don't you have friends or someone who sees him in that way?

Hamid: Yeah, but not the kind of friends who … who give him a hug [laughs].
Susan: No?
Hamid: We have some … there aren't any real friends here.

In this excerpt, Hamid turned the conversation, introducing an interpretative repertoire in which relationships – and the love and security that can be experienced in them – are relevant aspects for improving language skills. Moreover, Hamid revealed personal aspects of family life in an open and forthcoming manner, which enabled him to introduce additional layers and more complexities into the interpretation of Ahmed's language development.

Ahmed as a person

After this, the perspective and pace of the conversation shifted. Susan, Maya, and Hannah did not comment elaborately, but merely responded with "Yes" and "Ok," until Susan said:

Susan: I want to say, when I was a child, I was also very shy, and it wasn't because I didn't have any family or friends. (…) It's just different, how you are as a person.
Hamid: … because at home, Ahmed for instance, when he's at home, he's a totally different person than what you are talking about here, you see.
Susan: Yes.
Hamid: He fools around and shouts and uhm…
Hannah: That's lovely [laughs].
Hamid: [roars] and he like looks at you, "I want …"
Hannah: But I've also seen that here.
Hamid: [laughs]
Hannah: We also experience him, like, laughing and fooling around.

At this part of the meeting, Hamid was able to contribute to the conversation with experiences and perspectives expressing the complex and contradictory aspects of Ahmed as a person; he was shy and assertive, timid and wild, and he laughed and shouted but was also quiet. However, for Hamid to contribute with valid perspectives on Ahmed, he had to negotiate his initial position, which he did by accepting this position by referring to personal experiences and family practices. He was able to introduce an interpretative repertoire of family life, and by doing so, he assumed a position as someone who had relevant (and unique) experiences with Ahmed. He took on the position of a parent who could make interpretations of his child that were valid in the negotiation of which tasks had to be done and by whom. The professionals contributed to this positioning and supported Hamid's interpretation or volunteered personal narratives that further solidified Hamid's position.

Discussion

The language assessment mediates an understanding of language as something that must be learned and trained and the child as the one who must make this effort. The interpretative repertoire that is invoked constitutes an important framework in the collaboration between the parents and professionals and in the institutional order that is established. It is not the only framework that matters in the interaction, and there is no fixed pattern of interaction in the collaboration that automatically emerges because of the language assessment. However, the focus on language proficiency and learning prescribes positions for the adults as the ones who must support and facilitate the child's learning process. Evaluative interpretative repertoires become part of the collaboration and, thus, a feature of the negotiations on which tasks parents and professionals must take responsibility for. Through the language assessment, the institutional learning agenda becomes part of the conditions for doing parenthood.

The language assessment also emphasized the national origin of Ahmed and his parents. The transcripts I analysed make no reference to Ahmed's cultural heritage. In other parts of the meeting Hamid mentions that they also practice Danish at home, even though they mainly speak Arabic, but it never becomes a topic of discussion at the meeting. The Day Care Act,[2] however, focuses on the importance of Danish and thus constitutes implicit conditions for the meeting. The policy framework for the Day Care Act emphasizes that "democratic values (…) characterize Danish ECEC and contribute to integration in the Danish society. (…) This means that Danish is the main language in all ECEC centers, that children are introduced to Danish traditions, that children are included [in decisions] etc." (Ministry of Children and Education 2020, 8). In this way, the Danish language is seen as constitutive in the articulation of the institutional order of ECEC. So, while cultural heritage and the language spoken in the household of the children are not explicit topics at the meeting, the institutional framework means that language proficiency translates into *Danish* language proficiency, making the cultural background of the parents a relevant framework in the negotiation of good parenthood in this setting. Danish is implicitly considered part and parcel of democracy and democratic participation, prepositioning non-native Danes on the margin of the institutional order. The focus on Danish as the language that sustains democracy and integration prepositions parents such as Hamid, who have a different national and cultural background than Danish, as the Other. In some ECEC settings, this means that families are perceived as representatives of this category (other/non-Danes), which can be associated with something problematic, whose way of life, resources, or values do not fit with the institutional order of ECEC. Such perceptions of parents legitimize an intervention in the private sphere that would not be accepted by more powerful groups in society (Gulløv and Kampmann 2021).

Ahmed's parents also become subordinate to the institutional order in another way in that the meeting is scheduled to accommodate the professionals at the ECEC centre. The professionals decide on the topics for the meeting's agenda based on their assessment of what is important for Ahmed's transition. The discussion at the meeting placed considerably more emphasis on the language assessment relative to how much space it takes in the overall transition process. It also positioned the parents as recipients and the staff as those who must provide facts and knowledge regarding the child's assessment and readiness to transition. The agenda drove the design of the meeting and thus prepositioned what Ahmed's father was offered when entering the collaboration.

However, as the analysis shows, these frameworks are not simply just taken over and reproduced in social practice. The position afforded in the meeting was not one that Hamid passively took over. He did something: he actively negotiated. When the topic was what to do about Ahmed's language development, the negotiations involved how to understand Ahmed and what was important for him. The conceptualization of the child (Alasuutari and Markström 2011) was at stake. This meant that other positions became available. The complexity of situation grew and involved simultaneous negotiations of professional and parental identities in addition to negotiations on how children must be understood and met, i.e., negotiations on the pedagogical approach. Yet the reference point for the discussion was Ahmed, and the analysis showed how the position of the child and the positions that his father negotiated are intrinsically connected. The collaborative efforts of the participants not only made parental autonomy in the collaboration possible, it also contributed to a more complex and nuanced way of talking about Ahmed than the framework of the standardized language assessment allowed. Notably, this was a collaborative achievement that privileged Hamid's experiences with Ahmed in the family context but also involved how the professionals experienced Ahmed at the ECEC centre. This meant that the discussion included references to his personality and his resources not just the language deficiencies a test pointed out.

The analysis shows how the standardization that derived from introducing a focus on the child as belonging to a category (extra effort) was expanded when relational experiences with the child were introduced into the conversation. This was made possible when the parental perspective was made relevant in the conversation and when the father was able to refer to family practices. This negotiated the parental position as including more than just contributing to a learning agenda. The parent position also included experiences with the child from a family context, which became recognized and valued. The father was recognized as an interpreter of his child's perspective. His voice became one among others with whom he shared responsibility. The parental contribution at the meeting meant that the focus was adjusted to include a unique child rather than just as a language learner measured by abstract test categories.

Conclusion

This chapter has shown how parents straddle a dual position in ECEC since they are positioned as being responsible for supporting the institutional learning agenda in that they must do something with their child so that the child learns the necessary skills and acquires the skills that the ECEC curriculum deems relevant. At the same time, however, they are positioned as advocates for their child and as being responsible for their child's well-being and development, i.e., as the child's primary caretakers. This duality creates a tension in doing good parenthood. The analysis showed that the institutionalization of parenthood takes place through collaborative practices involving parents and professionals. A focus on children's early learning in these practices may standardize collaboration about the child according to abstract evaluative criteria and frameworks that marginalize the perspective of parents and their experiences with their child. The analysis also showed that when the perspectives of parents are treated as relevant when collaborating, they can contribute to a more nuanced understanding of the child. When this occurs, the child as a unique person becomes the focus of the collaboration, and the standardized criteria and abstract measurements of learning recede into the background. Approaching the child as an individual – as a person with all the paradoxes and complexities this entails – enables a shared understanding of the tasks and responsibilities involved in the care and education of the child. In this way, parental autonomy in the collaboration between ECEC centres and families contributes to the overall aim of ECEC policies, namely sustaining the well-being, development, and learning of the child. Doing good parenthood in ECEC means exercising this autonomy without disrupting the institutional order.

Notes

1 https://www.retsinformation.dk/eli/lta/2020/2 (accessed on June 16, 2020).
2 https://www.retsinformation.dk/eli/lta/2018/1633

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10 How Education Demands Autonomy on the Part of Pupils

A Sociological Approach to a Paradox

Héloïse Durler

Introduction

"Keep calm and put autonomy first": such was the advice given to parents by the French minister of education, Mr. Jean-Michel Blanquer, when schools were closed in many countries due to the COVID-19 pandemic in the spring of 2020.[1] Delivered in an exceptional context for both teachers and parents, the speech was a reminder that autonomy is now a central reference: "Everything is happening as if the idea of autonomy were now so paramount and such a high structural stake that all education can, by one means or another, be linked to it" (Glasman 2016, 9). Indeed, autonomy often appears as a remedy for many of the school's "ills", be it academic failure, dropping out, lack of motivation, dealing with student heterogeneity in classes, the problems related to distance learning, and so on and so forth.

Although it is positioned as a key value of contemporary educational standards (Darmon 2016), we must acknowledge the fact that the notion of autonomy remains somewhat vague: What exactly is meant by pupil autonomy? Through what sort of practices can it be promoted? How can we concretely "put our child's autonomy first" in practical terms? And, more generally, what does the injunction to be autonomous reveal about the contemporary school system, its norms, and its practices?

Our chapter seeks to address these questions by highlighting a series of paradoxes that pervade the school injunction to autonomy. First, at a normative level, if, etymologically, autonomy means freely obeying a self-imposed (*auto*) rule (*nomos*), is it not contradictory to instruct pupils to behave according to their own will? Indeed, the imperative "be autonomous" addressed by the teacher to the pupil seems at least as paradoxical as the expression: "at my command, disobey". Secondly, from a pedagogical point of view, wouldn't we be preventing ourselves from helping students by encouraging their autonomy precisely when they find themselves in difficulty? Finally, at a political level, how does the injunction to autonomy fit in with the inclusive agenda currently adopted by our education systems? What are the consequences of this injunction when it targets pupils with so-called "special educational needs" or disabilities?

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To investigate these paradoxes, I have drawn on several field sites, in particular from two ethnographic studies. The first one was carried out in Year 2 and 3 classrooms in an elementary school in Geneva, Switzerland, between 2006 and 2008 as part of a doctoral research project (Durler 2015). The second was conducted between 2018 and 2019 in a secondary school located in a rural area in French-speaking Switzerland. It was part of a larger research project investigating "socialization for autonomy" in compulsory secondary schools.[2] Research conducted in private Montessori schools (Leroy, Dubois, and Durler 2021) is also mobilized, as well as a survey conducted among parents of primary school pupils in the French-speaking part of Switzerland during the period when schools were closed in the spring of 2020 (Conus and Durler 2021, 2022). The case studies presented here thus involve children between the ages of 5 and 14.

This chapter is divided into three parts, each of which highlights a specific aspect of the autonomy injunction in schools. The first part shows that it corresponds to the rise in legitimacy of a socialization in which the modalities of exercising constraint must be softer and more diffuse. The second part further explores the specificity of this mode of socialization, authorizing certain practices, while prohibiting others. The injunction to autonomy places a greater part of schoolwork under the responsibility of the pupils. It requires them to call upon resources seen as "personal" or "natural". As we shall see, this "essentialization" of the resources needed for autonomy prevents teachers from thinking about how they might work towards developing them in the classroom. The third and last part will focus on pupils encountering certain difficulties in school, who are sometimes labelled as pupils with "special educational needs". Broadening the argument on the injunction to autonomy, it will show how, in a context in which education systems are being transformed to become more "inclusive", autonomy tends to become a criterion for classifying pupils, with both subjective and objective consequences.

"Be autonomous": a paradoxical demand?

If autonomy is so attractive, it is because we associate it with the notions of freedom or individual emancipation and because it is thus in tune with the contemporary modalities of "work done on others" (Dubet 2002), which privileges both consent and taking into account the individual with his or her specificities as well as his or her personal initiative. However, as shown in the works of Bernard Lahire (2013), Alain Ehrenberg (2005), and Nobert Elias (1981) before them, we must remember that just because things seem more "personal" does not mean they are less social. We argue that the emphasis on pupil autonomy does not signal a weakening of social constraints, a crisis, or a decline of the school institution, but on the contrary, reveals the increased weight of the school system upon individual destinies.

In this perspective, the research conducted on "school form" (Gasparini 2000; Vincent 1980; Vincent, Lahire, and Thin 1994) makes it possible to link the value placed upon autonomy to the modalities of school socialization – in other words to the way in which the school, as a locus of socialization, helps to shape individuals. The concept of school form refers to the slow emergence, from the 16th century onwards, of a specific form of socialization characterized by "the constitution of a distinct childhood world (with a clear-cut division of tasks between teachers and pupils), the importance of rules in learning, the rational organisation of time (and space), the multiplication and repetition of tasks having no function other than that of learning and conforming to rules" (Vincent et al. 1994, 26, my translation). This approach is particularly useful to grasp the pedagogical transformations that have increasingly privileged the reasoning skills and self-discipline of pupils over the centuries, while keeping intact the main characteristics of the school form. This perspective, therefore, leads us to analyse "autonomy" and "institution" together and to consider autonomy as a central component of the school socialization process, in which the autonomous pupil becomes, in a way, the "ideal" pupil or the "ideal client", to resort to the expression used by Howard Becker in a now-dated article on teacher-pupil relations (1952). Becker's concept of the ideal pupil refers to the teacher's spontaneous set of expectations defining adequate pupil behaviour:

> The major problems of workers in the service occupations are likely to be a function of their relationship to their clients or customers, those for whom the occupational service is performed. Members of such occupations typically have some image of the 'ideal' client, and it is in terms of this fiction that they fashion their conceptions of how their work ought to be performed, and their actual work techniques. To the degree that actual clients approximate this ideal the worker will have no 'client problem'.
>
> (Becker 1952, 451)

The observation sessions conducted in classrooms (Durler 2015) show – not surprisingly – that not all pupils match the ideal profile of the autonomous pupil: some do not engage in learning in the expected way, do not organize their schoolwork, do not feel responsible for their actions, do not show interest in school activities. These pupils are often referred to by teachers as "lacking autonomy" and described as "unable to do anything on their own", "unable to concentrate", "unaware of their difficulties", "not participating in class".

Thus, promoting pupil autonomy as a norm produces specific forms of deviance when the behaviour of pupils strays away from expectations. In this normative context, the "problems" teachers are faced with are conceived less in terms of disobedience or lack of discipline than in terms of lack of interest in school (Cattonar 2006) or lack of pupil motivation. Although they were expressed more or less forcefully, the complaints voiced by teachers indicate that what is expected of pupils is, above all, a "commitment" to schoolwork, an "interest" for it, and a "motivation", all attitudes closely linked to the school system's definition of autonomy.

Thus, the injunction to be autonomous is paradoxical only insofar as it is considered synonymous with "freedom". If we consider that autonomy corresponds to an internalized form of school constraint – a constraint that the teacher no longer needs to exert directly, since the pupil performs it himself or herself – then the paradox vanishes: the injunction to autonomy is nothing more than an injunction to respect the school's expectations.

Autonomy, a paradoxical pedagogical response to school difficulties

Where the paradox emerges is at the pedagogical level. As we shall see, while it is presented as a means of encouraging pupils' learning, particularly that of the most disadvantaged pupils, it can sometimes achieve the very opposite. In fact, the implementation of pedagogical measures favouring pupil autonomy is characterized by good intentions. In the course of discussions with teachers, two arguments are frequently put forward as important: providing pupils with learning conditions that are conducive to their academic success and contributing to their education as future "citizens". However, close observations of classroom practices indicate that the promotion of autonomy may be a paradoxical response to students' difficulties, for at least three reasons. First, expectations of autonomy are accompanied by increased responsibility on pupils' shoulders, shifting the burden "onto the client" and requiring them to apply complex skills. Second, autonomy pedagogies contain conceptions of learning and power relations that, to some extent, prevent teachers from providing support to struggling pupils. They want to avoid being too "framing" or "constraining", as they feel this would hamper the autonomy of their pupils. Third, this situation encourages the outsourcing to the family of the construction of the skills necessary for schoolwork, with the increased risk of stigmatizing families who cannot afford to respond adequately to the demands of the school.

Shifting the burden onto the client

In the French public system, the school system reiterated and expanded its injunction to autonomy (Rayou and Derouet 2000) mainly via the 1989 orientation law, which placed the pupil "at the centre" of the educational system. In Switzerland, the principle appeared in various cantonal school reforms, also at that time (the 1990s).

"Putting the pupil at the centre" involves making him or her bear a greater share of the responsibility for his or her work. Generally speaking, the tendency to make the "client" shoulder part of the work (as a consumer, user, beneficiary, patient, etc.) is a cross-cutting development in the organization of labour (Dujarier 2008; Tiffon 2013), which has made great headway in the commercial world but received precious little attention in the world of education (Losego and Durler 2019). We are, of course, familiar with the famous

Swedish furniture company whose customers have to put together their own shelves, but we can also think of supermarkets in which customers complete self-checkouts, for example.

In schools, this trend is reflected in the way work is organized in the classroom and in teaching aids, such as the widespread use of worksheets and study plans. Such devices constitute the material form of the concept of autonomy demanded of pupils, who are not only expected to work on their own but also to organize their work ahead of time, to plan and manage it (Durler 2018). The reinforcement of pupil autonomy is also accompanied by an increased demand for accountability: pupils must provide an assessment of the work they have done, which can be achieved in different ways. This may consist, for example, in noting down the number of index cards completed, the workshops they attended, the skills they master, the objectives they achieved, etc. They may also be asked to explain if it was difficult or easy, if they experienced pleasure or displeasure while carrying out the tasks, or to analyse the errors they made and learn to position themselves in relation to the work requested.

Thus, in order to take responsibility for this independent work, pupils must draw upon cognitive resources. For example, to sort out graphs or index cards, students must rely upon literacy skills involving a certain level of complexity, such as knowing how to read the written elements of an index card in the "right" order, grasping marks, situating themselves on a continuum or a scale, and retracing the stages of a line of thought (Bonnéry 2015; Joigneaux 2015). Such a process requires on the part of pupils the ability to establish a specific relationship to the self and to one's experience, a process in which they are considered "full-fledged interlocutors" endowed with the possibility of giving their opinion and of making choices. They then have to be willing to "talk about themselves", which we know is neither a universal nor a natural capacity (Longchamp 2014). Thus, new forms of regulation of individual practices appear alongside the promotion of pupil autonomy, the former requiring pupils to have specific dispositions on the cognitive and behavioural levels.

Preventing teachers from providing support

At the same time, we observe that teachers tend to overlook those dispositions making for pupil autonomy; this prevents educators from dealing with them in class. There are two possible explanations for this relative blindness.

First of all, those skills are partly considered prerequisites rather than learning objectives. Considered as "obvious" or "self-evident", they are expected of pupils more than actually constructed by teaching and educational activities. They are based on an unspoken law that spells out as follows: "They who enter school shall carry within them the dispositions necessary to act and think in the manner expected at school" (Lahire 2005, 346, my translation), which is not without consequences in terms of school inequalities. In this respect, research has long emphasized the risks associated with the socially implicit consequences of "invisible pedagogies" (Bernstein 2007; Durler 2015;

Joigneaux 2014; Lahire 2005; Périer 2014). Closer to the forms of socialization experienced by middle- and upper-class children than those of working-class children, they can consequently prevent the latter from perceiving the expectations of the school system when what is expected remains implicit. Children from middle and upper classes have more opportunities within their family environment to master the skills enabling them to be autonomous in the school sense of the term (i.e., to carry out their work by managing it themselves, by remaining concentrated, by organizing themselves, but also by expressing themselves correctly, or even by initiating certain actions, for example). The middle and upper classes, especially when they are endowed with educational and cultural capital, pass on those dispositions to their children in a more sustained way through daily interactions, but also through deliberate efforts to transmit skills that are empowering in school, as shown by the work of Sandrine Garcia (2018) on the family construction of academic dispositions, in particular the "readiness to make efforts", which are essential for schoolwork.

Secondly, the relationship to knowledge and power privileged in autonomously done schoolwork may lead the teacher to refrain from adopting certain practices that could counteract the effect of social inequalities in relation to school learning. In fact, the supervision of schoolwork may be modified when the teacher considers that, in order to encourage pupils' autonomy, he or she must avoid giving details considered to be "down-to-earth" or refrain from working on certain skills because he or she perceives such training as "drilling" or even because he or she considers that these learning methods are too "mechanical" or repetitive (akin to assembly-line work). Some school tasks involving the child's understanding, imagination, and creativity, for example, are indeed considered to be more "noble" than others (Garcia 2013; Morel 2014). Moreover, direct coercion and the vertical imposition of rules and knowledge are ideally to be banished. Consequently, when teachers resort to explicit forms of coercion, they most often do it with a "bad conscience", a sign that these practices are associated with the "dirty work" (Hughes 1996), whereas the "real work" (Bidet 2011) lies elsewhere. Thus, the injunction directed at pupils to work autonomously is accompanied by practices that lead to presupposing pupils' autonomy rather than reflecting on the conditions of its elaboration. Part of the schoolwork which is seen as less "legitimate" in terms of the normative expectations of autonomy is outsourced, particularly to the family, and this is likely to contribute to the widening of inequalities in academic success.

Outsourcing toward the family the skills necessary for school work

The promotion of autonomy is part of a context in which schools are called upon to collaborate more and more with parents. Since the 1990s, policies of partnership with families (Maubant and Leclerc 2008) have been developed, based on the idea that the latter must carry out part of the education, participate in the construction of a project, and are increasingly responsible for the work, success, and educational destiny of the pupils (Changkakoti and Akkari 2008). If, as Pierre Périer points out, schools now "need" parents to prevent school failure (2005, 40), we can add that autonomy-based pedagogical schemes reinforce this trend.

To understand this, we need to go back to the specific features of independent work and the learning principles that are deemed important: certain tasks are perceived as more noble or more interesting than others. Those involving understanding, discovering, or stimulating the child's curiosity are favoured over others, for example, those with a repetitive dimension or those involving learning by rote; in a nutshell, tasks perceived as "menial". Consequently, in this context, part of the "dirty work" of building up the skills necessary for schoolwork is often delegated outside the classroom to parents and to various specialists (psychologists, speech therapists, etc.).

Teachers are then led to steer parental practices in a certain direction (Durler 2019) in order to transform parents into "pedagogical auxiliaries", to borrow an expression from Daniel Thin (2009). All sorts of instructions are given to parents regarding monitoring schoolwork, homework, and learning to read. Precise instructions are given on the types of exercises to be done, on the necessity to carry out tasks regularly, or on the way to supervise homework.

The logic of such demands is understandable: to ensure that all parents adopt the schoolwork support practices common to the middle and upper classes, which are known to have a positive effect on academic success. However, it is doubtful that these demands will be met, especially when family resources are financially and culturally limited.

The annoyance of teachers, their complaints about parents who do not invest enough time and energy into monitoring their children's schooling, who "give up", etc., are negative expressions enabling us to understand the following: on the one hand, the partnership between the school and parents is fundamentally unbalanced (Delay 2013; Périer 2019), but also, on the other hand, such participation of the parents is considered normal, and even indispensable, in the child's schooling. Teachers thus express a conception according to which the school cannot be "its own solution" when pupils encounter difficulties (Kakpo and Dabestani 2019). This outsourcing of part of the pedagogical work produces inequalities among families who are differently equipped to participate in this partnership (Delay 2013; Périer 2019) and to carry out such work. It also has consequences on the work of teachers, since it implies the education of parents by teachers in a more or less informal manner (Durler 2015; Van Zanten 2012).

The lockdown period with the closing of schools and the shifting of responsibility for all schoolwork onto the families during the 2020 pandemic of COVID-19 has revealed the extent of such tendencies: the "incontrovertible evidence", to use Bonnéry and Douat's (2020) terms, of pedagogical continuity can also be interpreted in terms of this "normal" externalization of part of schoolwork, even outside periods of crisis (Conus and Durler 2021, 2022).

Autonomy as a condition for inclusion

The injunction to autonomy must also be re-examined in the context of recent transformations in education systems, in particular at a time when the schooling of pupils with disabilities or so-called “special educational needs” in an ordinary school environment is now becoming a principle in France as in other European countries. The notion of “inclusion” has held sway in international organizations since the mid-1990s and has been at the heart of school reforms in several countries for more than 15 years, while laws are being passed that make unconditional the right of disabled children to be enrolled in the school closest to their home. Breaking with the logic of “integration”, which requires the disabled child to conform to the expectations of the school system, the logic of “inclusion” promotes instead a form of adaptation (pedagogical, material, etc.) of the school to the pupils’ “special educational needs”.

As Nicolas Marquis (2015) pointed out, legislation promoting inclusion is passed in a context of “autonomy as a condition” (Ehrenberg 2010), reflecting a society which considers that each person, regardless of their age or characteristics, should be able to behave independently, if given the means to do so. The role of public action is not to make citizens happy, and even less to define their happiness, but to reinforce the power of each over his or her own life. It is not meant to make individuals equal, but to give each equal chances to accomplish their own life project. It is not a question of acting directly on the individual, but of giving them the tools to act for themselves, to make them responsible by “activating” them (Astier 2007).

In this context, studies tend to show that autonomy becomes a condition for inclusion in school. Autonomy is mobilized as a category of pupils’ evaluation and is used to direct them, if necessary, towards separate establishments. In France, Hugo Dupont studied the effects of various policies for the inclusion of disabled children in regular schools and the gradual closing of specialized institutions in the medical-educational sector. He shows that, in the process of orienting pupils to specialized institutions, “behaviour, concentration, autonomy and sociability are scrutinised and become the criteria used to assess the legitimacy of the pupil’s presence, […] while learning capabilities come next” (Dupont 2021, 134). In Germany, Thorsten Merl shows that in secondary school classes aiming to be “inclusive”, the criterion of autonomy is also central to distinguish students considered “subject(s) capable of acting autonomously” (Merl 2019a, 2019b) from those who are considered “insufficiently able” to act autonomously. His observations reveal that in an inclusive context, it is the norm of autonomy that contributes to producing deviant students (Merl 2021). In Switzerland, Laurent Bovey (2022) conducted research interested in the work of special education teachers in charge of students designated as having special educational needs. He shows that the same criteria used to designate pupils in need of special education attention (autonomy, concentration, behaviour, etc.) are used to identify potential “candidates” for reintegration into a regular classroom. He describes how special education teachers, concretely integrating autonomy as a criterion for reorienting children to regular classes, seek to prepare them so that they correspond, at least in appearance, to the expectations of autonomy. The following extract from Bovey's observation journal illustrates the situation of a pupil, Sylvain, who had just learned that he was eligible for a try-out period in another special class with a higher level. His teacher, Ms. Wicht, then made a comparison between Sylvain and his peers, which sheds light on what is expected of pupils bound for a more integrative system.

> The special needs teacher, Ms. Wicht, indicates that she is more or less tolerant with the students. By way of comparison, she shows me another student, Celil, and explains to me: "He is hyperactive and cannot control himself, it is a miracle that he should stay put now, in a moment he might be crawling on the floor. I can't punish Celil like him all the time because he has no self-control whereas I have to be much more demanding with Sylvain because he's going on a try-out placement in another class soon." [Excerpt from Bovey's observation journal].

Laurent Bovey identifies this preparation work as "make-up" work (as one would "make-up" a stolen car) or deception, aimed at fabricating a "façade" of autonomy meant to ensure that pupils keep quiet when they are reintegrated into regular classrooms and do not disrupt them (Bovey 2024).

The schemes designed for "work on the self" (Giuliani 2020) thus become central in the way pupils with academic difficulties are supported. The aim of such measures is to produce a "reflexive" student, able to "work on him or herself" in order to develop strategies enabling them to take school tests, as shown by the work on "school coaching" (Oller 2020), an emerging form of schooling support, or those on professional integration and support measures for people with few or no skills (Denecheau, Houdeville and Mazaud 2015; Houdeville and Mazaud 2015).

During the various surveys I conducted, it was through the observation of daily teacher-student interactions that I was able to highlight the teachers' willingness to engage pupils, sometimes through what I have called "sermons on autonomy" (Durler 2015, 89–90), to produce a "self-narrative" and exercise their reflective capacities to articulate the different dimensions of their experience. Teachers' speeches aim to "re-mobilize" pupils, to encourage them to "make the right decisions", so that they do not waste their "potential":

> The teacher, Elisabeth, summons three pupils (aged 8-9) to her desk and tells them in a reproachful tone: "You're letting yourselves go completely, there. You have to get a grip! You must each know what you have to work on. You have to ask yourselves where you still need to train (…) You have to get your act together. [Excerpt from Durler's observation journal].

This work on the self can be related to the "emotional work" studied by Hochschild (2003, 2017, see also Gullov in this volume). It is characterized by encouraging students to talk about themselves and to "put into words" what they think and feel, sometimes with specific tools and in a didactic way (with paintings, drawings, stories). It also aims to internalize the unequal legitimacy granted to emotions in a school context: the idea is to avoid giving way to negative emotions (anger, violence), to demonstrate patience and concentration in the progressive achievement of desirable didactic activities (Leroy et al. 2021), and even to derive pleasure from them (Darmon 2008, 2013). There is therefore no reason to oppose the search for autonomy and early performance (Leroy 2020) to the expression of emotions. At a time when expressive objectives are increasingly present in schools (Legavre 2022), the identification of new forms of "emotional deviance" (Hochschild 2003), focusing on the difference between individuals who manage to "overcome their nature" and "those who do not know how to control it" (Bourdieu 1989, 154), or looking at how "emotional capital" is constructed (Reay 2000) within these teaching and educational schemes based on the "work on the self" paradigm, are all promising avenues for research.

In all cases, it is remarkable that the contemporary school and its inclusive aims, far from overcoming the contradictions inherent in the injunction to autonomy at school, seem, on the contrary, to reinforce them. The principles guiding the recent transformations of education systems – such as the increased attention paid to the individual pupil and the diversity of his or her "needs", or the promotion of the school-family partnership based on the activation of parents (most often mothers) in case of difficulties – contribute to maintaining, or even reinforcing, the idea of an autonomy that is "already there", inherent in the pupils, which should be expressed, thanks to "sermons" or devices that allow them to "take charge" by increasing their motivation and their commitment. Today's emphasis on expressive techniques reflects both the increased demand to match (or at least to be able to publicly manifest signs of agreement between) intimacy and institutional expectations. By becoming an (implicit or explicit) criterion for selecting pupils, autonomy seems to gain its academic "credentials", eliminating any opposition between "autonomy" and "academic performance".

Conclusion

It is not my place as a sociologist to assert whether it is right and proper to promote autonomy in schools. Nevertheless, if the school aims to make pupils autonomous, it seems necessary to let go of the idea that autonomy is a quality deeply nestled in everyone, universal and accessible to anyone through individual efforts. In other words, it would mean abandoning, as Alain Ehrenberg argues, the "magic of self-foundation … in favour of a more prosaic reference: learning" (2005, 207). In the school context, autonomy includes in fact the ability to carry out by oneself the expected school tasks and is based on the mastery of specific knowledge and the possession of particular dispositions. Far from referring to absolute freedom for the pupil, autonomy implies learning and internalizing the norms, codes, knowledge, and even emotions expected in the school context.

Consequently, if the intention of school actors is to encourage autonomy for all pupils, it is essential to consider the social conditions of its construction and to consider the means (i.e., support, pedagogical processes, social interactions, forms of differentiation, etc.) by which the school institution can take responsibility for the construction of knowledge and dispositions allowing for the academic success of all.

In all cases, the school injunction to autonomy involves not only individual and subjective issues but also, and inseparably so, social and political ones. It raises questions that are still very much open and need to be explored: How does it affect individuals? What happens when the school tends to consider that pupils, as free and autonomous individuals, are responsible for their situation, their success, and their failure from a very young age, while the school does not provide those who need it most with the means of acquiring the necessary knowledge and know-how?

Notes

1 Interview broadcast on Radio Classique on March 19, 2022: http://video.lefigaro.fr/figaro/video/ne-pas-s-enerver-et-privilegier-l-autonomie-les-conseils-de-blanquer-pour-faire-classe-a-la-maison/6142775118001/, page viewed on December 12 2022.

2 Project *Führung zur Selbstführung. Eine ethnographische Studie zu schulischen Settings des selbständigen Lernens* (2017–2022) (SNF-100019_173035/1), supported by the SNF and the Universities of Teacher Education Bern and Vaud.

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Part IV

Diagnosing the Effects of Autonomy?

Transformations of Mental Health Suffering in Liberal-Individualistic Societies

11 Antidepressant Medication as Identity Construction

And So What?

Anders Petersen

Introduction

If "medicalization" means that a problem is defined in medical terms – mainly as a specific disorder or disease that is treated pharmacologically (Conrad 2000) – then the problem of depression qualifies as an almost exemplary case.[1] Indeed, in the past five decades, depression has predominantly been described as a disease to be treated with antidepressant medications (Petersen 2007); a tendency made all the more apparent by trends in the consumption of medicine. According to the latest figures, there has been a stabilization in the consumption of antidepressant medications in Denmark; at least if we add up the numbers in the period 2010–2013. In 2010, almost 463,000 people redeemed a prescription for an antidepressant drug (approximately 317,000 for a selective serotonin reuptake inhibitor [SSRI] medication), while that number was 462,000 in 2022 (268,000 for an SSRI).[2]

However, the figures from 1999 paint a different picture. In 1999, 238,000 individuals redeemed a prescription for an antidepressant (165,000 for SSRIs; medstat.dk). More specifically, the consumption of antidepressants increased from 1999 to 2013 by more than 200,000 users in general, more than 100,000 of whom were prescribed SSRI products, which are somewhat misleadingly referred to in Danish as *lykkepiller* – "happy pills". But how should we understand these numbers?

Some people focus on recent developments and perceive the waning consumption to be indicative of a slowdown in the tendency to treat depression, anxiety, obsessive-compulsive disorders, etc., with medicine (e.g., Videbech 2015). Others believe that we should instead be focusing on how consumption has since increased significantly (e.g., Gøtzsche 2015). Regardless of the interpretation to which you subscribe, the Danish figures indicate that we are still living in the "antidepressant era" (Healy 1997). When it comes to the treatment of depression, which is the focal point of this chapter, antidepressant drugs remain quite prevalent. The treatment with antidepressant medication still appears to be a very close match to what Allan V. Horwitz and Jerome

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Wakefield (2005) have termed “the depressive age”. But what has supported this development? In an article from 2005, Peter Conrad lists three different engines that have been driving the general medicalization trend, especially within the last two decades: biotechnology, consumers, and the care sector (Conrad 2005, 5). In relation to the chapter in hand, Conrad’s focus on consumer dynamics is interesting; for as I will show, the consumer approach to taking medication for depression is central when we try to understand the consumption of antidepressant medication in light of the fierce criticism of this form of treatment, which has existed ever since its introduction. I thus start the article by outlining this massive criticism (e.g., Frances 2013; Healy 2004), then gradually shift to possible explanations for why it has not torn the rug out from under the antidepressant depression treatment. Subsequently, based on an interview study of young people diagnosed with depression, I will focus on their approach to and perception of the antidepressant treatment. In that context, I will focus more specifically on their reactions to and perspectives on the importance of medicine in relation to their identity construction. I will then problematize the medicine as an identity supporter before finally presenting suggestions for new areas of research in light of the present analysis.

Antidepressant treatment

Criticism of the antidepressant treatment of depression has long been extensive and solid. When Peter Kramer published his 1993 bestseller, *Listening to Prozac*, which some read as a tribute to SSRI treatment, one particular turn of a phrase resonated with a broader audience: “better than well”. Some patients taking Prozac for their depression disorder simply felt “better than good”, Kramer reported. Although he also goes to great lengths in the book to problematize the medical treatment for depression, it is largely this statement – and its consequences – that dominate the perception of the book and which supported the extensive pharmaceutical treatment of depression that followed in its wake (Hewitt, Fraser and Berger 2000). Criticism of the treatment form quickly emerged. The year after Kramer’s book, Peter and Ginger Ross Breggin published a scathing critique of SSRIs and their use to treat depression (Breggin and Breggin 1995).

Talking Back to Prozac – a thinly veiled reference to Kramer’s book – focuses on a wide range of the dark sides of Prozac. Breggin and Breggin are particularly indignant with respect to how Prozac is marketed as a harmless product without side effects, while at the same time the manufacturer (Eli Lilly) and prescribing physicians are bombarded with lawsuits from users experiencing massive side effects; that Prozac is presented as a product that can put users in a better mood, while at the same time there are numerous examples of people on Prozac becoming emotionally disturbed, violent, and even suicidal; that Prozac supposedly had no negative long-term effects, the categorical determination of which strains credulity, given how the trial period with the product only lasted six weeks; and so on. All in all, the authors tear apart the credibility of Prozac and similar SSRI products as effective and harmless antidepressants that benefit those suffering from depression. Nevertheless, Prozac sales continue to skyrocket and, together with other SSRIs, it has become one of the best-selling prescription medicines in the United States and is achieving similar success in Europe, including Denmark.

Since the mid-1990s, the criticism of treatment with antidepressant medications has not been silenced; to the contrary. Numerous publications detailing the harmful effects of antidepressant medications have followed (see e.g. Healy 2004; Medawar and Hardon 2004; Whitaker 2014). In Denmark, Dr Peter Gøtzsche has been one of the most critical voices during his time as CEO of the Danish Cochrane Center (e.g. Gøtzsche 2013, 2015). In his very direct and polemic criticism of psychiatry and how it Favors and promotes antidepressant medications, Gøtzsche not only attacked the lack of effectiveness of the medications, he accused the pharmaceutical industry (in concert with psychiatry) of using mafia-like methods and being the direct cause of an extreme number of deaths. Antidepressants simply kill people, Gøtzsche claimed, for which reason he argued for a vast reduction in their use.

Despite this widespread criticism, the consumption of antidepressant medications remains high in Denmark – and the same can apparently also be said to apply to the other Scandinavian countries (Hagle 2015). As Gøtzsche is also aware, this is partly due to the power and influence of psychiatry, just as the pharmaceutical industry also has a hand in the game: it is skilled at keeping its products alive. But the medicalization of depressive disorders – and its continued validation as a legitimate and successful solution – also has a strong societal component.

Antidepressant treatment as the rule

To understand this, it makes sense to question the *meaning* behind antidepressant medication (Karp 1996, 78). The meaning of antidepressants can be understood on multiple levels: such as the meaning of the medicine's (alleged) range of effects, such as the meaning of the impact of the medicine from the user's perspective, and so on. But the meaning of antidepressants can also be understood in relation to the era in which the medicine is inscribing itself. By this I mean that the success of antidepressant medicine is not taking place in a temporal vacuum. Rather, success is reflected in time, which is why an attempt to determine its nature seems appropriate. For that purpose, I will use Zygmunt Bauman's (2000) description of "liquid modernity". The reason for using Bauman's analysis in particular (the following is taken from Brinkmann and Petersen 2015) is that it best helps to frame a central aspect of antidepressant medication in relation to depression; namely, the establishment of a sense of order.

As Bauman (1972, 315) has previously discussed, order requires selection. Something must be selected as a disorder before an order can be established that fits the given context. And the disordered is naturally the undesirable, which requires an attempt to return to order. In a fluid age, where life can appear ineffective in the clutches of depression, antidepressant medication can be perceived as a means to (re)establish a form of normative order. Such order can assume at least two forms. First, there is personal order. The purpose of the medicine, if you look at its promised impact, is precisely to help the depressed person out of their darkness, lift their spirits, and enable them to climb out of their dark hole. The medicine thus lifts the individual out of the disorder of depression. Second, medicine can be viewed in relation to the internalization of the greater social order. In that sense, medicine is embedded in contemporary ideas about the norms the individual should be able to live by – which ideals exist. In that sense, medicine can be interpreted as:

> An instrument individuals use to adjust their mood to cultural requirements rather than to experiment with the possibilities of the self. For the clinically depressed, it is a means of acquiring or re-establishing control over mood so that they can experience responses culturally deemed as appropriate. For those whose set point of mood does not meet cultural expectations, it is a way of adjusting the set point upwards.
>
> (Hewitt, Fraser and Berger 2000, 179)

From this perspective, medicine becomes both a personal crutch and an opportunity to honour the social expectations facing us in the present. Here, I am thinking in particular of the demand to be able to actively determine the direction of one's own existence and to act in relation to the ideal of the enterprising, adaptable, and flexible individual (Ehrenberg 2010, 378).

Overall, medicine is thus regarded as "little capsules of potentialities" (Trivelli 2014, 159), which pave the way for the individual's possible internalization of these socialization norms. From this perspective, the medicine may appear rather mechanical: the pills provide a technical solution to a problem that may not be uniquely technical. Is the medication simply to be understood as an expression of social control? And is this possibly an expression of the fact that we live in a time when, as French novelist Michel Houellebecq rather sarcastically put it, we deep down hope "that the solution to all problems—including psychological, sociological and more generally human—could be of a technical nature" (Houellebecq 2001, 299)?

Antidepressant treatment as a positive option

Houellebecq is certainly onto something. But this interpretation must be supplemented with what Conrad calls the changed status of consumers. He writes:

> In our current medical age, consumers have become increasingly vocal and active in their desire and demand for services. Individuals as consumers rather than patients help shape the scope, and sometimes the demand for, medical treatments for human problems.
>
> (Conrad 2005, 10)

As I understand it, Conrad points out that contemporary consumers have increasingly greater opportunities to influence the circumstances of their own suffering; for example, by means of medical treatment. In other words, consumers are not only subject to structural or institutional mechanisms of coercion (e.g., doctors' orders or social administration requirements), they are now much more active in their commitment to their own health situation – including the medications they consume. At the same time, it opens up the perspective that medication can be part of a "reflexive process of self-definition and identity construction" (Fee 2000, 75) and thus as a pragmatic solution to an unsustainable state of identity that can allow the individual to (re)conquer their place on the social scene.

Approaches to antidepressant treatment

In the spring of 2015, I interviewed eight young people (20 to 30 years of age), all of whom had been diagnosed with depression.[3] The interviews were intended, first and foremost, to provide a deeper understanding of how young people today deal with a depression diagnosis. Part of the interview, which was prepared according to the guidelines for a semi-structured interview (Brinkmann and Kvale 2015), was about the young people's feelings regarding medical treatment. In the eyes of all eight young people, their depression and their attachment to their diagnosis was an ongoing process. By this I mean that the young people drew a temporal dimension into their reactions to their own depression and diagnosis. There was nothing static about their condition, nor did they see themselves as trapped in the diagnosis. Although the disorder of the depression affected them badly and their future was not particularly bright, they were not powerless. This is not to say that they took their depression, let alone the diagnosis, lightly – because they certainly did not. And that is not to be confused with the fact that they unequivocally perceive the process as something positive – because they certainly did not do that either. Depression is a terrible disorder, and the depression diagnosis implies significant problems that cannot be solved in one fell swoop. But they felt as though they were not buckled in. The disorder brought on by their depression was not permanent. Things could change, and the medication was one of the reasons why.

The literature on the consumption of antidepressant medications points out how there are many symbolic meanings associated with taking it, and the decision to start treatment is rarely a simple matter of the patient blindly following the doctor's orders (e.g., Trivelli 2014). Rather, a broad repertoire of interpretive processes is initiated, involving questions about the relationship between illness and medication, the relationship to oneself and one's body, potential side effects, etc. American sociologist David A. Karp has argued that the consumption of antidepressant medication is something unique, as it concerns how people handle and attribute meaning to their emotional experiences. As he writes:

> If there is a question in patients' minds about the value of taking medications for such clearly physiological problems as epilepsy and diabetes,

> decisions about taking drugs for "emotional illnesses" are still more problematic.
>
> (Karp 1993, 338)

In Karp's view, the particularly problematic aspect of taking antidepressant medication thus arises in the relationship between emotional problems and medication; in short, in the uncertainty about the extent to which problematic feelings should be treated with medicine. The picture nevertheless appears to be more nuanced.

Pragmatic approach to antidepressant treatment

What is interesting in my research are the rather pragmatic attitudes towards medicine among young people. Only one in eight actively distanced themselves from medical treatment, whereas the remaining seven view the pills pragmatically: If they work, why not? The question in this context is what they work on. Pernille, a 23-year-old woman, voiced this rather precisely when I asked her how the medicine worked for her:

> I can feel that this foggy feeling – this sense of distraction – it's much less now. And I am more calm – physically. I was shaking a lot before. I've never shaken like that before – but I was shaking a lot in my hands and felt… and my pulse was racing all the time. That was one of the things they were a little worried about—the doctors. As though you were constantly on alert. Clearly, the body – something is wrong, and there are external danger signals that you feel all the time. So you're "on alert" all the time. At the same time, you're blurry and foggy, so it was just such a crazy combination. And it has helped – I can sleep better at night.

For Pernille, the medication acts as a lever that can lift her out of the haze, clears the fog from her mind and the veil from her eyes, stabilizes her body, and helps her to sleep better. "Not so bad", is my immediate reaction. If the medicine can be credited for this development, then it is hardly any wonder that Pernille takes it. The same can be said about Tove. When I asked her if the medicine was working, she immediately exclaimed:

> Yes, it did. Definitely. It was almost like part of yourself being given back again – without any explanation as to where the hell it came from. Because I was like, "'Happy pills' – are they just supposed to make me happy, or what?" What's that? It's something strange. "Happiness" is useless for me when I feel like this. Well, then, I could just kind of gradually, suddenly, be with people again – and could suddenly start to feel like I had a "self," or whatever you say. Felt that I had a sense of an identity again – was actually a person again, interacting with others, being something, something or other. So that sense of self – it gave it back to me pretty quickly.

Tove articulates this very plainly: she has no false hope that the pills will help to make her happy. In her own words, the pills gradually help her to find herself again and to be able to move relatively freely once again in the social space. They simply make it possible for her to interact with other people again – something that depression had otherwise deprived her of the ability to do. She uses the word "identity" as a conceptual framework for what the pills returned to her. Descriptions of how depression "pulls the identity rug out from under you" are not unusual. Matthew Ratcliffe (2015), one of the foremost phenomenological depression researchers of our time, regards this as one of the core consequences of depression.

Depression tears identity apart and renders it unclear to the point where you no longer know who you are. You become a stranger to yourself – you lose yourself (see also Karp 1996). In that light, it is hardly surprising that Tove feels a huge relief at getting her identity back and regaining her sense of self. And this must be taken quite literally. The ability to feel oneself – both psychologically and in a purely physical sense – disappeared as the depression took over. In Tove's case, the medicine helped her to regain some of what was lost. This obviously leaves Tove feeling satisfied with the effect of the pills, albeit she still has a critical opinion on them.

The same applies to Anna, a 22-year-old woman. Anna is aware of the distinction, just as she also realizes that the medicine plays an active role in relation to the life she wants to live. As she explains:

> I just have to do everything I can to get well as quickly as possible. Because I don't have time to be sick. I want to get back up to speed. So yeah, I just took everything I could get. I'm well aware that a lot of people choose not to—and I think it's smart to give it some extra thought. That you don't just pop anything and everything you find into your mouth [...] That's a given for me. And it's the same way with other diseases, I mean. If I have an ear infection, then obviously I have to have some penicillin. I mean – if the body can't recover on its own. Same with this – I might be able to get over it myself, but it's just going to take so much longer. So I know it's not healthy. And neither is penicillin in large quantities. But sometimes it's just good enough for a short period of time.

As Karp (1996, 98) has described, some people subscribe to the biomedical version of what depression is – a brain disorder – if they get a positive response from their antidepressant medication. And as he writes, totally adopting that perspective means that one stops questioning medicine as the ultimate solution to depression. This is not quite the case for Anna. She is aware of the pros and cons of the medicine, but nevertheless opts to accept it, as it proves to have a positive effect for her. For Anna, the decisive factor is the question of time, which she strongly emphasizes in her decisions regarding the medicine. In that sense, Anna is reflexively pragmatic in her use of antidepressant medication, which she strongly links to her own identity – an identity the primary characteristic of which she describes using the concept of activity: she must be active. She doesn't have time to be sick – inactive, passive, and stagnant.

Based on the above, one might get the idea that my informants perceive the medication as the "magic word" that makes depression disappear without further ado or any problems. That is not the case. To a greater or lesser extent, they are all aware of the limitations and problems associated with medicine.

Antidepressant treatment as a foundation of identity

In summary, the young people with whom I spoke can be said to display enormous reflexivity in their pragmatic dealings with their antidepressant medication. They do not appear to be "hostages" in a biomedical narrative about what depression is and how it should be treated. I actually believe that one can argue that my informants use the medicine as a pragmatic element in their personal identity narrative. Giddens (1996, 106) generally believes that contemporary society is built in such a manner that all individuals "colonize the future". The notion of being able to conquer new land, and thus the opportunity to leave some traces in the future, is, in Giddens's sense, a dominant characteristic in the present. He sees this as inextricably linked to what he refers to as self-identity, which he defines as follows:

> The existential question of self-identity is closely related to the fragile nature of the biography that the individual "creates" about herself. A person's identity should be found neither in behavior nor in the reactions of others – regardless of how important these are – but in the ability *to keep a particular narrative going.*
>
> (Giddens 1996, 70)

Anna and the other informants are determined to conquer the future. And the antidepressant medication can serve as the lubricant that can help her along. In that sense, the positive consequences of the medication clearly outweigh the potentially negative side effects, just as the efficacy of the medication overshadows the more moral and ethical issues associated with taking it. Time is the decisive factor. And time must be used to create a story about oneself and avoid getting stuck in the stagnant "swamp" (Pernille) in which depression keeps the informants stuck. The medicine helps them to rediscover themselves – to be served their identity anew. As they see it, it enables them to interact with others again in an appropriate manner (Tove). So why not take the medicine? They all grapple with the question without ending in endless praise of the antidepressant medication. On the contrary, they are extremely reflective regarding the fact that the medication is not the final solution to their depression, which is why it should also only be used in the most necessary cases.

Antidepressants as a problematic foundation for identity

One might be tempted to end the story here for a variety of reasons. The antidepressant medicine presents the young people with an opportunity to save themselves from the disorder that depression has created in them. The medication enables them to write their autobiography in positive terms instead of having to write a dull story about being thwarted by depression. It allows them to take responsibility for their own suffering, to which they respond appropriately in many ways to the expectations of society. In that light, it seems difficult to belittle their decisions and problematize or criticize their consumption of the medicine. French sociologist Alain Ehrenberg has noted something similar, going so far as to say it is very difficult to criticize the massive consumption of antidepressants in contemporary society – and that we can merely ascertain that it is taking place. Indeed, he actually expresses his understanding of the consumption of these medications. For as he says, Prozac (as a collective name for SSRI products) is the medicine that corresponds to the society in which we live. Therefore, you cannot "allow yourself to say that there is something wrong with taking Prozac" (Ehrenberg 2005, 27), unless you want certain individuals not to be able to follow the pace set by society.

And perhaps it is precisely on this background that we need to critically consider antidepressant medications: not in relation to the individuals who take the medicine, but rather in relation to the societal expectations to which the medicine represents a response. If we pursue that track, we must also deal more thoroughly with the correspondence between the consumption of antidepressant medications and how depression is becoming so much more widespread. Several have already done so by explaining that if the number of cases of depression has been increasing, it is simply because antidepressants are effective against the symptoms that are defining the depression disorder (Pignarre 2001, 71). As I see it, however, that explanation is incomplete.

The emergence of antidepressants, and not least the SSRIs, has undoubtedly had an almost revolutionary effect on the treatment and understanding of depression. Likewise, the SSRI pills have seriously shaken the conceptual understandings of healing, addiction, and medicine. The completely unique aspect of these preparations is not only that they have radically fewer side effects than other antidepressants, but that they are effective against all kinds of psychological disorders associated with depression (Ehrenberg 2000, 117). The consequence of the widespread use of the pills is that a common dynamic has arisen between the constant expansion of the depression concept and the impact of the pills (Ehrenberg and Lovell 2001, 18). As the symptoms of depression assume an increasingly polymorphic character, the perceived impact of these pills simply fills the void created by the lack of clarity (Ehrenberg 2000, 251). So as the symptom catalogue of depression is continuously developed, there is simply a continuous hunt for new and better antidepressants, and therefore also for new users (Dencker 2000, 7). New, perfected diagnoses require new, improved pharmacological treatment options: the impact of the new antidepressants is coordinated with the multifaceted symptom gallery of depression. But that perspective fails to account for how the pills also have a normative function in relation to the demands of contemporary socialization.

Liquid modernity (Bauman 2000) idealizes a certain type of individual, and thus a certain type of identity. The enterprising, adaptable, and flexible individual is the one worthy of recognition and is therefore hailed as the one worthy of aspiration. However, how the realization of this ideal is to be executed is unclear. In other words, the use of the claim comes without unambiguous instructions. Therefore, it hardly seems polemic to claim that the individual needs some kind of action technique upon which they can rely to realize themself. In that sense, one can talk about the need for a kind of "psychological GPS" capable of guiding the individual to the right destination of self-realization. In this connection, antidepressants can be regarded as exponents of an approach that can guide a misguided individual back to the right course of action (Sørensen 2002, 177).

For my informants, antidepressants can be seen as "disinhibitors" (*désinhibiteurs*) or simply "initiative pills" that eradicate individual passivity (Ehrenberg 2000, 215–223). Thus, the treatment with antidepressants fits the social demand for short-termism and constant activity that characterizes liquid modernity. More polemically, one could say that the cumbersome, hourly paid psychologist has been replaced by the quick and cheap solution offered by the pills. Because when depression becomes a stumbling block for the individual's ability to act, that obstacle must be removed as quickly as possible so that they can resume their self-realization project. In this way, there is reason to postulate that the areas impacted by the pills are based on contemporary normative demands for self-realization. They therefore serve as an agency for orientation regarding the normative action potentials that the individual is expected to be able to realize. In other words: SSRI antidepressants do *not* recruit the depressives, they respond to the self-realization demands that enable the recruitment of the depressives. When the nature of the demands burdens an increasing number of people to exhaustion, antidepressants are thus recruited as the "invigorating" disinhibitors that free the individual from the self-realization deficit of depression.

On the background of the analysis above, a significant question then also arises as to what medicine is more generally. As antidepressants play a normative role by causing the individual to become "uninhibited" and proactive, the boundary between what is perceived as medicine, narcotics, and performance-enhancing substances (doping) becomes blurred, just as the relationship between the normal and the pathological shifts. In other words, the relationship between the normal and the pathological appears to become diluted in the sense that what the pills are intended to impact and the expansion of the definition of depression become inextricably intermingled: the separation between the normal and the pathological simply becomes blurred (Ehrenberg 2000, 12).

The prerequisite for being able to talk about healing must be that the treatment, whether psychotherapeutic or medical, ceases and becomes redundant.

The problem, however, is that both the state of depression and the consumption of antidepressants tend to become chronic – or at least recurring – phenomena (Ehrenberg 1995, 148). When comparing antidepressants and penicillin, Anna not only establishes a biomedical interpretive framework for her depression, she also indicates how the antidepressant medication can meet your needs and in so doing alleviate the depression. Thus, she perceives the antidepressant medication as a recurring acquaintance that can come to assist her as a lifelong companion. In this light, one can no longer talk about *healing* in the strictest sense. Perhaps this is why terms such as "relief" and "quality of life" become the preferred nomenclature in the depression debate. Both concepts have the necessary sense of being something positive, and just as the concept of community has something pleasant about it (Bauman 2001, 1), so does the concept of quality of life in particular. A good quality of life is something worth aspiring to for everyone. Emphasizing the almost universal merit of the quality of life becomes a way in which the focus on the individual's self-realization is maintained despite the potential persistence of both the state of depression and the consumption of antidepressants. In this way, the medication is not an obstacle to the pursuit of self-realization, but rather a means to prevent poor quality of life. The tolerance for depression is extremely low in a culture based on the demand that one must be realizing oneself constantly. And this is where antidepressants are justified. They can effectively take care of the disorder, just as they can help to increase the individual's personal quality of life.

New perspectives

The central point of this chapter is that the use of antidepressant medications in conjunction with treatment for depression would benefit from being investigated among those actually taking the medication. I believe that the analysis of my empirical evidence contributes to an explanation of why antidepressant medications – despite fierce criticism – occupy so much space in the landscape of depression treatment. At the same time, the analysis contributes to an expanded understanding of medicalization; namely, that the process should not always be understood as an illegitimate colonization of areas that do not belong to medicine (Conrad 2007). If we are to take the word of my informants, the medication simply has a positive effect on their identity narrative. The medication enables a positive engagement with their identity construction and enables them to take care of their socialization needs and write a more active autobiography. In that light, it is hardly strange that the young people in my study take a pragmatic approach to their consumption of medication.

This does not imply that this perspective can stand alone. The criticism and questioning of the ongoing medicalization of depression must continue. In that context, we must in no way forget the type of criticism that, among others, Robert Whitaker (2014) presents. In the book I refer to, Whitaker does not deny that some patients benefit in the short term from psychotropic drugs. But he also points out, via an analysis of a large body of scientific literature, that the long-term effects of the medication are disturbing. He thus shows how patients who do not take antidepressant medication, for example, fare much better (socially, in the labor market, etc.) than those who are treated with antidepressants. This is a significant point of criticism. In the chapter, I have tried to contribute to this critique by pointing out something else, namely, how the consumption of antidepressant medication can be seen as a response to the societal demands that are helping to lay the foundation for the increasing prevalence of depression in contemporary society. From that perspective, the large consumption of antidepressant medications points to something that is setting the stage for the spread of depression.

Notes

1 A longer version of this text was first published in Danish: Petersen, Anders. 2017. "Antidepressiv medicin som identitetskonstruktion: And so what?" In: H. Bondevik, O. J. Madsen & K. N. Solbrække (eds.) Snart er vi alle pasienter. Medikalisering i Norden. Oslo: Spartacus. The editor thanks Spartacus for authorizing its reproduction and Annick Prieur for her help. The editor is also responsible for changes and edits in the English version of this text.

2 Editor's note: These figures have been updated with the most recent release from Medstat.dk, the Danish National Agency for Data Health (consulted May 2023). The Danish population was 5.6 million inhabitants in 2013 and 5.9 million in 2022. This means that the percentage of Danish people taking antidepressant drugs was 8.3% in 2013 and 7.9% in 2022. Indeed, according to data from the Organisation for Economic Co-operation and Development (OECD), Denmark was the only OECD country to see a very slight decrease (4%) in the use of antidepressants between 2010 and 2020 (measured by antidepressant dosage per 1,000 inhabitants per day), while the average consumption for 30 OECD countries rose by roughly 40% (source: OECD.Stat – consulted May 2023).

3 The reason why I exclusively interview young people is that the interview material covers a fundamental interest in three areas: diagnosis, youth, and medication. The fact that most of the interviewees are women is a coincidence, although I am of course aware that more women than men are diagnosed with depression.

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12 Empowerment at the Heart of Psychedelic Care

To Be or Not to Be, That Is Not the Question

Fanny Charrasse and Nicolas Marquis

Introduction

The best-known psychedelics are LSD (derived from ergot), psilocybin (which comes from magic mushrooms), mescaline (extracted from the Latin American cacti peyote and San Pedro), and DMT (found in ayahuasca, a sacred Amazonian beverage). Classified by the Convention on Psychotropic Substances, coordinated by the United Nations (UN) in 1971, as dangerous substances with no real therapeutic value, they are prohibited in the United States and in most European countries (Josse and Baliko 2023; Protais 2016). Hallucinogenic mushrooms and LSD are considered narcotics in France, and their use is punishable by a one-year prison sentence and a fine of €3,750 (*Code de la Santé Publique* [Public Health Code], Art. L3421-1). In the United States, peyote and LSD are defined by the Controlled Substances Act as Schedule 1 hallucinogens, meaning that they have a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision (Pieraggi and Michaël 2017, 196). And although in 2006 the Supreme Court recognized the use of ayahuasca as legal in a religious context under the Religious Freedom Restoration Act, its main component, DMT (N,N-dimethyltryptamine), is also classified as a Schedule I substance, making ayahuasca illegal under federal law (Bernard 2016, 96).

The history of the discovery of psychedelics and their prohibition is now the topic of many academic, journalistic, and/or activist articles.[1] Over the last two decades, there has indeed been a resurgence of interest in psychedelics, to the point where some researchers are talking about their "revival" (Giffort 2020; Langlitz 2013; Sueur, 2017) or "rebirth" (Dyck 2017; Sessa 2012) and are passionate about the "new science of psychedelics" (Pollan 2019). There are a growing number of associations and events on this subject. For example, the Interdisciplinary Conference on Psychedelic Research has been held annually in Amsterdam since 2010, Psychedelic Science has been running in the United States since 2013, and "Rethink Psychedelic" is a series of conferences organized in 2023 in Berlin by the MIND Foundation's INSIGHT – with the support of the European Regional Development Fund. This return

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of psychedelic substances to the limelight has also been evident in France in recent years: in 2022, the specialist magazine of the highly official *Institut national de santé et de recherche médicale* (INSERM) investigated the subject under the title "Psychedelic therapies: a panacea?" (Inserm, 2022), while the major newspaper, *Le Monde*, recently ran the headline "Psychedelic medicine: let's praise a therapeutic revolution enlightened by science" (Collectif de chercheurs, 2023).

Beyond this remarkable interest, it is important to note that the hopes attached to this "revival" do not adopt just any language; they are very often expressed in therapeutic terms, insofar as they concern the possibilities, new or to be rediscovered, of treating people and improving their well-being. Moreover, these hopes are now being supported by various stakeholders in disciplines and specialities that claim to work with the psyche and mind (psychiatry, psychoanalysis, psychology, etc.). A question arises from the outset here: while in this field, at least since their prohibition, psychedelics have usually been considered at best as hallucinogens, i.e., they are "supposed to induce exclusively hallucinations, in the sense of illusions of perceptions, imaginary perceptions without a real object" (Sueur 2017, 130), and at worst as psychodysleptics, that is substances "that disrupt mental activity and generate a delirious deviation of judgement with distortion in the appreciation of reality values" (*Ibid.*, 131), how and under what conditions do therapists come to regard their use as therapeutic?

In this chapter, we shall test the hypothesis that an essential element in the (re)legitimization of psychedelics lies in the ability of those who promote them to make their use compatible with contemporary ideals of autonomy (see Ehrenberg and Marquis, in this volume) and with the way they manifest themselves in the fields of mental health care and intervention in others. The ideals of autonomy are expressed very concretely by the fact that any therapeutic tool must be temporary and aim to extinguish itself, while enabling the patient to gain self-control with respect to three fundamental criteria: being oneself, being active, and being properly integrated into society (Marquis 2022). In this respect, the traditional criticisms of psychedelics were that, like other drugs, far from increasing self-control, they disempowered people and distanced them from the ideals mentioned above: they made them lose touch with themselves ("hallucinations", disturbance of the psyche), lose control over their lives (supposed addiction, reduced agency), and lose all touch with (social) reality. Based on an analysis of 14 interviews with psychiatrists, psychologists, psychoanalysts, and "guides"[2] who recommend the use of psychedelics for therapeutic reasons in France, Switzerland, and Belgium,[3] we shall see how these criticisms are now being turned on their heads: psychedelics, at least in the Westernized way in which they are used by these actors, are presented as instruments that are perfectly compatible with contemporary healthcare ideals, insofar as they aim to empower people and help them to work on themselves according to these same three criteria: to get to know themselves better, to increase their agency by producing their own care, and to help them take control of reality, particularly social reality. Two essential elements of this legitimization will be presented and analysed in succession. In the first part we shall see that psychedelics are presented as being able to fight the disempowerment induced by other substances, especially those traditionally prescribed in psychiatry. We shall see that their therapeutic use leads to a redistribution of roles between the patient, the substance, and the therapist. Secondly, we shall analyse the status that therapists give to patients' experiences during their psychedelic "trips". We shall show that what matters is not so much the nature or the content of the vision, but the pragmatic openings it offers with the goal of working on oneself and empowering the patient.

Psychedelics to fight against the disempowerment of a strict naturalistic psychiatry

Psychedelics, drugs, and medications

The history of psychedelics and their prohibition has led people to associate them with a form of drug, or even hard drug (Pollan 2019). So, it is not surprising that most of the respondents were keen from the very outset to distinguish psychedelics from other substances. Mathilde, a psychiatrist, says, "Before, when I talked about them [psychedelics], people looked at me like I was crazy! As if I were saying, 'We all need to take heroin in our kitchens if we want to get better!'" The interviewees do not reject the term "drug" as such to describe psychedelics, but rather the meanings attached to it, in particular its addictive nature (hence Mathilde's example of heroin). Moreover, they present psychedelics as being decisive in the fight against various forms of addiction, in particular alcohol. That is what Vincent, sales manager at an alcoholism prevention centre and "guide" in his spare time, explains. For her part, Mathilde, like other psychiatrists in Europe and the United States,[4] is currently setting up a double-blind randomized controlled trial to measure the effectiveness of psilocybin (a compound derived from magic mushrooms) in combating "severe alcohol-related disorders". But her clinical experience has already convinced her of the positive consequences of this type of treatment:

> I have one [patient] who, a year ago, was downing a bottle of vodka, I think, or whisky a day. Anyway, he was dying, so I hospitalized him. Then as soon as he came out, I found someone who gave him a big dose of LSD. [...] And for six months, he stopped drinking completely. Then he started to feel that he was slipping. So, he started [the LSD treatment] again. And now, this is the third time, [...] he sent me a message saying, "Here we go again", he's back on track: he's gone on holiday, he's decided to stop smoking because during his journey he realized that his lungs were damaged because he smoked too much... So, in short, he's back on track with his life!

All the people questioned considered that psychedelics could act against a certain number of addictions. This is the case, for example, of Sara, who became a "guide" after using these substances herself and claims to have been able to fight her overconsumption of alcohol after taking ayahuasca. During the interview, she stressed another advantage of psychedelics over the chemical drugs traditionally used in psychiatry:

> I had these… yeah, these suicidal thoughts, I got antidepressants, and I took them, I think, for three weeks, I stopped after three weeks, because my body started reacting like crazy: I was inside, I saw huge spiders, coming from the ceiling towards me, and I asked my colleagues, "Do you see the same thing?" They said, "There is no spider". So, because I had these hallucinations, you know? and because I saw these spiders, I was like, "This is not normal!" You know? I got really scared, almost to run, people thought I was nuts! I didn't tell them I was taking antidepressants. […] So, after three weeks, I stopped. And then I was trying other medications, different stuff, I still went with the psychologist, […] he was [sigh] ok… but it didn't do anything to me, you know? […] To me it [the mushrooms session] was like a condensed, intense therapy for like six months in one night.[…] I used to put everything under the rug, and say why talk about the past? So I never wanted to go there, until the mushrooms, and, when I took the mushrooms, all these feelings surfaced again.

This extract shows a spectacular turnaround in the conventional perception of psychedelics. According to Sara, psychedelics are less addictive, less hallucinogenic, and more effective than the antidepressants she was prescribed. This criticism of the psychotropic drugs traditionally used by psychiatrists is a frequent theme in the interviews (as it is in the arguments presented publicly by many stakeholders), with the aim of enhancing the value of psychedelics by comparison in terms of reality and the effectiveness of treatment. Far from creating insane visions, generating a form of addiction, or merely treating the symptoms, psychedelics are said by the interviewees to enable individuals to quickly access the source of their problem and resolve it, rather than camouflaging it under a pretty veneer. This is also what Myriam, psychologist and shaman, explains:

> With medication, be it antidepressants or anxiolytics or any other pharmaceutical, you're on drugs that are going to treat the symptoms, […] you don't get to the heart of the problem, they just cover up the symptoms of the illness. Psychedelics, on the other hand, are not at all to be considered medication: they allow you to look at all the aspects, the source, to understand the origin of your pathology. I think that this is essential. And I can see the acceleration, or at least the effectiveness and intensity, of what you can experience in an 8-10 hr trip, which for me is equivalent to a fairly long course of therapy. Do you see?

In addition to criticism of the efficacy of the traditional psychotropic drugs, psychiatry itself has been widely called into question on at least two levels. Firstly, psychiatry is said to medicalize all symptoms, reducing illnesses to labels and biological disorders. Secondly, it is said to be unable to address patients as anything other than "universalized and abstract [subjects], in the sense that their illnesses can be treated indifferently", by prescribing drug treatments blindly without taking account of their individuality (Pignarre 1997, 161). Benoît, a psychoanalyst and shaman, clearly points out these shortcomings:

> I sent, well, I recommended a psychiatrist to the girlfriend of a guy I know, who until then was working well but since then I don't know what happened to this psychiatrist but… roughly speaking, this girlfriend, after 3-4 months of therapy, came back with a diagnosis in one hand and a prescription in the other, saying to her boyfriend: "That's it, I understood everything! in fact, I have ADHD – an attention deficit/hyperactivity disorder – and I'm a little of an HPI which explains that, actually, I have a brain different from others, and that explains all my problems. So, I have the compounds that work well to resolve this thing: I have Ritalin, I have a sleeping pill because it will bring me back down, and then I have something to wake me up a little in the morning." And there you go! […] [With this way of doing things], we are relieved of any responsibility! […] It's a disaster! Anyway, the couple did not survive.

The practitioners interviewed are obviously aware of the dividing line between therapies using symbols and treatments using drugs (see Ehrenberg, Marquis, this volume). Like Benoît, they refuse to adopt – as psychiatry does – a "strictly naturalistic" vision of their patients (Charrasse 2023, 298), which would reduce each mental disorder to a biological dysfunction that could be identified and treated with the appropriate medication. But the main object of their criticism is not so much strict naturalism as such (we shall see below that they adopt a more nuanced vision) than its effects. From their standpoint, as a medicalized act that reduces a disorder to its physical basis, psychiatry would "place the patient in a world of customary values where he is no longer master of himself, where he will have to learn more and more to delegate his life to medical technicians" (Pignarre 1997, 170–171). For Benoît, as for others, this is not really the right way to treat a patient, precisely because it tends to take away the patient's sense of responsibility and self-control. According to him, patients such as the woman in the example delegate to an expert the ability to formulate her problem and to decide how to deal with it. Reduced to a dysfunctional brain, she has no other agency than to observe the treatment prescribed by her psychiatrist automatically, to undergo the effects of a chemical that is aimed directly at her brain, all the while nourishing inevitably dashed hopes about the efficacy of a treatment that does not push her to confront her problems. What can psychedelics offer then? Vincent explains:

> You really must moderate [the use of psychedelics] and say, "OK, you're doing this, and it sounds magical and miraculous, and to a certain extent it is, but it's just the first step on a long, hard path, and it doesn't just involve psychedelics, it's an ongoing process". You've got lots of people who just want the next pill, you know? But that's not how it works. [...] It's part of a whole process, it's like our society where there's a pill for everything, and this isn't the last pill. It's not like that at all.

As shown by the metaphors "ongoing process" and "long, hard path", psychedelics are seen by this "guide" as a vehicle that creates the conditions for people to work on themselves, a theme that is perfectly in tune with the current "recovery" movement in psychiatry (see Marquis, Maignan and Daelman, in this volume). We are therefore witnessing another major reversal: unlike traditional medication, which claims to act biologically on the brain – without going through the individual himself – the psychedelic substance is not the actor in the treatment, it is the means used to "put the person in the driver's seat". True therapeutic work is not an action that takes place despite the person, but a process in which he or she is both the object *and* the subject. Before looking in more detail at the way in which the experience of psychedelics is viewed, we need to look briefly at the role of the caregiver.

Psychedelics as vehicles, caregivers as adjuvants, and patients at work (on themselves)

If the patient is the actor in the treatment and the psychedelic substance a vehicle for creating certain conditions of possibility, how do therapists see their role in psychedelic-assisted therapy? Here again, the traditional patient-doctor relationship in psychiatry as the interviewees see it is a commonly shared repellent because of its prescriptive nature (Dagognet 1994, 10), and therefore disempowering. This relationship is criticized as being essentially vertical and asymmetrical: the therapist knows and orders; the patient does as he or she is told. What alternatives do the therapists interviewed propose? We can distinguish two ideal types of psychedelic devices.

The first of these, which we shall call "clinical", involves the ingestion of LSD or (more generally) of psilocybin. Here's how Mathilde, who has given training to caregivers on this topic, describes the role of the therapist-guide:

> The administration [of psychedelics] means doing nothing. [...] In the standard system, the patient lies down with a mask over her/his eyes and there is music playing in the room, so that the two guides, a man and a woman, can see where he/she is in the music. Because music is a guide. Music has.... It has the function of giving a framework to what's

> going on. […] And so, to complete this training, there was this, the “Do Nothing” rule. It was really funny because… at one point, I lay down [to perform the role of the patient], and I told them, “We don’t touch the person”. And they all did! They’re nurses and doctors, so they all started by touching! [Laughs] They really couldn’t help it!

In this description, the guide or supporter is an adjuvant to the experience who interferes in the process as little as possible but as soon as necessary. Like the music, he or she is part of the “setting”, i.e., the environment, the benevolent and protective framework for the patient’s experience.[5] According to Mathilde, in order to act as a catalyst, the guide must be in a position not only of withdrawal but also of “radical acceptance”: “If the patient yells, he/she yells. If he/she lies down on the floor, he/she lies down on the floor”. The therapeutic work is carried out by the patient himself or herself as part of the journey. According to Mathilde, it must be the patient who gets “the impression of having made this movement of ‘I’ve found the way’” himself or herself, thanks to the psychedelic and the setting. Suggesting a similar device, Vincent highlighted another aspect:

> Yes, of course [I play music], it’s a bit like what happens in research. Well, I suggest the blindfold [over the eyes] to make it clear that I’m inviting people to have an inner experience rather than blah, blah, blah, which doesn’t prevent people sometimes carefully avoiding the work by … logorrhoea.

For this guide, interfering in the session, for example, by agreeing to talk with the patient even at the patient’s request, is equivalent to preventing him or her from working on himself or herself. This is because the patient is expected to work introspectively (and not contemplatively) within the framework of this experience, where he or she is invited to close the eyes and look inwards rather than outwards.

The other device, which we shall call “shamanic”, generally involves taking ayahuasca or magic mushrooms (the whole plant, not just the psychedelic compound). This is how Ignace, a hypnotherapist and guide to *ayahuasquero* rituals, describes it:

> I apply an approach where people don’t interact with each other, it’s really a personal thing. The people sit a bit further apart than their neighbours, they’re not squeezed together like sardines, and therefore they don’t touch each other, they don’t talk to each other, they don’t start singing, or come in with their guitar, it’s the two people accompanying them who are going to sing, play the drums, the *chacapas* – the leaf things – and… so it takes place at night, […]. It’s often in silence, in the dark, without distraction, that we really come face to face with the effects of the substances, and then we go through what we have to go through,

> knowing that as soon as someone needs help – someone who is too shaken up or cries too much – we'll just be there as a comforting presence, we can hold a hand, put a hand on the head, on the breastbone, or on the back, or even give a hug, but it's minimal, and as soon as people are stabilized, we'll withdraw, and their inner work will continue.

In shape, the shamanic device has little to do with the clinical one: in the clinical arrangement, the person, alone with a "guide" who plays music, takes a synthetic psychedelic; with the shamanic arrangement, the people, who lie side by side, with a blindfold (or not), while music is played (or broadcast), ingest a plant or a psychedelic beverage. Shamans may also absorb the substance in question. Like Benoît, who is critical of contemporary settings: "Our super-pretty attempts to put on headphones with soft music, to hold the hand of the guy lying in bed with a little Buddha, a hand of Fatima, a bit of incense, are pathetic". He justifies his own involvement in care by a "therapeutic pact" with a patient who comes to "work on his life". In reality, while practices may differ, the challenge remains fundamentally the same: to enable patients to "work on themselves", within the framework of a relationship that is as symmetrical as possible (either through radical acceptance or through the sharing of experience) with a guide who protects without prescribing and provides benevolent support without interfering too much.

In the interviewees' descriptions of psychedelic devices, there is something of the "unprecedented state of inner loneliness" that Max Weber (2002 [1905], 165) attributed to the Calvinist Protestant, who, alone in his relationship with God, had to acquire the inner certainty of his election, with the obvious exception that this loneliness is non-religious and covered by a benevolent veil and that it does not last a lifetime, but only a trip of a few hours, since afterwards it will be a time for sharing about what was experienced there. This is the last important characteristic of a good guide, according to the people interviewed: to be entirely available to listen to the patient about his or her experience and to elaborate on it. But what exactly happened on this journey?

Hallucinations or visions? (Re)interpreting the psychedelic journey

How can one define experiences involving psychedelics? This is perhaps the key issue in the process of (re)legitimizing these substances in mental health care. Reducing them to mere "hallucinations" could easily lead to discrediting them as senseless, disempowering, or, worse still, dangerous.[6] On the other hand, taking visions with often strange content at face value raises other difficulties with respect to the normative expectations of care models in a society of autonomy. So, we are going to see how practitioners who use psychedelics suggest taking the content of visions seriously, *but not too much*. First, we shall analyse the way in which they describe their own psychedelic experiences. Then, we shall see that they organize a pragmatic shift from the question of the reality of visions to their therapeutic efficacy.

Demons and evil entities: the context and limits of a "victimizing" interpretation

This is how Sara describes her first psychedelic experience:

> I was very sceptical and I had the wrong images about mushrooms. Like fifteen years ago, [...] I went to Amsterdam, and I saw teenagers going to the shops and asking for mushrooms, and I asked a woman [seller], and she said, "These kids, you know? They want to have hallucinations!" [...] I was curious, but the way she put it, and the people around me put it, it was like, "Yeah, these people, they take mushrooms, and they go nuts, and... they jump out of the windows!" [...] [But] when I took the mushrooms it was like Pandora's box! It opened my eyes, to see it [the world] differently, to have a different perspective.

Before taking magic mushrooms, Sara reduced their effects to hallucinations that were probably dangerous and disconnected from reality ("they go nuts, and... they jump on the windows"). That's no longer the case: "it opened my eyes", she confesses, implying that instead of blinding her, they helped her to realize certain things, to see what was "under the rug", as she put it earlier. Through this narrative, she stages an "ontological conflict" (Charrasse 2023, 42), that is, a conflict that, by focusing on the definition of certain entities or phenomena – in this case, visions under magic mushrooms – questions the nature of the lived experience. More specifically, she wonders whether the visions procured by the mushrooms can be considered revelatory of her psyche – and therefore *psychedelic* – or totally disconnected from reality – and therefore *hallucinogenic*.[7] The ontological conflict therefore concerns her experience under mushrooms: Is it a hallucination, totally disconnected from reality, or something real, revealing, for example, her own psyche? In the end, she opted for the second option. Many other people have given similar accounts, such as Pauline, a young woman who recalls the "epistemological revolution" she went through when, following a therapeutic session with magic mushrooms, she "understood her vision was not a hallucination but the truth".

But what exactly does this transition imply? In order to grasp the singularity of the psychedelic therapeutic act, let's turn our attention to the most "disturbing" experiences (described as such by those who had them), those generated in ayahuasca ceremonies in Peru, and see how they have subsequently been retranslated to fit in with contemporary ideals of healthcare. Vincent's story is exemplary in this respect. In an interview, he began by describing the deeply moving experience he had in Peru during an ayahuasca ceremony:

> The moment I let go and say to myself "OK, I'll have a little break": grrrr! [gesture of fangs popping out of his mouth and claws sprouting from his fingers with a grimace] There's a beast jumping on me and I don't know what's happening to me but it's as if an evil beast had taken

> control of my head […] I think, "Shit, what's going on?" […] It didn't last long, but I was panting and… well, when something happens that you don't believe in, it's a bit annoying. You see? for… how should I put it? For the coherence of your paradigm, it's not great!
>
> And what is it that you don't believe in?
>
> Possession.

Like Sara and Pauline, who begin by describing their experiences as a hallucination, Vincent is uncertain about the status of an experience that calls into question the "coherence of [his] paradigm": he has a powerful impression of a possession despite not believing in the existence of this kind of phenomenon. To interpret this as such would be to adopt an analogical ontology.[8] As Philippe Descola has pointed out (2005, 296), "[T]ransmigration of souls, reincarnation, metempsychosis and above all possession unequivocally signal" this type of ontology. This is a far cry from contemporary healthcare ideals. It should be noted that Vincent had this experience at Takiwasi, a shamanic centre in the Peruvian Amazon, founded in 1992 by the French doctor Jacques Mabit with Peruvian and Spanish collaborators, whose team uses "ritualized practices of Amazonian inspiration articulating pragmatic and discursive elements from the indigenous and mestizo shamanism of the region, Catholicism and new forms of Western religiosity (New Age)" (Dupuis 2018, 22). According to David Dupuis, while ayahuasca experiences "are initially perceived by the participants as a sign of the presence of agents of indeterminate identity, this latter gradually tends to correspond to the supernatural entities postulated by local knowledge: demons, nature spirits, entities from the Christian pantheon, ancestors, etc." (*Ibid.*, p. 21). At Takiwasi, the favourite interpretation is that of "infestation", i.e., "a parasitic relationship with one or more malevolent supernatural beings of a demonic nature", said to be "the cause of physical disorders and psychological disturbances" (*Ibid.*, 27). Care as implemented at Takiwasi therefore shares a fundamental characteristic with many other shamanic rituals (Charrasse 2023, 348–370) or witchcraft rituals (Evans-Pritchard 1937; Favret-Saada 1977), to wit, a projective distribution of responsibility for harm (since the patient is the victim of a malevolent entity) and for the possibilities of overcoming it. The work of the shamans at this centre consists of using ayahuasca to make visible the entities at the root of the person's suffering. In this sense, they play the role of "victimizers", who "facilitate or even initiate [the] work of self-identification" of patients as victims of external agents (Barthe 2017, 77).

Vincent, who had this troubling experience, confirms the importance of this reading grid at Takiwasi and believes that he was led by Jacques Mabit and the other shamans to interpret his experience as one of possession: "At the time it was clear [that it was possession] because Jacques is keen on this kind of interpretation. Do you see? […] We're going to look for the 'infestation', that's his word: infestation is everywhere". It's particularly interesting to observe how Vincent, who eventually received treatment in Switzerland before becoming a psychedelic guide, distances himself from the interpretation in terms of possession: “Today, I don’t share his [Jacques Mabit’s] convictions. To put it plainly, he’s very much into the ‘we are good, and we fight evil and when someone has a cold, it’s an evil spirit that needs to be chased away’. In a manner of speaking, I’m caricaturing a bit… but there you go”. Vincent is far from alone in his criticism of a victimizing interpretation of the visions. Benoît explains:

> In the tribal world, the problem is always external to the tribe, external to the individual, “it’s not me, it’s the other guy” – the other shaman, the other *brujo* [sorcerer] – who uses demons and does bad things. […] Here it is: “I’ve got a manifestation of something problematic inside me, but it’s coming from outside, it’s a demon, it’s a shaman who’s called a demon, or it’s a spell, or it’s whatever.” OK, then. We’re not going to get very far with this.

So, it’s not the experience as such that is disqualified (or even questioned), but its projective reading. In other words, a particular type of interpretation which, because it places the source of the problems and their resolution outside the patient, is not considered to be effective.

Ball of feelings and trauma: promoting an introjective and psychologizing reading

What attitudes do psychedelic therapists adopt towards the visions their patients may have had during a trip, and especially towards the interpretations they develop from them? This is how Benoît describes his approach:

> [To] someone who tells me, “Well, actually I’m possessed by a demon” I never reply, “That’s nonsense, there’s no such thing”. I don’t even smile or anything, because in the end I don’t want to disqualify any model. […] I’ll say, “OK, fine, we’ll start with that: what is the manifestation? since when? what happened? what does it remind you of?” and then, little by little, this demon or this contrary manifestation will be illuminated by the subject’s history, but perhaps it’s very good that the person projects this onto a demon, because at first he or she doesn’t have the strength to realize that, perhaps, it’s very much his or her own […]. After that, if you ask me, personally, my non-therapeutic opinion, “Is there a demon standing next to me, with horns, farting flames of sulphur?” I think that believing it is problematic. But if a person feels invaded by evil and puts it into words like that, I’ve absolutely no problem with that […]. But what does that say first and foremost about us? Because the whole goal of experience is to make progress in our lives. If it means: “Oh, it’s not my fault! It’s because there are some creatures out there, or because some wizard has put a spell on me’, well, that’s just another way of absolving ourselves of any responsibility.

Like other interviewees, Benoît walks a tightrope and then makes a shift. First, he shows "ontological tact" (Despret 2017, 31): he does not disqualify his patients' analogical reading, for example, by reducing it to a mere hallucination, as some "strict naturalist" psychiatrists would do (Charrasse 2023), but neither does he encourage or validate the primary interpretation that some people tend to make of it. He then seeks to shift – to translate – this experience, initially read in a projective way, onto a much more introjective level: What does this say about me? The instrument of this translation is the invitation to the patient, via questions rather than instructions, to proceed by association in order to reinterpret his or her own experience.

This is also the strategy followed by Myriam, a psychologist and shaman, who asked one of her patients who "regularly saw demons": "What does it represent? Why does it scare you?" As a result, she helped her to make a link with "a childhood trauma involving sexual abuse". Myriam too walks this fine line between validation and disqualification: "I'm not judging, I'm not saying, 'They're not demons' or 'They are demons', I'm saying that if they are, well, why is this happening to her? What are they symbolizing or why are they haunting her subconscious?"

So, unlike the shamans at Takiwasi, European practitioners who use psychedelics leave patients free to define their visions as they wish, as long as this enables them to work on themselves. "To be or not to be, that's not the question". The message that Western therapists give about psychedelic experiences could be summed up as follows: interpret your visions as you see fit, as far as this is consistent with contemporary ideals of self-care. This pragmatic attitude is also perfectly in line with the "recovery" perspective with regard to private experiences (voices, persecution, delusions, etc.) that people with mental disorders may have. It's not the ontological status of the element that's at stake: we don't force the person to choose, and the good therapist is the one who will show a certain "flexibility", to use Mathilde's term. What matters are the therapeutic effects generated by the patient's interpretation, effects that are assessed in the light of the care criteria mentioned above.

This is how we see the meaning of the visions translated into terms that are in fact very consistent with the internalist popular psychology representations widely shared in contemporary societies, which crystallize, for example, in self-help works (Marquis 2014): repressed feelings, traumas, the inner child, etc., that need to be worked on. Vincent's reinterpretation, on his return to Europe, of the "possession" he experienced at Takiwasi offers a striking example of this:

> It's not a devil, it's not a demon, it's a ball of rejected feelings from childhood that requires attention. And so I distinguish between anger, fear and sadness, and then I start a dialogue: "OK, where does that come from?" and then images come to me, a succession that leads me, in a logical sequence, to "OK, I've got this image of my father abusing my sister". OK, and then all of a sudden, it's like you've got all these jigsaw

> pieces scattered around and you're given the main piece, and bang! everything makes sense! yes, fuck! [laughs]. I knew I shouldn't take these visions at face value, and that's really important! because some people get delirious with their interpretations… Well, it's as if you're dreaming about something and you think it's reality. Well, it can be interpreted, it can be decoded, at worst it can't be understood, but you see. […] And that set me off on a personal work path that lasted for years.

Conclusion

This chapter shows how the legitimization of psychedelics as a therapeutic instrument is accompanied by a convergence of their uses with the ideals of care currently prevailing in a society that values individual autonomy. It is by embracing these ideals of empowerment that the interviewed therapists differentiate psychedelics not only from drugs but also from the traditional pharmacopoeia of psychiatry, which is considered to be less effective according to the same criteria. We have also shown how these actors organize a shift from the question of the reality of the experiences provoked by psychedelics to that of their therapeutic efficacy – by means of interpretation consistent with a dynamic of patient empowerment. In this respect, we have observed that, through the ontological tact that they demonstrate, and therefore the room for flexibility that they seek to leave their patients, these practitioners dismiss both the strict naturalism of a psychiatry that reduces a person to her or his brain, an individual to her or his biological body, and the analogism of a perspective that would speak of possession or place agency in external entities. And we have also observed that if these different postures are equally disqualified, it is not on the basis of ontological presuppositions, but in the name of a principle that they do not respect: that of the empowerment of the person being treated. It appears that whereas strict naturalism makes the individual dependent on the psychotropic drug prescribed and the expertise of the carer, analogism tends to make the individual a victim of the action of an external entity.

In contrast, in the model presented both by those who organize the therapeutic use of psychedelics in a Westernized setting and by those who place their practice within a shamanic (but still Westernized) framework, the distribution of responsibilities in the therapeutic process gives pride of place to the patient. The main role is played by the latter, who has to "work on himself or herself", while the psychedelics are presented as the vehicle for this work, and the therapist appears as a mere adjuvant – a discreet guide who helps to integrate the visions after the journey but intervenes very little in its course. So, in line with a symmetrical practice of therapeutic intervention on others, the caregiver is no longer an expert who dictates his or her point of view, but a support worker who shows the patient that the resources for his or her own well-being lie within himself or herself.

Notes

1 For a good example of this intertwining, see the Netflix series *How to Change Your Mind* (2022), based on Michael Pollan's book of the same title (2019).
2 Most of these people studied psychology without completing their studies and volunteered to take part in psychedelic sessions led by therapists.
3 These interviews were conducted and analysed by Fanny Charrasse.
4 See for example: Zafar et al. (2023).
5 The terms "set and setting" were introduced by Timothy Leary, who made a distinction between the internal framework (the "set") – i.e., the physical, psychological, emotional, and spiritual state of the person ingesting the psychedelic – and the external framework (the "setting") – the environment in the broadest possible sense, including the sensory stimuli of the place of intake, the cultural context and local legislation, and the ritual put in place (Bernard 2016, 86).
6 This problem is found in a very similar way in the case of voices heard by people suffering from schizophrenia (see Marquis, Maignan, and Daelman in this volume).
7 Born in 1956 of correspondence between the writer Aldous Huxley and the psychiatrist Humphry Osmond, the term "psychedelic", from the ancient Greek "to make the soul visible", was coined precisely to replace the adjective "hallucinogenic", which was considered too pejorative (Carson Bisbee et al. 2018).
8 In other words, a perspective according to which humans and non-humans are distinguished both by their interiority (their souls, their emotional and mental states) and by their physicality (their bodies, their material processes) (Descola 2005, 176).

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13 Mental Health, Higher Education, and Regulatory Capitalism

Steering, Not Rowing

Ashley Frawley, Chloe Wakeham, and Ken McLaughlin

Introduction

In 2019, the lead author of this chapter undertook a continuing professional development (CPD) training course on leadership shortly after being asked to take on a new role. She was surprised to learn that the training largely consisted of a detached and generic "coaching framework" for leadership. This framework, attendees learned, involved an acronymic process through which those seeking leadership were encouraged to find the answers and guidance within themselves. While perhaps useful for individuals with a tendency to micromanage or take on too much, attendees expressed reservations about the method. In "breakaway groups", they found it difficult to embody the detached approach to each other's problems and to resist temptations to draw on their own experiences to offer solutions. Indeed, the framework expressly discouraged such pathways. While our teams were not discouraged from approaching us – indeed the opposite – the message appeared to be that we should do as much as possible to do as little as possible. What is more, it was difficult to avoid the conclusion that the coaches were coaching attendees to coach themselves to coach others to coach themselves in a seemingly endless progression. This anecdote illustrates an affliction that is not particular to this instance, but is rather indicative of trends that appear to be growing across numerous institutions and institutional domains.

In this chapter, we explore the ways in which marketized higher education (HE) institutions increasingly act as regulators, subtly reducing emphasis on their provisionary roles. Like the coaching framework described above, the emphasis across the institution is on steering, not rowing. This metaphor refers to models of governance whereby state agencies are increasingly viewed as playing a "steering" rather than "rowing" role; provision of services, the actual doing, is decentralized and steered by regulatory and institutional authorities, and increasingly by advocacy groups in a self-perpetuating cycle. It can be perceived as a form of indirect management, whereby governments and state agencies work via a network of institutions. It has been characterized as a form of depoliticization, but crucially, one that works as a strategy of governance.

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Drawing on the notion of regulatory capitalism and its increased emphasis on "steering not rowing" (Braithwaite 2005, 2008; Levi-Faur 2005), this chapter describes developments in mental health support in UK HE. We begin by fleshing out the growing regulatory role not only of states but also of institutions. We then consider the ways in which mental health "support" in HE increasingly takes the form of regulatory rules for emotions and behaviours. Students are almost universally steered to view their problems through a psychological prism, whilst those who do need help frequently find that the steering is at the expense of rowing, of providing an appropriate response. We discuss how these developments do not foster self-governing autonomous subjects, but rather promote an ideal subject that is in constant need of external guidance. Finally, we explore how, while responsiveness to student mental health claims was partially due to alleged risks faced by universities as "communities of fate" (Stinchcombe 1965; Waggoner and Goldman 2005), risk continues to be problematic and is also continually shifted downstream.

We use the terms "self-governing" and "autonomous subjects" not as isolated individuals but in terms of people being able to discuss and reflect on their place in life, the causes of – and solutions to – their problems, and to direct their life goals freely within their existing and informal networks without the direction of regulatory authorities. Whilst we acknowledge that there are people who do require expert help and guidance, we contend that the scattergun approach to such intervention does little to help those in need and inadvertently leads to institutional authorities micromanaging interpersonal interaction in such a way that undermines the ability of individuals, in this case, students, to think, and act for themselves.

In essence, we argue that while autonomous subjectivity is itself a social construction, it appears continually devalued in discursive constructions of mental health in HE. A product of the Enlightenment, autonomous subjectivity is complex and contradictory (see Heartfield 2006; Žižek 2000), but put simply, to be autonomous is to govern oneself; it is to be directed by considerations that are not simply imposed externally (Kant 1992 [1784]). We argue that the current development of regulatory capitalism, the tendency for organizations to steer, not row, and the expansion of mental health discourse act as an externally imposed way of considering one's place in life that implicitly challenges and problematizes this ideal. Posited in its place is a more "heteronomous" construction, in which subjects must learn that their actions are potentially a risk (Chandler and Reid 2016). The resultant invitation to students is not necessarily to embody an ideal of autonomy, but rather to problematize self-reliance and offer instead an injunction to seek constantly external guidance, rules, and regulations governing the correct conduct of life.

Regulatory capitalism and the regulatory state

The notion of the regulatory state refers to ways in which power is increasingly deployed via regulatory frameworks rather than through the monopolization of violence or the provision of welfare (Braithwaite 2005, 16). From this perspective, while neoliberalism is often understood as requiring deregulation, in practice it promotes the opposite. Levi-Faur (2005) describes these developments as regulatory capitalism, which includes privatization, increased regulation of the state by the state, and new technologies of regulation and meta-regulation. The state, markets, and society have become increasingly intermeshed, and regulation has come to be understood as the *sine qua non* of efficiently functioning markets. "At the same time", as Levi-Faur describes, "the legitimacy of capitalism rests on the ability of government to mitigate negative externalities through 'social regulation' (or the regulation of risk)" (ibid, 14).

In Jones and Hameiri's (2022) *COVID-19 and the Failure of the Neoliberal Regulatory State*, the authors describe how, despite apparently extensive pandemic preparedness plans, the advanced countries of Europe and North America were among the worst-faring nations. They explain how a regulatory state has emerged since the 1970s within which "government" increasingly shifted to more diffuse notions of "governance", wherein resources, authority, and responsibility are dispersed to a variety of public and private actors, while state managers retreat to a "regulatory" role. This shift entailed a "hollowing-out" of state capacities to solve problems (ibid, 1029). This transformation facilitated the rise of transnational governance frameworks that harmonized regulation and provided models for decision-making power that were distanced from democratic control. Yet when it came to doing something about a large-scale problem, those in power found that the frameworks for decision-making acted as levers that, when pulled, were not attached to anything.

While Jones and Hameiri's study refers to the "neoliberal regulatory state" which, contrary to popular belief, is characterized by "greater bureaucracy and considerably higher governmental spending (including on welfare) than its predecessor" (Poynter in Jones and Hameiri 2022, 1032), there are strong parallels with institutional trends beyond the state, as power is dispersed through regulatory frameworks across "regulatory capitalism" (Levi-Faur 2005). As Braithwaite (2005) describes, the "reciprocal relationship between corporatisation and regulation creates a world in which there is more governance of all kinds" (2).

For Levi-Faur, governance in general has two major functions: steering (leading, thinking, directing, guiding) and rowing (enterprise, service provision). While historically, businesses had dominated both of these functions, the 20th century saw increased state expansion into both. However, the more recent growth of regulatory capitalism has seen the state retreat into a "steering" function with business taking up more of the "rowing". This division of labour is accompanied by a restructuring of the state and businesses, creating internal controls and mechanisms of self-regulation in the shadow of the state. However, businesses, for their part, also do less of their own rowing, contracting out, and regulating the performance of contractors (Braithwaite 2005). In this way, institutions, governments, and even services increasingly set themselves up as managers and regulators rather than providers. They offer frameworks and regulations within which others are supposed to act.

In the remainder of this chapter, we consider the ways in which these tendencies appear as mental health discourse intermeshes with the functioning of marketized universities, in what has been conceptualized as the "whole university approach" to student mental health.

The "whole university" approach to student mental health

In 2013, the National Union of Students (NUS) claimed that "one in five" students experienced mental health problems while at university (Ratcliffe 2013). While the NUS noted that these statistics were in line with the general population, the fact that 64% of those surveyed preferred to rely on existing networks was singled out as problematic by representatives, who encouraged students to seek out formal supports. In 2015, the NUS released another survey claiming that "eight out of ten" students experienced mental health problems (Gil 2015). At the same time, professional bodies like the British Association for Counselling and Psychotherapy (BACP) reported significant increases in student demand for services (Coughlan 2015). In 2019, the advocacy group Student Minds called for a "step change" in curriculum, assessment, and teaching practices to create "mentally healthy universities" (Student Minds 2019), which was followed by a Universities UK document endorsing whole university approaches to promoting mental health and well-being (UUK 2020). Private consultancies, charities, mental health advocacy groups, and commercial companies have emerged, offering a range of interventions aimed at the general student population, including apps and online fora, claiming not only to alleviate problems but also to prevent them in the future. In parallel, new types of mental health professionals are emerging; for example, the University of Oxford began hiring mental health and well-being advisors to support parents of students suffering from mild to moderate mental health problems. These claims culminate in the demand that universities must adopt "whole institution" or "whole university" approaches. As Brewster and Cox (2022) describe, a whole university approach stipulates that "mental health support should not just be a stand-alone service provided by a specialist team" but instead be "integrated into all aspects of university life – from design of curricula and assessments to the built environment" (2).

Faced with increased and expanded lobbying from professional and student groups (for a history of this lobbying see Frawley 2023 forthcoming), we argue that whole university approaches are in keeping with broader trends in regulatory capitalism.

In particular, the shift toward whole institution approaches and increasingly expansive definitions of mental ill-health have created spaces in which mental health support becomes a tool for the regulation of everyday life. A proliferation of individuals takes on the role of managers and regulators in "support" of mental health and well-being rather than providing more direct forms of intervention for mental ill-health. In short, like the anecdote above, actually providing appropriate mental health treatment has drifted further downstream; in its place are many forms of coaching and individuals who coach others to coach themselves. In place of guidance, there are rules and guidelines for how one should conduct oneself and one's emotions. In other words, universities are steering, not rowing. It could be reasonably assumed that if the mental health of students is as concerning as it is portrayed that they would place more of an emphasis on the latter and less on the former. Our study shows this is not the case.

In terms of mental health, HE institutions see themselves more as "institutional regulators", not in the sense of performing a regulatory function for other institutions, but rather as regulators of the behaviours and norms of those studying and working within them (and possibly of wider society, though this lies beyond the scope of the present contribution).

While much critical literature on therapeutic cultures and the well-being industry conceptualizes these phenomena as attempts to create ideal self-governing neoliberal subjects, we present a more complicated picture. The resultant invitation to students is not necessarily to embody such ideal subjects. Subjects are not really entrusted with responsibility to coach themselves, but to be responsive to coaching and to seek out and be receptive to guides and frameworks. That is, the result is to problematize self-reliance and infer instead an injunction to constantly seek out external guidance, for rules and regulations governing the correct conduct of life. In addition, the "whole university approach" serves to diffuse risk into a system of oversight and regulation that shifts across institutions and even the built environment.

Beginning in 2020, the authors of this chapter began a study of three UK universities consisting of 1) an elite university in England, 2) a Russell Group university in England, and 3) a red brick institution in Wales, which we keep anonymous hereafter to protect the identities of participants.[1] We conducted an analysis of the online and social media presence of these institutions, interviews with stakeholders, and a wider UK news media analysis of student mental health in HE. Interviews were carried out with mental health and well-being support staff, academic staff involved in developing and delivering interventions, public advocates, and other practitioners with involvement in HE interventions. The examples we use throughout this chapter are drawn from this broader study.

Steering, not rowing

These trends, and in particular the regulatory emphasis on "steering, not rowing" are evident in the ways that HE has approached heightened calls for attention to mental health. Indeed, such an approach is pervasive across agendas in HE institutions. For instance, in one of our case study institutions, the university's website advertised the offering of employability skills through placement opportunities. However, upon further investigation, we found that the actual offerings in terms of university-sourced placements were dwindling. Instead of the institutional sourcing of unique opportunities and developing relationships with providers (rowing), the growing expectation was that students would source these placements themselves. What the university actually offered was recognition and accreditation of these student-sourced placements via an "employability skills framework" (steering), to which students matched their experiences. In this example, steering not only reduces demands on scarce resources but also pushes risk downstream should universities make service provision commitments that ultimately go unfulfilled.

In the case of mental health, regulations and frameworks become tools not just for how students should conduct themselves or think about their experiences during a work placement, for example, but rather for staff and students alike in the regulation of their working, studying, and everyday life. However, students must first be steered and be aware that such steering exists and is necessary. Part of this is accomplished through discursive activities that cast doubt on existing forms of self-reliance and reliance upon existing/informal social networks. Across the universities and university mental health discourses we studied, there is a strong invitation toward a help-seeking subject – subjects that learn to doubt their own autonomy and are expressly warned away from self-reliance. Individuals may do the rowing, but within professionalized and medicalized frameworks for making sense of and dealing with their problems.

For example, constructions of student mental health emerging in the early 2010s in major UK newspapers demonstrate a tendency to dissuade subjects from autonomy and self-management outside of professionalized "mental health" frameworks for making sense of these experiences. In 2013, and timed to coincide with Mental Health Awareness Week, the NUS released survey results claiming that 20% of students considered themselves to have a "mental health problem" (Disabled Students 2013). This figure included students who believed they may have a diagnosable condition (8%), those seeking diagnosis (2%), and those with a diagnosed condition (10%). They also reported that 13% had suicidal thoughts and 92% experienced "mental distress" including "feeling down". A longer presentation of survey results produced by the NUS (Kerr 2013) admitted potentially inflated percentages due to self-report survey limitations. However, few of the reporting newspapers made note of this, though one mentioned that the estimate is in line with or slightly lower than the general population (Ratcliffe 2013).

Instead, the accompanying press release singled out and explicitly problematized students' preference for self-reliance (Disabled Students 2013), which was repeated in press coverage. One article noted that "NUS researchers admit that their survey was self-selecting and may exaggerate the prevalence of mental health problems among students" but goes on to stress that the "primary concern" is students' lack of help-seeking (Ratcliffe 2013). Moreover, experts quoted tended to speak about student mental ill-health as though it was particularly problematic and at risk of getting worse, despite the survey's limitations and findings. One report quotes Poppy Jaman, chief executive of

Mental Health First Aid England, stating that the NUS's findings are "unsurprising"; "the student community is considered high risk for mental ill health, with exams, intense studying and living away from home for the first time all contributing factors" (Ratcliffe 2013, online).

A common claim in the news media in the mid-2010s was that no problem was too small to be directed to services. Claims-makers warned that if students did not seek help, even seemingly normal experiences could snowball into something worse. "It's important to bear these steps in mind because ultimately, if high stress situations go unmanaged, they can sometimes develop and even lead to mental illness" (Heritage 2017). Another claims-maker argues, "Those who are unable to cope may drop out. Left unrecognised and untreated, their problems may become more severe. They may start to self-medicate with drink or drugs, self-harm, or even take their own lives" (Smith 2016).

While part of this lobbying undoubtedly involved the interests of mental health charities and professional organizations in expanding their significance and provision, increased surveillance measures were also lobbied for and praised for offering opportunities for early intervention. This included software that assigns students "well-being" scores and monitors student behaviour on social media. Privacy implications were downplayed in favour of prevention and early intervention (e.g., Swain 2019). Awareness campaigns like "I chose to disclose" encouraged students with mental health problems to disclose these to the university, presumably so appropriate supports could be offered. However, as we discuss below, there is a strong emphasis on identification for risk management.

Indeed, while identification of students who may have mental health issues (or an increasingly broad array of emotions and experiences now reframed as "mental [ill-]health") is underscored, to where students are being steered is often ambiguous. Many claims-makers emphasized the need for students suffering "severe" forms of distress to see their general practitioner. University services were positioned as needing expansion to attend to more diffuse "symptoms" of nebulously termed "mental distress" or "problems with mental health". Mental health was forwarded as something overseen and surveilled by university services, but actually providing a service for those experiencing severe problems was seen as outside the remit of university services. This uncertainty was reflected in our interviews and in the increasingly diffuse array of mental health "supports" offered by the universities we studied, the details of which we explore in subsequent sections.

Steering, not solving

It became clear that students identified as requiring help were not necessarily being referred for counselling or more formal mental health services/treatments, but rather toward a more diffuse range of supports. Mental health support was not about solving problems. Steering toward self-identification and surveillance was often an end in itself. Awareness on the part of the students that they were being watched was bundled with an ethos of "care", which was seen as in many cases sufficient. As one of our interview participants, a lecturer involved in mental ill-health identification software development, explained:

> The chat is just enough to make the student feel like someone cares about them, and you know, someone's watching over them.
>
> (Participant 1)

Our interview participants had trouble identifying specific mental health or other problems their services were set up to provide. They often spoke not of individual crises, but in generic terms of the whole student body. For instance, one participant described,

> And I think it's really important at the sort of population level, to kind of support young people and offer them the skills that will then help to manage their mental health, both at university and then throughout life. Because I think what you learn at university, there's both the educational impact of what you're doing, but it's also the sort of learning to cope with life, really. And if people can develop those coping strategies, when they're at university, they'll do better at university, they'll be better able to engage with their studies, but then they will be better at putting those in place as well when they're working.
>
> (Participant 8)

In discussing the worsening problem of student mental ill-health, they referred to increased media coverage. While some divulged encounters with more serious issues (e.g., student suicides), they noted that these experiences were rare. Media discourses were similar, referring, for instance, to the risk of student suicide and rates of mental ill-health. However, the former turned out to be lower than the general population and the latter on par, respectively. As described above, students were urged to identify themselves and seek out supports, no matter how seemingly insignificant the problem. Yet increased help-seeking and disclosure were referred to by both interview participants and media discourses as a sign of a mental health "crisis" in universities. For example, one news media article describes

> A report published last year said that some universities need to triple their funding for mental health services if they are to meet growing demand from students in need of support. The paper by the Higher Education Policy Institute (Hepi) think tank said the scale of the mental health problem among university students was "bigger than ever before".
>
> (Telegraph 2017)

There was moreover a seamless slippage between broader social problems and steering students to mental health services. For instance, mental health advocacy organization Student Minds claims that "Roughly 1 in 3 students experience clinical levels of psychological distress. This can contribute to decreased performance and interpersonal problems. In turn, this can lead to academic failure and dropout, job difficulties, and negative social outcomes" (Student Minds 2019, 7). The University Mental Health Charter, a key document solidifying many of these claims, positions promoting good mental health as one of the "core transactional relationships" of universities (Hughes and Spanner 2019, 7). There is a sense that first one must learn skills of good mental health before other learning and skills development can proceed and then, distally, broader material problems broached. Steering begets steering.

Steering, not providing

Our interview participants demonstrated considerable uncertainty regarding who should provide services and of what type. In the news media, increased funding and an expanded focus on mental health in HE were justified on the basis of a growing "mental health crisis". However, in our case studies and interviews, the problems for which the university and individuals connected with it were responsible were carefully delimited. Mental health was something that needed to be broadly promoted, while mental ill-health was something that needed to be steered downstream.

While students often wanted counselling, participants were keen to stress the "range of services" available. Many described their role as significantly involving "signposting". One participant, a student welfare officer, described his role in mental health first aid as primarily involving identifying and signposting for students "mechanisms" that could be used for support. Another respondent, a specialist mental health practitioner and advisor, concurred:

> You know, they might be just starting to experience difficulties with mood or anxiety and it might be signposting to some of the schemes that are out there that the general public can access that students don't quite know what to look for.
>
> (Participant 6)

She appeared reluctant that students should receive "traditional" forms of counselling support, emphasizing staffing and budgetary constraints.

> […] it might be that sometimes actually, some of the traditional one-to-one appointments that people think of, actually that might not be what we would advise the student initially. It might be that we give them that email advice. So it's about using all those different streams of support.
>
> (Participant 6)

While involved in HE mental health and well-being in some way, most of our participants were not clinically trained and did not feel comfortable dealing with problems and “risks”. One participant, a language tutor, hypnotherapist, and coach, described the problem as

> The fact that not everybody understands mental health and mental ill health or not everybody feels equipped to support their tutees or their young people. The complexity of some of the cases we see that we definitely are not professionally trained to deal with.
>
> (Participant 3)

Another, a mental health charity manager, demonstrated an awareness of the risks associated with universities diffusing mental health across university staff and departments:

> I think sometimes the sort of, you know, people who are leading the sort of strategy developments just don’t really understand [...] the sort of complexity that their staff are dealing with, the risk that they’re holding.
>
> (Participant 2)

In this way, while participants described universities as highly receptive to and supportive of the mental health agenda, participants seemed ambivalent about being responsibilized for associated risks. Participant 3 continued:

> I would add that that “mental health thing” is not what I do. It is not related to mental ill-health. The work I focus on is about human flourishing. So I look at mental health in terms of something we all have, and we can look after.

In this way, participants emphasized their roles not as problem-solvers, but as coaches. They highlighted their support for good mental health, while treatment for poor mental health was steered elsewhere. At the same time, some participants expressed exasperation at the low level of problems for which students sought out mental health supports:

> And also, the sort of overuse of psychiatric terminology [...], that actually students are very quick to say, you know, “Oh, you know, I’m in crisis here” [...] or self-diagnosing. And therefore, the students who really, really need the help, who were really, really sort of, you know, in crisis, then it’s.... It clogs things up and makes it very difficult to sift through some of that.
>
> (Participant 2)

Yet when it came to delivering interventions when perceived to be needed, who actually does the providing, or “rowing”, remained unclear. Many participants felt that provision was ultimately the National Health Services' (NHS's) responsibility. Participant 2 described:

> Or, you know, GPs, basically, or counselling services, [are] referring into universities, because they know it's going to be quicker to receive the support that way. So, yeah, that sort of idea that because the NHS is not coping in terms of what it can provide, universities have stepped in.
>
> (Participant 2)

This participant continued:

> [...] it'd be great if statutory services were well funded enough that the university didn't have to provide that support. And then we would be at, you know, we wouldn't have any members [of the mental health charity]. What would we do then? But you know, I can't really see that happening anytime soon. And I think we're adaptable enough and flexible enough, that we were small enough that we can change quite easily, which is one of our sort of strengths.

While participants tended to think it was the NHS's responsibility and that state underfunding had led students to university services, claims-makers in media discourses tended to point to universities as neglecting their duty of care and placing greater strain on the NHS. A representative from the Royal College of GPs is quoted in *The Guardian* stating, "This should be central to a university's obligations to its students. If you fail to provide adequate support, everyone loses. Students' futures are blighted, there is a knock-on effect to the NHS, and universities will inevitably suffer an impact to their reputation" (Marsh 2017, online). Service provision was steered continually downstream, but who actually does the rowing at the end of it remains ambiguous.

Providing... a framework

Provision in university settings often took the form of providing a framework. Interview participants highlighted workshops in stress management skills, peer support schemes, forms of ongoing monitoring, and embedding mental health and well-being skills into the curriculum, while trainers talked of training trainers. Our case study universities offered a range of supports including:

- Online advice/self-help pages;
- Online "safe spaces";
- Online signposting to mental health charities;
- Student blogs;
- Third-party apps (e.g., Togetherall, Headspace);
- Podcasts;
- Telephone support;

- Peer mentoring and skills-sharing initiatives;
- "Well-being workshops";
- "Well-being appointments";
- "Well-being Wednesdays";
- Well-being noticeboards;
- Skills workshops.

Almost all of the offerings were advertised as universal rather than targeted forms of support, i.e., advertised to the university body as a whole. Web pages routinely offered disclaimers stating that their services were not, in the words appearing on one university "Wellbeing Service" page, "an emergency or statutory mental health service", advising students to contact a GP before using any university "well-being" services. Moreover, many interventions focused on mental health and well-being as skills to be coached through learning various frameworks and strategies like stress reduction. For instance, one university recommended Active Monitoring, a six-week self-help course in which participants move through workbooks provided by an "active monitoring practitioner" (Mind 2023). In these ways, universities positioned themselves largely as guides and overseers, steering students towards self-identification and behaviour management strategies, and the NHS as the rower.

Given the significant expansion of mental health–relevant guidance and provision, it is not surprising that there was unease regarding the risks that staff and other stakeholders were left "holding". We spoke mainly to individuals actively engaging with mental health initiatives relevant to HE, and therefore it is also unsurprising that participants were nonetheless overall positive about these developments. Interview participants did not state that universities' *only* role was mental health support. Rather, they overall communicated a sense that they were pleased that universities provided many avenues through which students might resolve problems conceived of in terms of "mental health".

The neoliberal regulatory university

The use of "neoliberalism" as a form of critique targeting institutional attempts to create "ideal, neoliberal, self-governing subjects" has become so widely invoked that it risks becoming a cliché. What we have drawn from our studies of media discourses and case study universities does not seem to match the simple model of an institution that attempts or even desires such subjects. It is true that students and staff in HE are discouraged from calling on expensive supports in favour of more diffuse forms of surveillance and behaviour management. Neoliberal processes of "responsibilization" also appear to be at play.

Yet is this the case? The idealized subject in these discourses is viewed, to a degree, as being capable and responsible. However, closer inspection reveals that this is at a minimal level whereby the expertise of professionals and other external authorities is deemed essential to allow the individual to deal with the adversities of life. Indeed, individual responsibility for coping is expressly discouraged. In its place is a similarly minimal form of coping which is to be embedded in external, professionalized, and institutional resources. Moreover, there is a tendency even for professional responsibility to be continually shifted downstream. At the end of this stream, however, are not individuals who solve problems, but rather individuals who learn to identify themselves as at risk and to seek out forms of institutional surveillance and self-surveillance, plus external frameworks and strategies for the management of the self and behaviour.

Thus, the autonomy taken for granted of (neo-)liberal subjects is cast into doubt. Claims-makers in media discourses expressly discouraged illusions of self-reliance and reliance on informal networks. Ideal subjects here learn instead to doubt their autonomy and to see their autonomy as a risk to themselves and others (and implicitly the institution).

Yet if neoliberalism of the cliched variety doesn't deliver, it appears at least to sell. The financial costs of mental ill-health and the "benefits" of "simple" interventions on university campuses like mindfulness instruction and apps are often suggested on the basis of reducing costs and the need for more expensive treatments. As one advocate of mindfulness training in HE put it, "[Mindfulness] doesn't require one to go anywhere, have any money, any prior belief: just a mental discipline to stop and breathe and let go" (Swain 2016, online).

Yet this subject who is capable of simply "breathing and carrying on" is also a subject that is aware of the imperative to seek out and accept such interventions as viable solutions. They recognize the need for regulation of everyday life and the institution's role in providing it. They must become aware of and seek out not only this form of support but the ever-proliferating and updating supports on offer. In other words, the ideal subject is one that constantly looks for external rules and guidelines for how to deal with even the smallest uncertainties. A form of subjectivity is thus preferred that is not autonomous, but rather heteronomous. These subjects must learn, as Chandler and Reid (2016) point out, that their actions are potentially a risk. They should not simply act, but constantly look for external regulatory guides for action.

A crucial part of what has driven institutional receptiveness across the HE sector to the mental health agenda is their existence as "communities of fate", which (Waggoner and Goldman 2005) characterize as where the successes and/or failures of entire sectors are absorbed by their constituents. Individual institutions become increasingly conscious of industry-wide risks, responding with coordinated risk management. Larger players may also push for regulations, knowing weaker rivals will struggle to compete within increasingly strict regulatory frameworks. In the present analysis, many claims-makers stressed risks of suicide and litigation should universities breach their "duty of care" (Frawley 2023). Mental health lobby groups successfully drew on this risk awareness and aversion, constructing a "crisis" situation and risk of student suicide to push for greater attention to, and spending on, mental health services.

Regulatory capture begins to occur as larger institutions compete for greater market share, with mental health and well-being supports becoming a key part of value for money. Mental health and well-being also offered an unproblematic frame for surveilling other individual and industry-wide risks, including attendance monitoring of international students and reducing student dropout rates. Regulation offers the possibility that disruptive or dangerous student behaviours can be neutralized and, via organizations offering to train students in various forms of peer support, even turned into an asset. In this way, a symbiotic relationship opened up between institutions increasingly anxious about sector-wide risks and various stakeholders pushing or benefitting from a new and visible issue.

Many of the groups that become involved in the oversight and monitoring of HE mental health and well-being have vested interests in the visibility and continued support for the issue. For mental health charities and student groups like the NUS, it gives them visibility in relation to a new problem, opening up new avenues for funding. Concessions can be won when they have been lost elsewhere, for instance, in preventing student fee rises. An increasing emphasis on "co-production" (e.g. Piper and Emmanuel 2019) opens up new avenues for individual students to become involved in a "worthy cause" and to build curricula vitae (CVs), while institutions also benefit from more cost-effective student-led interventions like peer mentoring or mental health first-aid training. Indeed, one prominent type of claims-maker we identified in the UK news media (see Frawley et al. forthcoming) was the professional "ex-", students whose prior struggles with mental health issues become a source of meaning and purpose and formed the basis for future employment and entrepreneurial endeavours.

Perhaps pragmatically, universities subtly diffused these new threats across the whole institution and into a "range of supports". In a report prepared for the Higher Education Funding Council for England (HEFCE) by the Institute for Economic Affairs and Researching Equity, Access and Partnership (Williams et al. 2015), HE institutions appeared to be aware of the risks of too great a buy-in on mental health. While they were receptive to claims that HE institutions needed to give greater mental health and well-being support or risk failing in their "duty of care" and becoming vulnerable to litigation, they were also keen to disperse risks, favouring initiatives that promised to enlist students and non-mental health/well-being service staff. If the primary solution to mental health issues is for universities to provide high-quality, well-trained counselling staff and demand gets "out of hand" (Williams et al. 2015, 50), universities face the risk of failing in their "duty of care" despite their expansive (and expensive) buy-in. In other words, spreading out this risk and encouraging other parties to take ownership of the issue represent an opportunity on the part of institutions to dissipate and dilute it.

This tension between affirming a mental health agenda while remaining wary of its consequences opened the door to claims-makers offering a diffuse array of interventions, not just representatives of counselling bodies who had been some of the first claims-makers lobbying for greater attention to, funding for, and expansion of professional services. Mobile phone apps, charities (for instance, offering forms of animal therapy), intervention developers, and representatives of other lobbying organizations became increasingly vocal and found their interventions being incorporated into an ever-broadening “range of services” that promised not to “treat” but more ambiguously “support” student mental health.

Moreover, universities’ distancing themselves from “rowing” on mental health service provision and opting instead for a “watchman” role gives institutions and stakeholders within them new roles. While appearing to make headway on a visible agenda, they can provide “support”, “care”, and “safe spaces” while minimizing individual and institutional risks. Without promising to “fix” problems, risk is shifted downstream and dispersed into an ocean of individuals across the institution.

Yet buy-in continues to represent a double-edged sword. Interview participants expressed anxieties about the risks they carried should they be responsible for student mental health and something goes wrong. Institutions encouraging self-identification and reframing of problems through a mental health lens may still end up unable to meet the ever-escalating rate of demand. Part of the defusing and diffusion of risk we observed was therefore logical. Yet the result is an expansion of the regulatory institution into more and more aspects of individual and everyday life.

Conclusion

Lurking beneath these developments is a vision of human subjects, and especially of the young people that comprise the object of these discourses and interventions, who are incapable of solving problems in their own existing, “uncoached” networks. Autonomy and self-governance become risks to the institution – they ostensibly manifest in poor attendance, dropouts, and even suicide. Yet mental health frameworks for understanding and intervening, especially when students are encouraged to undertake training and train others, offer the opportunity to transform these risks into institutional assets.

It is unlikely that many of the problems subsumed under the banner of mental ill-health can be solved by attending to them there, particularly as so many interventions resolve into surveillance and behaviour management techniques. However, when problems persist, it is likely that we will not see a questioning of the overall mental health framework nor the regulatory institutions into which it has been subsumed. Instead, we may see renewed calls for more intervention, more regulation, more institutions to do their share, and more certainty about the dangers of the autonomous subject left unchecked. Autonomous subjects cannot be left to self-govern because at the heart of these discourses is a belief that people cannot do this without coaching.

Note

1 While there is some overlap across these distinctions, elite typically refers to world-class UK institutions with long histories and large endowments, Russel Group universities refer to the 24 members of the Russell Group, and “red brick” universities

are those that appeared in the late 19th century until the 1960s. With some controversy, these differ in terms of perceptions of prestige and reputations for research excellence, with the elite institutions being the highest regarded and attracting the highest proportion of research funding.

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14 Voice-Hearers and Highly Sensitive People Reversing the Stigma of Madness

Dissolving, Stating, or Valuing the Difference?

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Introduction

In *The Society of Individuals*, Norbert Elias pointed out how the process of differentiation and specialization affecting our contemporary Western societies had produced and instilled among individuals a profound sentiment of being different from others, a feeling of an irreducible singularity (Elias 1991). But what does it mean to be different? In a society where autonomy is a condition (Ehrenberg 2010), being different is associated with "being oneself" and developing one's own *lifestyle* instead of trying to blend into a dull normality, even if, of course, from a sociological point of view, this refusal to comply with norms is in itself a very powerful normative value (see Ehrenberg and Marquis, in this volume).

Mental health issues and categories have come to play an ever more significant role in the response to the question "Who am I?" and to the definition of each individual's lifestyle. This may seem paradoxical, since mental health categories have long been associated with the burden of stigmas. Several changes in the perception and treatment of mental health over the last four decades allowed this new centrality, namely, the depathologization of mental illness to include well-being in mental health issues; the demedicalization of mental health and the fact that service users have regained their voice through *narratives* that challenge the divide between experts and laymen; the growing reference to a *recovery* process that is always accessible through techniques such as cognitive rehabilitation to each individual; the accent on each individual's hidden potential, nested, for example, in their plastic brain; and the valorization of alternative ways of living, thinking, and functioning deemed to have been repressed by a too normative society (see Marquis and Moutaud 2020).

Though incomplete, these processes, some of which are discussed in this chapter, have led to scientific and common-sense attempts to get rid of the normal/pathological divide that is supposed to have organized the modern understandings and treatments of mental health issues (Foucault 1976; Goffman 1961) and promoted the reference to diversity. As Ehrenberg (2018)

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has shown, the conceptualization of autism, when it moved from a psychodynamic illness (linked to emotional deficiencies during childhood) to a neurodevelopmental disorder, is a key case in this regard. Not only did this shift reduce the (moral) responsibility of parents (especially mothers), it also helped to develop and popularize the nowadays successful paradigm of *neurodiversity*. Instead of being a medical disorder, autism began to be seen as an alternative and resourceful form of life (Forest 2022; see also, for an example, Temple Grandin's book [1986]). Progressively, other categories were subjected to the same process, especially attention-deficit hyperactivity disorder (ADHD) and learning disorders (dyslexia, dysorthographia, and dyscalculia), promoting the idea that *dys*(functional) should be understood as *alter*(native).

This chapter focuses on two labels, "voice-hearers" (VHs) and "highly sensitive persons" (HSPs), that have recently gained a foothold in France and French-speaking Belgium. Both categories offer to *reframe* a particular kind of (mental health) experience as clues to an alternative way of being rather than signs of illness. Hearing voices should no longer be understood as a symptom traditionally associated with the diagnosis of schizophrenia through the concept of auditory hallucination (Woods 2011). The experience of being constantly overwhelmed by too many emotional and sensory stimuli (Aron 1996) should no longer be discredited as an indicator of personal weakness or an individual's inadaptation. Both labels gave birth to movements and communities, the statements of which can be summarized as, "I'm not mad, I'm just different":

> The Hearing Voices Movement takes a depathologizing approach to those experiences gathered under the term "psychosis," arguing that phenomena such as voices and visions fall on the spectrum of human diversity and need not be understood through a disease lens.
>
> (Peer researcher and activist Rory Higgs 2020)

> Every time you notice: this a feature of my high sensitivity, you have to say to yourself: "I am not mad, it is just a feature of my functioning, which is explained from a neurological, evolutionary, philosophical point of view".
>
> (French philosopher and promoter of meditation
> Fabrice Midal, during an online course
> about high sensitivity in April 2022)

> We are not mad, neurotic, weak or hypochondriacs. We are wonderful people with a gift that we must learn to manage.
>
> (self-help book author Judith Orloff 2018)

The first part of this chapter briefly traces the genesis of these two categories and their later arrival in the French context. We shall see that the VH and HSP movements have different origins. The former is deeply rooted in a struggle with the psychiatric field, whose psychopathological labels are considered inaccurate and stigmatizing. In contrast, the HSP movement seems to belong to the other end of the spectrum, since it involves mainly people who have no contact with psychiatry and are more concerned with self-help (Marquis 2014) or self-optimization (Röcke 2021). We shall then argue, in a second section, that despite these differences in their backgrounds, the VH and HSP movements (their advocates and their users) face very similar tensions concerning the qualification, meaning, and valuation of these "different experiences".

By focusing on the French institutional context, we shall see in the third section that the evolution of these labels and the tensions that they encounter are part of a much more general movement, namely, the attempt to depathologize mental health through a reading of mental health problems in terms of disability. Meanwhile, the understanding of disability is also undergoing a profound transformation, with the institutional consecration of the so-called "social model of disability".

In the last section, we shall show that while this dual movement seems to mean the progressive imposition of a totally constructivist reading of disabilities or mental health problems, the tensions of VH and HSP movements illustrate the difficulty of maintaining this stance to the end. Finally, we shall conclude by pointing out how the varied uses and success of these labels, as well as the overall movement to which they belong, reallocate responsibility for difficulties and suffering between a society perceived as normative and pathogenic and an individual endowed with a potential to develop against these norms. As such, these elements are clear examples of ways of addressing difficulties and taking advantage of them to differentiate oneself in a society where autonomy is a common condition.

A brief history of two labels: HSP and VH

The category of "highly sensitive person" was first coined in the United States by Elaine Aron, a Californian psychologist who referred to both Jungian psychoanalysis and psychobiology. In 1996, she published *The Highly Sensitive Person*, which quickly became a national and then an international bestseller. In this book (and in the article published with her husband in 1997 about the concept of "sensory-processing sensitivity" (Aron and Aron 1997)), she claimed to have discovered a new temperament to be distinguished from introversion, inhibition, or simple shyness. HSPs are thus said to constitute a distinct category of individuals representing around 20% of the world's population with different characteristics: greater depth of processing, sensory overstimulation, stronger and more intense emotional reactivity, and an ability to detect and feel the subtle nuances of a situation or environment. Aron's book was translated into French in 2005 under the title *Ces gens qui ont peur d'avoir peur* ("Those people who are afraid to be afraid"). However, it was not until 2015 that the category began to circulate in French public space, thanks to the psychoanalyst and best-selling author Saverio Tomasella and, later, to the philosopher Fabrice Midal, founder of the "Ecole de la meditation" ("Meditation school"), who published *Suis-je hypersensible? (Am I Hypersensitive?)* in 2021. Since then, the label has been widely taken up in specialized magazines and on social media. It has become the subject of many dedicated Instagram accounts, YouTube channels, and blogs as well as a plethora of tests to "diagnose" high sensitivity. Although it is the subject of criticism and controversy because it is not recognized either in psychiatric nomenclatures or as a scientific concept, it is nonetheless widely used by many psychotherapists and coaches, who offer a range of coping and support practices for HSPs. For instance, Elaine Aron quickly established a certification to be able to define oneself as a "therapist for HSP", available by following a cycle of training courses. In France, the *Observatoire de la Sensibilité* (Sensitivity Observatory), founded by Tomasella, also provides training for professionals, therapists, teachers, and parents wishing to work with or support HSPs. Various associations and groups have also been set up over the last ten years to organize meetings, holidays, or events for HSPs.

The Voice Hearers movement (Intervoice) is an international structure founded in 2007 (on the basis of already existing national networks) that defines itself as a community sharing a fundamental idea: hearing voices is not, in itself, a sign of illness. Its origins can be traced back to the decisive risk taken by Dutch psychiatrist Marius Romme who, in 1987, finally agreed to take seriously what his patient Patsy Hague had to say about the voices she heard. In doing so, he introduced a double shift. Firstly, it meant overcoming the stigmatization and disqualification by psychiatry of a truly lived experience as nothing more than an "auditory hallucination" (Hoffman 2011). Secondly, hearing voices is not necessarily problematic. While it may be experienced as painful, it is entirely possible to develop coping strategies (Everard and Le Malefan 2013). Romme and Escher quickly popularized this approach when they published an article in 1989 introduced by psychiatrist J. Strauss and anthropologist S. Estroff in the renowned *Schizophrenia Bulletin*. However, this "founding story" (Molinié 2021) tends to conceal the fact that this movement and its institutionalization are part of a long process of reconsidering schizophrenia. Schizophrenia was initially seen as *dementia praecox* (Eugen Bleuler) with a terrible prognosis, but in the 1970s, research in epidemiology (Manfred Bleuler, but also Carpenter and Strauss 1991, Warner 2013) and phenomenological psychiatry (*Schizophrenia as a Lifestyle,* edited by Arthur Burton in 1974) gradually turned the diagnosis of schizophrenia into a condition compatible with the hope of recovery. In 1979, the same *Schizophrenia Bulletin* opened a personal account section, featuring patients' accounts of their own experiences of hearing voices, introducing the idea that institutionalized psychiatry should take what patients say seriously.

Nonetheless, this heroic narrative from Intervoice, in line with the "survivors of psychiatry" movement, is indeed what was appropriated by the various networks of VH that have gradually emerged, for example, with the Hearing Voice Network in Great Britain in 1988 and the Danish network

"Stemmehørernetværket i Danmarks" in 2005. In comparison, it was much later and more timidly that the movement gained a foothold in France in 2011, thanks to the "discovery" of Romme's work by psychologists Yann Derobert and Magali Molinié ("And French psychiatry would never be the same again!" says the REV-France website). Today, the movement organizes many events (for instance, "Self-management and mutual aid, beyond mental health: meeting us to liberate ourselves!", as the title of the REV Gathering in July 2023 states) and training courses on, among other issues, understanding one's voices, peer support, and choosing one's life.

Between dissolution, recognition, and valuation of difference

VH and HSP can be considered "thick concepts" (Williams 1985), that is, by offering to label experiences and individuals, they are not only descriptive but also evaluative. The aim is not only simply to redefine them using other notions and other terms but also, and even more so, to re-evaluate them *positively*. In so doing, they produce a performative effect of positioning these experiences vis-à-vis an established body of knowledge of which they offer a critique. For the VH, it is crucial to leave the purely biomedical model embodied by the conceptualization of voice hearing as a symptom of auditory hallucination. HSPs also want to move high sensitivity away from a framing as (social) inadaptation. On both sides, the fundamental issue is the recognition of the objective reality of a subjective experience in a social and medical context that is judged as either not giving it its rightful place or disqualifying it. To do so, both movements create alternative qualifications that enable them to build a community and to redistribute the forms of expertise and legitimacy needed to label and to act on lived experience. Concretely, this redistribution involves assigning a privileged status to first-person testimonies, peer expertise, and forms of individual support and coaching. That being so, it is striking to notice that these two labels and their uses are caught up in similar conceptual and practical tensions.

The first one concerns what might be called the "dilemma of difference": Are these experiences and individuals clearly and sufficiently different to be treated separately (in a categorical way), or are they simply variations on a continuum? On the one hand, for both the VH and HSP, the aim is to depathologize an experience, to bring it back into the fold of shared humanity. As Vincent Demassiet, a French VH regularly invited to speak in conference for healthcare professionals, puts it in a 2013 intervention at the "3e Congrès de rehabilitation psychosociale": "Don't see us as [medical] cases, as schizophrenics; put us in our place, that is, we are human beings and that is important". In contrast to the normal/pathological dichotomy, this way of presenting things suggests a reading of experiences in terms of continuity and degrees (everyone is sensitive, but not in the same way, and everyone can hear voices, but not with the same intensity). However, on the other hand, for these categories to make sense, they need to offer distinctions and differentiate certain experiences from others that are not: not everything is about hearing voices or high sensitivity. The continuum reading is thus put in tension with an understanding in terms of critical thresholds, which is, for instance, expressed by the reference to the proportion of the population that would be affected by these experiences, implying that another part would not be. This tension is made explicit in the scientific work done around these concepts:

> Voice-hearing is a diverse phenomenon experienced in some form by a significant proportion of the population (with or without mental health diagnoses), with multiple cognitive, neural, personal and sociocultural mechanisms influencing its causes, dynamic development and phenomenology. Our approach [...] highlights that we cannot assume any simple continuity of mechanism or experience across the spectrum from everyday through non-clinical to clinical voice-hearing, even when many aspects of subjective experience are shared.
>
> (Toh, Moseley, and Fernyhough 2022)

> In most conceptualizations of SPS [sensory processing sensitivity], the construct is described as a continuous dimension from low to high sensory sensitivity (...). Nevertheless, SPS is also often described as a categorical trait differentiating highly sensitive from non-highly sensitive persons. (...) It is often stated that about 15-20% of the population can be considered high on SPS. (...) Assuming a continuous trait dimension, those estimates would be meaningless or at least arbitrary as the cut-off separating highly sensitive persons from other individuals could be set at any point.
>
> (Hellwig and Roth 2021)

The second tension concerns the legitimate uses of the category: Who can (and based on what) apply (to themselves) the label of VH or HSP and certify that what they experience is different from a trivial or common experience? Can one claim to understand this experience if one is not living it oneself? And are there, eventually, two sufficiently similar experiences of VH or HSP for people to be able to understand each other, or are there as many ways of being VH or HSP as there are people who say they are? On the one hand, promoters and users of these two labels are pursuing the twofold aim of promoting the personal account of one's particular experience and enabling each person to reappropriate a narrative experienced as distant and disqualifying when it comes from outside experts who validate or invalidate their personal sensations. On the other hand, in support groups and public discussions, there seem to be formal or informal rules establishing, if not conditions for being able to mobilize these labels, at the very least principles for differentiating "good" or even "genuine" HSPs or VHs from situations in which the label seems usurped (see Marquis 2018, for more on similar processes regarding the category of resilience). In other words, this tension points to the rights and duties attached to the use of any shared category, as Evans-Pritchard had shown in relation to the category of bewitchment among the

Azande (Evans-Pritchard 1976). As far as high sensitivity is concerned, this tension is embodied in the problem of diagnosis, since it relies mostly upon the social practice of self-diagnosis using tests available in books, on websites, on social media, and so on. For instance, on social media, publicly declared hyperemotivity (such as crying easily in front of a film) is often not considered a sufficient characteristic to prove true high sensitivity (the sensory and cognitive dimensions are missing). In the same way, the claim that personal experience is irreducible to someone else's account (even if it is given by another person who applies the category to himself or herself) fits in perfectly with the modern claim that an individual has exclusive access to his or her inner self. However, it frequently runs alongside the claim by HSPs and VHs of forming a community and speaking as or on behalf of "us HSPs" or "us VHs", assuming the existence of a common denominator on which it is possible to agree.

The third tension regards the nature of the experience, and in particular its valence, which is always both positive and negative. By crossing the two previous tensions (continuum/category and legitimate/illegitimate uses), the main issue is first to label the "quality" of the VH or HSP experience: Is it simply different from an ordinary experience, as part of an irreducible diversity of forms of life, or is it an experience whose quality can be evaluated and measured by its distance from the ordinary (the normal) experience? Then, if so, is this quality inferior (because of the impediments this condition creates, for instance) or superior (because it gives access to an exceptional relationship with the world or offers very special skills) compared with a life free from hearing voices or high sensitivity? On the one hand, voice hearing and high sensitivity are presented as difficult, painful experiences, not only because in both cases the people concerned can be overwhelmed by insecure or even threatening experiences but also and above all because their suffering is redoubled by the fact that they are not taken seriously. But these labels both claim to have a political potential which, far from being confined to mere recognition, aims to produce a "stigma inversion" (Goffman 1963) – while not denying the difficulties that people may encounter. Voice hearing and high sensitivity would be qualitative phenomena, even extraordinary, in that they give access to other forms of existence, even if (or even thanks to the fact that) it involves a form of suffering or a complicated experience with which one must learn to cope through the help of peers or experts. Therefore, for VH, there is no reason to seek to suppress voices on the pretext that they are auditory hallucinations, as psychiatry claims. On the contrary "voice hearing" refers to an "experience worth exploring" (Derobert 2016, 165). Similarly, high sensitivity is not something to be reduced or managed, but rather cultivated and explored. In an online course, famous meditation coach Fabrice Midal explains, for instance:

> The path I propose consists in no longer approaching high sensitivity from a medical point of view – I don't believe that high sensitivity is a deficiency that needs to be cured. But we do need to learn an art of living to make peace with it and turn it into a strength.

Between dissolution, recognition, and valuation of difference, the three tensions (continuum/category, self-qualification/external recognition, and positive/negative valence) are extremely interrelated. Far from being merely theoretical, they emerge in many controversies and can be identified in empirical work (Gabet 2021). In the fourth part of this chapter, we shall show how the promoters and users of these labels deal with these tensions by developing a seemingly paradoxical configuration of attitudes that is both naturalist (to anchor the existence of these unusual experiences naturally) and constructivist (to emphasize the fact that, in many respects, this difference and its consequences are the result of a social construction). To explore this apparent paradox, it is first necessary to understand better the institutional context in which these labels flourished, albeit later and more timidly, in France.

From mental health to disability and back again?

In France, the late popularization of these labels is part of a major shift in the way mental disorders are understood and treated: the opening up of mental health disorders through the formulation, by the 2005 law for "equal rights and opportunities, participation and citizenship of people with disabilities" ("the Disability Law"), of the concept of "psychic disability", which is defined as a lasting impairment of a person's mental state that may compromise some or all of their social autonomy. Psychic disability now sits alongside physical and mental disabilities. On the one hand, psychic disability has at last been clearly differentiated from these two other forms of disability, as requested by associations of psychiatric users and parents (UNAFAM) who for decades have pushed "to put an end to equating psychiatric difficulties with intellectual disability" (Pachoud 2011). On the other hand, since it is now considered to be another kind of disability, psychic suffering is treated in the same way physical and mental impairment are, since the mental disorder that causes it is, in turn, interpreted primarily not in terms of its causes, but in terms of loss of function and impediment (particularly in terms of personal autonomy and participation in social life), like all other forms of disability. Sociologically speaking, we could say that psychic disability becomes the key to measuring a person's distance from the rights and expectations of a society of autonomy as a condition: being oneself, acting on one's own, and being properly socialized (Marquis 2022). It also serves as a tool for seeking to reduce or to compensate for this distance. "Psychic disability" therefore seems to signal the triumph of a reading of mental disorder based (only) on its consequences, which destigmatizes the former "patient" who needs to be empowered to participate in society, as is the case for any people with any disabilities.

The issue of (re)integrating people suffering from disorders goes back, in psychiatry, at least to the 19th century (Gauchet and Swain 1980). In the mid-20th century, the institutional psychotherapy movement spread the idea that good mental health care did not consist solely of moral guidance within the walls of an asylum or hospital but also involved supporting people outside of institutions and throughout their lives to help them overcome the difficulties that they had participating in society (Henckes 2009). With improvements in medical prognoses for people suffering from serious mental disorders, the vocabulary of adaptation gradually took over from that of curative action: the objective is to "live with" the consequences of the illness. However, this shift is still generating major tensions about the singularity of mental disorders, and now the matter of "psychic disabilities".

Alongside family associations, civil society or institutional promoters of the recovery ideal (see Linder 2023) are unsurprisingly among those who welcome the shift from the vocabulary of illness to that of disability. For the people concerned, it offers an Esperanto that has the advantage of no longer having to suffer from the stigma attached to the label of mental disorder or even madness. Furthermore, the disability paradigm opens up an approach in terms of degrees and spectra, whereas the vocabulary of illness remains marked by the normal/pathological divide. Finally, the approach in terms of disability offers an opportunity to go beyond treatment and to consider forms of intervention more in line with contemporary representations and expectations around recovery, support, care, and empowerment.

The aim is to overcome the illness that has become a disability "by re-engaging them in an active and social life, restoring a sense of control over their lives without waiting for a complete remission of the illness" (Pachoud and Plagnol 2016, 103). However, concerns denouncing the risks of an approach based on psychic disability have been raised, particularly by mental health professionals who are concerned about the singularity of the subject they are treating and the future of their practices. Firstly, they claim, such an approach would mean reducing mental disorder to a language that is not designed to reflect its complexity. Secondly, it would make the matters of meaning and intentionality, which are essential in this type of disorder (Ehrenberg and Lovell 2001), peripheral, if not completely ignored. Furthermore, there is concern that this approach based on loss of functioning and justifying a rationale of (social, professional) rehabilitation and (cognitive) remediation could be an inclusive cloak promoting neoliberal principles applied to the weakest among us (Zygart 2014). Finally, it is not even certain that the concept of psychic disability fulfils its promise of destigmatization. On the one hand, describing a disability as "psychic" runs counter to a universalist conception of disability characterized precisely on the basis of its effects rather than its causes (Ravaud 1999). On the other hand, in order to benefit from resources (particularly financial ones) to compensate for a loss of function, one must be granted the status of "psychically disabled" by the state, thus moving a condition that is often invisible at first sight from the private to the public sphere. This can be experienced as a real stigma (Vidal-Naquet 2009), as Magali Molinié, the founder of REV France, says:

> The category of "psychic disabled" remains paradoxical, a source of confusion and shame for people. It affects their identity and can be

> experienced as a form of violence, an attack on their dignity. It can also be perceived as paternalistic. It […] does not value the subjective and reflective resources of users. By establishing a constrained framework, it can even hinder the beautiful escapes of a recovery journey.
>
> (2018, 120)

However, at the same time as mental health is being equated with disability, the understanding of disability is itself changing. The Convention on the Rights of Persons with Disabilities adopted by the United Nations (UN) in 2006 and ratified by France in 2010 aims to ensure that people with disabilities also enjoy effective human rights. The Convention, which is overseen by the Committee on the Rights of Persons with Disabilities (CRPD), places the social duties regarding people with disabilities in the framework of "equality, autonomy and inclusion". It enshrines in hard law the right of people with disabilities to make decisions about their own lives, a long-standing demand of the disability movement: "nothing about us without us". It guarantees the "equal right of all persons with disabilities to live in the community, with choices equal to others" (Art. 19), meaning that a person with a disability must be able, if he or she wishes, to live fully in society and the obstacles that he or she encounters should be offset. Above all, the CRPD institutionalizes the shift from a medical approach to a social model of ability, whereas in the International Classification of Impairments, Disabilities and Handicaps published in 1980 by the World Health Organization (WHO), disability was still a "personal tragedy" (Ville, Fillion, and Ravaud 2014), a pathological or dysfunctional characteristic of the individual. Finally, the CRPD enshrines the disability studies approach, under which disability is the result of an interaction between a person and an environment to which adaptation is required.

The following question then arises: Is there anything "objective" about disability, or is it merely a social construct resulting from the environment's unsuitability for certain forms of life and giving rise to the exclusion and stigmatization of people with certain particularities?

The human rights lawyer Rosemary Kayess (now chairperson of the UN CRPD) noted in a 2008 paper regarding her experience in the preparatory works of the CRPD that two logics regarding the social model of handicap coexisted. The first one, rooted in academic critical disability studies, distinguishes impairment and disability. While it considers disability to be the result of a social oppression, it does not deny the existence of impairment "as a dimension of the ontological and phenomenological experience of disability" (2008, 34). The second one radicalizes the social constructivist aspect of the model by claiming that impairment has "no underlying reality" (*Ibid.*) beyond the problematic social treatment of disability. In this "uncritical, populist understanding of the social model of disability" (*Ibid.*), one might say that no impaired individual exists, only different persons suffering from disabling social environments and discourse.

This post-structuralist view eventually dominated the landscape, not only in the grassroots movements but also in legal theory (see Quinn and Degener 2002) and in the interpretation of the CRPD by an ever more militant Committee in its successive General Comments. Last but not least, it is the normative horizon of many policies (see Marquis 2015), as well as of many theories regarding disability or mental health in the social sciences, where most treatments of persons with disabilities or mental health problems are considered to be means of oppression (thereby reactivating a Foucauldian perspective).

A culpable society, a capable individual: the construction and naturalization of differences

When mental health disorders are equated with disability, this constructivist reading (which sometimes goes so far as to deny the existence of impairment or illness) is further reinforced by the seemingly invisible nature of the mental disorder, which can easily be translated as an oppressed-because-alternative lifestyle. For example, for Intervoice, the international network of voice-hearers (but also for the members of REV-France), schizophrenia does not exist as an illness; it is an invention of psychiatry to consolidate its power:

> There is no physical, nor psychological test for schizophrenia and in all honesty psychiatry can only say that schizophrenia is a concept, a theory that has yet to be proved. In spite of this psychiatry acts as if schizophrenia is a proven disease and the treatments offered and most of the information available to ordinary people about schizophrenia perpetuates this fiction.
>
> (Intervoice, 2011)[1]

Besides the general re-translation of disorders of all kinds into the de-pathologizing language of functioning, there is another fundamental point of convergence in these transformations of mental health and disability in the common sense, policies, and a certain part of social sciences. Here we see that the responsibility for what is problematic is reattributed to "society", defined as a set of binding norms, or even as a pathogenic entity producing diseases of normality, not only in academic circles (see the works of A. Honneth, G. Le Blanc, or J. Butler) but also in common sense:

> The highly sensitive person is not ill, just someone who is normally sensitive in a world of excessive stimulation (…). What is this society that would say that someone who is sensitive to the emotions of others, is sensitive to beauty, is an ill person who need to be treated? Why should that be, to become less so? Less sensitive to beauty, less sensitive to the emotions of others? I think that is the sign of a very ill society."
>
> (famous psychopedagogue Bruno Humbeeck
> on Belgian state television, 2023)

What is targeted by the blurry term "society" is any form of institution perceived as routinely exercising a form of violence, as evidenced by the current success of the "de-institutionalization" theme in the fields of disability and mental health (and the difficulty of dissociating scientific and activist positions on this point). In this way, not only are the structures (for instance, care facilities) targeted but also, as the case of HSP and VH labels shows, the terminology itself, which is to be reappropriated against an established order in a power struggle. There is no question here of criticizing this attribution of responsibility for disability or mental health problems to society. However, it should be noted that, from this point of view, the HSP and VH labels and the overall tendency to approach these phenomena by attributing responsibility for the disorder to the community at large (in other words, by locating the reality of the problem at this collective level) is a perfect example of the attitude toward contingency (to use Winch's term) in liberal-individualist societies where autonomy is a common condition and everyone is assumed to have a personal potential, even if it is sometimes hidden because it is oppressed by a society that makes no room for it. This attitude to contingency refers more precisely to this general attitude regarding adversity, which allows people not only to frame problems in certain ways but also opens up possibilities to act on them by relying on available cultural categories. In individualistic societies, it refers to the opposition between a normative and constraining society, on the one hand, and a resourceful individual, on the other (Ehrenberg and Marquis, in this volume). With this global, academic, and common-sense blaming of "society", the (radically) constructivist stance seems to have taken hold. And yet, it does not seem possible, or relevant, to maintain it to the end in practice in the field of mental health any more than in disability, neither for VHs nor for HSPs.

The first reason is that even when one ardently wishes to move away from a medical, naturalizing, or positivist model of disability or mental illness, it is sometimes simply impossible, faced with a body disorder, to pretend that nothing is wrong or simply to explain it by referring to oppression by society. Henckes and Marquis (2020) show that this dilemma arises for researchers who claim to want to "take seriously" the voices of people with severe mental disorders when they are confronted with statements that make no sense. Similarly, even the most radical VH movements do not deny the existence of "clinical voice-hearing" that requires "clinical" help and support. For it is impossible to ignore the fact that these alternative experiences of voice-hearing or high sensitivity generate suffering, a feeling of being overwhelmed, and impairments that it would be a bit absurd to attribute to some form of social oppression.

The second reason has to do with the tensions mentioned above. If one wants VHs and HSPs to exist socially as labels that one can apply to oneself and to be recognized as belonging to such a category (also by those who "are not"), if HSPs and VHs are to exist as groups on behalf of which one may speak, they must be founded somewhere in natural and social reality and be endowed, as we have seen, with external criteria to which one can refer (unless the only common point is the fact of feeling socially excluded). This brings us back to the paradox raised by the anthropologist Veena Das (1998) who, following Wittgenstein, shows the impossibility of experiencing private suffering that has no existence other than the perception of the person living it. So where does this reality lie? As "society" is confined to its supposedly normative role of oppression and non-recognition of diversity, the reality and causes of these experiences are first and foremost to be found, in this perspective, in the individual's inner self and brain. The promoters of these labels refer extensively to the neurosciences, to their vocabulary (brain plasticity, genetic determinism, mirror neurons, and so on), or to their instruments and methods (brain imaging, twin studies), even if this means adopting frankly deterministic conceptions of cognitive neuroscience (see Plomin, quoted by Morel in this volume). For HSPs, the condition is conceptualized as an innate, neurobiologically based trait: there is a natural foundation for the distinction (whether categorical or not) between HSP and non-HSP. The intensity of emotional and sensory life is said to be the product of these natural causes, and the promoters thus constantly insist on the importance of considering the biological substratum of high sensitivity, albeit in a conjectural or hypothetical mode. Then, at the other end of the spectrum, (super)natural entities such as magnetic fields, voices, and felt presence are also given the status of reality. Once again, the main property of the role played by these entities, whether internal or external, is that they are not recognized by "society".

Conclusion

In short, while the success and uses of the HSP and VH labels are part of the process of giving value to a less medical and more constructivist approach of mental health experiences (in line with the transformations described above), they do not hold to this relativist model to the end. They combine a naturalist and a constructivist stance that this chapter has tried to make clear. These developments show that the purpose of the constructivist attitude, even at its most radical, is not so much to deny the evidence of individual differences as to ascribe to society, rather than to individuals, the responsibility for most of the negative consequences of the differences that characterize them. Once again, the promoters of labels are not unaware of the suffering reported by HSPs and VHs, and here the constructivist stance is reintroduced. These difficulties and sufferings are indeed considered the consequences of the discrepancy between their characteristics and certain social norms. Like the "disabling society", society is conceptualized as "hyposensitive" by the HSP movement, and as "conservative" or "neurotypical" (or in French, "*normopensante*") by the VH movement. The society is dysfunctional and pathological, not the individual, producing undue shame for people with differences (Woods 2017). The demand for performance; rationality; the quest for efficiency; the need to hide one's emotions; and the impoverishment of connections to oneself, to others, and to the world are all norms that are not only unsuitable for HSP and VH but prevent them from fully realizing their potential and produce suffering and difficulties for them, and both movements like to cite Krishnamurti's best-known quote: "It is no measure of health to be well-adjusted to a profoundly sick society".

However, once this reversal of the responsibility for negative experience is done, it seems extremely important to (re)naturalize the origin of the extraordinary experience and to locate it in the individual (its brain, its genes, its relation to [super]natural entities). Like many movements, HSP and VH criticize the current interpretation of alternative experience in terms of "dysfunction" (hence the doubts expressed about "psychic disability" by REV-France, see above) as the sign of the normativity and closed-mindedness of a society incapable of welcoming the natural diversity of people and functioning. But they do not seem to be satisfied by the simple observation that HSPs and VHs are just cases in an incommensurable diversity of "alterfunctioning" people. They claim that they are in some ways better (which doesn't imply always happier) than normal, sometimes hyperfunctional, and able to live a richer and more connected lifestyle. In some cases, they are also presented as the necessary seeds for the much-needed changes the world and society should undergo. VHs and HSPs are merely not like the others. They are not mad; they are different, and they are proud of it.

Note

1 https://www.intervoiceonline.org/2253/blog/news/hearing-voices-schizophrenia.html#content

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Afterword

Beyond Autonomy

Nicolas Marquis

The chapters in this book present a much more nuanced picture of our societies than the sketch that opens the introduction to this book. Still, they show how and to what extent autonomy has become a central reference in much of the discourse and many of the practices in liberal individualistic societies. The exploration of the three areas of parenting, education, and mental health care on which some individuals, often stirred by policies or by moral entrepreneurs, claim to build the autonomy of other individuals on proved to be very informative about the tensions and contradictions at the core of societies in which autonomy is expected of every person because everyone has a potential to develop.

The contemporary idea of hidden potential is so deeply entrenched that it has become second nature. Its importance to members of individualistic tribes makes it relevant not to dismiss it as a simple construct or as a blinding ideology, but to take it seriously, as all chapters in this book did. In a nutshell, it says reams about what living in an individualistic society means. However, because we are so accustomed to this way of living, it may be hard for us to imagine how it could have been otherwise. A look back offers a striking contrast.

In 1831, the 26-year-old Frenchman Alexis de Tocqueville visited America to learn about the new republic's prison system. However, as an aristocrat, he was much more struck by the importance (at least theoretically) of equality in American society. The two volumes of his magnum opus, entitled *Democracy in America*, were an immense success when they were published in 1835 and 1840 in his native country, where monarchy had been restored since the fall of Napoleon's empire. One of the most fascinating and visionary pieces of this work is to be found in Chapter VIII of his second book (1840, see De Tocqueville, 1848), entitled "How Equality Suggests to the Americans the Idea of the Indefinite Perfectibility of Man".

Alexis de Tocqueville writes that, in his view, perfectibility is a natural fact and can be seen as one of the distinctive natural traits of humans compared with other living beings: "Although man has many points of resemblance with the brute creation, one characteristic is peculiar to himself, he improves: they are incapable of improvement". But, says Tocqueville, this natural fact has become in democratic societies a "great philosophical theory" because these

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societies have got rid of the assignment of each human to a rank determining his future career as well as his "impassable limits" that he will never surpass. But in America, nothing is fixed any more: "Continual changes are then every instant occurring under the observation of every man", which leads to a new way of seeing and living human life, as it is inferred from this fluidity that each person "is endowed with an indefinite faculty of improvement":

> Thus, forever seeking – forever falling, to rise again – often disappointed, but not discouraged – he tends unceasingly towards that unmeasured greatness so indistinctly visible at the end of the long track which humanity has yet to tread. It can hardly be believed how many facts naturally flow from the philosophical theory of the indefinite perfectibility of man, or how strong an influence it exercises even on men who, living entirely for the purposes of action and not of thought, seem to conform their actions to it, without knowing anything about it
>
> (De Tocqueville, 1848, chap VIII)

Humans in these societies live their lives searching for improvement, like running a race to the foot of the rainbow that is systematically moving away. Tocqueville's prophetic conclusion is famous and expresses much of our ambivalence regarding the sacred issue of personal autonomy: "Aristocratic nations are naturally too apt to narrow the scope of human perfectibility; democratic nations to expand it beyond compass" (De Tocqueville, 1848, chap VIII).

In this afterword, I should like to pinpoint three consequences of the ideal of an indefinite human perfectibility that are illustrated by the contributions in this book.

Being an individual is being autonomous

Various chapters have studied what is implied by the fact that autonomy has become a value and a norm, a right and a responsibility. In a way, autonomy has become the synonym of "being an individual", as shown by the success of current research and discourse from moral entrepreneurs mobilizing the neuroscientific idea of cerebral plasticity (see, for example, works by neuroscientists-turned-best-selling authors Alain Prochiantz and Catherine Vidal). We are infinitely diverse, but with a shared possibility – and thus a common duty – to become who we are. Moral entrepreneurs such as best-selling authors, coaches, professionals, and even clients continuously play with a fundamental tension in all three areas between autonomy considered to be a natural, taken-for-granted individual ability and autonomy seen as a fragile process conditioned by the existence of a specific environment or the help of other persons.

There is a further tension that needs to be highlighted. On the one hand, the idea of indefinite perfectibility means that every individual is essentially plastic and can make what he or she wants of himself or herself, provided that he or she continuously works on himself or herself: nothing should be considered to be determined or predestined. However, on the other hand, "becoming who you are" means that there is a fundamental, pre-existing identity for each of us that we have to discover and retrieve from an environment that has diverted us from our own paths because it did not accept and respect, for example, someone's neuro-atypicality.

Understanding this apparently paradoxical dynamics is essential to analyse what it means to live in individualistic societies where, if you can perfect yourself (and you always can), then it is your responsibility to do so. They show that, far from being a *carte blanche* given to individuals, being autonomous, perfecting oneself, and being oneself are legitimate or prestigious behaviours only if they follow certain rules that we are expected to learn and are dependent on some situational parameters. For example, the instruction to become autonomous through finding out what you really want and following your inner guide is relevant only if what you really want is to be autonomous. People treated for mental illness such as depression or psychosis know all too well that, in their case, following their inner guide does not seem to lead to perfectibility and being more autonomous.

Intervening on people's autonomy means seeing an irreducible room for improvement

The second consequence of the ideal of indefinite perfectibility concerns the way working with other persons to help them build their autonomy is considered legitimate, respectful, and efficient. Contributions in this book have shown how the multiple examples of interventions on children, pupils, and persons suffering from mental difficulties are seen as good if they put the person, in some way or another, in the driver's seat of his or her own transformation. The coaches, parents, caregivers, teachers, etc., do a good job only if they gradually make themselves dispensable. The path to indefinite perfectibility is a never-ending quest for more tools and knowledge that everyone can use to work on themselves.

There is a second interesting point: nowadays parents, caregivers, teachers, coaches, etc., are also expected to share a common ideal according to which every human being, whatever his or her difficulties, suffering, limitations, or past experience, has room for improvement. The nature of this axiom is, of course, moral, even if it is often translated into scientific terms such as, once again, neural plasticity or personal resilience. People in individualistic societies that have extended the scope of human perfectibility do not like to close doors but prefer to keep possibilities open. All three areas studied in this book are characterized by an overall rejection of a fixist perspective that would condemn a person to be stuck in his or her current state. And if an intervention to build someone's autonomy fails, the common sentiment is that such failure should lead to other attempts with other parameters, but never to considering that such action is useless or a person has reached the glass ceiling of his or her limited possibilities.

Seeing irreducible room for improvement has thus become nowadays the *sine qua non* of a legitimate, respectful, and efficient intervention on people's autonomy.

Personal autonomy, global challenges

At the end of this book, a question lingers: Is the importance of autonomy really a crucial issue? To put it differently: Is it really worth spending time and money to study the fascination with personal autonomy when so many daunting challenges, such as climate change and biodiversity loss, skyrocketing inequalities and threats to peace, should be the focus of all our attention? The idea that focusing on the individual distracts us from the real deal, whilst a sociological cliché, may still seem to be not without relevance.

The opposition between psychologization and politicization is in itself an emic theme of individualistic societies. This book has shown that autonomy is a political issue (which does not automatically imply that it should be regarded in political terms to celebrate or denounce it), not only because it is a performative idea doing things to people or, as Durkheim puts it, an "active representation" (*une représentation agissante*) but also a lens through which global matters are approached. Whether we like it or not, human perfectibility in general, and personal autonomy in particular, have also become one of the most widely used languages to understand and address global challenges, even if these challenges tend to demonstrate that our ability to improve ourselves is totally dependent on environmental parameters that are today under threat. Examples are to be found in outbreaks of mental conditions such as eco-anxiety and fears of social downgrading. It is indeed confusing for individuals who have been nurtured for decades by an ideology of progress and an expectation of better living conditions than the previous generation to be confronted with such challenges. Other examples of this reading of global challenges in individualistic terms can be found in behaviours such as survivalism, trusting in technological solutions, and the idea that each of us has a lever for action, such as in the hummingbird tale, which is famous amongst people linking global solutions to a sum of actions by individuals working on themselves.

Whether these representations, actions, and behaviours drawing upon the prestige of autonomy are more efficient in the fight against global issues that they claim to lead than the ritual of the *Golden Bough* discussed in the introduction of the book is itself an urgent political question. My hope is that, by taking autonomy seriously, this book will also help us understand why and how these challenges are addressed through the lens of autonomy and ultimately open up new avenues for research.

Reference

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Note: Page numbers followed by “n” refers notes.