

# Chapter 3

## Vulnerability and Wellbeing in Educational Settings: The Implications of a Therapeutic Approach to Social Justice

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**Abstract** Contemporary discourses of social justice in educational settings are refracted increasingly through three intertwined trends: (i) concerns about psycho-emotional and psychological vulnerabilities created by socio-economic exclusion and alienation; (ii) the rise of universal interventions to develop “emotional wellbeing”; and (iii) the legitimization of therapeutic ideas and practices in everyday and institutional life. In this context, new conceptualizations of social justice privilege the recognition of psycho-emotional vulnerabilities. These conceptualizations extend older forms of the psychologization of politics and society into a powerful popularized therapeutic version. This “therapization” of social justice elevates vulnerability in a particular way, both in educational settings and more broadly. This chapter explores the implications of these developments for ideas about what counts as “wellbeing” and empowering and progressive education.

**Keywords** Social justice • Vulnerability • Therapization • Empowering education

### Introduction

In the crises of late capitalism that beset numerous countries, ideas about social justice are cohering around profound political and public pessimism, in particular about declining emotional and psychological wellbeing and rising levels of disengagement and poor motivation amongst growing numbers of groups and individuals deemed to be “at risk” (e.g. Coleman 2009; Dahlstedt et al. 2011; Sharples 2007; Sodha and Guglemler 2009). Although the traditions and commitments that generate these concerns are diverse, there is general agreement about the desirability of three inter-related goals: that educational settings are key sites for interventions that foster a virtuous circle of engagement, inclusion, participation and emotional

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wellbeing; that these interventions are crucial for overcoming cyclical problems with aspirations, achievement and employability (and therefore as important as traditional educational outcomes); and that barriers to education and subsequent educational needs are primarily psycho-emotional (see Ecclestone 2013a, b).

Between 1998 and 2010 – in all four countries of the United Kingdom – these goals led to government sponsorship of a large increase in targeted and universal initiatives to build the attributes and competences of emotional wellbeing in the present whilst also preventing problems in the future. Formal schooling, youth and family work, youth educational programs, transition and rehabilitation projects, adult and community learning have all promoted a range of approaches that aim, in different ways, to develop the attributes associated with emotional wellbeing, such as resilience, optimism, emotional literacy, self-esteem, confidence and stoicism (e.g. DfES 2005; Ecclestone and Hayes 2009; Humphrey 2013; Sharples 2007; Watson et al. 2012; Weare 2004).

Although the British Conservative-led coalition government withdrew formal sponsorship of centralized programs such the Social and Emotional Aspects of Learning (SEAL) Strategy for primary and secondary schools in 2011, there is little sign of declining enthusiasm for interventions to enhance emotional wellbeing. Nor has there been any abating of the concerns that underpin them. These concerns are multifaceted and not necessarily coherent: they include perceived declining levels of mental health, general disengagement from and demotivation in formal schooling, disaffection amongst many educators with curricula and assessment regimes, and a rise in behavioural problems (see Ecclestone 2013a, b; Humphrey 2013, for discussion). Outside compulsory schooling, there is growing enthusiasm in mainstream adult and community education programs for incorporating the goal of “mutual recovery” and support for those with mental health problems, as well as promoting emotional wellbeing more generally (Lewis 2012; Lewis et al. 2013).

Policies, practices and underlying imperatives for these developments are not homogenous or coherent, with disagreement amongst advocates and critics about the efficacy, ethics and appropriateness of different approaches (e.g. Lowenthal and House 2009). Nevertheless, wellbeing in educational policy and practice is now associated primarily with *emotional* wellbeing and mental health, while debates about wellbeing focus on which form of psychological intervention is most appropriate to promote it. Nevertheless, for the purposes of discussion in this chapter, it is important to note at the outset that direct interventions and programs are only part of the policy and practice context. The impact of “therapeutic culture” – namely the popularization of therapeutic claims, ideas and practices and new forms of lay therapeutic expertise – on everyday educational discourses and practices around wellbeing remains overlooked in current debates.

Drawing on policy, associated research and some examples of practice in the British educational system, this chapter explores the relationship between conceptualizations of social justice that privilege “vulnerability” and the shift from older cultural manifestations of “psychologization” to more powerful and pervasive forms of “therapization”. It argues that this relationship narrows educational ideas about what constitutes wellbeing and shifts associated discourses and practices

towards various forms of therapeutic intervention. The analysis and arguments here also have implications for other countries where similar concerns and responses are evident, including Australia and Finland amongst others.

In grappling with these developments, I have revisited some influential ideas of American sociologist, C. Wright Mills. Writing in 1959, Mills urged social scientists to use what he called a sociological imagination, combining history, psychology and sociology in order to help people see that the troubles they experience as private individual troubles are really public issues that stem from wider structures of class, culture, economics and politics. Certainly, different historical periods influence what we see as private troubles and public issues. Yet Mills (1959) also asked a deeper question: how should we understand the varieties of men and women that seem to prevail in this society and in this period? What kinds of human nature are revealed in the conduct and character we observe in this society, in this period? I suggest that the rise of vulnerability as a public issue, its appropriation in notions of social justice and its manifestation as part of therapeutic culture have important implications for the “varieties of men and women” that come to prevail, and how educators regard and respond to their wellbeing.

I begin by summarizing how “vulnerability” has become prominent in official policy definitions and the challenges this poses to understandings of inequality and social justice. I then go on to chart the shift from older forms of “psychologization” in society, politics, social policy and education to a more popular, powerful and pervasive therapeutic manifestation as part of what some sociologists refer to as the “therapeutic society” or “therapeutic culture” (e.g. Furedi 2004; Nolan 1998; Wright 2011). In the third section, I draw on a small body of empirical work that has explored the consequences of therapeutically informed interventions for young people’s agency and subjectivity. I conclude by highlighting implications of my analysis for the ways in which educators conceptualize “wellbeing” and the types of responses they deem to be empowering.

## **The Rise of “Vulnerability” in Concerns About Inequality**

Educators have long been concerned about social and educational prospects for young people at the margins of education and employment, especially at key milestones in transition through the education system (e.g. Ecclestone et al. 2010; Hayes 2012; Lumby 2012). As Jacky Lumby (2012) observes, those responsible for ensuring young people’s safe development to adulthood worry about their vulnerability, especially for those seen to be disadvantaged by their socio-economic or family status:

... From Willis’s (1977) seminal study of the educational roots of inequality to more recent explorations of the burgeoning mental health and behavioural issues among adolescents, or the effects of globalisation on at-risk youth... their fragility and degree of exposure has made many apprehensive. Education is depicted as a structural aspect of a risky

environment, presenting perils which some young people fail to navigate successfully, with lasting detriment to their lives (p. 261).

The intertwining of concern about vulnerability, risk and fragility and the idea of building resilience amongst communities, individuals, institutions and government agencies is embedded in the areas of public health, security, social policy generally and educational policy specifically (see Durodie 2009; Ecclestone and Lewis 2014; Furedi 2008). Contemporary understandings of vulnerability blur notions of emergency, risk and crisis to encompass diverse fears, ranging from serious civil unrest, terrorist attacks and pandemics to everyday educational difficulties and dealing with social relationships (e.g. Furedi 2008; Durodie 2009). In part, a widening spectrum of risk and vulnerability is rooted in a formal redefining of vulnerability and the criteria to assess it. Under the previous Labour government, for example, the Law Commission's 1997 definition of vulnerability suggested that it applied to someone "who is or may be in need of community care services by reason of mental or other disability, of age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation". However, a much wider definition of vulnerability is reflected soon after in the Care Standards Act of 2000. This drew in those for "whom prescribed services are provided by an independent hospital, independent clinic, independent agency or National Health Service body", encompassing anyone in counselling or palliative care alongside other forms of prescribed support (see Brown 2012, 2014; McLaughlin 2011 for discussion, also Eves 2006).

The overall effect at the level of policy is to widen significantly those depicted by professionals, policy makers and the targets of social policy themselves as "vulnerable". These diffused and malleable criteria reflect changing rationales with diverse preoccupations and preferences. In her review of Labour and Coalition British governments' approaches to vulnerability between 1998 and 2010, Kate Brown (2014) argues that government appropriation of vulnerability serves various purposes: enhancements of state and professional power through therapeutic and disciplinary interventions, a necessary part of building citizenship, and justifications for strategies designed to justify new anti-social behaviour mechanisms and to reduce welfare provision (Brown 2014).

At the levels of everyday educational practice, it has become commonplace to hear teachers, support workers and other professionals refer informally to whole groups as "vulnerable" (see Ecclestone and Lewis 2014). This is reinforced by interventions designed to build young children's resilience as part of emotional wellbeing, such as Promoting Alternative Thinking Strategies (PATHs) program, which defines risks and vulnerabilities that require children to develop positive responses through alternative ways of thinking very widely, as feelings or experiences that make them "uncomfortable" (ibid). In some institutions, whole groups, such as adults following English for Speakers of Other Languages programs are categorized formally as vulnerable. In many educational settings, the overall effect of loosening meanings of vulnerability is to create a wide spectrum of risk encompassing serious structural problems and associated labels. This spectrum includes

the effects of divorce, bad educational experiences, witnessing or experiencing physical, sexual or emotional abuse, being bullied, failing examinations, being alienated or disaffected from formal learning or having a vulnerable or fragile learning identity (see Gillies 2011; Ecclestone and Lewis 2014; McLaughlin 2011; Procter 2013a, b).

In response to official categories of vulnerability, some researchers aim to counter the blaming of individuals for social problems. This recasts vulnerability as a progressive attribute of an understanding, empathetic citizenship, integral to the “fragile and contingent nature of personhood” where we are all “potentially vulnerable” and where vulnerability is a “universal” dimension of human experience and identity (Beckett quoted by McLeod 2012, p. 22). In this scenario, acceptance of universal vulnerability enables everyone to claim their right to “be protected from the effects of potential vulnerabilities [whilst] defending the rights of others to receive support in the light of their actual vulnerability” (Beckett *ibid.*).

In the area of social policy, however, other researchers argue against generalized notions and for the context-specific nature of vulnerability and protective effects (e.g. Luthar and Cicchetti 2000). This requires more focused attention from social, welfare and education professionals to understanding and developing people’s resilience as a response to vulnerability and “attention . . . to empirically derived knowledge about vulnerability and protective mechanisms . . . salient within, and possibly unique to, particular risk conditions” (Luthar and Cicchetti 2000, p. 861). Subsequent interventions, they argue, need to be rooted in theory and research on the group being targeted and therefore sensitive to gender, class and cultural sensitivity (e.g. Gerwitz and Edleson 2007; Burchardt and Huerta 2008).

Some social researchers go further, arguing that it is possible to view both universal and specific vulnerabilities as sources of political resistance that illuminate structural inequalities and the deflection of social responsibility for them. From the field of mental health, Helen Spandler (2013) argues for seeing “illness” as embodying both negative and positive possibilities, as something to marshal in order to illuminate enduring oppressions of capitalism. In the broader context of concern about wellbeing, radical accounts of illness aim to offer wider hopes by de-stigmatizing vulnerability through collective narratives of suffering and placing lay expertise at the heart of de-centring professional definitions and diagnoses (*ibid.*). Rejecting the normalizing and unrealistic aspirations of capitalist materialism for growing numbers of people, Judith Butler’s account of “precarity” offers a fruitful way of analyzing vulnerability. As she argues:

precariousness [is] a function of our social vulnerability and exposure that is always given some political form, and precarity as differentially distributed [is] one important dimension of the unequal distribution of conditions required for continued life . . . precaritization as an ongoing process [avoids reducing] the power of precarious to single acts or events. Precaritization allows us to think about the slow death that happens to targeted or neglected populations over time and space. And it is surely a form of power without a subject, which is to say that there is no one centre that propels its direction and destruction. (Butler, in Puar 2012, p. 169)

Whilst recognizing that universal depictions seem to offer an expanded, humane and socially just account of vulnerability, Julie McLeod (2012) argues that they risk overlooking profound structural differences and real vulnerabilities that lead to more powerful, damaging and unequal exclusions than others. Other critics go further, rejecting any progressive possibilities from intertwining vulnerability, risk and resilience. From this standpoint, Frank Furedi (2004) argues that popular and political sensibilities that see vulnerability as a universal human condition and a cultural norm leads to social policies that respond, not by aiming to solve problems but to support disempowered clients to face diverse vulnerabilities. Pervasive and pessimistic notions of vulnerability are, he argues, encouraged by policy experts who promote “risk analysis” underpinned by “vulnerability analysis” of the various forms of psychological, physical, economic, social and cultural “harms to which individuals and modern societies might be susceptible” (Furedi 2004, p. 651). In the light of these trends, Furedi argues that discourses of empowerment and resistance reflect lack of faith in the public’s ability to be resilient and a defeatist pessimism amongst academics, policy makers and many social policy professionals about the future and how to deal with it (*ibid.*; see also McLaughlin 2011).

Such criticisms do not counter the growing tendency to see vulnerability as a progressive or radical/critical possibility for ideas about wellbeing and resistance (see Ecclestone and Goodley 2014). Emerging from long-running debates in critical and social psychology, sociology and cultural studies that seek to harness the cultural and political influence of psychological ideas and practices in progressive ways, the contemporary appeal of vulnerability shifts psychologization to a much more pervasive and popular therapeutic form. I explore this shift below, and the manifestations of vulnerability in everyday educational discourses that have emerged.

## **Psychologization, Therapeutic Culture and Therapization**

Since the late 1950s, psychologists in both professional practice and academic study, together with sociologists, historians and cultural analysts, have engaged critically with the ways in which “psychological vocabularies and explanatory schemes enter fields which are not supposed to belong to traditional theoretical and practical terrains of psychology” (de Vos 2012, p. 1; see also Illouz 2008; Ingleby 1987; McLaughlin 2011; Parker 1995; Rose 1999; Thompson 2006; Wright 2011). This work evaluates critically an increasingly global and cross-cultural phenomenon where psychologizing discourses have spread across and into schools and families, and more widely into everyday life. In different ways, the critical accounts cited here aim to resist both the pathologizing of social problems as individual psychological deficiencies and the behavioural interventions that result, and to offer more emancipatory, lay-based and democratic approaches.

Some studies within this wider body of work explore the ways in which changing psychological fashions influence the understanding and subsequent assessment

and labelling of human character amongst educationalists, bureaucrats, health professionals, parents and young people, and the resulting psychological categories, diagnoses and practices that extend into politics, everyday and family life (see Myers 2010; Thompson 2006). Epitomized by the growing reification of official texts such as the Diagnostic and Statistical Manual of Mental Disorders (DSM), which is increasingly influential in British schools and other areas of psychological practice, some researchers have evaluated the roots, arenas of influence and consequences of medicalizing a growing range of behaviours, category disorders and syndromes (e.g. Harwood and Allan 2014; Lau 2012).

The popularity of DSM and wider interest in Cognitive Behavioural Therapy (CBT) and positive psychology in education settings in countries such as America, Britain, Australia, Finland and Sweden are high profile manifestations of psychologization (e.g. Dahlstedt et al. 2011; Kristjánsson 2012). There is also growing political interest in Britain and Australia in what might be called radical behavioural psychology. Here the world-leading work of the British government's Behavioural Insight Team is the first official initiative to draw directly on new combinations of neuroscience, emotional science, sociology, behavioural and cognitive psychology in order to generate overt behaviour change strategies (see Ecclestone 2013a, b; John et al. 2011; Jones et al. 2013). In response to this initiative, some researchers and activists in areas such as community politics and social policy more broadly hope that radical behavioural psychology will enable governments to address the psycho-social dimensions of inequalities and to democratize behaviour change (e.g. Brooks 2011; John et al. 2011).

### *From Psychologization to Therapization*

Over the past 10 years or so, sociological analysis has extended earlier seminal accounts of therapeutic culture by Philip Rieff (1966) and Christopher Lasch (1978) to explore the mechanisms through which ideas, practices and assumptions from diverse branches of therapy that have come to permeate the social policy, legal and overseas aid systems of growing numbers of countries and evaluate their progressive or regressive consequences (Furedi 2004; Nolan 1998; Wright 2011; see also Durodie 2009; Moon 2009; Pupavac 2001). My own contribution has charted the roots, mechanisms and consequences of therapeutic culture in the British education system (Ecclestone and Hayes 2009). In Finland, Kristiina Brunila (2011, 2012a, b, c) has explored the effects of what she and I refer to as “therapization”, namely the ways in which therapeutically informed programs for marginalized “at risk” youth change participants’ perceptions of themselves, the causes of their profound structural problems and the solutions that therapeutic programs offer them.

There is not space here to do justice to the epistemological and political alliances, complexities and disagreements reflected in the growing body of work on therapeutic culture (see Wright 2011 for discussion). However, in the light of



discussion in this chapter so far, it is useful to summarize briefly the key features of therapization in educational contexts as two inextricably linked trends. The first is the very large growth of targeted or specialist interventions within social policy settings in numerous countries, alongside the rise of universal approaches derived from these. Their psychological roots are very diverse, ad hoc and eclectic, drawing on CBT, positive psychology, different strands of counselling, self-help, psychotherapy and psychology. For example, the British Social and Emotional Learning Strategy for schools fuses elements of person-centred counselling, emotional intelligence and CBT, while government-funded parenting support programs in Flanders must use one designated CBT techniques (DfES 2005; de Vos 2012).

Yet the shift in educational settings from specialist targeted methods for those deemed to have certain emotional, social and behavioural needs, to universal inclusive and preventative approaches is merely the most obvious manifestation of therapeutic ideas and practices. The second and equally important trend is more amorphous. Widely seen as the cornerstone of a progressive, empowering curriculum, therapeutic ideas and strategies also permeate older calls for pedagogies that aim to foster collaboration, empathy, confidence, self-esteem, resilience and a positive learning identity (e.g. Ecclestone 2013a, b; Priestley and Biesta 2013).

The intertwining of these characteristics of therapization parallels the growing popularity of self-sought therapy outside education settings and the powerful diffusion of therapeutic ideas, practices and assumptions throughout culture, politics and everyday life. Taken together, the manifestations of therapization provide a cultural sensibility or mindset that helps us make sense of ourselves, our problems and reactions to life events and those of others close to us, but also those of colleagues, public figures and celebrities (e.g. Furedi 2004; Nolan 1998; Wright 2011). Through a compelling set of commonplace orthodoxies, therapization opens up and popularizes claims and strategies derived from formal psychological and therapeutic practices. These claims and associated practical strategies portray an expanding range of experiences and life events as creating fragile identities or worse forms of lasting emotional damage that need to be explored and addressed through certain ways of thinking and other techniques.

In educational settings, policy discourses of vulnerability outlined above resonate powerfully with broader therapeutic orthodoxies about lasting legacies of emotional damage, emotional barriers to life and learning, emotional “baggage”, being in denial or repressed, dysfunctional or manifesting “disavowal”. As I observed above, expanding definitions of vulnerability generates professional, parental and student references to a very wide spectrum of vulnerability and risk. This spectrum combines with therapeutic orthodoxies to produce non-specialist attributions of motives and roots of behaviour for certain “types” of students or individuals (see for e.g. Brunila 2012a, b, c; Gillies 2011; Procter forthcoming). Reductionist derivations of psychoanalysis are also sometimes used to explain unpalatable political opinions or to “expose” unspoken or repressed reactionary attitudes behind expressed argument (e.g. Leathwood and Hey 2009; McLaughlin 2011).



As new manifestations of psychologization, popular therapeutic orthodoxies legitimize tight and prescriptive behavioural interventions such as PATHS as well as looser approaches such as SEAL. Therapization also encompasses very different political and educational commitments. In this context, vulnerability is not a general instance of therapization. Rather, therapization means that vulnerability is now manifest in a particular kind of way. This explains that while individual commentators, such as Judith Butler cited above, might resist behavioural psychology's appropriation of vulnerability, they are drawn into the sometimes useful and emancipatory insights that give therapization its appeal (e.g. Wright 2011).

Resonating also with critical accounts of mental health and vulnerability that seek to democratize professional expertise, therapization legitimizes lay experts in the form of lifecoaches, wellbeing trainers, consultants, mentors, personal development advisers, youth workers. In programs such as SEAL, the Penn Resiliency Program and Promoting Alternative Thinking Strategies (PATHS), decentering expertise enables children and young people to be trained to help peers develop therapeutic strategies (e.g. Humphrey et al. 2009; Procter 2013a). Although some experts may be trained in specific techniques, most offer popularized, eclectic combinations of them. Policy makers, other professionals or participants in interventions or mainstream students are therefore unlikely to regard them as "therapy people". By diluting therapeutic specialism, lay experts working inside the state and, increasingly, through publicly-funded private providers, expand state-sponsored therapeutic pedagogies and assessments. These features make therapization a cornerstone in debates about psycho-emotional dimensions of inequality and social justice.

## **The Therapization of Social Justice: Psycho-emotional Aspects of Inequality**

In recent educational debates about social justice, there is a noticeable shift from the redistribution of material resources to the redistribution of relational justice in the form of social responsibilities, obligations and duties and through expanded notions of social and cultural capital that take account of emotional and identity capital (e.g. Gerwitz 1998; Griffiths 2012; Hayes 2012; Hyland 2009; Leathwood and Hey 2009; Lewis 2012; Reay 2012). Acknowledging power as integral to recognition, and *vice versa*, and asking how we can promote ethical ways of treating each other on a day to day basis, these conceptions of social justice raise questions at the macro level about how those who have structural forms of power treat us by drawing in what Nancy Fraser calls the "politics of recognition" and what Iris Young calls an "openness to unassimilated otherness" (Gerwitz 1998, p. 475).

My summary here cannot do justice to the nuances of meaning and disagreement in these debates. Nevertheless, a relational view of social justice moves universalist notions of justice towards an "ethics of otherness" and acknowledgment of cultural

identity on the terms of specific groups claiming recognition (Gerwitz 1998; see also McLaughlin 2011). This encourages welfare professionals and educators to adopt practices that foreground the need to listen to the pain of cultural loss amongst oppressed groups as they “co-author . . . joint narratives about problems, needs and claims” (Leonard, quoted by Gerwitz 1998, p. 476). Here an “ethics of otherness” and a “politics of recognition” are “important in so far as they provide an ethical and practical basis for relations marked by a celebration and respect of difference and mutuality” (ibid., 477). According to Ken McLaughlin (2011), radical social movements and identity groups seeking redress for cultural domination, non-recognition and disrespect place most emphasis on the demand for recognition.

More widely, advocates of the social justice possibilities of a therapeutic culture, argue that sociology has failed to attend to the problem of suffering, thereby offering a partial and diminished account of human experience (Wright 2008, p. 326; see also 2011). Acknowledging the tendency towards individualistic self-indulgent preoccupation with personal fulfillment, Katie Wright argues that, nevertheless, the cultural diffusion of therapeutic ideas and practices “has facilitated the assertion of individual rights to bodily autonomy, emotional wellbeing and personal safety” (2011, p. 48). Following this argument, both the rise of self-sought therapy in response to growing levels of anxiety and distress and government responses to the exposure of abuse and suffering within institutions, including the family, enable gendered, raced and classed experiences of suffering to be a springboard for personal and political action.

The progressive aspects of therapeutic culture she identifies challenge other accounts that lament the erosion of public and private spheres, the rise of emotional exposure and openness and narcissism and interest in the self (Wright 2011). Rather, the moral dimension of the multidimensionality of therapeutic culture is evident in the “valuing of the self, which entails recognition of suffering . . .” (Wright 2008, p. 333). Furthermore, she argues that critiques of therapeutic forms of state governance and de-politicization are overly deterministic and therefore overlook the emancipatory possibilities for personal and collective understandings of oppression and suffering (Wright 2011).

Whilst not relating their analysis directly to the manifestations of therapeutic culture, certain radical accounts of educational inequalities regard recognition as central to social justice. For example, Lydia Lewis argues that educational forms of recognition in adult communication redress cultural, symbolic and status injustices, and the emotional and psychological harms caused by “*non-recognition, the rendering of invisibility as a result of dominant cultural forms; misrecognition, being seen as lacking value and as inferior; and disrespect, being maligned or disparaged in everyday interactions or representations*” (Lewis 2009, p. 259). Here recognition affords a universalist understanding of shared humanity, where struggles for justice are linked inextricably to identity, the shaping of people’s subjectivities, or senses of self in relation to the social world (Lewis 2012).

In educational settings, feminist debates depict exposure of, and attention to, the psycho-social effects and causes of inequality as a key source of recognition,

both as a precondition for social justice and an end in itself (see Leathwood and Hey 2009). In a similar vein, Diane Reay (2005) argues that understanding and exploring the psyche offers powerful political insights into the shaping of class, raced and gendered identities. She suggests that “the generative dynamic between thinking, feeling and practices” can illuminate “the psychic landscape of social class”, where everyday and structural inequalities are framed and lived emotionally and psychologically (Reay 2005, p. 912). From this standpoint, there is a related shift towards knowledge of the personal, local and affective and the valorizing of the knowledges of oppressed groups as central to social justice. This acts simultaneously as a counter to alienating and target driven systems, a condition for educational success and a lynchpin in political consciousness (e.g. Reay 2012).

Resistance to forms of schooling and wider social conditions that create disaffection and disadvantage lead to an overt focus in both theory and pedagogic practices on the affective and relational dimensions of inequality, or on more general emotional and psychological barriers to learning as affordances for voicing inequality and oppression (e.g. Cramp et al. 2012; Hyland 2009, Leathwood and Hey 2009). For Leathwood and Hey, a feminist ethics of care requires attention to “the investments, feelings, fears, pains, pleasures and contradictory emotions entangled within the world of education”. This ethic is not merely for students from oppressed and disadvantaged groups but also for educators working in new regimes of accountability and performativity whilst supporting increased demands to be available emotionally for their students in a mass higher education system (2009, p. 431).

Seen in the light of these arguments about social justice, a combination of vulnerability and therapization offers a politically and morally-informed way of developing “complex understandings of social reproduction and social privilege” as integral to “the cultivation and growing of dispositions of openness and positive recognition of the other . . .” (Reay 2008, 1085; see also Wright 2011). In terms of everyday educational practice, communally rather than individually focused therapization encourages educational consciousness that leads to achievement, participation and confidence. For example, the creation of “learning communities” should privilege attention to the emotional stresses and highs that assessment creates for non-traditional students, and encourage them to collaborate in developing strategies for emotional survival (Cramp et al. 2012).

Informed by feminism, socially-progressive forms of therapization have the potential to challenge instrumental forms of emotional training for “employability”, the separation of learning from support and the male, elitist construction of education as rational, reasoned and in pursuit of truth (e.g. Leathwood and Hey 2009). Indeed, challenging critiques of vulnerability as invariably defeatist and diminished, Leathwood and Hey argue that the “turn towards the emotional cannot be reduced to the claim of it being merely about showcasing ‘damaged’ subjects but is rather a way to re-theorize what is at stake when we deal in social difference” (ibid, p. 436).

In part, the emphasis on recognition, capabilities and the psycho-social dimensions of inequality synchronizes with attempts to depathologize those at risk of

serious structural inequalities, summarized above. Recasting vulnerability as a universal dimension of human experience and identity and therefore a focus for resistance aims to destigmatize vulnerability as a springboard for political and social consciousness.

Of course, not all the educators cited here invoke therapeutic orthodoxies about the conditions that necessitate emotionally-focused pedagogy, assessment and knowledge as sources of recognition and justice. Nor do they advocate overtly therapeutic responses. Nevertheless, although some theorists of social justice, including Fraser, argue that recognition should not displace calls for economic redistribution, McLaughlin argues that emphasis is placed increasingly on removing what Fraser sees as barriers to “participatory parity” and, in a therapeutic culture, these barriers are cast predominantly as psycho-emotional (McLaughlin 2011).

### *Implications for Educational Practices*

My analysis so far raises theoretical and empirical questions about the consequences of therapization for everyday educational discourses and practices. This requires critical scrutiny of the ways in which supportive or critical standpoints on therapization are often attributed in determinist ways to particular ideological perspectives. This makes it important to explore the forms of subjectivity and agency that emerge, not only from interventions that can be characterized as therapeutic but also from the wider diffusion and lay adoption of therapeutic ideas about social justice. Drawing on a small body of empirical studies of therapeutic interventions in educational settings, I turn here to consider forms of subjectivity and agency that are promoted by therapization, before indicating some empirical questions that further study needs to address.

In an earlier paper, Brunila and I argued for understandings which illuminate how forms of circulating power in programs that are underpinned by therapeutic assumptions and practices teach individuals not only to reproduce what is expected from them in the form of insights about their situation and compulsory participation in certain practices, but also how to use those insights and practices (Ecclestone and Brunila 2014). This approach rejects the idea that a person would or should fulfill the role offered by founders of particular discourses in a passive way. This means that we cannot regard therapeutic pedagogies and forms of knowledge simplistically as repressive or emancipatory, confining or empowering, humane or manipulative, elitist or democratic, masculinist or feminist (see also Wright 2011). Rather, forms of subjectivity and agency that emerge from therapization are not only in flux, changeable and unstable but also avoid evaluations of whether therapization is “good” or “bad”, progressive or reactionary.

Studies cited below offer some insights into the ways in which therapization becomes embodied in the aspirations, mindsets, pedagogies and assessments of programs that adopt therapeutic ideas and practices with varying degrees of expertise and theoretical rigour. These studies also reveal some of the ways in which

ongoing negotiations and consequences might involve resistance, instrumental compliance, enthusiastic adoption, confusion or indifference among participants and implementers performing wellbeing “targets” in such programs.

For example, studies of school-based therapeutic programs for young children and young adults that have been trialed or adopted in British primary and secondary schools, such as SEAL, PATHS and the Penn Resiliency Program, hint at the ways in which participants and teachers enthusiastically internalize the therapeutic assumptions, discourses and subjectivities offered to them. Yet these studies also show that others resist in small and idiosyncratic ways, or are, variously, indifferent, compliant, confused and bemused (see Challen et al. 2011; Gillies 2011; Humphrey et al. 2009; Procter 2013a, b). More specifically, while some participants and implementers regard such programs as very helpful and positive, they can lead both parties to adopt learned techniques in order to manipulate others’ emotions. For example, learning mindsets and behaviours associated with emotional literacy enable some children to deploy them strategically to get their way with parents (see Challen et al. 2011). Conversely, the supposedly transferable mindset and thinking strategies advocated for “resilience” can be dangerous for children when they try to use them in situations such as being caught up in parental violence (*ibid.*). Sometimes benefits and drawbacks in discourses and practices of emotional learning or emotional wellbeing are intertwined. For example, programs such as SEAL can offer an acceptable identity and helpful strategies to children who experience emotional and behavioural problems. Yet these can then generate normalizing judgments about that identity and the strategies that children are made to deploy from peers and teachers, thereby creating new forms of peer power and new essentializing labels (e.g. Procter forthcoming).

Brunila’s study of compulsory programs in Finland that require young men experiencing unemployment, prison and educational failure to take part in therapeutic diagnoses and psychometric assessments followed by individual and group explorations, illuminates the subtle negotiations, responses, and their consequences (Brunila 2012a, b, c, 2013). She argues that these activities circumscribe agency through individualizing forms of speaking and being heard that involve confessing and then attending to psycho-emotional mistakes, legacies and vulnerabilities located in the self rather than society. Here therapization elicits and frames individuals’ problems through expected and appropriate modes of being and knowing. Yet, when participants remain unable to enter educational or working life, this “failure” is cast as an individual deficit (see also Dahlstedt et al. 2011; Fejes 2008). In a similar vein, a study by Val Gillies of children in the Behavioural Referral Unit of a British urban school in a disadvantaged urban area showed the ways in which highly regulated, normalizing strategies to manage emotions that SEAL offers actually sidestep some of the challenges that arise from intractable poverty, racism and class oppression. For other young people, such strategies are useless in helping them manage the conflicting emotions these problems create (Gillies 2011).

Stephen Ball argues that we do not just speak a discourse, it speaks us (Ball 2013). Seen in this light, these studies illuminate how therapization speaks through language and social relations whilst also allowing us to think about how we are

“reformed” by therapization, how we learn to act in the power relations that such programs offer, as well as how to utilize them. These studies also show how alternatives and critical voices might appear through overt resistance to therapeutic approaches, or rejection of their usefulness and related questions about the absence of more meaningful educational experiences and outcomes in the face of unemployment and poor. It is therefore crucial to acknowledge critical voices within contemporary forms of therapization as resistance.

Nevertheless, discursive understandings require skepticism about discerning possibilities for resistance in therapization. In his study of the relationship between radical political movements, subjectivity and the distinction between public and private spheres of action, James Panton argues that political and social preoccupation with “absorbing the self in the world and reflecting the world in the self” diminishes individuals’ capacity for, and interest in, action in the world. Rather, “collective or community life is understood as held together not by common experience or activity, but through the ability of individuals to ‘disclose’ themselves to each other” (Panton 2012, pp. 167–168).

This argument challenges accounts that argue the opposite, namely that therapeutic erosion of these boundaries are emancipatory and that attempts to defend those boundaries are invariably gendered and classed (e.g. Giddens 1992; Wright 2011). Instead, Panton argues that even when attempts to theorize outwards from therapeutic understandings and practices as a springboard for political understanding and action are highly sophisticated, they will fail because “the process of interpreting experience involves an explanation of experience in terms of something other than its own content” (Panton 2005, p. 21). Drawing on Sennett and Arendt, Panton argues that a sense of collective being has become confined to the orthodoxy that “*if there is no psychological openness, there is no social bond*” (ibid). Following this argument, therapization gains further legitimacy by blurring of boundaries between private and public life, where our professional and public relationships are increasingly expected to be modeled on intimate ones, through notions of emotional empathy and emotional disclosure, and mutual recognition of suffering. For Panton, then, therapization exacerbates a diminished individuality by prioritizing feeling over agency in the public sphere (Panton 2005; see also Sennett 1976).

### ***Implications for Empowering Approaches to Wellbeing***

I have argued in this chapter that new ideas about social justice emerge from a relationship between shifts towards a wide spectrum of psycho-emotional vulnerabilities that encompass risks created by structural inequalities, particular individual and social crises and everyday life and educational experiences, and therapization as pervasive, popular and powerful manifestation of psychologization. I have aimed to show that debates about social justice advocate a commitment to redistribution of social, relational and psycho-emotional resources, rather than a commitment to the redistribution of material goods per se. Within this context, I have argued

that therapization intensifies and extends older forms of psychologization by popularizing compelling orthodoxies and narratives about our own and others' experiences. It also generates new forms of expertise that respond to our increasing sense of psycho-emotional vulnerability in the face of structural conditions we no longer believe we can do anything about.

Despite my scepticism about these developments, it is important to assert here that I am not suggesting that people are not experiencing rising levels of stress, distress and anxieties, or that I am indifferent to feelings of vulnerability, or that I do not see connections between concern about vulnerability and social justice. Nevertheless, it is not yet clear how accounts of social justice rooted in these preoccupations translate into everyday educational practice, particularly in relation to the ways in which therapization responds to and creates certain subjectivities and notions of agency and, in turn, the ideas about empowering and progressive education that emerge. In-depth, comparative analysis of therapization in different contexts is therefore much needed. Here I indicate some implications both for practice and associated images of wellbeing.

These developments change how we understand wellbeing. As a result of expanding policy definitions of vulnerability and public and political concern about declining levels of emotional wellbeing and mental health, wellbeing is predominantly a psycho-emotional condition. As I've argued, formal behavioural programs depict it as a set of psychological capabilities, skills and dispositions. Seemingly more radical understandings rooted in commitments to social justice might reject crude behavioural explanations but end up, nevertheless, with a predominantly psychological view, albeit one augmented with broader social, relational and structural factors. For the former, different interpretations of therapization amongst promoters of behavioural interventions and critical educators lead for the former to learning about proper feelings and a healthy mental state as integral to a proper way of being. For the latter, therapization is a form of radical resistance to normalizing and individualizing notions of a "proper" way of being and feeling.

On a prosaic level, the elevation of universal psycho-emotional vulnerability resonates with a powerful unifying therapeutic orthodoxy, namely that behind our confident facades, we "all have issues" with vulnerability, and that mutual recognition of this facilitates empathy. In his analysis of respect in crisis-ridden capitalist societies, Richard Sennett (2005) argues that public service and welfare professionals' guilt about their own relative privilege and their inability to address structural inequality leads them to "cross the boundaries of inequality" by privileging the promotion of clients' self-worth and showing empathy with their emotional and psychological experiences (see also Procter 2013a, b). Arguably, this is especially tempting in education where profound fears about growing pressures on those most marginalized and at risk of educational failure have eroded radical hopes for socially progressive mechanisms for equality, thereby creating the education system itself as simultaneously a main culprit in social injustice and an increasingly high stakes source of remedy (e.g. Hayes 2012). In both behavioural and radical/critical psychological depictions of wellbeing, much broader, older spiritual, philosophical and educational understandings are silent.



## Conclusions

In different ways, both the governance of emotionally vulnerable subjects and resistance to it both respond to C. Wright-Mills' injunction to "make private troubles public issues" (1959/1979). In a contemporary version of Mills' argument, the therapeutic orthodoxy that we all "have issues" combines with "we are all vulnerable" to turn private issues into public troubles for educational settings to remedy.

In response to arguments that vulnerability is a form of resistance that speaks powerfully to uncertainties and anxieties in fearful times, it is important to scrutinize the effects of contemporary ideas about social justice on ideas about subjectivity and agency in formal interventions as well as in broader therapeutic discourses and practices. It is also important to extend ideas about children and young people's wellbeing beyond narrow psycho-emotional depictions. In addition, although I have not had space here to explore statistics and claims about levels of psycho-emotional wellbeing, it is important to challenge these and the widening and increasingly diffused meanings of stress, anxiety, depression and vulnerability that underpin them.

Accounts of the possibilities of therapization suggest that therapization in practice is not monolithic or coercive: instead, it holds conditions for its own challenge. Nevertheless, studies of therapeutic programs cited in this chapter also point to a need to scrutinize claims for emancipation and empowerment. From both standpoints, Brunila argues that we need to take account of Gil Deleuze's warning that this kind of power analysis might not be enough in the face of "control societies" and forms of power that permeate even further into mind and the personality, not only by grasping the body but also by shaping the "right" kind of mindset (Brunila 2012c).

The chapter also raises questions about whether these developments reflect the "neo-liberal" responsabilization of the psychologically and structurally independent individual citizen (e.g. Leathwood and Hey 2009; Spander 2013). I would argue that the state is not rolling back as part of a laissez-faire abandonment or abdication of psycho-emotionally vulnerable citizens. Instead, therapization enables the state to sponsor new pedagogies offered by lay and professional experts as an omnipresent source of authority for managing everyday emotional vulnerability whilst avoiding attention to the underlying structural conditions that create it.

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