Well-being in schools: The curious case of the tail wagging the dog?

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Abstract

This paper warns of the dangers of adopting holistic, universal, taught approaches to social and emotional skills (SEAL). It presents new thinking which shows that depression estimates are grossly inflated and also questions the idea of ‘psychological immunisation’. It questions the credibility of ‘emotional literacy’ and shows that SEAL is not supported by rigorous evidence. The only real parallel to SEAL – a mass psychological intervention – is the self-esteem movement in the USA which has undermined academic standards as well as young people’s resilience and well-being. Happiness classes could have the same effect as they too will unwittingly reinforce the idea of a ‘feel good’ ethic. The paper also looks at the dangers of putting feelings into the taught curriculum. Policy makers may think they need to make sweeping reforms because of the inflated depression statistics and the UK’s poor performance on the UNICEF report on child well-being. However, this data points to family break-down and poverty as the main reasons. The paper concludes by arguing that what teachers can do to enhance young people’s well-being is mainly within the realm of ‘good teaching’ and that they should not be encouraged to become surrogate psychologists.
Introduction

Once upon a time a teacher’s job was to develop pupils’ academic, or basic skills, so that they could play a role in society. Teachers fulfilled their duty with chalk and talk, different types of technology, and varying ability to maintain discipline and foster positive relationships in the classroom. This world has gone. Teachers are now required to pay attention, not simply to their pupils’ educational development, but also to their well-being. Teachers in England and Wales are now expected to give formal lessons on social and emotional skills and to employ, on a daily basis, the insights and knowledge developed by psychologists and mental health professionals.

At first glance this looks like a welcome development. A great opportunity to move away from cold classrooms and a stressful, overemphasis on academic standards and start paying attention to what life should really be about for our children – well-being and happiness. But closer inspection suggests that this new thinking from psychology and mental health may not simply be a waste of time but could undermine young people’s well-being rather than foster it.

Depression? What depression?

Let’s begin by asking why young people’s well-being has become such an issue for schools. One of the main reasons is the apparent rise in depression across society. It is estimated that in the UK one in six of the adult population suffer from depression (LSE, 2006). WHO estimate that by 2010 depression will be the second biggest cause of disability, across all ages, in the global population. One of the main rationales for SEAL in England and Wales (DfES, 2005, 2007) a whole school, taught approach to social and emotional skills, is to respond to this rising tide of depression.

But is depression really rising? Not so, according to The Loss of Sadness: How Psychiatry transformed Normal Sorrow into Depressive Disorder published in 2007. Its argument, advanced by authors Allan Horwitz and Jerome C. Wakefield, professors of sociology or social work in the USA, has the capacity to shake psychiatry and psychology to the core.

They argue that for more than 2,500 years those interested in mental illness distinguished between negative feelings caused by incidents such as bereavement, illness, loss of status or money and those that appear for no reason. The first type of negative feelings was traditionally seen as sadness. It can be acute and painful but it is part of normal life: human beings have been programmed to experience sadness as a result of loss. According to the authors, the latter type of negativity - bad feelings for no real reason, once called melancholia - is rightly seen as a disorder.

What changed this common sense view of negative feelings with cause/without cause was the creation of the DSM-III in 1980. The Diagnostic and Statistical Manual of Mental Disorders is used internationally to diagnose mental conditions. In 1980 psychiatry in the USA was in disrepute as there
was no agreed definition of depression. To improve the consistency of diagnosis, the DSM-III changed the way depression was defined by devising a simple check list of symptoms (such as loss of appetite and sleeplessness). If someone had five of these symptoms for a two week period then he/she was diagnosed as 'depressed'. The only contextual caveat was whether the person had suffered bereavement in the past two months. If so, then the symptoms could be attributed to this loss rather than a depressive disorder. But as Horwitz and Wakefield point, the DSM-III (and its successors) ignored the context of people's lives by failing to take into account any other types of losses.

The authors argue that one of the main problems with removing context from the diagnosis of depression is that it grossly inflates depression statistics, making existing population estimates meaningless. They argue that the organisation most active in promoting the flawed DSM-III classification of depression internationally is the World Health Organisation, whose estimates were reported earlier.

But why should we pay attention to Horwitz and Wakefield rather than WHO? The reason is simple. Their argument is already having an impact on key figures in the field. For example, their fundamental critique is partly accepted by the man who led the creation of DSM-III, Professor Robert L. Spritzer who writes a foreword to the book. He states that the book is ‘a brilliant tour de force of scholarship and analysis’; that it is ‘relentless in its logic’ and ‘forces one to confront basic issues that cut to the heart of psychiatry’. The famous psychologist David Buss claims the book will have a ‘monumental impact’ (Horwitz & Wakefield, 2007). Others say it is ‘paradigm-shaking’ (Wilkinson, 2007), and is bound to affect how depression is defined (Crews, 2007).

More importantly for our topic, Horwitz and Wakefield argue that removing the context for diagnosing depression particularly inflates estimates of depression levels for adolescents. They point out that adolescents are particularly vulnerable to loss of romantic attachments and to the bad feelings that can come about as a result of failing tests, being rejected for chosen paths in life or clashing with parents (Epstein, 2007).

Until recently few would have seen anything psychologically wrong with a girl who moped about for weeks, listening to sad songs, as a result of being jilted by a boyfriend. Parents and family friends would have recounted how blue they felt in similar circumstances and how ultimately she would get over it and meet someone else. They may want to protect her from this pain but they would not have been unduly concerned, seeing the girl’s hurt feelings as a part of growing up and an inevitable part of the human condition. Now she may well be diagnosed as depressed. Horwitz and Wakefield write:

… none of the currently available instruments for screening young people takes the context of distressing feelings into account. Thus none can discriminate normal adolescent emotionality from mental
Of course, some young people are suffering from real depression and this number may be rising. Those who are ‘sad’ rather than depressed will still have negative feelings which are painful. But the way we label the feelings matters and is not simply an academic nicety. Seeing bad feelings as a part of life’s circumstances (such as divorce) leads us to ask how we can stop these events happening and so reduce young people’s vulnerability to bad feelings. Whereas seeing the bad feelings as depression (a disorder) suggests there is something wrong with the young person which we should put right with psychological interventions.

The ‘medicalisation’ of normal sadness also has a bad effect on ordinary people (Horwitz, 2002). Being told that negative feelings constitute ‘depression’, a psychological disorder, rather than sadness can make people feel vulnerable and intensify their negative feelings about themselves. The authors write that our contemporary approach to depression can create in people ‘a sense of victimhood, a diminished sense of personal responsibility, and a view of themselves as passive sufferers’ (Horwitz & Wakefield, 2007).

We must also remember that human beings are highly suggestible. Psychologists have shown how subliminal messages affect people’s behaviour by ‘priming’ them for certain thought processes. One study (Bargh, Chen & Burrowes, 1996) showed that when students were exposed to pictures of old people they walked more slowly down a corridor than those who did not see the images. Even something as unlikely as suicide is fashionable, hence the attempts to reduce coverage of suicides in the press (Gladwell, 2000). So the more we talk about ‘depression’, see it as something our children can easily fall prey to and cater for within our school system, the more we ‘prime’ the environment for depression encouraging and heightening the very feelings we want to eliminate. This is our current trajectory. The NICE guidelines (2008) on primary school children’s social and emotional well-being even states that the report: ‘… highlighted a need to remove the stigma surrounding mental health issues and a need to share information about mental health services with children – and to increase their access to such information.’

Anti-depression programmes for young people

As some leading psychiatrists already accept that Horwitz and Wakefield’s analysis undermines the credibility of current ways of defining depression, the estimate for child and adolescent depression is likely to be reduced substantially in coming years as new ways of defining depression emerge. In the meantime we are likely to see continuing emphasis on the need to respond to the apparent rising tide of depression.

One of the leading thinkers on depression and young people is Professor Martin Seligman. His groundbreaking work on learned helplessness won him
an important place in psychology and he is a now a world renowned expert on depression and the importance of optimism (Seligman, 1995, 1998, Schwartz, Maier & Peterson, 2000). Seligman is a great believer in the apparent ‘epidemic of depression’. Indeed Professor Seligman is so convinced of the mounting problem, and its negative effects, that he talks about ‘psychological immunisation’ (Gillham et al, 1995) and ‘inoculating young people against depression’ (Seligman et al, 1995).

Leaving aside whether there is indeed an epidemic is this a reasonable proposition? Inoculation is traditionally used in connection with illnesses such as polio or smallpox where there is a known cause. DSM-III may have helped the diagnosis of ‘depression’ by concentrating attention on symptoms but there is still no universally accepted explanation of what causes ‘depression’ (Horowitz & Wakefield, 2007). There are still competing theories of causation. What is known is the risk factors which predispose young people to ‘depressive’ symptoms. This includes, coming from a ‘disrupted family’; coming from a poor background; having parents with no educational qualifications; and being ‘looked after’ (NICE, 2008). But without the operation of a single factor (such as a virus) which predisposes individuals to ‘depression’, and the strong link with specific life circumstances, does it make sense to talk about ‘inoculating against depression’?

Research to date on ‘the prevention of depressive symptoms in children and adolescents’ (Horowitz & Garber, 2006; Merry & Spence, 2007) reports that effect sizes tend to be ‘small to moderate’ and are treatment rather than prevention. This research also shows that ‘selective prevention programs’ (ie for young people who had an elevated risk) are more effective than universal programmes. A 2007 psychiatric review (Merry, 2007) of whether prevention of depression in young people was ‘a practical possibility’ concluded that ‘current treatments have limited effectiveness’.

Professor Martin Seligman’s preferred depression inoculation programme for young people is the Penn Resiliency Programme (PRP) which he co-created. While this quality, in-depth programme sometimes produces moderate effects they often do no last for more than a few years. (Gillham and Reivich, 1999; Roberts et al, 2003). A recent paper, co-authored by Martin Seligman, admitted the difficulty in sustaining positive effects with the PRP. The authors write: ’ … as research on PRP moves along the path from efficacy to real world implementation, intervention affects wane or become inconsistent.’ (Gillham et al, 2007).

One of the reasons may be that the effects are not preventative in the way that a vaccine is: they are more like the preventative effects which result from taking vitamins. In short, you have to keep doing it to get preventative benefits. For example, one of the active ingredients of the PRP is ‘disputation’ which has proven abilities to improve a pessimistic ‘explanatory style’ by showing individuals to deal with the negative voices in their heads. (Seligman, 1990). However Seligman (2005) tells us the following about disputation:
It is important to know that this is cosmetic – the voice will never shut up if you are a pessimist. No one knows how to make the voices go a way. The best we know how to do is to argue them into the ground.

I am an assertiveness trainer of twenty years standing and the benefits of assertiveness training, another key ingredient in the PRP, only works as long as you use the skills. This is one of the reasons why it does not make sense to equate programmes like these with inoculations or vaccines which suggests automatic and lifetime immunity.

A programme’s temporary effects leads advocates to arguments for constant repetition of the material and exhortations to use it (Weare, 2004). However, this may lose its power as an argument the more we come to accept that there is no epidemic of depression to counteract. What’s more, as we shall see below, extended use of programmes takes us into completely unchartered territory.

Of course, there are reasons, other than depression, for SEAL. Indeed SEAL is often advocated on the basis of the supposed benefits of emotional literacy – the term often used in education in place of emotional intelligence. So does this provide a better rationale for large-scale changes in the education system?

**The case for Emotional Intelligence**

In the main SEAL documents, (DfES 2005, 2007) and in the work of supporting academics like Professor Katherine Weare, 2004) Daniel Goleman’s *Emotional Intelligence* is cited not just as the inspiration, but SEAL’s intellectual and empirical rationale. It is particularly used in these documents as the source of evidence on the importance of emotional intelligence – Goleman claimed that it mattered much more for success in life than IQ (1995).

However, Daniel Goleman was a journalist and his book has been seriously, and extensively, critiqued by a large number of psychologists (Matthews, Zeidner & Roberts, 2002, 2004). His claims for the importance of emotional intelligence have been discredited (Murphy Paul, 1999; Mayer & Cobb, 2000; Mayer, Salovey & Caruso, 2000, 2004; Matthews et al, 2004). Goleman now tacitly accepts some of these criticisms (Mayer & Cobb, 2000; Goleman, Boyatzis & McKee, 2002). Even Goleman’s definition of emotional intelligence has been undermined: critics claim that his notion of emotional intelligence is a ragbag which includes any positive human characteristic other than IQ and many of the characteristics he cites are at odds with one another or largely emanate from personality (Mayer et al, 2004; Mayer & Cobb, 2000, Matthews et al 2004). Yet SEAL has at its core Goleman’s ideas as they base this whole programme on Goleman’s ‘five domains’ (DfES 2005, 2007).

If Goleman cannot be used as the intellectual foundation, and justification of large-scale work of this type in schools are there other figures in the field who
could provide this rationale? Two psychologists – John D. Mayer and Peter Salovey – were the originators of the term ‘emotional intelligence’ (Mayer, 1999). They are very critical of Goleman’s work, including his outlandish claims (Mayer et al 2004). Their work is more academic but is still in infancy and could not be used either to underpin a wholesale change in the education system. A large academic tome on emotional intelligence recently stated: ‘... in spite of current theorizing about EI programs, we really do not know that much about how they work, for whom they work, under what conditions they work, or indeed, whether or not they work at all.’ (Matthews et al, 2004). They also conclude that emotional intelligence is more ‘myth than science’.

Empirical studies

The SEAL documents, and the report written by Weare and Gray which recommended the SEAL approach (2003) cite, as additional supporting evidence, 17 international studies (15 of which are American) which show benefits too teaching social and emotional skills. These studies, it is claimed, also provide the evidence that what is required are whole-school, taught approaches. However, Weare acknowledges (2004) that these studies report interventions which are hugely different in design, goals and methodology and that it is very difficult to ascertain their effectiveness.

The DfES pilots

Between 2003 and 2005, the then Department of Education and Skills (DfES) ran a multi-strand pilot. The results were then published as ‘Evaluation of the Primary Behaviour and Attendance Strategy Pilot’ (Hallam, Rhamie & Shaw, 2007) One of the strands piloted was SEAL. This was a very poorly designed study which had no control group. Secondly, the report gives a positive impression as it mainly draws on the feedback of teachers who were handpicked on the basis of largely unspecified criteria. In other words, their views cannot be presented as objective evidence. What’s more the empirical data presented shows that SEAL had no impact on attendance and virtually no affect on academic performance. More worryingly, the empirical data presented on the impact on pupils shows that for most of the attitudes measured the results went down, not up, after the pilot, particularly for boys. The report authors write: “there were statistically significant gender differences in relation to almost all of the scales prior to and following the programme with the girls exhibiting more positive responses in all cases.” What they should have said is that the girls displayed less negative responses overall when compared with the boys.

Another telling point about this pilot report is that the pre-intervention results for self-esteem, social skills etc did not suggest there is a general problem to be addressed in these children’s social and emotional skills. For example, the
means for self-esteem across the various stages was over 90 per cent and for social skills and relationships over 80 per cent. The lowest figure (61 per cent) was ironically ‘anxiety about school work’. Of course, within these figures there will be children who may lack these skills but the high averages question the wisdom of universal approaches which mean teaching children social and emotional skills where there is not a problem - something we’ll return to later.

More importantly the pilot did not show that SEAL taught approach was a success. Indeed it showed itself to be much less effective than using classroom coaches (another pilot strand) to help improve teachers’ skills. Nonetheless the DfES argued that the pilot was successful and have used it as part of the rationale for rolling SEAL out nationally to all schools. In 2008 an evaluation of the use of SEAL (Humphrey, 2008) estimated that 60 per cent of primary schools and 15 per cent of secondary schools were using SEAL. The critique advanced in this paper is on the basis of what would happen if schools were to pay attention to the advice to use SEAL or if the initiative became compulsory.

Support from NICE for SEAL

In March 2008 the National Institute for Health and Clinical Excellence (NICE) published public health guidance on ‘Promoting children’s social and emotional wellbeing in primary education.’ This supports the provision of ‘a comprehensive programme’ (including a curriculum) ‘to help develop children’s social and emotional skills’. In short, it supports the most contentious aspect of SEAL – a universal, taught programme for young people from 3-18. These conclusions were based on a review of the effectiveness of interventions conducted by Adi et al (2008). However, while this review is comprehensive and thorough it does not point to ‘overwhelming’ (Humphrey, 2008) evidence. Indeed this is obvious from the ‘gaps in the evidence’ pinpointed in the NICE Guidance. They identify six gaps – here are the two most relevant for our purposes:

- There is a lack of valid methods for measuring the emotional and social wellbeing of primary schoolchildren and monitoring changes over time.

- There is a lack of evidence on the cost effectiveness of interventions to promote the emotional and social wellbeing of primary schoolchildren, particularly multi-component programmes. There is also a lack of evidence on the effect of these interventions on social, health and education outcomes (and costs) in the longer term.

Surely identifying these as ‘gaps in evidence’ tells us that the evidence simply is not there to endorse the major change in the education system which SEAL represents? Would NICE be content to recommend drugs on the basis of such fundamental gaps in evidence? As the famous Harvard professor Robert Sternberg points out in his foreword to a critique of emotional intelligence (Matthews et al, 2004) that when it comes to psychological
interventions ‘People’s lives may be affected in much the same way as their lives can be affected by drugs.’

**Understanding the scope of SEAL**

The NICE admission that there is a gap in the evidence about ‘multi-component programmes’ gets close to the heart of the issue here. The potential effectiveness and impact of SEAL cannot be compared to individual programmes like PATHS, or the Penn Resiliency Program. These are single interventions carried out over a stipulated period of time. SEAL introduces a different focus and ethos into the education system. SEAL Guidelines recommend that every child, in every setting, from the age of 3 to 18, should formally be taught social and social skills (DfES, 2005, 2007). There is no one programme for doing this and schools have the opportunity to develop their own approach or buy into different programmes to accomplish these goals.

Another facet of SEAL is that direct teaching should be augmented by changes in school ethos and the input, formal and informal of other school staff. This could be canteen staff or school nurses. What’s more, there is a family SEAL component whereby parents will reinforce some of the main messages of the programme. Given how SEAL is designed to reinforce the key learning points throughout a young person’s experience of the education system, to assess its likely impact we cannot look at the evidence for discrete programmes. It makes more sense to examine the impact of another ambitious attempt to affect the psychology of young people.

**Learning from the self-esteem movement**

From the late 1960s on self-esteem became a fashionable and influential idea throughout the USA. Low self-esteem was seen as the root cause of all social ills and boosting young people’s self-esteem a ‘social vaccine’ (Seligman et al, 1995; Stout, 2000; Twenge, 2006). The fly in the ointment, however, was the lack of evidence. (Appleyard, 2002; Craig, 2007a).

Roy Baumeister is a distinguished psychology professor in the US and an early supporter of the self-esteem movement. He decided to help by finding the evidence the movement lacked. He finished his research concluding that the premise that low self-esteem was a problem, and that curing it could eradicate many social ills, was ‘completely false’ (Baumeister et al, 2003). For example, there is no link between self-esteem and academic achievement. It is not true that bullies always lack self-esteem or that high self-esteem is important for good relationships. On the plus side he found that people with high self-esteem tend to be happier, show more initiative and are less prone to eating disorders. But he no longer believed that it was possible to artificially boost self-esteem. He also thought high self-esteem posed a larger threat to society, than low self-esteem. Given Baumeister’s reasons for undertaking the research it is hardly surprising that he said that coming to these
conclusions was ‘one of the biggest disappointments of his career’ (Bronson, 2007).

The demise of the notion that raising self-esteem is a panacea was further hastened in 2001 with the UK publication of Professor Nicholas Emler’s work. His research, including longitudinal studies of children, supported Baumeister’s findings that low self-esteem was not a risk factor for educational problems or violence, bullying, delinquency, racism, drug-taking or alcohol abuse. His research indicated that violent, anti-social men do not have problems liking or valuing themselves. If anything they like and value themselves too much (Emler, 2001).

The lack of evidence to support the notion that self-esteem is a social vaccine did not stop self-esteem building from becoming a major aspect of parenting and teaching methods throughout the USA. To boost self-esteem they began to use copious praise, restrict criticism and competition and give awards to everyone. (Seligman et al, 1995; Twenge, 2006; Bronson, 2007). Before the standards movement forced schools to more objective grading systems (Cannell 2006), teachers also used ‘aspirational grading’. This meant giving children better marks than their work deserved in case the poor result damaged their self-esteem. (Sykes, 1995; Stout, 2000). The self-esteem movement also tried to build young people’s sense of themselves by using ‘all about me’ and ‘I’m special’ activities and getting young people to focus on their feelings and emotions (Twenge, 2006).

One of the loudest critics of artificially boosting young people’s self-esteem is Professor Martin Seligman. In The Optimistic Child (1995) he argues that being concerned about how children feel in the moment, and with avoiding negative feelings can backfire. As a psychologist he is aware that ‘strong emotions such as anxiety, depression, and anger, exist for a purpose: they galvanize you into action to change yourself or your world, and by doing so to terminate the negative emotion.’ Inevitably, such feelings carry pain but they are an effective ‘alarm system’ which warns us of ‘danger, loss, and trespass’. So artificially trying to protect children from bad feelings will undermine their development, not aid it.

Seligman also argues that frustration and challenge, are an inevitable part of getting into flow – a psychological state integral to the learning process and vital to a full and satisfying life. This is why he writes: ‘the cushioning of frustration, the premature alleviation of anxiety, and learning to avoid the highest challenges all impede flow.’ Seligman also explains how bad feelings can be put to good use under the heading ‘persistence’:

\[\text{In order for your child to experience mastery, it is necessary for him to fail, to feel bad, and try again repeatedly until success occurs. None of these steps can be circumvented. Failure and feeling bad are necessary building blocks for ultimate success and feeling good.}\]

It is not difficult to see why artificially boosting children’s self-esteem would
reduce, not enhance academic performance: it removes challenge, restricts useful feedback, lowers teachers’ expectations and gives children approving feedback for very little effort or achievement. It is hardly surprising, then, that during the period that Americans have pursued self-esteem boosting the country’s academic performance on the PISA measures has plummeted (Sykes, 1995). The USA spends large sums of money on education but does not get a good return on its investment (LeFevre, 2005).

This reduction in academic attainment may be acceptable if self-esteem boosting activities improved young people’s mental well-being but it has not. Indeed one of Seligman et al’s main arguments (1995) is that emphasising the importance of feeling good about yourself, encourages young people to inflate the significance of every little set back and failure. This undermines their resilience. What’s more encouraging young people to focus too much on themselves and how they feel leads to the ‘bloated self’ and sets them up for depression. Seligman argues that meaning in life is important for well-being and that meaning is largely about serving a goal larger than the self (2002).

A considerable body of empirical research by Professor Jennifer Crocker, corroborates this idea. Crocker’s work shows that encouraging young people to concentrate on their self-esteem fosters unhealthy materialism and individualism and so undermines, rather than contributes to, well-being (Crocker and Park, 2004; Crocker, 2006).

However, the biggest challenge to the notion of self-esteem as a ‘social vaccine’ has come from Dr Jean Twenge, a psychology professor whose research involving over 1.3 million young Americans looks at how the attitudes and personalities of young Americans have changed in the past few decades. In 2006 she published the conclusions of her much-cited academic research in a book called Generation Me. On the cover it reads: Why Today’s Young Americans are More Confident, Assertive, Entitled – and More Miserable than Ever Before.

Twenge’s work shows that self-esteem has risen but so too has narcissism (Twenge et al, 2000, 2008) - not a positive characteristic for mental well-being or relationships. It is useful to note that child development experts warned that the ‘all about me’ activities in American classrooms would encourage narcissism (Katz, 1993a, 1993b). Lilian Katz, a professor of education, even wrote a piece for the New York Times called ‘Reading, Writing and Narcissism’ (1993c). Twenge’s research also shows that as self-esteem has risen so too has materialism, loneliness, depression and feelings of powerlessness (2006). Twenge’s strongest finding is a shift from internal to external locus of control (Twenge, Zhang & Charles 2004), thereby reducing well-being. Twenge is adamant that the main reason for these findings is the shift in child-rearing practices in schools and homes as a result of the self-esteem movement (2006).

Before moving on to the UK it is important to point out that what happened in the USA under the banner of self-esteem building is nothing like what
Nathaniel Branden, the movement’s undisputed leader, recommended (Branden, 1994, 1996). He is a philosopher and psychotherapist. If you followed Branden’s recommendations you would implement a fairly harsh regime to get children to be critical, independent thinkers who take complete responsibility for themselves and their lives. You would also emphasise skill development to boost self-efficacy. Branden is scathing about what has happened in the name of boosting self-esteem.

In the work I’ve been involved with in the past few years I have talked to thousands of people in the UK about what’s happening in our schools and parenting practices and almost everyone agrees that we have followed in America’s footsteps. Some say this is the path we are now on; others say we have been traveling down this road for a considerable period of time and are beginning to see the same results. What’s interesting is that most say that these ideas are so embedded in our psyche that few people question the practices.

Another crucial item of feedback, which has had a considerable impact on my thinking, is that teachers, particularly in schools in well-off areas, say that almost on a daily basis they have a queue of parents to complain: ‘My son failed his spelling test. You shouldn’t be doing spelling tests, it is bad for his self-esteem.’ ‘My son didn’t get the part he wanted in the pantomime. He’s devastated. You’re being cruel to him.’ ‘My daughter has fallen out with her friends. She is an angel and they are at fault here. What is the school going to do about it?’ In short parents now believe it is terrible if their child has a bad day or a bad experience; that somehow this negativity will damage them psychologically. This notion is undermining young people’s resilience as it is leading to overprotection – removing the challenges from children’s lives (Gill, 2007; McGrath and Noble, 2003). It is also creating an impossible task for teachers and head teachers. If you have twenty plus pupils in your class how can you ensure that all feel positive and happy all the time?

Happiness lessons

Which brings us to the most recent, and potentially, most worrying development in SEAL. From mid 2007 on SEAL has been regularly reported in the UK press as being about ‘happiness lessons’ (Thomson-Bailey, 2008, Oakeshott, 2008; Hull, 2008). Is this is going to make the climate in schools worse? Will it encourage even more parents to fear their child’s negative emotions and to blame teachers and schools if they have bad thoughts or experiences?

Ironically the person most responsible for the new emphasis on happiness is Professor Martin Seligman who previously critiqued ‘the feel good ethic’ in schools. Since Seligman coauthored The Optimistic Child in 1995 he has become the main leader of the positive psychology movement (Linley et al, 2006). He argues that psychology has traditionally been more interested in what’s wrong with people than what’s right. He wants to move away from psychology’s emphasis on human weakness and negative states of mind to a psychology that emphasizes strengths and the importance of positive
emotions (2002). The Penn Resiliency Program which he co-created was originally devised to prevent depression. However, it can also be promoted in a way more consistent with positive psychology – namely to make children happy (Seligman, 2002).

We desperately need an in-depth debate on the usefulness of ideas such as happiness lessons in schools. I write this as someone who has undertaken considerable research on the topic. Indeed the Centre I run has, for the past few years, been seen as one of the leading organisations for the dissemination of positive psychology, not just in the UK but internationally. Why would someone like me who set up the Centre for Confidence and Well-being become concerned about the application of these ideas to young people and to initiatives like SEAL – particularly when it is in our interest to swim with the tide rather than against it?

First the parallels between SEAL and the American led self-esteem movement are too close for comfort. For example, both operate on the basis that a mass psychological intervention (boosting self-esteem or happiness or improving emotional literacy) will improve all aspects of young people’s lives and behaviour (DfES, 2005, 2007). The benefits are oversold and when this happens it is all too easy for parents or teachers to believe they must continually reinforce these messages. Second, making the stakes so high (improving everything) encourages supporters to press on regardless of whether there is enough sound evidence. What’s more some of the worst aspects of self-esteem building in America are right at the heart of SEAL – for example, ‘the all about me’ theme (DfES, 2006) and the emphasis on feelings and subjectivity which some American critics claim has contributed to a ‘dumbing down’ of their education system (Sykes, 1995; Stout, 2000; Twenge, 2006).

The history of the self-esteem movement also teaches that a worrying gulf can easily open up between the theory advanced by the intellectual leaders and the people attempting to put the ideas into practice on a daily basis. A similar gulf can be seen between the leaders of the human potential movement - Carl Rogers and Abraham Maslow- and the practice of their followers. (Seligman & Csikszentmihalyi, 2000).

We must, therefore, factor in to our assumptions of how SEAL will roll out that it will develop a life of its own. What teachers, canteen staff, nurses and parents pick up will, inevitably, be much less sophisticated than the thinking of the originators. In the case of self-esteem, complex ideas about self-efficacy, challenge and responsibility did not catch on. What did was the notion that we must boost young people’s good feelings about themselves in the moment and avoid situations where they don’t feel good about themselves. Malcolm Gladwell, author of The Tipping Point, would refer to these as ‘sticky’ ideas or messages (Gladwell, 2000).

Martin Seligman’s ideas on happiness are sophisticated and he talks about three different types of happiness (2002). Seligman, as we saw earlier, believes in challenge, engagement and flow. He knows the importance of negative emotions for a good life. His definition of happiness is eudemonia
(meaning and purpose) rather than hedonic (pleasure). But will this matter? When people hear that it is so important that young people are happy they are even being taught it in schools will they not think that it is about positive feelings in the here and now? Will they not start being concerned when they see young people in negative emotional states, even when Seligman would think this may be beneficial? Of course they will and it will reinforce the ‘feel good’ ethic which already pervades our classrooms.

When it comes to mainstream SEAL there are five big learning themes: self-awareness; managing feelings; motivation; empathy; and social skills. These come from Daniel Goleman’s book *Emotional Intelligence* (1996). It is easy to see how these five strands will translate into very sticky messages in schools for everyone involved with SEAL — children, parents and staff. The simple message is: FEELINGS ARE REALLY IMPORTANT AND WE MUST PAY ATTENTION TO THEM.

This is a dangerous message which could not only waste time and resources but actually backfire and undermine young people’s well-being. (Craig, 2007b) We must realise that psychology – particularly psychological interventions targeted at everyone and carried out by people who are not professionals – may well have a negative effect. Given the focus of attention here – feelings – the opportunity for this to back-fire and do damage is enormous.

**Some of the dangers of a feelings centred agenda**

‘I know how to express my feelings appropriately’ reads one of the SEAL learning outcomes (DfES, 2005, 2007). Paul McHugh is one of America’s most distinguished psychiatrists. As soon as Goleman’s book appeared he was critical of some of its basic assumptions about teaching emotional intelligence: the idea of trying it with children was ‘abominable’ in his view. He particularly criticised the idea that children can be taught the right emotions to have in different situations. ‘We don’t even know the right emotions to be taught to adults,’ McHugh stated forcefully (Gibbs, 1995). So exactly how are teachers going to teach twenty children in a classroom what feelings are appropriate?

Another key aspect of SEAL is the emphasis it places on young people not just recognising and managing their feelings but ‘expressing’ them as well. SEAL assumes that expressing emotions is a good thing (DfES 2005, 2007; Weare & Gray, 2003). However, this ‘hydraulic’ view is not universally accepted in psychology (Evans, 2002; Seery et al, 2008; Rose, Carlson & Waller, 2007). Authors of *One Nation under Therapy* Christina Hoff Sommers and Sally Satel (a practising psychiatrist) challenge the widespread view that ‘uninhibited emotional openness is essential for mental health’ (Sommers & Satel, 2005). And what they go on to say does has direct applicability to the classroom –  

… recent findings suggest that reticence and suppression of feelings, far from compromising one’s psychological well-being, can be healthy and adaptive. For many temperaments, an
excessive focus on introspection and self-disclosure is depressing.

Professor Weare acknowledges this potential problem in some of her writings. ‘An overload of emotional awareness’ she writes, ‘can lead to paralysing introspection, self-centredness and dwelling or getting stuck in a difficult mood rather than trying to deal with it.’ (Weare, 2004). Salovey - one of the originators of the term ‘emotional intelligence’ – openly admits that emotional intelligence work has this type of downside, accepting that it may sometimes be the best course of action not to pay attention to one’s feelings. ‘A person might run the risk of becoming overwhelmed or even paralyzed by negative emotion or unnecessarily bogged down with emotional information from the external world,’ he writes and adds: ‘There might be times when being oblivious to emotional states is adaptive’ (Grewell & Salovey, 2006). This may be particularly the case for young people from abusive backgrounds. Dissociating from their feelings may not be healthy but it may be better (more adaptive) than experiencing the bad feelings such neglect and abuse engenders. It does not take a professional to see that getting abused or neglected children to focus more on how they are feeling might make them feel worse – not better. Even young people with no specific, challenging problems do not necessarily benefit from emotional disclosure. Recent research published in the Journal of Developmental Psychology found that girls who excessively discuss problems and who constantly vent over personal problems, show increased levels of anxiety and depression (Rose et al, 2007).

Remember SEAL is a universal programme. This means that every child, irrespective of whether they need help with their social and emotional skills will be treated by the intervention. So children who are already expressing their feelings a lot may unwittingly be encouraged to do more of this. This could be damaging for them. Weare thinks this sort of problem will be avoided by the competences balancing each other (2004) – an incredibly sophisticated approach for any professional who is working with one individual, let alone a whole class of pupils. Remember that this is an intervention targeted at millions of children at the same time and is deliberately trying to get non-trained people, such as ancillary staff reinforcing the key messages. (FEELINGS ARE REALLY IMPORTANT AND WE MUST PAY ATTENTION TO THEM.)

Dosage issues are very important. In psychology, as in physical health, we cannot assume that more is better. One vitamin pill might be good for you but taking the whole bottle could be dangerous. However, ‘more is better’ is exactly the assumption which underlies SEAL. This can be seen in the rationale which says that because 17 international studies showed some benefit to young people in a limited time period then more of this type of approach will be even better. The important of getting the dose right in psychology has been shown in some research studies on the benefits of written emotional disclosure. Giving research participants more time to reflect on their experience had a more adverse affect than limited amounts of time (Frattaroli, 2006).
Advocates of SEAL may argue that these are the types of issues which they think the programme will address but this is much too complex for the type of teacher training programmes likely to underpin the work. Indeed they are not even raised in the SEAL Guidance (DfES, 2005, 2007).

**Ironic and paradoxical effects**

Another difficulty with psychological interventions is the strong possibility of ‘ironic effects’ (Wegner 1994). Research by Wegner et al shows that when individuals deliberately try to do something like fall asleep or relax their intention often produces the opposite effect. This means that telling people to be tense can have a more relaxing effect than encouraging them to relax (Wegner, Broome & Blumberg, 1997). In the case of SEAL the emphasis on calming techniques could induce anxiety in some young people, particularly if the techniques are not taught well or we have well-meaning, but untrained staff, telling children to relax.

Psychological research is awash with examples of effects you wouldn’t anticipate. For example, Carol Dweck has repeatedly found that praising young people for intelligence demotivates them, stresses them and reduces their performance against controls (Mueller & Dweck, 1998, Dweck, 2007). Research by Baumeister shows putting people in situations which require them to use will power (for example, not eating a delicious biscuit when they are hungry) undermines cognitive abilities (Baumeister et al, 1998). Twenge, as we have seen, links an emphasis on self-esteem with a tendency to blame and feel powerless (Twenge, 2006). The growth of the personal development movement (and its emphasis on the self-actualised subject) has been linked by various theorists to the increase in depression (Ehrenberg, 2000) and to the idea of the ‘fragile self’ which needs protection and the help of professionals (Salerno, 2005; Ferudi, 2003, 2004; Ecclestone, 2004, 2007).

Of course, it is also true that psychological interventions often have no effect and are a waste of time and effort. We do not tend to read about these, however, as studies with nil effects are not so likely to come to light. This is sometimes referred to as the ‘publication bias’.

**Intrusion and social control**

Horwitz and Wakefield (2007) argue that one of the downsides of the current concern with depression in youth is how it leads to ‘profound intrusion’ into young people’s lives. This is something we are concerned about with SEAL. For most people, feelings and emotions are the most intimate part of their lives and they usually only share them with people they trust and feel close to. Now feelings are to be regulated and schooled. Remember that SEAL is supported by almost 100 learning outcomes based on ‘I can’ statements: this is about shaping young people’s behaviour, feelings and personality. It is about ironing out normal differences between people – some are more naturally empathetic, than others, for example. Some people disclose their feelings readily others do not. Now there is a standard to which each child will be expected to aspire. This could be demoralising for children as many of the
learning outcomes are linked to basic temperament (Jung, 1971; Kagan & Snidman, 2004).

Boys, and their right to behave like boys, are particularly threatened by this initiative. The SEAL Guidance document (DfES, 2005) openly admits that there is an inherent feminine bias in the programme:

*Boys and girls are likely to respond differently to some of the activities, and may find different areas more or less difficult. Teachers/practitioners will need to be sensitive to these potential differences, and to the fact that the expression of emotion, talking about feelings and being seen to be empathetic and caring tend to be seen as feminine traits, with the consequence that boys may actively reject them rather than risk potential ridicule from peers and criticism at home.*

The SEAL primary pilot showed that the boys ended being more negative about themselves as a result of the programme (Hallam et al, 2007).

The simplistic, conformist side of SEAL is not simply about its foundations in emotional intelligence but also its links to positive psychology and the emphasis on happiness. The distinguished British psychoanalyst and lay philosopher Adam Phillips summed up the ‘moral conformity’ of the happiness literature when he said, unlike the characters in European novels who have a complex and subtle inner life, the happy person in a positive psychology book looks ‘like a Moonie. He’d be empty of idiosyncrasy and the difficult passions’ (Senior, 2006). My view is that some of this literature is helpful to adults in making choices about their lives but in schools, where these ideas may be used to shape young people’s personalities, Phillips is right to worry about ‘moral conformity’.

In this paper a number of potentially dangerous side effects of SEAL have been set out. It is inconceivable that those who advance the programme want it to lead to social conformity or to an obsession with feelings in schools. But they do not appear to have thought through the programme’s potential for negative effects.

**Young people’s well-being**

So why are professionals and politicians in the UK so intent on introducing these types of policies into schools? No doubt they are genuinely concerned about a rising tide of mental and behavioural problems and convinced of the necessity of real action. They may well be shocked into the idea of radical action by the WHO estimates on the mounting tide of depression. Considerable attention has also been given in the press to negative adolescent behaviour such as binge drinking gangs and school indiscipline and exclusion. However, the most shocking fact of all was the publication in 2007 of the UNICEF report on children’s well-being in rich nations which put children in the UK at the bottom (out of 21 countries).
As schools are mainly under state control and pupils a captive audience, introducing school-based programmes is, on paper at least, one of the easiest steps to take in an attempt to improve the well-being of young people. However, just because it is easy does not mean it is right.

**Taught programmes – an unhelpful diversion?**

The UNICEF report indicates that the main barrier in the UK to child well-being is family breakdown. Professor Jonathan Bradshaw, one of the report's authors, put the UK's poor ratings down to long term under-investment and a ‘dog-eat-dog’ society. ‘In a society which is very unequal, with high levels of poverty, it leads on to what children think about themselves and their lives. That’s really what's at the heart of this,’ Bradshaw told the BBC when the report came out. (Bradshaw, 2007). This echoes the work of the celebrated mental health expert, George W. Albee who argues that they only serious way to reduce mental disorders is by eliminating poverty and ensuring that all children are wanted, cared for and supported (Albee, 2005, 2006).

In short we should not be surprised that the well-being of young people in the UK is low when our values are not child-centred, when there is a growing gap between rich and poor and increasing numbers of abused or neglected young people often with parents who live chaotic lives as a result of alcohol or drug misuse.

The Centre is convinced by much of the research which shows the importance of pregnancy and the early years for the development of children’s social, emotional and cognitive skills. (Perry, 2004; Martin et al, in press; Nomura et al 2007; Sinclair, 2007). High quality support for vulnerable pregnant women and good early years support and engagement for children at risk is a huge priority for us and we commend the English Government for the steps it has take in this direction. The taught, classroom element in SEAL is an unhelpful diversion from the real problems posed by living in an increasingly divided and unchild friendly society.

**The dangers of overplaying psychology**

Finally, in any drive to improve young people’s well-being we must be careful not to make schools the preserve of psychologists or mental health experts. Paying too much attention to psychology will deprofessionalise teachers, erode their confidence and, in the long run, change the nature of teaching. Psychological interference in education carries considerable risks.

The argument that psychology has had negative, ironic, effects on society has been advanced in the UK by Furedi (2003, 2004) and elsewhere in this volume. But it is also the view of Professor Martin Seligman. In recent years he has been the most trenchant critic of business-as-usual psychology, arguing that it has driven a deficit model across society and concentrated too much on negative emotion and pathology. Indeed positive psychology, which he co-founded, can be seen as an attempt to anti-dote the negative effects of traditional psychology by emphasising human strengths and positive
emotions. Much of this new research is exciting and offers individuals the opportunity to reflect on what helps to create a flourishing life. But we must be careful not to assume, because it has an evidence base, that it is now fit for wholesale importation into public policy. We must retain a healthy degree of scepticism and be aware of the inherent dangers of psychology – of any persuasion. This is evident if we look at exercise.

Professor Seligman himself accepts that psychologists only tend to pay attention to what happens from ‘the neck up’ (2006). This means that is common for psychologists to play down the importance of physical exercise for mental well-being. Yet exercise has been shown to be enormously important for learning, performance, confidence and a positive mood. (Ratey, 2008), Exercise can be seen as a natural ‘anti-depressant’. In the current debate on young people’s well-being there has not been enough emphasis on the importance of exercise. Making movement an integral part of school life may have a more beneficial effect than psychological programmes.

Psychology in general privileges what happens in the mental realm playing down the importance of real life contexts such as physical surroundings or social contexts. Social psychologists often critique their colleagues for not paying enough attention to the fact that we are social beings - part of networks and groups, not isolated individuals (Haslam, 2004 ). Yet still so much of psychology – including positive psychology – operates at the level of the individual and his/her mental life (Csikszentmihalyi, 2008). We must remember that the biggest gains for young people’s mental well-being, apart from exercise, will come from ensuring children are wanted, encouraging families to stay together and reducing poverty. This will be affected more through the tax and benefit system than through school based psychology programmes.

Finally, there is a danger that psychologists particularly emphasise the importance of their research or the constructs they are working on - the importance of self-esteem, self-efficacy, optimism, emotional intelligence, motivation, positive emotion, happiness, a strengths-based approach and so on, or their own particular cocktail of ingredients or psychological model.

Human beings are complex. This is why a programmatic approach to this type of work is short-sighted. What is appropriate for one pupil, may be different for another. The context also varies. Stressing a psychological construct may tip the balance in an unhelpful direction when what is needed is for the teacher to strike a delicate balance. For example: learning may be undermined, rather than facilitated by positive emotion (Schnall, Vikram & Rowe, 2008 ; pursuing strengths may undermine well-being (Crocker, 2004, 2006) and lead to stereotyping thus undermining, not enhancing, capability (Levy, S., Stroessner, S., and Dweck, C.S.); pupils who are ‘defensive pessimists’ may do better, not by trying to be optimistic, but by thinking the worst might happen and preparing for it (Norem, 2002).
**Alternative courses of action**

This critique of SEAL does not assume that there are easy answers to the problems presented by young people’s well-being and behaviour. As Sue Palmer showed in her book *Toxic Childhood* (2006) there are many reasons why young people’s well-being is now compromised in today’s world – diet, lack of movement, family breakdown, advertising and so forth. Other researchers have also presented to evidence to show how western culture undermines well-being (Eckersley, 2004, James, 2007). There is no panacea.

Schools have a part to play in improving young people’s well-being but only a part, and not the main one. It is the early years that really matter and parents (and wider societal influences) are much more important than schools. Some children may now come from homes which do not equip them with the skills they need to function at school and in that case they may require formal teaching. The SEAL initiative, however, now assumes that all young people formally need this teaching, not just on an occasional basis but in an intense, year on year, feelings-based programme. It is this move which appears misguided. Of course, there is scope for some teaching of social and emotional skills but this should be determined by teachers and schools on the basis of established need, not driven by central programmes or learning outcomes.

Schools can specifically contribute to pupils’ mental well-being by:

- Adopting a supportive ethos and building a school community (McGrath & Noble, 2008; Baumeister & Leary, 1995; Osterman, 2000).
- Having well-trained, motivated teachers who can relate well to young people (Marzano, Marzano & Pickering, 2003).
- Modelling the type of social and emotional skills we would like young people to have (Gordon & Turner, 2001; Bernard, 2004; Blakemore & Firth, 2005; Weare & Gray, 2003, Weare, 2004).
- Teaching all young people important literacy and numeracy skills (Schuller et al, 2004; Tett & MacLachlan, 2007).
- Giving young people opportunities for development and having high expectations of them (Bernard, 2004; Rosenthal & Jacobson, 1992).
- Providing lots of opportunities to be physically active (Ratey, 2008; Babyak et al, 2000; Lauderdale, 1997)

Much of this boils down to what, for decades, has been considered the essence of good schools and good teachers. This means that the knowledge and experience to foster well-being already exists in the education system. Finding more ways for successful teachers and head teachers to pass on their knowledge, for example, through the type of coaching used in the successful SEAL strand, could be extremely useful in moving the school system in a positive direction (Hallam et al, 2007).
Teachers may also benefit from more understanding of psychology and there is value in some psychological research for education, but we must keep these developments in perspective. Teachers' contribution to young people's well-being is first and foremost as teachers, not as surrogate psychologists or mental health workers. If well-being were to become an integral part of the curriculum as SEAL advocates propose, we would certainly have a curious case of the tail wagging the dog.

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