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Emotional well-being and its relationship to schools and classrooms: a critical reflection

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This article explores the research underpinning views of emotional well-being and its development in schools and classrooms. Research concerning the concepts of emotional intelligence, resilience and protective factors, mental health and young people and emotional regulation is examined and its implications interpreted. The author critically reviews the focus of interventions, the nature of the interventions and the strategies being adopted by policy-makers. She argues that there are dangers in solely adopting an individualistic programmatic approach and suggests that a wider emphasis on relationships, pedagogy and community building is central to the development of emotional well-being in young people.

Keywords: emotional well-being; schools; classrooms; programmes

Introduction

There has been an explosion of interest, policy debate, policy-making, academic research and programme development around the concepts of emotional well-being and schools in many countries. The literature and debates use different words or labels, different definitions and propose different measures for schools to engage with. A reading of the research and writing on this topic shows differences and debates: problems of definition; differences in the conceptual and empirical base; debates about whether practice can transfer from one field to another, i.e. from health to education; philosophical debates about the appropriateness of and motivation for different conceptions of well-being, and differences in the research base. In this article I engage with some of these differences by examining key reviews of research in the fields of resilience, mental health and young people and emotional regulation. I argue that the implications of these research studies are that schools have to engage with central processes such as teacher–pupil relationships, pedagogy, and engaging pupils in schooling. I also explore the potential dangers of an individualistic approach to emotional development in schools. The intention is to engage in a critical reflection on the field as currently conceived and to promote a debate in this new and important area.

What is meant by emotional well-being?

There is a bewildering array of terms and labels to describe work in this field: emotional literacy, emotional intelligence, positive mental health, and emotional

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well-being are amongst the most common. The terms used often reflect the tradition of the author or the field within which they are working. So for example the term 'emotional literacy' is used often by educationalists and 'positive mental health' by psychologists or psychotherapists. The most populist seem to be 'emotional intelligence' (Goleman, 1996) or 'emotional literacy' (cf. Weare, 2004). I have chosen to use the term *emotional well-being* since it seems to be the most encompassing current. This is not to imply that the term is uncontested or uncontroversial. The focus on emotional well-being is an international phenomenon and policy initiatives in education can be found in Australasia, the Americas and across Europe. In the UK there are policy initiatives called 'the social and emotional aspects of learning' (SEAL) (Department for Education and Skills, 2005, 2007), the Healthy Schools Programme (DfES and Department of Health, 2004), which has emotional health and well-being as one of its main themes, and the national policy framework 'Every Child Matters' (DfES, 2003), which focuses on 'being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being' as its view of 'well being in childhood and later life' (DfES, 2003, p. 3). Other terms include 'emotional resilience' (HEA, 1997), 'emotional development' and the UNICEF Innocenti report (2007) used the general term 'child well-being'.

These differences are important for within them are different emphases and conceptions of emotional well-being. The work of Goleman (1995) and Weare (2004) seems to emphasise the management of emotion by individuals. Goleman (1995, pp. 43–44), who relied heavily on Mayer, Salovey and Caruso (2000), includes the following as the key elements of emotional intelligence: knowing one's emotions; managing emotions; motivating oneself; recognising emotions in others; and handling relationships. Weare (2004), whose work is closely connected to Goleman's and has influenced UK policy initiatives, defines emotional literacy as

> the ability to understand ourselves and other people, and in particular to be aware of, understand and use information about the emotional states of ourselves and others with competence. It includes the ability to understand, express and manage our own emotions and respond to the emotions of others, in ways that are helpful to ourselves and others. (p. 2)

The emphasis in this model is on the individual's ability to manage emotions, although it clearly has a social element. Other models include a definition of emotional well-being that has both personal and social element and they are more equally balanced. Marks and Shah (2007), in outlining the New Economics Foundation's model of well-being, put forward two personal dimensions and a social context i.e. people's satisfaction with their life, people's personal development and their social well-being (p. 505). UNICEF uses the following as measures of child well-being: material well-being; health and safety; education, peer and family relationships, behaviours and risks and young people's own sense of subjective well-being (UNICEF, 2007, p. 2), a very wide definition which aims to include poverty as a key factor in well-being. Huppert (2007, p. 308) defines positive mental health as 'a combination of subjective well-being and of being fully functional i.e. realising or developing one's potential', a definition that seems to cover the territory described above.

In defining the field there are subtle differences of emphasis according to discipline and motivations, including the psychological, sociological and political. The different elements of the conception of emotional well-being will be explored

further in the next two sections. The importance of these conceptions will be brought out and the different sources for this concern and development will be described.

Why is there such a focus on this area now?

The emphasis on emotional well-being has its roots in many different traditions and arguments. It is a network of research and thinking that has contributed to current policy and practice. It is also driven by a set of social and policy concerns. I explore and argue for consideration of various elements, which I see as key. First, I examine the sociological arguments that the place of emotions in our society and our cultural relationship to emotions have changed and that this influences expectations of emotional well-being. Second, I explore the social and economic concerns that are part of the policy landscape – concerns about the self-control and well-being of young people in the UK. Third, I argue that there has been a shift from focusing on disease to health promotion (WHO, 1986). Finally, I argue that three bodies of research can help us understand and explore emotional well-being in children and young people: research on resilience and protective mechanisms, mental health and emotional regulation.

Shifts in society and social concerns

Giddens (1990, 1992) and others (Gibson-Cline, 1996) have argued that society has changed, that personal, instrumental and affective goals have become the organisers of interpersonal behaviour and that there is increased attentiveness to feelings. The language of psychology and therapy is apparent in many cultures. So there has been an increase in expectations and aspirations in the sphere of emotions. The discussion of emotion is more visible and part of popular culture.

At the same time there has been a concern about emotional self-regulation in society and this is a discourse that underpins the work of Goleman, for example. In the introduction to *Emotional intelligence* (1995) he wrote,

> Each day's news comes to us rife with such reports of the disintegration of civility and safety, an onslaught of mean-spirited impulse run amok. But the news simply reflects back to us on a larger scale a creeping sense of emotions out of control in our own lives and in those of the people around us. No one is insulated from this tide of outburst and regret; it reaches into our lives in one way or another. (1995, p. x)

Later he argued that 'those who are at the mercy of impulse – who lack self-control – suffer a moral deficiency: the ability to control impulse is the base of will and character' (p. xii). He argued for the framework of emotional intelligence as the remedy for this malaise. Whether schools should undertake this work and whether they are the saviours of society in this way are questions to which I shall return later. However, this concern about emotional self-regulation is a key theme in the writing on emotional intelligence. This conception places the onus on the individual to change and does not emphasise to the same extent the social components included in other definitions of well-being.

The economic and general welfare of children in society is another reason for the emphasis. According to the UNICEF (Innocenti) report on children's well-being, the UK is not doing well on the categories chosen by UNICEF to compare countries. The UK appeared in the bottom quarter of the 21-country comparison and came

20th out of 21 on subjective well-being. These data are subject to many possible interpretations and there are many considerations to be kept in mind about comparability of data, etc. However, it is quite clear that as a nation we do not appear to be leading the field and that our children do not appear to report themselves as having feelings of well-being. So a driver of the focus on emotional well-being is the argument that we need to remedy social ills.

Learning from psychology, psychotherapy and neuroscience

There has been a general shift in the last half century to a focus on well-being and positive health rather than a focus on disease and dysfunction. The Ottawa Charter for Health Promotion (1986) could be said to be a major example of this move:

> Health promotion is the process of enabling people to increase control over, and to improve, their health ... Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore health promotion is not just the responsibility of the health sector but goes beyond healthy life-styles to well-being. (WHO, 1986)

This shift from focusing on disease to focusing on complex and integrated systems working towards positive outcomes can be seen in many arenas. It can be seen in the current emphasis on positive psychology (Csikszentmihalyi & Csikszentmihalyi, 1988; Seligman, 1991) and in the earlier move to interrogating resilience and protective factors rather than the characteristics of disease (Rutter, 1990). This shift is also characteristic of policy initiatives at international and national level. The English legislative framework for education, known as 'Every Child Matters', is based on the development of positive outcomes for children and is a child betterment policy rather than a child protection or reaction to abuse policy.

Huppert spells out the rationale for focusing on positive mental health in the population. Her arguments are, first, that the set point for happiness, by which she means 'the individual's basal level of happiness to which they always return' (Huppert, 2007, p. 308), is not genetically determined, and thus it can be changed. Second, by focusing on the 'flourishing' or moderately mentally healthy individuals in the population, we can cause greater shifts than we would by primarily focusing on remediating the disorders of those who are languishing. So there is potential to bring about population-level change by focusing on enhancing mental flourishing. Huppert (2007) argues that well-being can be increased in a sustainable way by changing the set point, changing the external circumstances and changing attitudes and behaviours. 'There is great scope for societal or population-level change to enhance mental flourishing in most of our citizens' (Huppert, 2007, p. 308). She argues that the three key actions and skills that will enhance well-being are: developing good habits, particularly the habits of regular exercise and being kind to others; developing positive ways of thinking, such as savouring the moment; and being motivated, i.e. having the energy to make things happen. She argues strongly for health promotion strategies that include work in schools. Huppert is not alone. Others have focused on mental health and looked hard at what can be learned from the current research and their conclusions are considered in the next section.

Research on resilience

Howard, Dryden and Johnson (1999) charted the previously described shift from an emphasis on risk to resilience. In reviewing the research and thinking on resilience they described how researchers such as Werner and Smith (1988) and Garmezy and Rutter (1983) noted that 'most children seem to have self-righting tendencies and that competence, confidence and caring can flourish even under adverse circumstances' (Howard *et al*., 1999, p. 309). When weighing the influence of the positive and the problematic, the positive came out as more powerful; for example, positive relationships rather than risk factors had the more profound impact. So the new focus was on individual strengths or assets and protective factors and mechanisms 'that gave rise to successful adaptation despite the presence of risk factors during the course of development' (Howard *et al*., 1999, p. 310). Protective factors were seen as having a cumulative effect: 'The more protective factors that are present in a child's life, the more likely they are to display resilience' (p. 310). These findings are well known but it is worth restating the cautions that Rutter (1990) and others gave at the time.

Rutter (1990) warned against perceiving protective factors as a matter of individual constitutional strength or weakness or of trying 'to distil everything down to a few key global composites' (Rutter, 1990, p. 182 cited in Howard *et al*., 1999, p. 311). He viewed composites like self-efficacy and social competence as robust predictors of resilience but argued that they have 'limited value in shaping new approaches to prevention' (p. 311). He argued for a focus on protective mechanisms and processes rather than on protective factors:

> The search is not for broadly defined protective factors but rather for the developmental and situational mechanisms involved in protective factors. (Rutter, 1990, p. 183)

The research on protective factors identified social competence, problem-solving skills, autonomy and a sense of purpose and a future as key (Howard *et al*., 1999, p. 311). Three primary social systems were also identified – the family, school and community.

The role of schools

Schools play a key role. The aspects of schooling identified as important were: schools that have good academic records and attentive, caring teachers; schools that have wide conceptions of achievement, e.g. including musical or sporting achievement; schools that enable children to take responsibility and foster good relationships. Teachers emerged as potentially very powerful agents in children's lives. Howard *et al*. (1999, p. 313) summarised it thus: 'the most frequently encountered non-family, positive role models in the lives of resilient children were favourite teachers who took a personal interest in them, were not academic instructors but were also confidants and positive models for personal identification'. They also concluded that 'many researchers argue that caring and support across all three external systems is the most critical variable throughout childhood and adolescence' (1999, p. 313).

Howard *et al*. (1999) also examined the educational literature that had researched further the role of education and schooling. They concluded that

> the best practices that schools can adopt in promoting resilience, it seems, come back to what work in other areas (educational psychology, educational counselling, teacher professional development) has identified as constituting effective teaching. Thus achievement in school is made more likely when: teachers teach for mastery; curricula are relevant to students' present and future needs; authentic assessment practices are used; democratic classrooms are created where students contribute to the rule-making and governance; rational, humane and consistent behaviour management techniques are adopted; teachers are warm, approachable, fair and supportive and a range of ways of being successful are made available to students. (p. 318)

So the aspects of schooling emphasised here have implications for engagement in learning and the life of the school community, pedagogy and the daily practices of education. The implications for how teaching, learning and relating are conducted are very profound. It would suggest that many of the current initiatives such as consulting and involving pupils in decision making are sound. Emotional well-being permeates all aspects of students' daily life in schools. It is the social setting of the classroom and the school as well as the pedagogic experiences of students that come to the fore in strengthening resilience and acting as a protective mechanism.

Research on mental health

There is overlap between this review of research on resilience and other major reviews of research on mental health. Harden *et al*. (2001) focused on young people and mental health through a systematic review of research on barriers and facilitators. They examined mental health promotion interventions and studies which elicited young people's views. They found a scarcity of 'good quality research evaluating the effectiveness of health promotion, particularly in the UK' (p. 144). They also found a lack of consultation with young people on the barriers to and facilitators of mental health, although they have very clear views. There are similarities between the conclusions of this review and the previously discussed findings of research on resilience. There was a need to advance interventions which aimed to improve social relations between teachers and young people, since there was concern from young people about teachers not being a good source of emotional support or self-esteem. Structural aspects of the school needed to be developed and evaluated for young people identified three major aspects of school life as barriers or facilitators: academic achievement and engagement in learning; the boredom of school and the way teachers behave. The authors argued for a 'whole school approach' and cautioned that 'efforts to raise academic achievement need to be balanced against young people's concerns about stress and workload and possible pressures on teachers to privilege academic progress in favour of pastoral support' (Harden *et al*., 2001, p. 130).

Harden *et al*. showed that there was conflicting evidence on the effectiveness of interventions which targeted mental health and that there needed to be 'careful consideration about which interventions to implement and whether to intervene at all. It cannot be assumed that interventions will be effective' (Harden *et al*., 2001, p. 4). Programmes that promoted self-esteem needed to focus *on* self-esteem rather than on more generalised mental health issues and there was insufficient evidence to recommend school-based suicide prevention. 'Young people identified few school-related facilitators of their mental health and relations with teachers tended to be described in negative terms' (Harden *et al*., 2001, p. 147). Young people saw their

peers as supportive and peer-based interventions were seen as a potential source of constructive development, although there was a need for evaluation and research. The use of pleasant activities on a daily basis and/or challenging self-defeating thoughts was also an area that needed further development and research. So overall the school as a social setting with the potential to promote well-being is reinforced in this review, as is the need for caution about the simplistic translation to educational interventions of findings from research on risk and protective factors and mental health.

> These findings [on protective factors] have much intuitive appeal in terms of translating them into interventions to prevent mental health problems which either remove or decrease risk factors or foster protective factors ... Because of the difficulties outlined above [of comparability between observational and other methods], there are often conflicting and/or disparate hypotheses and findings in the literature about how risk and protective factors operate, making it difficult to use this evidence for the development of interventions. (Harden *et al*., 2001, p. 15)

Harden *et al*. (2001) argue that we need to work on three levels: strengthening individuals (fostering coping and life skills); strengthening communities (e.g. developing support networks, improving neighbourhood environments, anti-bullying strategies); and reducing structural barriers to mental health (e.g. reducing discrimination, facilitating access to meaningful employment).

Research from neuroscience

Another – and probably the main driver – of current initiatives on emotional well-being is recent knowledge from neuroscience. This thinking is to be found in current policy documents. For example, the guidance on SEAL (Social and Emotional Aspects of Learning) from the DfES (2007) refers to Goleman's concept of emotional intelligence (EI), and to Le Doux's (1998) and Damasio's (2000) work on emotion and the brain as part of the rationale for working on the social and emotional aspects of learning. The research of Le Doux (1998) and Damasio (2000) focused on the working of the brain and the amygdala in particular, showing that emotion rather than reason was often the determinant of action and that the emotional influence was frequently unconscious. Their work has been used by Goleman to justify his particular version of emotional intelligence, a concept first coined by Mayer, Salovey and Caruso (2000, 2004), and as a rationale for his proposed programme to develop it. Weare and Gray (2003) who have influenced policy development in England have also drawn on Goleman's 1995 work.

Craig (2007) has outlined the debates and concerns around Goleman's concept of emotional intelligence and has shown that there are grounds for serious concern. She argues that they are particularly serious because they also underpin the current programme, SEAL, being promoted in primary and secondary schools across the UK. She charts the debates about Goleman's work and puts forward various grounds for critique.

The first is that Goleman's definition of emotional intelligence is spurious and that he has distorted the original work of Mayer *et al*. (2000, 2004). Mayer and Salovey argued for the concept, which has itself been contested, of emotional *ability* as a combination of intelligence and emotional skill. Mathews, Zeidner and Roberts (2002) examined the research on emotional intelligence and concluded that 'there are

major conceptual, psychometric and theoretical problems to be overcome before EI [emotional intelligence] may be considered a genuine, scientifically validated construct' (p. 7). The criticism is that Goleman has taken the concept of emotional ability and added to it certain positive personality characteristics, such as warmth, empathy and zeal, which are not substantiated in the original work of Mayer and Salovey. 'The danger of taking the broad approach that Goleman and followers do is that it just morphs into anything they want it to be and cannot adequately be described or measured' (Craig, 2007, p. 8).

The second and related criticism is that the work is based on shaky evidence. Le Doux (1998) argued that is very hard to gain conscious control over our emotions and thus Goleman's claim that emotional control can easily be taught can be seen as ill-founded. Howard Gardner has also queried the notion of emotional intelligence as a separate form of intelligence, arguing that 'emotions are part and parcel of cognition ... If one calls some intelligences emotional, one suggests that other intelligences are not – and that implication flies in the face of experience and empirical data' (Gardner, 1999, pp. 71–72, cited in Craig, 2007, p. 9). The third criticism Craig put forward is the danger of labelling people 'emotionally intelligent', 'as this process can easily become as judgmental and potentially damaging to those deemed deficient as measurements of IQ' (2007, p. 9). The reliability of tests for emotional intelligence have also been questioned by Sternberg (2000). Craig (2007, p. 10) argued that there is a danger of an 'emotional elite' emerging, particularly since there has been shown to be overlap between EI personality and socio-economic status.

Craig's fourth criticism is that Goleman's work has a negative slant, i.e. that he sees emotions in a negative light: 'as something much more to be feared, controlled and regulated than celebrated' (Craig, 2007, p. 10). Mayer and Salovey had a much more positive emphasis. Craig considers that the claims for emotional intelligence have been grossly overstated and she argues that the sorts of predictions based on the concept of emotional intelligence that Goleman made are highly unusual and atypical in psychological science (p. 11).

In a lengthy and detailed review of the research, Craig goes on to dispute the analysis or outcomes of the evaluation of the SEAL Programme and to argue that the revolution being proposed is based on 'inadequate supporting evidence' and lacks a 'credible intellectual rationale' (2007, p. 1). She argues that, 'formally teaching children from 3–18 about their emotions or how to calm themselves for example has never been done in the systematic way, year on year, that SEAL suggests' (p. 1). She argues that there are good grounds for believing that it may encourage narcissism and self-obsession and that it may encourage children to be more anxious (2007, 'Introduction to summary'). Her concerns are not about promoting well-being in schools but rather about the formal teaching of social and emotional skills in classrooms, 13 years of lessons (from three to 18 years old), and the evaluation of these lessons against a checklist of learning outcomes (42 for 3–11 year olds and 50 for secondary students). She believes that there is evidence to support working with teachers to improve their awareness of the emotional aspects of young people's lives; to support teachers in forming constructive relationships with students; in improving the emotional and supportive ethos of schools; in supporting teachers with behavioural problems in the classroom; and in modelling and teaching the skills needed by young people (Craig, 2007). This emphasis on working with or focusing upon teachers has some support in research examined earlier. The research on

resilience and protective factors highlighted the power of teachers in developing resilience (Howard *et al*., 1999) and emphasised the importance of the everyday work of teacher's, i.e. effective teaching. The research on mental health (Harden *et al*., 2001) similarly argued that the way teachers behave has a major impact on young people and their mental health.

Emotional regulation and relationships

There is another body of work engaged in by neuroscientists, psychotherapists, psychologists and biochemists which does bring together the work on emotional regulation and the earlier emphasis on relationships. It is work conducted by Schore (2003), Pansepp (1998), Gerhardt (2004) and Wilkinson (2006). What emerged from these theorists, who built on previous work on attachment and emotion (e.g. Bowlby, 1969), is that the self-soothing or emotional regulation suggested by Goleman and others is learned through relationships. Specifically it is the emotional transactions between the primary caregiver and infant that act as a growth facilitating environment for the postnatal maturation of brain systems that mediate regulatory functions (Schore, 2003). It is a social process and it is the affective interactions between caregivers and children which frame and shape children's emotional experiences and ability to regulate their emotions. Gerhardt (2004), who reviewed the research on neuroscience and emotional regulation, wrote that

> . . . Human beings are open systems permeated by other people as well as by plants and air and water. We are shaped by other people as well as by what we breathe and eat. Both our physiological systems and our mental systems are developed in relationship with other people. (2004, p. 10)

The child learns from the reactions of others and in relationship with others how to relate emotionally to self and to others. This includes the capacity to self-soothe and has a direct impact on children physically, physiologically, biochemically, emotionally and socially. The emotional availability and sensitivity of the adults in a child's life has a powerful impact on the ability of the child to contain, regulate, feel, ignore and reflect upon feelings. The child learns early on from the reactions of adults how his/her feelings will be managed and responded to, and these are internalised. There are also accompanying physical reactions, i.e. whether related to being soothed or to being anxious. The hormone cortisol has been shown to have a major role in how we feel and to have a direct impact on our physical health. Meaning emerges from the early and later experiences of pleasure and pain (Gerhardt, 2004, p. 19). These early experiences are stored in the brain and often in what Bowlby (1969) called 'internal working models' or Clyman (1991) 'procedural memory'. 'Children who develop insecure strategies for dealing with their emotions cannot tolerate feelings and so cannot control them' (Gerhardt, 2004, p. 28). 'Emotional regulatory systems are not innate but a product of the attachment experience maturation of the right brain' (Schore, 2003, p. 83).

So we *learn* our emotional habits including the capacity to manage and calm ourselves through relationships with significant others. Since these capacities are learned, they also have the propensity to be modified and to be amended in various other situations, and for different neural pathways to be established, although the power of early connections is profound. However, Gerhard makes a further important point: 'emotional regulation is not about control or the lack of it. It is

about using feelings as signals to alert the individual to the need for action, in particular to help sustain needed relationships' (2004, p. 29). This précis of a complex and important body of work makes the point that we cannot disconnect emotional regulation and relationships with adults or others. Gerhardt argues very strongly that this means that we need to prioritise relationships with children. The key argument here is that children need relationships with empathic adults in order to develop the mental apparatus to regulate their feelings.

> The qualities of good parenting (and of close relationships in general) are essentially regulatory qualities: the capacity to listen, to notice, to shape behaviour and to be able to restore good feelings through some kind of physical, emotional or mental contact, through a touch, a smile, a way of putting feelings and thoughts into words. These capacities are personal ones ... It requires a kind of mental space to be allocated to feelings and a willingness to prioritise relationships. This is a challenge to a goal-oriented society. (2004, p. 214)

I now explore the implications of these ideas for educators.

What are the implications for thinking about emotional well-being and practice in schools and classrooms?

The reader will, I hope, forgive this rather lengthy review of research. However, it is clear that the detail matters and that we need to critically reflect upon current debates, conceptions and initiatives. Critical reflection should not be interpreted as lack of support for emphasising a focus on emotional development in education: it is an important and neglected aspect of all education. The current emphasis in policy-making on the development of emotional well-being is timely and to be supported. However, there seem to be three key areas of difference and important debate. They are: how we conceptualise and define emotional well-being; what we emphasise and where we focus our efforts; and the strategy we adopt. We need to critically reflect on these differences from sociological, philosophical, psychological and educational perspectives.

Matters of conceptualisation and definition

Goleman's (1995) influential definition of emotional intelligence emphasised that 'those who are at the mercy of impulse suffer a moral deficiency' (p. xii) and he viewed this lack of self-control as the source of many social ills. He saw the remedy for this as the development of emotional regulation, conceived of as increased control and self-awareness. It is based on the idea that individuals, including individual children, are largely responsible for the management of their own emotions. It contains what has been called a neo-liberal view of the subject, i.e. we are all responsible for ourselves rather than being interdependent. Goleman's argument is rooted in a particular view of young people as 'more troubled emotionally than the last [generation]: more lonely and depressed, more angry and unruly, more nervous and prone to worry, more impulsive and aggressive' (p. xiii). Whether these moral panics are justified or not, it is debatable whether educational policy should respond in this way. Educational curricula should of course be linked to the concerns of society, and the priorities of politicians should reflect this, but whether they should be *driven* by such political concerns is highly debatable. The danger here is that the

school curriculum may be driven (and distorted) by such a deficit analysis of young people.

The social problems put forward in Goleman's analysis are the problems of adults, not of children. The remedy should lie with adults, not with changing children's emotions. The research on resilience and mental health and young people supports an emphasis on *social* and individual processes, not solely on the individual. The research on emotional regulation stresses the emotional development of children in relation to adults and sees emotional well-being as a social process. I suggest that a definition of emotional well-being must include social and personal elements, such as the one put forward by the New Economics Foundation (Marks & Shah, 2007) at the beginning of this paper. Rutter (1990) warned against perceiving protective factors as a matter of individual constitutional strength or weakness or of trying to 'to distil everything down to a few key global composites' (p. 182).

In choosing a definition it is also important to examine the research basis for that definition. As we have seen, there is much debate about the solidity of the research basis for the concept of emotional intelligence. The research on resilience and protective factors has a longer history and a stronger tradition, although there is still much we don't know.

Matters of emphasis and effort

There are different proposals for where those in education should focus their efforts. One approach is the development of individual separate programmes such as SEAL or specialist modules of Personal, Social and Health Education (PSHE). The other is a more general emphasis on teachers and the central processes of schooling. There are some core processes that the research on resilience, on mental health and on emotional regulation emphasises as important in the development of emotional well-being.

The first of these is positive, sensitive, caring and supportive relationships between teachers and pupils, where emotional well-being is modelled. Howard *et al.* (1991) concluded that 'many researchers argue that caring and support across all three external systems is the most critical variable throughout childhood and adolescence' (p. 313). Gerhard (2004) argued that it is in relationships with adults that children develop emotional regulation. The research on emotional regulation has shown that adults and relationships with adults are central to emotional well-being. This is a significant factor in shaping the emotional well-being of young people in schools. It is not the only one but it is significant. The implication of this is that the person of the teacher is of vital importance because the teacher will have an impact, through their emotional responses, on the child's regulatory abilities. It is essential that we prioritise this aspect of education. It is not easy to develop a language around relationships and engagement for it is not the language we have spoken in education for a long time. There is a language in early years education that we could learn much from. For example, in Reggio Emilia they talk of 'the pedagogy of relationships'.

The central arguments put forward by Goleman (1995) for an emphasis on emotional control is a misreading of the processes by which children develop emotional regulations, i.e. through relationships with adults, not solely through self-reflection. The function of the feelings we have is to guide us in relationships and to alert us to our needs. Therefore, what children may need is help in recognising

emotion. This 'woolly' area of developing constructive relationships would seem to be a central focus for our efforts to develop emotional well-being.

The second emphasis would concern pedagogy. The aspects of education identified in the reviewed research are: wide conceptions of achievement; effective teaching that is engaging and active; authentic assessment practices; democratic classrooms, and humane and consistent behaviour management. These processes emerged as central to the development of resilience, positive mental health and well-being. Dweck's (2006) work is an example of how learning processes relate to inner processes of identity and esteem. Her work shows that adults operate on various theories of ability and learning, which shape teaching and interactions with young people. Through these interactions young people develop either a 'growth' mindset – 'the belief that your basic qualities are things you can cultivate through your efforts' (Dweck, 2006, p. 7) or a 'fixed' mindset – 'a belief that your qualities are carved in stone' (p. 7). These mindsets affect how we see our selves, how we feel about ourselves and how we act. If in classrooms we focused on the development of a growth mindset though active and engaging learning we would impact considerably on emotional well-being.

The view of emotional well-being that arises from the resilience-related research is one in which communities and particularly the community of the school are important sites for flourishing or languishing. Social inclusion becomes a very important issue, as does the principle of doing no harm to children. The social goals as well as the cognitive or learning goals of schools would be important and have parity, as Rutter suggested in 1990. Schools as social organisations responsible for the care, support and well-being of *all* the members would be emphasised. The implications for pedagogy and student–teacher relationships would be profound, since engagement in learning, students' achievements and supportive relationships with teachers are centre stage in developing emotional well-being. Working and developing an ethic of care would be a priority.

The role of schooling in acting as a protective mechanism is still under researched. Howard *et al*. (1999) remind us that much research has still to be done on the role of education. Wang (1997) and others have continued to research it. Certain factors are identifiable; the work of teaching and learning and all teachers is very important. It is the daily experience of children and young people in schools that seems to matter most, not the construction of special programmes, although some programmes can be very helpful as we know from health education studies (Tobler & Stratton, 1997). In this conception it is the adults who are largely responsibly for the emotional well-being of children working within an ethic and pedagogy of effective learning, care and support.

There is also, in the research reviewed above, an emphasis on developing life skills and this is an important complement to the areas of focus above. We can help young people develop their social understanding, personal and interpersonal abilities. There is a danger of polarising these as opposite approaches, which they are not. As Harden *et al*. (2001) reminded us, there are different areas of work on emotional well-being. Bronfenbrenner's (1979) ecological model is helpful in conceptualising the complex intersections and inter-relationships between different areas of work. However, that being said, there are also important differences in the conceptions of the role of schools and in views of where efforts should be focused.

Matters of strategy

Finally, there are issues to do with the strategies currently being adopted by policy-makers. The history of Personal, Social and Health Education in the UK is one of struggles to combat the effects of a separation from and disjunction with the aims and processes of the mainstream curriculum. It is an area of the curriculum that has struggled to have status, adequate resourcing and to be taken seriously. This is not merited but is the consequence of a 'bolt on' approach. There is a danger that in the UK the current initiates around emotional well-being may fall into that trap. The curriculum is undergoing changes and there is an emphasis on the place of emotional well-being in schools and classrooms. However, devising and emphasising a specialist SEAL programme appears to limit the approach and to emphasise a limited individualistic approach.

The emotional well-being of young people is deeply bound up in the processes of inclusion, teaching and learning, and community building in schools and classrooms. It is inseparable from the quality of the relationships between teachers and pupils and pupils and pupils. These are hard to define and to engage with but this review suggests that if we are to take the development of emotional well-being seriously, they are where we should locate our efforts.

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