Children as individuals and their disorders in the ages of autonomy

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Abstract

In France, controversies about conceptions of and approaches to child development nowadays pit supporters of benevolence to those deploring the lowering of limits. Both express fears about children's *mental health*. What does it tell us about the society in which we live? This chapter proposes a socio-historical perspective, considering the global moral context of transformations of individualism, to understand what theses controversies are about. The first part of the chapter proposes an analytical framework to explore the relationships between mental health, neurosciences, autonomy and individualism. It shows how collective representations regarding these notions have changed in France since the Second World War and proposes the idea that mental health can be approached as an ensemble of practices to regulate the tensions of socialization in a society permeated by "collective representations" of autonomy. The second part applies this framework to the evolving conceptions of childhood in the same French context. The goal is to put changes in the ways of thinking about and acting with "problem children", whose issues are today expressed in terms of mental health, into perspective. It shows that the two great sources of mental health representations and practices – psychoanalysis and cognitive (neuro)science –, although opposing in theory, are, from a sociological perspective, complementary ways of understanding and supporting children in a context where autonomy has become a normative expectation.

1. Introduction: how controversies about childhood set a trap for sociologists

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

an interview in the leading French newspaper *Le Monde* (2023) that the "whole World Health Organization" supported the idea of non-violent education. Empathy with the child, she says, "helps his/her brain to mature". On the contrary, what's the use of locking kids in their rooms? Gueguen adds:

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

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

> *The child is a human being like the adult is. They are entitled to the same respect as any other human being. As adults, would we accept that our rights and the principles that guide them be swept away because of isolated, individualistic or selfish behaviour? No. Have human rights produced*

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

adults who are dangerous to democracy? No. Neither have children's rights.

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

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

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

These vivid controversies, which unfold at the edge of academia and common sense, sets a very attractive trap for sociologists, who could end up getting dragged into the arena and taking sides in the dispute. It is indeed tempting to dismiss the criticism of "positive parenting"

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

or of the “cult of the child” as reactionary conservatism and to support greater concern for children’s well-being and autonomy. On the contrary, one could also bemoan the excessive attention given to children and their feelings and consider it a sign of the privatization of existence, a crisis of social ties or the de-institutionalization of social relationships, to take some of the most common themes of social philosophy (see Ehrenberg & Marquis, 2024, for a review of such theories). Why is it a trap? In fact, these two opposing stances are merely different ways of reproducing what can be called a common sense “individualist socio-anthropology” that opposes individual and societal levels, personal autonomy and collective norms, as if one could exist without the other. It also takes for granted the idea that malaise and (mental) suffering should be analysed as consequences of some aspects of liberal-individualistic societies where personal autonomy is, indeed, at the forefront of our values.

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

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

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

2. Individualism, autonomy and mental health: sociology and subjectivity

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

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

2.1. Autonomy as a collective aspiration, autonomy as a common condition

At the end of the war, French society entered what historian Lucien Febvre termed the "second 20th century" and carried out, between the 1960s and the beginning of the 1980s, what sociologist Henri Mendras called its "Second Revolution" (1988). This post-World War II revolution consisted of the development of a civilization of well-being and the democratization of society, accompanied by new ways of life and new ideas of social relations (between men and women or between generations, in the family, the workplace or education, etc.). Autonomy,

defined as the possibility to choose one's own path of life, has progressively become a collective aspiration since the 1960s in the context of welfare state protections regarding unemployment, old age and health risks —what is called the "social model" in France—, but also of the extension of school education, strong economic growth, the development of mass consumption, and the emancipation of mores (Ehrenberg, 2010). Himself a contemporary of that time, Mendras underlines that, among the fundamental changes, "individualism is making such progress that it is no longer an ideology, but a way of being now common to all" (1988, p. 34). Social liberation movements (crystallized in France by the events of May '68) gave rise to claims of independence, personal accomplishment, self-ownership, choice, innovation and gender equality in a society still permeated by republican morals of duty, obedience and conformity to various social rules. These movements transformed French society: the rigid class system, from which few ever escaped, gave way to new possibilities of social mobility. The idea that people had the right to lead a private life of their choosing and to care for their own well-being (and to be themselves cared for by the authorities) was no longer a distant aspiration restricted to the happy few but a legitimate claim and potentially attainable reality, even for the working class. The first main change is thus to be found in the democratization of these ideals.

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

The content of the notion of autonomy itself changed in this process. Autonomy as a condition is of course characterized by the deepening of dynamics of the precedent decades: further emancipation of mores, stronger accent on personal freedom of choice – which has even extended to the possibility to change one's gender, a choice that was previously considered a sign of psychosis (Castel, 2003). But it also brings new elements into the spotlight, such as the valorization of action, personal initiative and individual responsibility. Work organization in

companies and employment market have been at the epicentre of a society shifting, to use Abram de Swaan's words (1990), from "command by order" to management through negotiation". Autonomous behaviour is now described using a vocabulary of capability, skills, responsibility, project, support and trajectories, profoundly transforming relationships in the workplace and what is expected of workers and managers (Illouz, 2006). Forming a pervasive language game, these notions are no longer confined to the work sphere: they are omnipresent in public action, therapeutic practices, education, work and employment policy, etc. They structure what in French-speaking countries is termed the *Etat Social Actif* (Active Social State), in contrast to the *Etat Social Providence* (Social Welfare State) of the "social model" (see Vielle, 2005). The provision of any support, care, training or help will be considered *efficient* only if it increases the room for manoeuvre and autonomy of the suffering individual, jobless worker, parent or (mental health) patient – if it empowers him/her. It will be considered ethical and *respectful* only if it is based on the assumption that each of us, whatever our disabilities or difficulties, has not only the right to choose his/her own life, but also an already-there minimum level of autonomy that can be cultivated.

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

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

In a nutshell, we have entered a society of individuals as actors of their professional careers or private lives, childhood or parenthood, illness or recovery. But the context of autonomy as a condition not only changes the way we *act* (on ourselves) and are expected to do so; it also transforms the way we feel, experience or suffer – in a word, the ways in which we are *affected* and expected to be affected. It has been widely noted, often in a critical way, that, nowadays, subjectivity, emotions, affect, moral feelings, psychic life, etc. permeate the whole society. Indeed, interest in mental health and psychic suffering, which were of marginal importance before the turning point of the 1970-1980s, has grown with the dynamics evoked above (changes in the system of control-release of mores, transformation of work organization and

modifications of the scope of public policies). It is crucial to note that the scope of the language of mental health is much larger than psychiatric illness. It now extends to well-being, which has become a legitimate expectation for everyone (see WHO's definition of mental health), and even a human right in the EU since 2008.

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

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

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

The hypothesis proposed here is that mental health has become the form of obligatory expression in societies where autonomy is a common condition, or to use Peter Winch's term (1964), an "attitude towards contingencies", i.e. a general attitude regarding adversity specific to a context, which not only makes it possible to frame problems in certain ways, but also opens up possibilities to act upon them. This means that it is, at the same time, the way we

authentically relate to ourselves when asking, “How am I doing?”, and the collectively, ordinarily and institutionally expected way to answer the question “How are you doing?”. Mental health language is used to express not only issues of specific psychic suffering and well-being, but also any conflicts, tensions or dilemmas of an interdependent social life organized in reference to autonomy, where both strong control over emotions and a good ability to express them are required and individual action is at the same time of the utmost importance and constantly threatened by contingencies. It is also mobilized to frame and to evaluate (public) interventions on individuals – for example by considering enhancing individuals’ self-esteem as a *sine qua non* of the recovery of their possibility to act.

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

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

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

Psychoanalysis spread in France in the context of autonomy as aspiration during the 1960-1970s. It first provided concepts to express and criticize the consequences of a social organization based on discipline. Indeed, Freud elaborated his theoretical system by describing Oedipal neuroses (phobia, hysteria, obsession) characterized by an intrapsychic conflict

between the superego and the ego and resulting in symptomatic guilt. However, since the 1970s in France (the 1950s in the U.S.), psychoanalysts have claimed to observe a diminution of such neuroses among their clients and an increase of borderline and narcissistic pathologies, where symptoms of emptiness and insecurity, feelings of loss or shame and attack to self-esteem replace expressions of guilt. In these new pathologies and as it will be the case with depression, the conflict takes place between the ideal of the ego (which incites action) and the ego – the latter becoming insecure as it is no longer protected by a strong superego. Psychoanalysts have thus documented a change in the way individuals suffer: there has been a shift from pathologies characteristic of a society where socialization refers to discipline and the superego (excessively) pressures the ego to pathologies of emancipation and autonomy where the ego tries to reach an (excessively demanding) ideal of the ego (Ehrenberg, 1998, 2010).

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

The ascent of cognitive neurosciences (and of cognitive-behavioural) approaches, started in the 1980s and has accelerated since the 1990s. As Ehrenberg (2020) has shown, their phenomenal success is based on the transfiguration of ideals of autonomy as a condition into scientific language games. With the focus on the brain, a new vocabulary has appeared, echoing the values and norms of a context in which individual action and what makes it (im)possible are central to understanding and promoting autonomy. Indeed, the main targets of (mental health, educational, parenting or coaching) neuroscience-based practices are cognitive, social or even emotional abilities, termed *life skills* by the 1986 WHO Ottawa Charter, and which are deemed essential, especially in the work sphere. One of the much rehearsed and successful claims of neuroscience-based approaches is that these skills can be learned, because of what is termed each human's cerebral plasticity (see the incredible work of Moutaud 2021 for an

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

empirical study in psychiatry). This concept, which is the object of extensive and phantasmatic uses, obviously grounds in an “evidence-based” and legitimate language the normative assumption of a possibility of (more) autonomy rooted in everyone, accessible through exercises and based on education and remediation.

3. Changes in children as individuals and in their disorders

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

Interest in childhood and a “science of the child” grew gradually starting in the middle of the 19th century (Ottavi, 2009). Problems encountered by children begin to be dealt with in new ways. In the educational domain, “Perfecting/remedial classes” for the so-called “retarded” children emerged in the now compulsory schooling in 1909. In the judicial field, specific courts for children were created in 1912, along with the possibility of replacing jail sentences for juvenile delinquents by supervised monitoring. In 1929, a decree made it compulsory for judges to examine, “much more than the material fact reproached of the minor, his genuine personality, which conditions measures to be adopted in his interest”. In the therapeutic domain, the first psychiatric clinic for children in Paris was set up in 1925 – and hired a psychoanalyst. The rationale behind these new practices and policies can be quickly summarized as follows: as immaturity, abnormality, retardedness, and indiscipline tended to be considered the same thing, addressing childhood deviance meant (re)educating and correcting the will. This perspective was clearly influenced by the then-successful paradigm of evolutionism in which the immature child was represented as going through successive steps until he reached the norm of the mature adult. Briefly said, the child affected by disorders was then approached as a deficient individual, under the immaturity/maturity polarity.

From the 1940s to today, we can analytically distinguish two moments that correspond to the two periods of autonomy-aspiration and autonomy-condition. First, from the post-WWII

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

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

After the Second World war, new approaches to treating children's disorders began to spread. They regarded the child as a specific being, no longer characterized by immaturity or what he/she lacked regarding the full-fledged adult (see also Martin in this volume). The child became an expressive self in the sense that his/her symptoms should no longer be considered mistakes, a lack of discipline or tokens of abnormality, but expressions of psychic suffering which, if taken seriously, would give access to a better understanding of the child's own personality. Another characteristic of this representation further contrasts with the immaturity/maturity perspective: as the child began to be conceived of according to an open future, good experiences (such as good enough care) and bad experiences (such as neglect or trauma) happening to the child were considered to condition the future of the adult that he/she would become. Bowlby's theory of attachment, the phenomenal success of which is still not denied today, would be a key moment in this recognition. In his report *Maternal Care and Mental Health* published in 1951 by the World Health Organization, Bowlby set out to show that deprivation in childhood severely disturbed the personality growth of any adult-to-be. He writes, "It is now demonstrated that maternal care in infancy and early childhood is essential for mental health. This is a discovery comparable in magnitude to that of the role of vitamins in physical health, and of far-reaching significance for programmes of prevention mental hygiene". He adds that his research "promises also to cast light on some of the fundamental problems of personality development, on the understanding of which all the social sciences

depend. (Bowlby 1951, 59). Work done by psychoanalysts such as Melanie Klein and Donald W. Winnicott or, in France, Françoise Dolto, Jenny Aubry and Maryse Choisy would further cement the idea that even a baby was a complete person who already possessed relational skills, but one who was fragile and susceptible to suffer (if only because of the trauma of birth) and expressed emotional needs that had to be met should he/she become a fully-fledged adult. In France, the representation of the child as an expressive self was materialized by two great institutional changes: first, on the therapeutic side, the creation of outpatient treatment centres, the *Centres medico-psycho-pédagogiques* (CMPP); second, on the judicial side, the Office of Education system for young offenders at the Ministry of Justice.

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

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

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

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

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

This growing reference to (juvenile) responsibility should also be understood regarding developments in the field of psychopathology and shifts in clinical observations. As noted

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

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

The rise in these behaviours, which carry the risk of triggering psychopathy or antisocial personalities, generates weariness and the search for explanations. In France, the social aetiology of these disorders first developed by psychoanalysts (e.g. Charles Melman), as well as some philosophers or social scientists (e.g. Marcel Gauchet), and then spread in the common

sense is generally linked precisely to a society of narcissistic individualism characterized by the weakening of traditional prohibitions, especially in the family where negotiation has replaced authority. Perfectly illustrated by the paper about the "Cult of the child" cited in the introduction, this line of criticism lamenting a "limitless world" (Lebrun, 1997), a "man without gravity" (Melman, 2005) or the "de-institutionalization of the family" (Gauchet, 2002) is now completely part of the common sense of the society of autonomy as a condition that France has become. As noted above, it is an institutionalized, legitimate way of evoking the tensions innervating the collective representation of a context where autonomy is a demand and an assumption – applied here to childhood.

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

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

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

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

This model has also received scientific credentials through neuroscience-inspired focus on the (child's) brain and its infinite possibilities, as well as through the success of positive psychology since the end of the 1990s and its focus on character strengths that help build a meaningful life (see Seligman, 2002). Cognitive neuroscience-inspired practices positively ground the reference to the axis disability/potential in the concept of cerebral plasticity, which is mobilized as the biological basis of learning and of the effectiveness of these techniques. "One of the most fundamental messages is that the brain learns all along life", the OECD wrote in 2002. Babies and children are approached as little scientists, as cognitive actors able to produce variable strategies and whose neuronal paths must be strengthened. In the educational domain, this allows learning difficulties to be reframed as handicaps, which must be more the object of educative and remediation methods than of psychotherapy. In the same way, mental illnesses become "neurodevelopmental disorders", of which "specific learning disorders" (dyslexia, etc.) is a particular category. "Specific" means here that these peculiarities are neither

intellectual deficits nor mental pathologies, that is, they are not pathologies at all. They characterize not persons, but disabling disorders and situations. With the simultaneous ascent of the neuroscience-based approach and the social model of disability, the content of what are considered to be efficient and respectful methods changes. The "everything is psychological" approach of CMPPs is the object of constant criticism, as psychodynamics is deemed unable to highlight and address these specific syndromes. For instance, a report of the High Committee for Public Health, published in 1999, claims that CMPP's, where "consultations often have psychotherapeutic aims, do not necessarily address the problem, because generally only a psychological check-up would have been proposed, excluding a neuropsychological one" (Vaivre-Douret and Turz, 1999). Therefore, the French High Authority on Health recommends "interventions with educative and remediation aims" favouring exercises (including learning of strategies of coping) over discernment and reflexivity, which are put into practice in schools by promoters of neuroscientific-based approaches such as Celine Alvarez (see Degraef *et al.,* and Morel, in this volume).

5. Conclusion

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

However, the child's brain is at the same time wondrous *and* vulnerable, full of already-there potential connections *and yet* still developing. This is why, along with the focus on the brain, comes a focalization on the quality of an environment (parents, teachers, society as a whole), as the controversies above have shown. On this environment rests the responsibility to help each child actualize their potential (see Mignon and Marquis, in this volume), by giving them the right place, right protections, right stimuli and room for manoeuvre. This is, *in fine*,

what the controversies are about: what should be expected from the environment when educating a child who is, with his/her full-of-potential-but-still-in-development brain, essentially in a liminal position.

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

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

Bibliography

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 4th ed.* Washington, D.C.: American Psychiatric Association, 1994.
2. Becquemin, Michèle. "Enjeux et mutations de la protection de l'enfance en France." *Cliopsy* 2, No. 8 (2012): 73-92.
3. Boas, George. *The Cult of Childhood.* London: Warburg Institute, 1966.

4. Bowlby, John, et al. *Maternal Care and Mental Health.* Geneva: World Health Organization, 1951.
5. Cantelli, Fabrizio, Genard, Jean-Louis (dir.). *Action publique et subjectivité.* Paris: LGDJ, 2007.
6. Castel, Pierre-Henri. *La Métamorphose impensable: Essai sur le transsexualisme et l'identité personnelle.* Paris: Odile Jacob, 2003.
7. Das, Veena. "Wittgenstein and Anthropology." *Annual Review of Anthropology* 27 (1998): 171–195.
8. De Swaan, Abram. *The Management of Normality.* London: Routledge, 1990.
9. Delcourt, Thierry. *La fabrique des enfants anormaux.* Paris: Max Milo, 2021.
10. Durkheim, Émile. "La détermination du fait moral." (1906) in *Sociologie et anthropologie.* Paris: PUF, 1994.
11. Durkheim, Émile. "Les intellectuels et l'affaire Dreyfus." (1898) in *La Science sociale et l'action.* Paris: PUF, 1970.
12. Ehrenberg, Alain. *La fatigue d'être soi. Dépression et société.* Paris: Odile Jacob, 1998.
13. Ehrenberg, Alain. *La société du malaise.* Paris: Odile Jacob, 2010.
14. Ehrenberg, Alain. *The Mechanic of Passions: Brain, Behavior, Society.* Montreal: McGill-Queens University Press, 2020.
15. Garcia, Sandrine. *À l'école des dyslexiques: Naturaliser ou combattre l'échec scolaire?* Paris: La Découverte, 2013.
16. Gauchet, Marcel. *La Démocratie contre elle-même.* Paris: Gallimard, 2002.
17. Illouz, Eva. *Les Sentiments du capitalisme.* Paris: Seuil, 2006.
18. Lasch, Christopher. *The Culture of Narcissism: American Life in an Age of Diminishing Expectations.* New York: Norton, 1979.
19. Lebrun, Jean-Pierre. *Un monde sans limite.* Paris: Érès, 1997.
20. Marquis, Nicolas. *Du bien-être au marché du malaise: La société du développement personnel.* Paris: PUF, 2014.
21. Marquis, Nicolas. Making people autonomous: a sociological analysis of the uses of contracts and projects in the psychiatric care institutions. Culture, Medicine, and Psychiatry, 2022, vol. 46, no 2, p. 248-276.
22. Martin, Claude. "Être un bon parent : une injonction contemporaine." *Presses de l'EHSP*, 2014.
23. Mauss, Marcel. "L'expression obligatoire des sentiments." 1921, Œuvres, 3. Paris: Minuit, 1969.
24. Melman, Charles. *L'homme sans gravité : jouir à tout prix*. Paris : Folio, 2005.
25. Mendras, Henri. *La seconde Révolution française.* Paris: Gallimard, 1988.
26. Moutaud, Baptiste. "Cognitive Optimisation and Schizophrenia: Assembling Heterogeneity, Overcoming the Precariousness of Life, and Challenging Public Health Policies in Psychiatry in France." *Culture, Medicine, and Psychiatry* 46 (2022): 710-738.
27. Ottavi, Dominique. *De Darwin à Piaget: Pour une histoire de la psychologie de l'enfant.* Paris: CNRS Éditions, 2009.
28. Renaut, Alain. *La libération des enfants: Contribution philosophique à une histoire de l'enfance.* Paris: Calmann-Lévy, 2002.
29. Seligman, Martin EP. "Positive psychology, positive prevention, and positive therapy." *Handbook of positive psychology 2.2002* (2002): 3-12.
30. Théry, Irène. "Nouveaux droits de l'enfant. La potion magique." *Esprit* 3, 1992.
31. Théry, Irène. *La distinction de sexe.* Paris: Odile Jacob, 2007.
32. Théry, Irène. *Le Démariage.* Paris: Odile Jacob, 1993.

33. Vaivre-Douret, Laurence, Turz, André. "Les troubles de l'apprentissage chez l'enfant. Un problème de santé publique." *ADSP*, n°26, mars 1999.
34. Vielle, Pascale. *L'État social actif: Vers un changement de paradigme?* Bern: Peter Lang, 2005.
35. Winch, Peter. "Understanding a primitive society." *American philosophical quarterly* 1.4 (1964): 307-324.
36. Wouters, Cas. "Formalization and informalization: Changing tension balances in civilizing processes." *Theory, Culture & Society* 3, no. 2 (1986): 1-18.
37. Youf, Dominique. "Protection de l'enfance et droits de l'enfant." *Études* 415.12 (2011): 617-627.