

Childhoods Real and Imagined

Volume 1: An introduction to critical
realism and childhood studies

Priscilla Alderson

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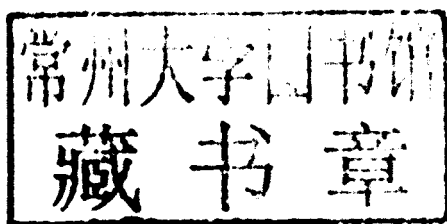


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CHILDHOODS REAL AND IMAGINED

Volume 1: An introduction to critical realism and childhood studies

This book explores and charts the relation of dialectical critical realist concepts to many of the aspects of childhood. By demonstrating their relevance and value to each other, Alderson presents an introductory guide to applied critical realism for researchers, lecturers and students involved in the study of childhood.

Each chapter summarises key themes from several academic disciplines and policy areas, combining adults' and children's reported views and experiences and filtering them through a critical realist analysis. The first volume deals with the more theoretical as well as practical aspects of childhood, while the second volume will widen the scope to concentrate more on politics and childhood. Each chapter demonstrates how children are an integral part of the whole of society and are often especially affected by policies and events.

Through developing the dialectical critical realist analysis of childhood and youth this book will be of great interest to critical realists, childhood researchers and policy advisers.

Priscilla Alderson is Professor Emerita of Childhood Studies at the Social Science Research Unit, Institute of Education, London. She teaches on an international MA in the Sociology of Childhood and Children's Rights and her work on children's competence, wisdom and rights has been widely published.

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Childhoods Real and Imagined

Volume 1: An introduction to critical realism and childhood studies

Priscilla Alderson

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PART I

Background

1

INTRODUCTION

Absent children

The obstetrician, Ignaz Semmelweis (1818–1865), worked in a Viennese hospital where women knew that they were more likely to die in the maternity ward staffed by doctors (around 16 percent), than in the one staffed by midwives (around two percent). The two wards opened for admission on alternate days, and many women gave birth in the street to avoid being admitted to the first ward. Semmelweis researched why the second ward was safer, even for women who stayed there after a birth in the street. For years he kept detailed records and tested every possible variable; his methods included a small controlled clinical trial. He concluded that puerperal fever, a septicaemia/blood infection, was somehow spread by doctors' unwashed hands, often stained with putrid matter from the autopsy rooms. When he introduced the routine washing of hands and equipment in chlorinated lime, maternal mortality rates fell almost to zero. Semmelweis's work was rejected, opposed or ignored by obstetricians internationally and, despairing, he died in a mental asylum of septicaemia.

(De Costa 2002)

Semmelweis's story is one of countless examples that illustrate key themes in this book. Before considering the themes in this example, I will briefly outline this chapter.

Absence is a central concept in dialectical critical realism (DCR), and this book is concerned with the absence of children and childhood from almost any report, book or film on politics, economics, trade, armed conflict, housing, transport, climate change or any other major topic of public concern. Yet children and their interests are actually central to all these 'adult' matters. That is why, to illustrate

this point, this first section will consider three examples of absent, though crucially involved, children. I will then describe the groups of readers for whom this book is written, and define some terms, before reviewing a few statistics about numbers of children and young people in the world, one-third of all human beings.

‘Childhood’ variously refers to the *status* of being a minor, the early-life *state* of immaturity whether actual or ascribed, and the *process* of growing towards adulthood. Traditionally, research about children has concentrated on examining the state and process of childhood as if these are taken-for-granted facts. Childhood studies recognise that childhood largely consists of a conferred status; many attributes are imposed on or ascribed to children, such as ignorance, dependence and volatile emotion, when they are not necessarily integral to childhood and when many children and young people demonstrate their knowledge, generous interdependence and reliable wisdom. Researchers examine how children and adults reproduce or resist stereotypes of childhood and youth, instead of assuming they are factual or inevitable.

Childhood studies have been developing for around 25 years, and their vital contributions, besides their differences from the older discipline of child psychology, will be recorded in this introduction. There are, however, problems, disagreements and limitations in childhood studies, some shared generally among the social sciences, and these will be noted. Chapter 2 will further analyse splits between, for example, qualitative and quantitative, empirical and interpretive childhood research, to prepare for the subsequent chapters on the main topics of this book. These will be about how DCR contributes to childhood studies and works to understand and resolve the present problems, gaps and splits.

DCR is not a version of sociology. It is a philosophy of the natural and social sciences. The aim in DCR is not to dominate research or dictate how it should be done, but to serve it, by clarifying underlying assumptions and contradictions, and by showing the necessary conditions for the existence of the objects and subjects we research, and for the knowledge we produce. Before introducing DCR, first I review, in this chapter, debates about the relationship between sociology and philosophy. The Introduction ends with an outline of the contents of this two-volume book.

To return to the above Semmelweis example, my first theme is the absent, unmentioned children in the historical records of maternal deaths, which seldom mention the perinatal death of babies, the time when a child is most likely to die. Even today, well over one-third of births in the world still go unrecorded and unregistered, which means that states do not formally acknowledge these children, or their rights, which exist in the states’ responsibilities towards them enshrined in the *Convention on the Rights of the Child* (UN 1989).¹ The adult-centred accounts of Semmelweis’s work with other doctors and with women rarely refer to the babies whose births were the primary reason for the adults to meet and for the maternity services to be provided. The unheard and unseen children accounted for the opening of maternity clinics around Europe, partly in an effort to reduce the scandal of frequent infanticide. Disadvantaged women

including prostitutes were offered free maternity services and the opportunity for their babies to be taken into care. In return, the women's bodies were used for clinical training and research in the wards and post-mortem rooms. Daily teaching rounds between both these areas multiplied cross-infection, while they were also revolutionising medical science. Children are further hidden and implicitly blamed in the term 'puerperal fever' (*puer* – boy/child) although, ironically, the main cause lay in adults' hands.

The second theme concerns the power of theory and the limits of research methods. Semmelweis applied respected research methods with impressive results and his colleagues were avowed positivists, but they refused to accept his conclusions. They could not recognise an underlying mechanism, logic or theory that might explain and validate his findings. Still influenced by Galen (circa 131–217 CE) with his medical theories of the internal rebalancing of the four humours in each unique patient, and vague notions of bad air that are echoed in 'malaria', they had no theory or methodology of germs or of living micro-organisms that could transfer, invade and multiply. Joseph Lister (1827–1912) succeeded with his anti-sepsis regime so soon after Semmelweis had failed because theories of germs and cleanliness had become respectable, albeit before they were fully understood.

Semmelweis and Lister illustrate how new paradigms, patterns or frameworks of thinking have to be recognised and accepted, and theories have to change, before new knowledge can be recognised. The mass care of poor patients in clinics gradually moved the medical gaze away from Galen's individual, unique cases and towards the science of generic causes and conditions (Foucault 1993). Economics played a part when doctors, who had mainly attended individual wealthier patients at home, were employed to tend hordes of anonymous workers and paupers in charity hospitals.² Semmelweis's meticulous research evidence and methods were necessary but not sufficient to change understanding, and they showed the essential power of theory to validate and make sense of research and its connection to practice. Whereas scientific theories explain the underlying mechanisms of the findings, theories are also often moral and political. Semmelweis's colleagues could not accept that, as respectable, professional, healing men, they were sources of disease, particularly when they saw themselves as diametrically different from the bodies and corpses of poor, dirty, 'fallen' women and their babies. This book will examine changing scientific and moral theories about childhood, and their primary importance in research and policy.

The third theme is the well-being of children and how, often from well-meant intentions, adults' interventions in children's lives can bring great benefit and sometimes great harm. Just as mothers' and babies' mortality rates soared and later fell, because of obstetricians' changing practices, so science and technology have brought benefits and also dangers to children. Later chapters will examine how adults can further children's, and adults', interests when they are influenced by varying kinds of childhood research theories and methods, values and aims.

From Vienna in the 1840s to Pakistan in May 2011, a second example illustrates continuity in these themes about childhood. Almost a decade after the 9/11

(2001) attack on the twin towers in New York, the Americans ended their search for Osama Bin Laden in a house in Pakistan. Extensive news reports debated whether the soldiers should have arrested Bin Laden instead of assassinating him, and what right they had to do so in Pakistan. The debates covered further topics relevant to this book – relationships and politics and justice between nations in the wealthy minority world and the poorer majority world – but the overriding theme is the invisible children at the heart of each event and society.

Some weeks later the world was told that Bin Laden's identity was checked, while the raid was being planned, by a DNA test of blood taken from a child in his household. This was obtained by a health visitor during a 'fake' hepatitis B local vaccination programme. The international charity Médecins Sans Frontières (2011) was concerned that the deceptive use of the programme by US forces would bring healthcare staff and international aid agency workers into greater danger and mistrust from the people they aimed to help, who were already fairly sceptical if not hostile towards western health programmes. The US deception might jeopardise the polio vaccination plans to complete the worldwide elimination of polio.

Pakistan had the highest rate of polio infection in the world, with 84 reported cases in 2011. In Khyber Agency, 2009–2011, over 200,000 children missed being immunised (Saleem 2011), partly because some Muslim clerics feared that immunisations cause impotence and infertility, although other clerics worked hard to dispel that myth. This is an example of debates about morality, politics and health, which centre on, and take urgent meaning from, disputed concepts of children's welfare on which societies' future depends. Providing treatment solely for the military aim of catching Bin Laden violated the medical ethics of doing no harm, and of always treating patients, including children, as ends in themselves, never as means to other people's ends (Beauchamp and Childress 2001). The deception further exploited an exceptionally vulnerable community where Bin Laden was living and there were serious unmet healthcare needs. Hepatitis B prevention requires three injections over three months, but only one was administered.

Typically, reports about Bin Laden's death cover relations between the adult groups, their politics and reputations, but gloss over the pawns in the politics – the children. What happened to the children in the household and what did they observe? One year later, the 11 children who were living in the house were reported to be still in prison. And how many children in the town received only one vaccination? What are the likely effects for them, to receive only one-third of the full dose? Were there plans to complete their immunisations?

A year later, the World Health Organisation (WHO 2012) reported that the quest to eradicate polio from the world was faltering. The \$2.2 billion being spent on the programme needed to be nearer to \$3 billion if every child at risk was to be vaccinated. The Taliban had banned polio vaccination programmes in north-west Pakistan, they said until the US ceased the drone strikes there, and they also blamed the vaccination ploy used to capture Bin Laden for local hostility to the

programmes. So 560,000 children in three areas of Pakistan received no vaccinations in 2012,³ and this illustrates a little of the vast unrecorded, unrecognised effects of armed conflict on children.

Occasionally children play a central, though generally passive part in reported public affairs. For example, problems of journalists hacking into celebrities' mobile phones and then publishing their secrets in tabloid newspapers have been publically reported for years (Davies 2008; Rusbridger 2011). There had been little public interest until, in 2011, in London, the scandal suddenly erupted into the headlines and the heart of public and political concern. The catalyst again concerned a young girl, in this case Millie Dowler, a 13-year-old who had been murdered. Public tolerance of phone hacking suddenly seemed to snap at the idea that a journalist might have hacked into the dead girl's phone. In order to hear more messages from her desperate parents, the journalist might have deleted some of Millie's messages to make space for her inbox to receive new messages, giving her parents the false hope that she was still alive. It was as if an event involving a child (Millie's youth and status as a daughter were emphasised) served as a litmus test of the turning point between public acceptance and outraged protest. This private trouble opened public scrutiny, including the Levison Inquiry, into years of concealed domination by the Murdoch News International empire over politicians, the police, the mass media and democratic processes.

These examples, from countless possible ones, have been given to illustrate how children and young people are ignored in many adult-centred concerns. If children are mentioned in the mass media or policy debates they are usually portrayed negatively as 'villains or victims', or as needy dependents,⁴ and their wide-ranging views and activities are seldom reported in the way adults appear in the media (Franklin 2002). However, children and young people are so large and central a part of humanity that information and policy become skewed by their seeming absence, which this book will address.

To the readers

Childhoods Real and Imagined is written for people who care for and research, work and make policy for and with children and young people, and also for those who are interested in adults, since it is neither useful nor possible to understand the generations separately. I am specifically writing for researchers who cope with tight budgets and deadlines, as I had to do for many years. This book is also for teachers and students of university and professional courses about childhood, society and research, and for the interested general public.

'Social research' includes the social sciences, psychology, education, the arts and humanities, law, economics, business, journalism and much healthcare research: everything that relates to the social and is not exclusively in the natural sciences.

DCR was developed over decades, beginning as critical realism. I have chiefly relied on Roy Bhaskar's series of books, on Alan Norrie's overview of this work

in *Dialectic and Difference* (2010), on Mervyn Hartwig's edited *Dictionary of Critical Realism* (2007) and on the contributions that all three of them, and many other people, have made to the fortnightly seminars on critical realism held at our Institute since 2008. I have not attempted to trace the detailed development of DCR and, for brevity, have referred to insights from critical realism and DCR all under the heading DCR. The tenets of DCR have been developed and justified in immense detail, and rather than repeat these many analyses I have concentrated on explaining basic details and showing how they can illuminate and be applied to social research. Readers who want to know more about the underlying analyses are referred to the extensive DCR literature.

I also hope to interest readers, who are already familiar with critical realism, in childhood studies if they do not yet know much about them. As this book is written for a wide readership of both experts and novices with different interests, I trust that readers will accept sections that might seem to them too elementary or too challenging. This book is about applying DCR when researching and understanding childhood and children's and young people's – and therefore adults' – places in the world today. I aim to show how childhood studies and DCR can mutually inform one another, and gain from the interchange.

The book is illustrated with practical examples from research including my own projects (see Appendix 1). The challenge of rethinking my past research in relation to DCR, and of writing this book, has helped me, and I hope will help readers, to see how DCR enlarges research theory and analysis. Since learning about DCR, I have revised some of my former ideas and discarded others, on the continuing journey of learning and change.

Children and young people in the world

'Childhood' is defined here as beginning at birth, and ending gradually and uncertainly. Babies will often appear through the book, to show how they are human beings too, and to explore how they expand concepts of childhood, human nature, human rights and human society. Older children and childhood generally are often infantilised into misleading, belittling stereotypes, which I hope to avoid. In their body size, experiences and abilities, beliefs and behaviours, status and responsibilities, many children are 'like adults'. In majority world countries, 8-year-olds may head a household, run a small street business, or work in an army. They raise profound questions about what the concepts 'child' and 'adult' mean. 'Younger generations' will sometimes mean people aged under 25, when they all share common interests and experiences, challenges and opportunities, or are discriminated against and disadvantaged because of their youth.

It is often claimed that 'women are half the world'.⁵ However, Socialnomics (2010) estimated that 1.8 billion or 26 per cent of people on the planet were aged 0–14 years in 2010, and 52 per cent were aged 0–30 years (see Table 1.1). Since a third of births and many deaths go unrecorded, population numbers can only be estimated and are continually revised. Complications include the missing birth

TABLE 1.1 Mid-2010 estimates of the world population

Total population	6,852,472,823
0–4-year-olds	621,484,971
5–9-year-olds	600,725,107
10–14-year-olds	595,369,490
15–19-year-olds	597,734,190
Total 0–19 years	2,415,313,758

Source: adapted from Census.Gov 2010

records of innumerable babies of illegal migrants. Millions of Chinese children suddenly appear on school rolls although under the one child policy their births were not reported.

These groups aged up to 19 years include young men and women, many paid workers, and many who have children of their own and other ‘adult’ responsibilities. The terms ‘children’ and ‘childhood’ will usually loosely refer to the first two or three groups, and ‘youth’ and ‘young people’ to the third and fourth groups. The UNCRC (UN 1989) includes everyone from birth up to 18 years.

During 2011, in the two largest nations, an estimated one-third of Indians and 17 per cent of Chinese were aged under 15. The richer, whiter minority world tends to have lower percentage rates of children aged 0–14 years: in 62 nation states 12–20 per cent of the population were children (UK 17 per cent); in 70 states children were 21–33 per cent; in 50 states they were 34–43 per cent; and the poorest states tended to be among the 23 to have the highest proportion of children at 44–49 per cent. These states include areas that endure serious unrest and violence: Iraq and the Palestinian Territories (43 per cent); Zimbabwe, Ethiopia and Afghanistan (44 per cent); Yemen and Somalia (45 per cent); Congo (46 per cent); and Niger (49 per cent) (see www.socialnomics.net).

Child psychology

Although both the psychological and sociological approaches to childhood are complex, wide-ranging and overlapping, they broadly differ in their theories, methods, aims and links to policy and practice.

Child psychology tends to emphasise the empirical and behavioural study and measurement of children’s development towards the end-stage of adulthood. Psychologists assess development as normal or abnormal, and test how types of problems and assistance affect psychological growth. Following a broadly medical model, clinical and educational psychologists specialise in identifying, assessing and arranging treatment for problems in individuals and groups. Psychology has great public appeal in its claims to be scientific, to deal with precise evidence objectively, and to offer remedies for psychological ills. (Sociology in contrast is often more cautious about its empirical claims; it deals with partly abstract