

Key competencies or key incompetencies?

A case for rethinking their effects for young people and for our work as school guidance counsellors

Katie Wasson

Abstract

Hughes, Burke, Graham, Crocket, and Kotzé (2013) have claimed that school guidance counsellors' work "relates directly to the core mission of schools as expressed in the key competencies and values" (p. 14), namely for young people to experience psychological wellbeing as implied by the descriptors "confident and connected" envisioned for them by *The New Zealand Curriculum* (Ministry of Education, 2007, p. 8). However, youth mental health research statistics reflect a psychopathological vocabulary that is used both by young people themselves to describe their own subjective/embodied experience and by others to describe young people. This disparity is explored in this article via a more problematised and politicised view of the key competencies as a conduit between our neoliberal sociopolitical context and that of compulsory education. While this view rethinks one of Hughes et al.'s claims, it augments another: the importance of school guidance counsellors' contribution lies not in how it complements the key competencies but in counselling work that makes visible, and thus revisable, the effects of key competencies' transfusion of neoliberalism's humanist ontology into young people's lives.

Keywords: school guidance counselling, key competencies, subjectivity, DSM language/self-diagnosis, neoliberalism, humanist ontology

As a fellow secondary school guidance counsellor I am writing in response to an article in a recent issue of the *New Zealand Journal of Counselling*, "School counsellors and the key competencies: The difference that makes the difference" (Hughes, Burke, Graham, Crocket, & Kotzé, 2013). The authors comprise a research group engaged in a two-year Teaching and Learning Research Initiative-funded project whose focus

question has been “How do school guidance counsellors contribute to students’ development and use of key competencies?” (Hughes et al., 2013, p. 7). These key competencies are intended as “drivers of change” (Hipkins, 2012, p. 63) toward realising the vision of the contemporary *New Zealand Curriculum* for young people, namely that they “will be confident [and] connected” (Ministry of Education [MoE], 2007, p. 7). At the time of the rollout of the 2007 *New Zealand Curriculum*, I was working as a senior leader in charge of pastoral care in a New Zealand secondary school. I took it for granted that the key competencies’ espoused intentions to promote “wellbeing” (i.e., confidence and connectedness) would manifest as such in the subjective/embodyed experiences of young people. To the extent that I understood “student wellbeing [to be] critical for student achievement” (Greaney, 2013), my “participation in the implementation of the curriculum” (Hughes et al., 2013, p. 8) as senior leader was one of enthusiastic commitment to working the values and key competencies of *The New Zealand Curriculum* into my school’s policy documents and practices as they related to pastoral student support.

However, during the time that this aspirational curriculum has been in place, the evidence relating to both New Zealand and international youth mental health has continued to indicate that the key competencies, by their own assessment criteria, have not fulfilled their transformative potential. Many young people do not describe their subjective/embodyed experience with a vocabulary that implies confidence and connectedness, i.e. the psychological wellbeing envisioned for them by *The New Zealand Curriculum* (MoE, 2007). This is corroborated by local evidence gathered from my work as a school guidance counsellor and its privileged insights into the intimate contexts of young people’s lives. With the phrase “intimate contexts” I refer to young people’s private domains, “at/within”¹ which is located *feeling* or *emotion* that this article will call “subjective/embodyed experience.” In this way, my move into counselling after many years as both a head of department and a senior leader in secondary schools has generated my dual perspective of *The New Zealand Curriculum*’s key competencies at a policy level and of young people’s subjective/embodyed experience at/within their intimate contexts.

Significant attention has been paid, both nationally and internationally, to the youth mental health research evidence that comprises young people’s *self*-reported subjective/embodyed experience. In New Zealand, various documents have been issued to secondary schools, by way of reports, recommendations, and guidelines, insisting that this evidence can no longer be ignored (ERO, 2013a, b; Key, 2013; MoE, 2013;

MoH, 2012a). In responding to Hughes et al. (2013), this article also responds to these documents, specifically the recommendation from New Zealand's Education Review Office (ERO, 2013b) that schools ask: "What are the key problems facing our students?" (p. 5). ERO envisages that schools' exploration of this question will "help them address some of the challenges and ensure that effective guidance and counselling are in place" (p. i). My concerns about two "key problems" or "challenges" (ERO, 2013b) coalesce to comprise the crux of this article's exploration, namely the production and sustenance of the contemporary phenomenon of young people's self-reported mental health as evidenced by the research, and the shortcomings of the work of the key competencies that may be contributing to this evidence.

My dual perspective that has produced these concerns has also revealed a paradox: to many *outside* the counselling room, including myself in my previous positions, young people who feature in the youth mental health research evidence may appear *outwardly* to be the confident, connected, and successful 21st-century citizens of *The New Zealand Curriculum's* vision—if these things are measured by culturally acceptable behaviour and academic achievement. I have called this contradictory and ambiguous positioning of young people a *pivotal paradox* because it renders invisible the subjective/embodyed experiences of young people, at the same time as it renders the work of guidance counselling a mechanism by which these experiences and their production and sustenance may be made visible.

My legal mandate as a school guidance counsellor together with the New Zealand Association of Counsellors' *Code of Ethics* (2012) charge me with an ethical and legal responsibility to heed Gavey's (2012) exhortation that "it is time for us to call it as we see it." It is time to make visible the pivotal paradox that I "see" and to voice and explore my dual concern, which I consider to be the "challenge of our time" to which our "education system must respond" (MoE, 2007, p. 4).

The main body of this article begins with an overview of *The New Zealand Curriculum* and its key competencies, followed by a discussion of the relevant local, national, and international evidence of the latest youth mental health research. I then provide a summary of the feminist poststructural philosophy and theory that underpin both the narrative approaches (White & Epston, 1990) of my school guidance counselling and this article's lens. This section clarifies the rationale both for my dual concern and for exploring this concern through scrutinising young people's global, local, and intimate contexts, as well as the relationships between them. The complexities and ambiguities of such an exploration require the method "working the

double move” (St Pierre, 2000, p. 479) of feminist poststructuralism. In turn, this doubled work requires the necessary deconstruction of ERO’s (2013b) question and subsequent *reconstruction* of three questions that guide this exploration over the following three sections.

The first research question asks: How are young people positioned at the nexus of their global and local contexts? Explored in this section are young people’s wider *global* context, their *local* context of compulsory education and its key competencies, as well as the relationships between the global and the local as they affect young people at/within their intimate contexts. This brings my exploration to the second and third research questions: How does humanist ontology’s positioning of young people produce their subjective/embodied experience “at/within” their intimate contexts, and what sort of subjective/embodied experiences does this positioning produce that means young people are compelled to self-diagnose? The teasing out of the complexities and ambiguities in exploring responses to the latter two questions reveals other conduits of influence that contribute to the pivotal paradox. These influences are discussed in the penultimate section, in which I critique the official evidence and response documents as contributing to the increasing intractability, both of self-reported youth mental health and of the shortcomings of the work of the key competencies. I conclude by discussing the implications for our work as school guidance counsellors, and my hope and intention for this article’s “calling” to be part of a wider conversation that moves towards a more problematised and politicised view both of the body of youth mental health research evidence and of the key competencies.

The New Zealand Curriculum and its key competencies

Hughes et al. (2013) examine school counselling practice through the lenses of the key competencies as set out in the contemporary *New Zealand Curriculum* (MoE, 2007). These key competencies were developed from a global initiative—the “Definition and Selection of Competencies Project” (DeSeCo)—introduced in 2005 by the Organisation for Economic Cooperation and Development (OECD, 2005). The DeSeCo project was intended to steer and extend the OECD’s “Programme for International Student Assessment” (PISA) (OECD, 2012), ongoing since 1997, “into new competency domains” (OECD, 2005). Developed in response to the uncertainties and the complex, intractable dilemmas, i.e. the “wicked problems,”² produced by globalisation (Hipkins, 2014, p. 19; Rittel & Webber, 1973), these competencies are intended to be “what we need for a successful life and a well-functioning society”

(OECD, 2005). In this way, the OECD's PISA programme and DeSeCo project comprise an internationally agreed and implemented framework for citizenship education. In the New Zealand context, the key competencies are a central integrating feature of *The New Zealand Curriculum*, intended to perform as a crucial conduit of influence in "achieving a school's core mission" (Hughes et al., 2013, p. 14), namely, the realising of the curriculum's "vision of our young people." This vision is the "starting point" of the *New Zealand Curriculum* document that serves as "a clear statement of what we deem important in education" (MoE, 2007, p. 4), clarified later as a vision of "young people who will be confident [and] connected" (p. 7).

Hughes et al. (2013) perceive that our work as school guidance counsellors "relates directly to the core mission as expressed in the key competencies" (p. 14), through sharing foci, values, and language. In this way, "the structure of *The New Zealand Curriculum* in fact brings guidance counsellors to the heart of the core purpose of schools" (Hughes et al., 2013, p. 2). Accordingly, Hughes et al. (2013) propose that school guidance counsellors can and should "contribute to providing learning environments" (p. 6) in which the key competencies are "modelled, explored and developed" (MoE, 2007, p. 10). In this way, through "counselling work [that] typically and routinely helps students practise, develop and grow in the use of the key competencies" (Hughes et al., 2013, p. 6), the vision for *The New Zealand Curriculum* will be realised and young people will be "enable[d] to live full and satisfying lives" (Hughes et al., 2013, p. 8) as confident, connected, and successful 21st-century global citizens (MoE, 2007).

The youth mental health research evidence: A wicked problem

Confidence and connectedness are psychological terms, i.e., descriptors of internal feelings or emotions, or subjective/embodyed experiences that imply mental health or "wellbeing" (ERO, 2013a, p. 5). However, despite the aspirational vision of *The New Zealand Curriculum* and the espoused intentions of its key competencies, one pervasive "challenge of our time" (MoE, 2007, p. 4) has persisted since the curriculum's inception, namely the wicked problem of young people's self-reported mental health as evidenced by the research. This includes the findings of two major health and wellbeing surveys of New Zealand secondary school students conducted since 2007 (Adolescent Health Research Group [AHRG], 2008, 2013). The comprehensive statistics generated have revealed how young people are self-reporting their subjective/embodyed experience using a vocabulary that is in stark contrast to the

confidence and connectedness that *The New Zealand Curriculum* envisions for them. Fleming et al. (2014) have examined and summarised AHRG's research results and confirmed a "decline in the mental health [of young people] between 2007 and 2012, in particular an increased proportion who report low mood, depressive and emotional symptoms, self-harm, hyper-activity and peer problems" (p. 479). These national statistics corroborate the findings of international research (Association for Young People's Health [AYPH], 2013; National Institute of Mental Health [NIMH], 2014; World Health Organization [WHO], 2014).

In turn, this national and international evidence corroborates my locally gathered evidence from my work as a school guidance counsellor in which, on a daily basis, I am witness to the prevalence of the words "depression," "anxiety," and "stress" used by many young people as an "experience-near definition" (White, 2007, p. 40) of their subjective/embodied experiences. I also hear these young people speak in ways that imply *physical* manifestations allied with their subjective/embodied experiences. These most commonly include descriptions of "anxiety/panic attacks," "anger (management) problems," and a variety of self-harm behaviours. In the latter category I include the physical consequences of problematic relationships with alcohol and/or other drugs, sex, and, ever more prevalently, with food/eating and/or exercise connected with body/appearance dissatisfaction.

Psychopathological descriptors locate whatever it is they are describing as deficits exclusively *within* people. In my counselling practice, I co-explore with young people their descriptors in order to clarify how they contextualise and make meaning of their particular vocabulary. In doing so, I find that most young people do attribute psychopathological meaning to this vocabulary, i.e. they *do* locate their experiences, both subjective/embodied and physical, as deficits exclusively *within* themselves. These attributions are often made explicit in young people's use of accompanying words and phrases such as "disorder," "personality traits," and "it runs in my family," or they describe concepts of either genetic and/or biomedical aetiology.

In this way, young people's psychopathological descriptors perform as "labels" in being used to communicate the presence of clusters of "symptoms" that are categorised as "disorders" by the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* (American Psychiatric Association, 2000).³ Young people include in their symptoms both their subjective/embodied experience and its apparently allied physical manifestations as listed earlier (anxiety, anger, and/or self-harm behaviours, for example). Such physical manifestations are also psychopathologised in the DSM by

their categorisation as “cross-cutting symptom[s]” and “cross-cutting issue[s] of mental disorders” (Kupfer, 2013). To the extent that young people are conflating both their subjective/embodied and allied physical experience (including self-harm behaviours) with psychopathological “symptoms” of a DSM “disorder,” young people throughout all the OECD countries are self-diagnosing as a way to “define [their] own experience” (Hornstein, 2013, p.29) both to themselves and to others (Georgaca, 2013; Guilfoyle, 2013).

The phenomenon of young people self-harming has been and continues to be widely documented. In New Zealand, for example, the annual statistics of hospitalisations for intentional self-harm among young people are published (MoH, 2012b) and widely reported in the popular media. Similarly, the potentially profound implications of self-harm are acknowledged in being referred to as “suicidal behaviours” that have “a major impact on families/wh nau and communities” (MoH, 2012a, p. 7). Responding to its own international statistics, the WHO has expressed “future focused” (MoE, 2007, p. 9) concern, not only for the serious impact on the health and development of young people today, but also for the “devastating effects on their health as adults *tomorrow* [emphasis added]” (WHO, 2014).

In contrast, young people’s attribution of psychopathological meaning to their experience has not been made problematic in the official documents responding to the self-reported youth mental health evidence, hence this phenomenon of young people’s self-diagnosis has not even been identified. (This crucial mode of invisibilisation is explored further in the penultimate section of this article.) However, this article’s feminist poststructural lens views self-diagnostic language as a powerful, constitutive force (Davies et al., 2004) that may contain and shape young people’s processes and practices of subjectivity, to the extent that it “affects the very material conditions of their lives” (Gavey, 2012).

In this continuing exploration of my dual concern, I categorise young people’s self-reported mental health as evidenced by the research as the “wicked problem of self-diagnosis,” i.e. their intentional use of psychopathological language. This categorisation encompasses young people’s conflation and location of any combination of their subjective/embodied and/or allied physical experiences and/or self-harm as deficits exclusively within themselves. The next section explains why feminist poststructuralism understands the wicked problem of young people’s self-diagnosis itself to be problematic and thus one of the foci of my dual concern.

The feminist poststructural philosophy and theory underpinning my exploration

Outside of compulsory education, especially in the field of critical psychology and critical psychiatry, there is concern for the effects on people's life trajectories when their construction of subjectivity is influenced by diagnosis, whether given by others or taken up as their own, i.e. self-diagnosis (Brunila, 2012; Roberts, 2000; Sinaikin, 2004; Strong, 2012; Tietze, 2012; Ussher, 2010; Walker, 2006; White, 1995). In addition to the sources cited, the journal *Feminism & Psychology* devoted a special issue in 2013 to the dilemmas arising from the influence of the DSM. These concerns are circumscribed by a feminist poststructural understanding of subjectivity, i.e. the practices and processes that comprise our construction of a sense of "self" at/within our contexts. Such concerns are intensified within the context of this article's genealogical (Butler, 1990) exploration of young people's self-diagnosis. Feminist poststructuralism's attention to the effects of power relationships considers young people's limited scope for action, freedom, or resistance to render their positioning already marginalised, and thus their own perceptions and voice more susceptible to colonisation and/or to being silenced.

This feminist poststructural understanding of subjectivity is one that is encapsulated by Butler's (1990) explanation that "there is no self. . . there is only the taking up of the tools where they lie, where the very 'taking up' is enabled by the tool lying there" (p. 145). This is a complex understanding of the social construction of subjectivity (Berger & Luckmann, 1966; Freedman & Combs, 1996) in which our sense of "self" "becomes thinkable only against the background of the systems of thought. . . available within a culture" (Yates & Hiles, 2010, p. 61). Relevant to this article's exploration is its understanding of the doubled or two-way processes and practices of subjectivity that account for the complexities and ambiguities of how "we are both acted upon and we act" (Davies, 2006, p. 428). In this way, feminist poststructuralism understands young people, despite their marginalised position, *not* to be merely passive, but instead to be active subjects (Foucault, 1982) who perform particular actions and/or ways of thinking and speaking that involve them in their subjectivity.

This feminist poststructural understanding is one in which *language* is irreducibly intertwined as a performative tool that shapes "relationships of power, various truths and multiple subjectivities" (Loveridge & Cornforth, 2014, p. 464). These relationships coalesce to construct the *contexts* within which people are differently positioned at any momentary nexus point. Furthermore, these relationships determine whether that position constrains or makes available particular actions and/or ways of thinking and

speaking that produce subjective/embodyed experience—whether problematic or otherwise. The relevance of this complex understanding of subjectivity is its illumination of the words we use—both those that we apply to ourselves and those that come to us from others—as tools that construct frameworks for understanding that are profoundly shaping of lives and our subjective/embodyed experience. To the extent that the descriptions we have of life “are directly *constitutive* of life” (Freedman & Combs, 1996, as cited in Sinaikin, 2004), “we are ethically bound to pay attention to how we word the world” (St Pierre, 2000, p. 483).

In this way, feminist poststructural theory elucidates Hughes et al.’s (2013) claim for the significance of NZAC’s *Code of Ethics*. It is our code of ethics that constructs the conditions of possibility for the “difference” (Hughes et al., 2013, p. 2) between guidance counsellors’ and others’ work with young people within schools. This is the crucial difference: our work’s privileged access to young people’s intimate contexts in which we are offered insights into their subjective/embodyed experience. It is a difference that makes both possible and imperative our ethical attention both to our own and to young people’s wording of their worlds—especially when it is a language of self-diagnosis that is infused with psychopathology.

A feminist poststructural understanding of subjectivity contends that young people’s self-diagnosis and their practices and processes of subjectivity are irreducibly intertwined. In locating both their subjective/embodyed experiences and allied physical manifestations as deficits exclusively within themselves, young people’s consequent consideration of themselves—and others’ consideration of young people—becomes one of vulnerability and fragility (Brunila, 2012). To the extent that the powerful constitutive force of diagnosis may construct young people’s *own* “problem-saturated identity conclusions” (White, 2000, p. 7), already-marginalised young people are more likely to live the labels and their allied narratives of vulnerability and fragility as their “truths” at/within their intimate contexts. In this way, diagnoses may construct both a closed-conceptual system and a self-fulfilling prophecy, i.e. an enclosed and predictable way of making sense and responding to experience that iatrogenically perpetuates itself and its own taking up by young people as self-diagnosis, and/or its taking up by others on behalf of young people. The effects of these problematic identity conclusions for young people may have profound consequences for the construction of their subjectivity, constraining their choices and thus their life trajectories.

This feminist poststructural lens has explained the refocusing of my dual concern on the wicked problem of young people’s self-diagnosis and the continuing exploration

of its relationship with the work of the key competencies. Such an exploration requires “working the double move” (St Pierre, 2000, p. 479) of feminist poststructuralism in order to offer responses to my first research question: How are young people positioned at the nexus of their global and local contexts?

Myths and mantras

My doubled work begins by focusing a feminist poststructural wide-angle lens on our contemporary Western sociopolitical context and the crucial role played by humanist ontology in its governing philosophy and strategies of neoliberal capitalism. Neoliberal capitalism has two pivotal governing strategies, one of “economic doxa” (Brodie, 2007, p. 101),⁴ otherwise known as marketisation, and the other of individualisation (Patrick, 2013). These strategies coalesce to convince us “there is no choice at a systemic level. Instead, [our] power and agency lies in [our] individual choice to become appropriate and successful within that (inevitable) system” (Davies, 2006, p. 436). Marketisation is crucially influential in the practices and processes of young people’s subjectivity. However, the scope of this article only allows a feminist poststructural focus on individualisation and its “condition of possibility” (Butler, 1995, as cited in Davies, 2006, p. 426) and on its effects and implications for subjectivity construction, i.e. “how it is legitimate and desirable to be and act in the world” (Gavey, 2012).

The expectations and requirements of a neoliberal subjectivity revolve around neoliberalism’s pivotal governing strategy of “individualisation,” its overarching myth of individual autonomy and allied “exaggerated and deceptive mantra of freedom of choice” (Gavey, 2012). Neoliberalism’s “individualisation is a fate, not a choice” (Bauman, 2000, p. 34) that produces in each individual not only an internalised belief in their own inherent freedom and autonomy, but also a belief that individual freedom and autonomy is their “unassailable right” (Davies & Saltmarsh, 2007, p. 11). However, neoliberalism’s individualisation is only made possible by humanist ontology and its construction of an “essential self,” i.e. a self that has an irreducible, pre-existing, and knowable form. As a product of the Enlightenment that has persisted for over 300 years, this essential self is one of the most successful and powerful constructs of Western philosophy to the extent that its common-sense “I” has gained “truth” status (Foucault, 1982). However, while a feminist poststructural theory of subjectivity understands this self-contained, autonomous source of meaning to be an incorrigible illusion (Davies, 2006; Yates & Hiles, 2010), it is an immensely influential one. The essential self is not only the irreducible condition of *possibility* for neoliberalism, its pivotal strategy of

individualisation, and allied logic, but also the means by which these are powerfully disseminated, sustained, and increased.

Neoliberalism returns the favour by “looking to ‘human nature’ to guarantee its version of reality” (Weedon, 1987, p. 74), adopting the central deceit of the autonomous essential self as its overarching myth. In this way, neoliberalism and humanist ontology serve to reinscribe each other through multiple and complex, insidious and contingent manoeuvres. Consequently, their intertwined status has achieved a cultural hegemony to the extent that it is experienced as inevitable, i.e. the “common sense” condition of humankind (Yates & Hiles, 2010). In order to indicate both their intertwinement and humanist ontology’s primary status as the condition of possibility for neoliberalism, I will hereafter use the term *humanist-neoliberal* when appropriate.

Focusing my doubled work on the conduits that carry global, humanist-neoliberal influence through to *local* contexts sees how, in our contemporary times, the internet has constructed a seemingly infinitely effective, accessible, and *private* conduit between the global and the local. In this way, the influence of the internet is difficult to fully comprehend, especially for young people whose lives, relationships, and thus experiences at/within their intimate contexts are thoroughly mediated by both digital representations and communications (Ringrose, 2013). At the same time, humanist-neoliberalism’s hegemonic status has extended to the reshaping and re-languaging of young people’s local context of compulsory education (Davies & Saltmarsh, 2007; Giroux, 2013; Peters, 2011). Within its local school context, the OECD citizenship education project (OECD, 2005, 2012) constructs the crucial relationship with the global humanist-neoliberal context. The OECD makes no secret of its explicitly humanist-neoliberal definitions and legitimisations of its ideal global citizen-subject. However, it is via its key competencies that these definitions and legitimisations are then implemented in young people’s lives, by prescribing their expectations of and requirements for humanist-neoliberal subjectivity. The key competencies are a primary conduit for infusing the curricula of compulsory education with “skills, behaviours, attitudes, motivations, values and understandings” (Hipkins, Boyd, & Joyce, 2005, p. 1) that “point to a more familiar cognitive and individualist framing” (Hipkins & Boyd, 2011, p. 71). In this way, despite the key competencies’ claim to be a response to the wicked problems of contemporary globalisation, in action they implement old (humanist) practices in new (neoliberal) forms.

A clear shift towards the reification of the thinking and speaking of humanist practices in young people’s local context of compulsory education is the increasing prevalence of psychological and psychopathological language infiltrating schools. This

shift and its implications have already been identified as problematic (Brunila, 2012; Harwood, 2006; Harwood & Allan, 2014; Laws & Davies, 2000). The humanist *essential self* is the condition of possibility for the field of psychology and its priorities of self-enlightenment, self-liberation, and self-actualisation. These priorities seductively promise to realise this essential self and achieve its goal of happiness and “wholeness” through its reification of neoliberal logic of individual empowerment, choice, and freedom. Furthermore, this essential self is available to being psychopathologised, being an “a priori” and knowable form to which it is possible to attach a labelled “disorder” of thought or feeling, i.e. a diagnosis. In these ways, humanist-neoliberalism, psychology, and psychopathology are conditions of possibility for each other, serving to reproduce, sustain, and reify each other by producing our contemporary, unprecedented Western preoccupation with the essential self as the “centre of and source of all meaning” (White, 1995, p. 134).

Given young people’s already limited margin for action or freedom, the promises and goals of humanist-neoliberalism’s overarching myth of individual autonomy and allied mantra of freedom of choice are particularly compelling. Similarly irresistible to young people is the “science” of psychology that claims to *realise* these promises and goals. These claims are disseminated and legitimised by an ever-increasing plethora of tools and resources made readily and privately available through the internet. However, a glimpse of comprehension into this private world is offered by my counselling conversations with young people that illuminate how they are avid users of such tools and resources. These include self-help resources for attempting to achieve their humanist-neoliberally defined “self” and related self-diagnostic tools that psychopathologise their struggles to achieve that “self.” In this way, these promises and goals, and related tools and resources, contribute to young people’s belief that their efforts to practise mastery of their humanist-neoliberal subjectivity are not only freely chosen and undertaken, but are their own *ethical* and *principled* decision (Davies, 2006). However, rather than success, mastery, and/or other “wellbeing” descriptors such as confidence and connectedness, the youth mental health research evidence tells of young people using self-diagnoses as “experience-near definitions” of their subjective/emodied experiences at/within their intimate contexts.

This exploration of my first research question has illuminated how, for young people, the key competencies (aided and abetted by technology) are the conduits by which “the [humanist-neoliberal] experience-distant and global are rendered experience-near and particular” (White, 2007, p. 40) and “take hold in the intimate domains of [young people’s] lives” (Gavey, 2012). However, this exploration has

revealed that it is humanist ontology's *essential self* which is the "key problem" (ERO, 2013b, p. 5) or "central deceit" (Gavey, 2012). Gavey's description communicates the potency of the humanist essential self in being the primary condition of possibility (aided and abetted by psychology and psychopathology) for the expectations and requirements of humanist-neoliberal subjectivity. This illumination and revelation supports the ongoing exploration of my dual concern, i.e. the key competencies' role as a powerful conduit for the central deceit of humanist ontology and implications for the production and sustenance of the wicked problem of young people's self-diagnosis. Hence the focus of my doubled work in this next section, guided by my second research question: How does humanist ontology's positioning of young people produce their subjective/embodied experiences at/within their intimate contexts?

Failure and isolation

Humanist-neoliberalism takes advantage of the hierarchical context of schools (Gergen, 2010) which make it possible for the *compulsory* conduit of influence of the key competencies to achieve the status of being "common sense" and therefore true (Weedon, 1987). From their very first days in compulsory education, the key competencies are woven into every aspect of young people's school experience as "culturally-sanctioned signifiers of the thing they see that they must become" (Davies, 2006, p. 433). The "thing" referred to in this context is the essential, autonomous self of the ideal humanist-neoliberal citizen-subject of *The New Zealand Curriculum's* vision. According to the curriculum, young people are autonomous individuals who not only *can* "choose" to actively shape themselves in ways prescribed by the key competencies, but indeed who *should* choose these ways; for only by choosing these ways is it possible for young people to achieve the ideal humanist-neoliberal subjectivity and experience the promised rewards of confidence, connectedness, and success as "citizens in the 21st century" (MoE, 2007, p. 4).

In this way, the central deceit of the essential, autonomous self is rendered both particularly powerful and highly relevant for young people. However, to the extent that feminist poststructuralism understands the essential self to be an artifice constructed by philosophical fiction, autonomy is perceived as illusory (Davies, 2006) and the achievement of the humanist-neoliberal citizen-subject is an impossible task. Therefore, despite their constant, strenuous, and exhausting efforts to master the construction of humanist-neoliberal practices and processes of self, young people are unable to recognise themselves and be recognised by others "as accomplishing

themselves as autonomous, and preferably, as the right sort of subject” (Davies, 2006, p. 433). Young people’s futile yet compulsory attempts to achieve the impossible produce their consequent, inevitable subjective/embodyed experiences of failure.

This experience of failure is compounded by the isolation experienced as the effect of neoliberalism’s “attempt to deny our interconnectedness and interdependence” (Gavey, 2012). To the extent that humanist-neoliberalism carries inherent implications of human relationships as “artificial contrivances” (Gergen, 2010), the effect is to shape a fundamental shift in young people’s attitudes and understandings both of their “self” and of their relationships with others (Somerville, Davies, Power, Gannon, & de Carteret, 2011). This is a shift to an “insidious and mean responsabilisation” (Gavey, 2012), a neoliberally defined sense of responsibility in which, to the extent that each individual is entirely responsible for his or her own failure or success, despair or happiness, there is no requirement to adopt a responsibility for others “except to partake in acts of surveillance and control” (Davies, 2006, p. 436). The effects of this shift unleash a Darwinian survival of the fittest ethic (Davies & Bansel, 2005; Davies & Saltmarsh, 2007) that positions others as competitors. Together with the compulsory requirement for autonomy, this ethic is compounded by the placing of a *moral* component on success by responsabilisation, which renders the (inevitable) failure to achieve humanist-neoliberal subjectivity as nothing other than the effect of freely made “choices and investments” (Hamman, 2009, as cited in Giardina & Denzin, 2013, p. 446), i.e., entirely one’s own fault.

In these humanist-neoliberal ways, a toxic culture is constructed in which “trust and commitment to the collective well-being have been made redundant” (Davies & Saltmarsh, 2007, p. 3) at the same time as judgement and stigma—both of others and of self—are attached both to group and individual failure, including academic failure. The latter is particularly pertinent for young people situated in their local context of compulsory education, in which the contemporary phenomenon of “credentialism” thrives (Aronowitz & Giroux, 2003, p. 174). This phenomenon is constructed by neoliberal educational policies obsessed with criteria of success that are determined almost exclusively in terms of academic achievement measured by exam credentials (Giroux, 2013). These credentials themselves are becoming increasingly value-laden and ranked in terms of curriculum topic and level of achievement. Credentialism contributes to a toxic culture in producing constant, multi-faceted pressure for many young people (and their parents/caregivers) who equate academic success and credentials with neoliberal hopes, dreams, and fears for “liveable lives” in the future

(Butler, 2004, p. 18). My concern for the effects of young people's positioning within such a culture, and their possible contribution to the wicked problem of self-diagnosis, brings this exploration to its third research question: What sort of subjective/embodyed experiences does this positioning produce that means young people are compelled to self-diagnose?

Self-diagnosis: Opportunities and constraints

In a process of vicious circularity, this toxic culture produces subjective/embodyed experiences of failure and isolation for individualised and responsibilised young people which are at the very same time rendered unspeakable by judgement and stigma, both from self and others. In this way, young people experience themselves silenced while “constantly at risk of being recognised as inappropriate and incompetent” (Davies, 2006, p. 434). The effect is to produce subjective/embodyed experiences of any combination of vulnerability, ambivalence, confusion, self-blame, self-doubt, frustration, fear, anxiety, injustice, and anger—all compounded for young people by being lived privately as “intimate intrusions” (Gavey, 2012). Despite these arduous and debilitating effects, young people are compelled to continue the relentless, circular pursuit of this central deceit, namely the impossible task of achieving their humanist-neoliberal subjectivity. It appears that, to the extent young people believe both this achievement's seductive promise of confidence, connectedness, and success—and the neoliberal mantra of their freedom of choice to pursue it—the effect is to quell or endure its punishing and unspeakable intimate intrusions.

This process of vicious circularity endured by many young people offers an explanation of the pivotal paradox, i.e. young people's contradictory and ambiguous position as discussed earlier. To the extent that young people are positioned within the impossible yet compulsory expectations and requirements of humanist-neoliberal subjectivity, the effect is a compelling, even default framing of their experience as self-diagnosis (Lafrance & McKenzie-Mohr, 2013). This is because self-diagnosis offers culturally acceptable and available, medicalised constructions for young people (and others around them) to understand, normalise, legitimise, navigate, and communicate the effects of failure and isolation on the interactive functioning of their minds and bodies. However, to the extent self-diagnosis constructs young people's subjective/embodyed experiences as an individual pathology, those experiences remain safely located at/within their intimate contexts and individual bodies. The consequent effect is to counter any identification or exploration of young people's subjective/

embodied experiences as a possible response to the effects of humanist-neoliberalism in their lives (Gavey, 2012). In this way, the wicked problem of young people's self-diagnosis "stands in the way of our actually understanding the very difficulties it is supposedly classifying" (Hornstein, 2013, p. 37), one of which is the wicked problem of self-diagnosis itself.

The pivotal paradox is highlighted by our counselling work as a mechanism that can make visible that which the wicked problem of self-diagnosis has made *invisible*. Our work can illuminate the central deceit of the humanist essential self and its condition of possibility for humanist-neoliberalism's exploitation of the key competencies to expedite its increasingly insidious and influential work within young people's local context of compulsory education. In this way, the key competencies contribute to the ways in which humanist-neoliberalism is able both to "dismantle resistance to itself" (Davies, 2006, p. 436) and to disguise its infiltration into young people's lives. At the same time, the benefits are mutual, hence the key competencies have managed to remain disconnected both from their own shortcomings and from their role in the production and sustenance of the wicked problem of young people's self-diagnosis.

The next section continues my doubled work in an exploration of how this disconnection and its consequent depoliticising has transpired. In "examining the [relevant] documents and discursive practices that are taken for granted in our schools" (Davies, 2006, p. 436) through a feminist poststructural lens, another conduit of influence that contributes significantly to the intractability of the wicked problem of young people's self-diagnosis and the shortcomings of the work of the key competencies is identified and explored. This examination and exploration reveals the following question from the Education Review Office (2013b) to be particularly pertinent. However, while ERO directs those responsible for pastoral care within schools to ask this question of their services, this section finds that ERO might well ask of themselves: "How well do our internal and external communications and relationships foster a shared understanding about guidance and counselling and place students at the centre?" (ERO, 2013b, p. 6).

Intractabilities

The documents relevant to the wicked problem of young people self-diagnosing fall into two categories: the evidence documents and the response documents. The former comprise the Adolescent Health Research Group's (2008, 2013) *evidential* statistics of

young people's mental health research, which are intended to "give us the most comprehensive, accurate and up to date information about issues facing young people in Aotearoa" (AHRG, 2014). The latter are the documents that *respond* to this evidence, either expressing concern and/or providing "practical guidance for staff" in the "challenging yet vital role schools play in the wellbeing of young people" (MoE, 2013, p. 5). However, despite the espoused intentions of these documents, on examining the relevant documents with a feminist poststructural lens they appear in practice to contribute to the increasing intractability of this wicked problem; by missing crucial identifying opportunities, these documents close down opportunities for meaningful exploration.

There are various organisations responsible for these documents. On one hand (I will call it the right hand) some organisations are involved in the key competencies, and on the other hand (the left) other organisations are involved in youth mental health. All are undoubtedly concerned with the wellbeing of young people, so it is both surprising and disappointing to find that each hand does *not* know what the other is doing. This is a crucial point: the key competencies research evidence (Cowie et al., 2009; Hipkins, Cowie, Boyd, Keown, & McGee, 2011) and documents responding to it (Cowie, Hipkins, Keown, & Boyd, 2011; Cowie & Penney, 2013; Hipkins, 2012, 2014; Hipkins & Boyd, 2011; Hipkins & McDowall, 2013) make no reference to those of the youth mental health research (AHRG, 2008, 2013) and their response documents—and vice versa. In this way, the wicked problem of young people's self-diagnosis, and any connection between the production and sustenance of this problem and the espoused intentions of the key competencies, remain invisible, thus rendered unproblematic and depoliticised. Hence the incongruity of ERO's (2013b) question for schools, for in light of this revelation and my analysis of it below, I would suggest that the many organisations responsible for these documents—and/or the different departments *within* these organisations—might well ask their own question of themselves.

Because the two hands and their respective evidence and response documents are in isolation from each other, I will discuss each separately, first focusing on the right hand and its evidence and response documents relating to the key competencies. School-based research into the key competencies has been ongoing since the inception of *The New Zealand Curriculum*. This research has produced periodic qualitative evidentiary documents. In response to these documents, Rose Hipkins and others have expressed concerns about the efficacy of the key competencies in various aspects of their implementation. Relevant to this analysis is Hipkins' (2012) particular concern

that “with hindsight it is clear that the complex nature of the key competencies as agents of curriculum change is far from self-evident” (p. 64), i.e., the change effected by the key competencies for young people is *not* what was intended. Indeed, young people themselves confirm Hipkins’ concern: in the (left hand’s) youth mental health statistics, young people clearly self-report using language that is in stark contrast to confidence and connectedness, i.e., the experiences that the key competencies are intended to engender.

Crucially, as discussed earlier, my counselling work clarifies young people’s use of this language as self-diagnosis. In this way, the (left hand) statistics are actually of young people self-diagnosing and thus implicitly confirm the right hand’s concerns. Yet the left hand (i.e., the evidence documenting young people’s self-reported subjective/embodied experience) is not acknowledged at all by the right hand’s response documents (concerns about the nature of the change in key competencies). This is a crucial point that has been rendered invisible, for without any explicit identification of young people’s self-diagnosis it is not possible to make further links or identifications thereafter—either of the gap between the intentions of the key competencies and the statistics, or of any explicit connection between the (unidentified) gap and the sort of change the key competencies are effecting for young people, i.e., a change that might be *contributing* to the statistics. Hipkins’ (2012) concerns, despite her status as one of the leaders in the development of the key competencies, appear neither to be widely disseminated to schools nor to be acknowledged by either the Ministry of Education or the Education Review Office.

Turning my focus now to the left hand and the Adolescent Health Research Group’s evidence documents of young people’s self-reported mental health, in response to these Fleming et al. (2014) concluded that “the mental health of secondary school students does require further attention” (p. 479). Indeed, there *has* been significant attention and response to the statistical evidence in the form of various reports, recommendations, and guidelines. These response documents have been issued to secondary schools, insisting that the statistical evidence of New Zealand’s youth mental health research can no longer be ignored (ERO, 2013a, b; Key, 2013; MoE, 2013; MoH, 2012a). Through a feminist poststructural lens, however, it would appear that both the evidence and response documents have looked *through* rather than looking “*at* the linguistic surface” (Levine, 1991, as cited in Davies, 1997, p. 272) of the youth mental health research statistics. In this way, the *meaning* that young people attribute to the words they use, or identify with, to self-report their subjective/embodied

experience has not been made problematic. This is confirmed in the response documents that locate young people's "problems" at an individual neoliberal level or within the bodies of young people themselves.

Here is another pivotal point that has been rendered and has remained invisible: without an examination of the evidence that looks *at* rather than *through* the linguistic surface, it is not possible to make the first crucial identification of the young people self-diagnosing. Again, by missing another opportunity to make this primary identification, it is not possible to make any further links or identifications—let alone further explorations and connections. This missed opportunity renders it impossible even to identify the contexts from which this phenomenon emerges. This should include young people's wider sociopolitical context and their local school context with its key competencies that are intended to make these sorts of changes within young people's intimate context. Hence it is impossible to explore any link between young people's self-diagnosis and their contexts. Another omission is the complete disregard of the key competencies. There is no mention of them, nor of any of their related evidence/response documents—another missed opportunity to explore the consequent implications of the nature of the change effected by the key competencies.

These crucial points have remained invisible despite some of the left-hand organisations being the same organisations that produced documents for the right-hand key competencies. For example, the Ministry of Education both produced key competencies evidence and responded to the youth mental health statistics. I suggest that the relevant organisations should be asking ERO's (2013a) question of themselves: How well do their internal and external communications and relationships foster a shared understanding about guidance and counselling and place students at the centre? My analysis suggests that even between different departments within one organisation, pivotal points have been rendered and remained invisible: crucial aspects are not being identified and crucial connections are not being made. In this way, the very documents intended to mitigate the wicked problem of young people's self-diagnosis and self-harm are in practice contributing in some crucial ways to the intractability that reifies the making invisible and unproblematic, colonising and depoliticising of the shortcomings of the work of the key competencies—and of their potential contribution to the youth mental health research statistics.

Instead, the already powerful influence of humanist-neoliberalism in young people's lives is reified, sustained, and increased in every aspect of every day spent in their local context of compulsory education. The official response documents have already

acknowledged both the power and potential of schools as “the social institution with access to the greatest number of young people over extended periods of time” (MoH, 2012a, p. 11). These documents acknowledged how, “in relation to student mental health, schools and wharekura are important sites of implementation and transformation” (ERO, 2013b, p. 5). However, the official response documents only connect the change potential of our schools with their *positive* influence on young people’s subjective/em-bodied experience. According to these documents, not only do schools have a “vital role [to] play in the wellbeing of young people” (MoE, 2013, p. 5), but the profound nature of this role also extends to “suicide prevention, recognition and management of risk” that will “contribute to reductions in suicide and intentional self-harm” (MoH, 2012a, p. 7). Similarly, ERO (2013b) *does* acknowledge young people’s increasingly complex problems, which “originate outside the school and relate to wider issues in society” (p. 5). However, this article’s feminist poststructural exploration of my dual concern has identified that it is not simply that “students bring [problems] with them to school” (ERO, 2013b, p. 5), but also that school brings problems inherent in the “wider issues” of humanist-neoliberalism to young people. This identification heightens the importance of ERO’s recommendation that: “The improved wellbeing of students, in particular their mental health, requires a coordinated response across the education, health and social sectors” (ERO, 2013b, p. 5).

The “difference”: Hope and possibility

ERO (2013b) has urged schools and their staff to address the question: “How will we know that our guidance and counselling is promoting positive wellbeing outcomes for our students?” (p. 6). I conclude this article by offering my criteria for responding to ERO’s question. In doing so, I restate unequivocal support for Hughes et al.’s (2013) claim for the importance of our work as school guidance counsellors in secondary education. However, this article’s identification and exploration of the pivotal paradox has augmented and further developed both the scope of and imperative for our role: it is our privileged and political work in the intimate contexts of young people’s lives that constructs our work as a counter-tool to make visible and speakable so much that is rendered invisible and unspeakable. In doing so, this makes possible the making problematic and consequent understanding of the nuanced complexities of young people’s use of self-diagnosis: the paradoxes, ambiguities, complexities, contingencies—constraints and *opportunities* for young people (Kirschner, 2013). These are politicising and decolonising counselling practices that can be considered

“a form of identity work and as a form of social action” (Maracek & Gavey, 2013, p. 6). This is action that makes visible the effects of humanist-neoliberalism in young people’s lives, effects that are transfused so powerfully and authoritatively by the key competencies.

However, despite the apparent inevitability of humanist-neoliberalism as storied in this article, feminist poststructural theory produces an understanding that renders these effects both visible and revisable, for it is in the very “paradoxical doubleness” (Davies, 2006, p. 430) of subjectivity that the conditions of possibility for change lie. Young people are *not* passive: their own actions as active agents within the key competencies’ processes of neoliberal subjectification (Davies, 2006) make it possible for them to resist psychopathology’s fragility and vulnerability that is storied about them and that young people story about themselves. Furthermore, it is the theory and work of feminist poststructuralism that can crack the grids of humanist intelligibility (St Pierre, 2000), unsettle illusions of humanist-neoliberal inevitability, and make possible the rethinking of the humanist-neoliberal rhetoric of freedom. Humanist ontology understands freedom as a teleological process with its endpoint being the discovery of who we are. Instead, a feminist poststructural freedom is one of the “endless questioning of constituted experience” (Rajchman, 1985, as cited in St Pierre, 2000, p. 493) that defines and limits us.

In this way I hope and intend that my counselling practices with young people in compulsory education will make possible our co-exploration of their subjective/embodied experience in order to “uncover the ways in which [they] might be said to be powerful even when complicit in their own [humanist-]neoliberal subjection” (Davies, Flemmen, Gannon, Laws, & Watson, 2002, p. 291). If young people find at least one in a “multiplicity of resistances” (St Pierre, 2000, p. 492) in our counselling conversations, I will have upheld the ethical principle guiding my practice, “to increase the range of choices and opportunities for clients” (NZAC, 2012, p. 3).

In this way also, this article unequivocally supports Hughes et al.’s claim that the “difference” made possible by our code of ethics (NZAC, 2012) and put into practice within our school guidance counselling work with young people “is something to be valued, protected and celebrated” (p. 14). This article augments and further develops the scope of Hughes et al.’s “difference” to a difference that brings with it an ethical responsibility to engage with others who are “committed to ensuring that our young people have the very best educational opportunities” (MoE, 2007, p. 4). This engagement would comprise a necessarily wider political critique of the effects of

humanist-neoliberalism brought into young people's lives by the key competencies. This is necessary to make possible the "powerful change potential" (Hipkins, 2014, p. 137) of the political arena of our schools to be change that "enables transgressions—a movement against and beyond boundaries. It is that movement which makes education the practice of freedom" (hooks, 1994, p. 12). I believe that *this* is how we will "know that our guidance and counselling is promoting positive wellbeing outcomes for our students" (ERO, 2013b, p. 6).

Endnotes

1. I use the term "at/within" throughout this article as a commitment to "troubling" (Lather & Smithies, as cited in Hey, 2006, p. 444) the taken-for-granted and seemingly natural, but culturally constructed, binary metaphor of surface and depth, especially the attendant implications and consequences as it performs as a framework for understanding and responding to subjectivity (Davies, 1997).
2. A wicked problem is a problem that is difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognise. The use of the term "wicked" here has come to denote resistance to resolution, rather than evil. Moreover, because of complex interdependencies, the effort to solve one aspect of a wicked problem may reveal or create other problems (Rittel & Webber, 1973).
3. This article alludes to the DSM-4 as this is the version to which Auckland's Child and Adolescent Mental Health Services refer.
4. The word "doxa" means "an unquestionable orthodoxy that operates as if it were the objective truth" (Chopra, 2003, as cited in Patrick, 2013). I use "doxa" in this context to refer to the way in which the foundational assumptions of neoliberal capitalism have achieved this status, both nationally and globally. In this way, neoliberalism has become embedded at personal, relational, policy, and institutional levels as common sense and therefore as the "unexamined frame for all further cognition" (Bauman, 2000, p. 30).

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