Schooling the Citizen: What Citizen?

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Abstract:
Over the next decade, the central purpose of schooling in Queensland should be to create a safe, accepting and disciplined environment within which young people prepare to be active and reflective Australian citizens (Education Queensland, 2000, 9).

Traditional ways of thinking about government and more specifically, the relationship between government and the notion of society have changed. There has been a significant reduction in the interventionist strategies of the welfare state and neoliberal notions have replaced the concept of the citizen with the idea of the consumer and the ‘self-regulating capacities of individuals’ (Miller & Rose, 1990, 24). Schools as social organisations are based on certain notions of regulation and surveillance and these constitute particular ways of knowing. Schools therefore play a critical role in the shaping of the ‘citizen’. However, our lives and roles as citizens are changing as globalization and rapid technological change effect the social and cultural world. Citizenship still can be seen as central to the purposes of schooling, but how is ‘citizenship’ to be understood? In what ways are young people expected to demonstrate their ability to be active and reflective Australian citizens?

This paper draws on data from a study of the development of the 1998 Queensland Senior Syllabus in Health Education to examine some of the changing understandings of ‘citizenship’. In doing so, it defines health education as a space that might be claimed for the experiences of citizenship in schools. The construction of the pedagogic subject (Bernstein, 1990) in Senior Health Education, the ‘healthy informed citizen’, is ‘textually connected to cultural and political interests’ (Luke & Freebody, 1997, 194) which are in turn concerned with producing better health outcomes for all Australians. Schools as sites of intersecting and sometimes conflicting cultural and political interests have as their object an informed, rational citizen who can assess the risks of living and accordingly engage in certain practices while avoiding others. I demonstrate how curriculum and its associated assessment practices produce a particular notion of the ‘healthy informed citizen’ that for some may reflect ideas of what it means to be an active and reflective citizen. However, I argue that this construction of the ‘citizen’ is limited in terms of meeting the rapidly changing political, social, cultural, ethical and legal demands of everyday life. As such, I suggest that a key challenge for schooling is to consider what demands the ‘citizen’ of the future will face and how schools must act to provide those citizens with the knowledge and skills to address those demands.
The Changing Dimensions of Citizenship

As a starting point, it is useful to consider briefly how the notion of citizenship has changed within the ‘social transformation of our times’ (Giddens, 1994). While acknowledging that the meaning of citizenship can be ambiguous and contested, citizenship is generally considered as involving four components: rights, responsibilities, participation and identity. Due to economic, political and cultural globalization and the advent of new technologies, Delanty (2000, 132) suggests that these four elements have ceased to provide a ‘unitary framework’ of citizenship. He suggests that ‘risk and responsibility have become the new master frames, even replacing the older emphasis on rights and justice’ (Delanty, 2000, 128). The point that is being made is that risk management and risk avoidance are key elements in how contemporary personal and cultural life is constructed. As such, new conceptions of rights, responsibilities, participation and identity have emerged from within the neo-liberal discourses that make up the new political economy of capitalism. It is these new conceptions that will shape the active and reflective citizen.

(1) Rights

The concept of rights ‘which entails a relationship between civil, political and social rights and duties’ (Delanty, 2000, 126) now extends beyond the legal reach of the nation state to include such issues as the collective rights of indigenous groups, ecological rights as well as cultural rights. Understanding the rights of citizens as the ability to access public goods such as education, health, welfare protection and civil justice that are provided by the political/legal structure of the State have been supplanted by access to a whole range of cultural rights and resources. These new rights and resources ‘focus on the right to propagate a cultural identity or lifestyle’ (Stevensen, 2001, 3) but also include access to social and economic goods. This shift highlights an ethical/legal concept rather than a political/legal concept of individuals and their rights and distinguishes the over-riding of the rights of the citizen by a more broadly conceived human rights.

(2) Responsibilities

In the context of the risk society (Beck, 1992), a new idea of responsibility has emerged. Ideas about a citizen’s responsibility in terms of moral values and social obligation within the local and/or the nation state are conceptually too simple and narrow. As risk has been and continues to be ‘dumped’ into the world as the frame for an increasing array of problems, the relationship between risk and responsibility has become inseparable. On one hand, there is the individual’s responsibility for managing personal risks. On the other, there are increasing levels of co-responsibility for managing ‘planetary’ risks such as those affecting nature and future generations.

(3) Participation

Citizenship has always been about participation but the impact of globalization has changed the traditional focus on participation as a civic responsibility. For example, the emphasis on joining local voluntary organisations has been revisioned as citizens are encouraged to participate in political dialogue through various multi-media sites such as e-mail and videoconferencing (Turner, 2001, 22-29). As such, access to information and the ability to act upon it is one of the main dimensions to participation and participation is broadly conceived of as three levels, that of the world, the nation and the local (Delanty, 2000).
Identity
The previously strong coupling between the nation state and identity is becoming less stable. The notion of place as the key indicator for who can claim, for example, to be an Australian citizen is increasingly under pressure. We are living at a time in which ‘new strategies of the self, new ways of personal living and communal belonging’ (Elliott, 2001, 144) are emerging. As such, place of birth as the principle marker of citizenship is limiting. Identity as contested and multi-layered ‘is becoming the basis for participatory politics’ (Delanty, 2000, 131). Cultural heterogeneity and difference are to be celebrated. Identity’s exclusive alliance with the idea of the nation is now being challenged by identity formation which instead defines itself through for example, multiculturalism, gender, sexuality, disability and geographic location. Citizenship therefore can no longer mean ‘fusing all identities into one unifying national consciousness’ (Touraine, 2001, 66).

Model/s of Citizenship
The point being established which is similarly argued by Rose (1999) and Elliott (2001) is that a model of citizenship developed within the traditional frame of the nation state no longer holds good as globalization penetrates the every-day. Therefore, if the traditional conceptualisation of citizenship is no longer relevant, what model/s are available? The views of three theorists on the changing conceptualization of the citizen are offered.

Rose (1999, 23) argues that contemporary notions of citizenship are ‘realised through acts of free but responsibilized choice in a variety of private, corporate and quasi-public practices from working to shopping’. As such, the citizen must play an active role across a multiplicity of ‘games’ that seek to ‘govern through freedom’. A second perspective suggests that the production of the citizen can be understood in terms of the DIY project of the self (Beck, 1992, 135) in which ‘the individualisation of life situations and processes means that biographies become self reflexive’. In other words, individuals who are increasingly faced with perceptions of danger, unpredictability, and uncertainty must work out solutions based on knowledge and expert systems that seem to be sensible and viable or ‘suffer the pain of permanent disadvantage’ (Beck, 1992, 135).

Finally, Dean (2000, 168) proposes that new technologies of citizenship have emerged consisting of ‘the multiple techniques of self-esteem, of empowerment and of consultation and negotiation’ that engage us as active and free citizens, capable of taking control of our own risks. He suggests that technologies of citizenship are used widely in such contexts as teaching and health promotion campaigns as ways to ‘govern’ the citizen.

There is similarity between these three theorists and the model of citizenship that they portray. Each views the citizen as a model of vigorous action, capable of making responsible choices to successfully manage their own lives and the risks that confront them. The citizen’s inability to handle risks associated with everyday however results in increased feelings of guilt and a loss of self-esteem. Significantly, each reflects a model wherein risk and responsibility are centralized. Citizenship has become a model of individualized, responsibilized risk management.
Education is still considered as the primary source of socialization facing the individual as citizen of a nation state (Spybey, 1996). If a comprehensive education is the necessary prerequisite for the preparation of active and reflective citizens, then what does this look like in today’s changing world. How does schooling the citizen react to the changing relationship between the four elements of citizenship and the contemporary model of citizenship proposed by Beck 1992, Dean 2000, and Rose, 1999? Do ideas about the citizen’s rights, responsibilities, participation and identity still influence the work of schools? How are schools currently visioning the active, reflective citizen? What are the future possibilities for schooling the citizen?

**Health Education/Health Promotion**

The dominant culture in Australia is one in which health, self-identity and consumption are increasingly entwined. The state continues to have a very clear interest in preventive medicine delivered through both health education and health promotion. Peterson (1997, 194) argues that ‘given that the “care of the self” is bound up with the project of moderating the burden of individuals on society, it is not surprising that it is in the health promotion strategies of the so-called new public health that developments are most apparent’. Ashton & Seymour (1991, 21) describe the new public health as going beyond an understanding of human biology and recognising the importance of those social aspects of health which are caused by lifestyle. Many contemporary health problems are therefore seen as social rather than solely individual problems (Ashton & Seymour, 1991, 21). The impact of the new public health and health promotion has been to move thinking about health beyond the concerns of individual to incorporate understandings of citizenship and communities and of strategies of community development and advocacy politics. Bauman (1995, 169) argues that ‘the protection of “normality” of good health has become every-body’s concern and has turned it into every-body’s task’. Failure by individuals to conform to the pursuit of a ‘risk-free’ existence is likely to be seen as lacking self-control and therefore as not attending to one’s duties as a fully, autonomous, responsible citizen.

Contemporary developments within Health Education reflect the parallel growth of the new public health that sees health as based on the nurturing of social and physical environments and focused on social change for the creation of these healthy environments. Health Education therefore is a space that might be claimed for the experiences of active and reflective citizenship in schools and schools have been challenged to respond.

*Schools, too, must understand the underlying causes of poor health behaviour. Some causes, such as poverty, socio-economic status, family support and local services are outside their capacity to influence; others, such as school facilities and access to community resources, are within their domain. To exert their influence, teachers, students and parents may have to spend more time on advocacy, networking and policy development than on acquiring health knowledge. (National Health Strategy, 1993, 117).*

**Curriculum and the ‘healthy informed citizen’**

The Queensland Senior Syllabus in Health Education (1998) endorses a social or structural model of health that focuses on developing understandings of how society’s political, economic and social institutions and practices must and can be restructured
if health inequities are to be redressed. In order for students to deliberate on how this
could occur, the syllabus adopted many of the concepts of public health and health
promotion, especially the five ‘change’ strategies associated with the Ottawa Charter
(1986). The five strategies for initiating change are: (1) developing policy that
considers its health impact; (2) creating social and physical environments that support
health; (3) developing personal skills in individuals, groups, and communities; (4)
encouraging community action and participation; and (5) developing services that are
oriented towards health. The social justice principles of diversity, social justice and
equity are also advocated within the syllabus.

The syllabus therefore presents a particular view of ‘what’ is health education.
Implicit within the social health discourse is an expectation that a good ‘citizen’
appreciates the needs of others and works to achieve equitable outcomes for all
Australians. The syllabus also highlights the principles of enabling, mediating and
advocacy as central to the notion of individuals and communities becoming actively
involved in health change. The concept of citizen is a central feature of the syllabus
and the pursuit of good health by each citizen is considered both an obligation and a
right:
The contemporary ‘virtuous citizen’ aligns personal satisfaction with the public good
(Peterson & Lupton, 1996, 70).

‘Participation’, ‘community’ and ‘empowerment’ are common terms within the
syllabus that serve to delineate the duties of the healthy, responsible citizen. As such,
students of Senior Health Education are constructed within the syllabus as agents of
change, who have ‘some sense that through their personal actions, they can achieve
better health outcomes for themselves and for others’ (BOSSSS, 1998, 9).

Assessment and the ‘healthy informed citizen’
Bernstein (1990) makes the point that the essence of any pedagogic relationship is the
evaluation of competence of the acquirer. The role of assessment therefore is to judge
the competence, or lack there of, of the pedagogic subject. It is about making
judgements about success or failure. Let me provide an analysis of one Year 11
assessment task as a means of briefly engaging with how teachers’ construct the
pedagogic subject, the ‘healthy informed citizen’ based on their engagement with the
syllabus. The analysis provides insights into what the pedagogic subject is expected
to be able to demonstrate in order to be seen as a competent in their role as the
‘healthy informed citizen’.

Schools as social organisations are based on certain notions of regulation and
surveillance and these constitute particular ways of knowing. This is clearly
demonstrated through how teachers’ design of assessment tasks constructs the
‘healthy informed citizen’. In analyzing the task, understandings will be derived from
both the discourses and genres that give rise to and shape each task. Kress (1985, 20)
argues that ‘texts are doubly determined: by the meanings of the discourses that
appear in the text, and by the forms, meanings and constraints of a particular genre’.
Although the analysis of only one task is utilized in this paper, viewing the task
enables an appreciation of the moral project that shapes teachers’ construction of the
pedagogic subject, the ‘healthy informed citizen’.
Year 11 Assessment Task  
UNIT: PEER AND FAMILY HEALTH  
SUBSTANCE ABUSE AND  
ADOLESCENT RISK TAKING BEHAVIOURS

Semester Two  
Length - 800 - 1000 words  
Conditions - class and home time

TASK:
Students are required to write a report, which focuses on researching the problem of alcohol use and its relationship to other risk taking behaviours at Astin School.  
1. Investigate current drinking and risk taking behaviours at Astin School by conducting a class survey.  
2. Analyse and interpret gathered information and statistics from the survey.  
3. Discuss implications from the survey.  
4. Research current education programs and school policies at Astin School which address the problem of underage drinking and risk taking behaviours.  
5. Evaluate current education programs and school policies at Astin School and make recommendations for improvement.

Task Type - Written Report. Students should set out the Report using the following headings:

Title Page  
Content Page  
Method  
Results  
Analysis of Results  
Discussion  
Recommendations  
References and Appendices
The broader topic from which the issue is derived is substance abuse and its effects on the health of Australians. In particular, this task portrays the health of adolescents as being ‘at risk’ or under threat. What is of central interest to the development of this paper is to consider how the identity of the ‘healthy informed citizen’ is shaped by the ways in which the assessment task is constructed. A close reading of the task reveals how the discourse of risk was used to develop expected behaviours of the ‘healthy informed citizen’. The specific issue being studied is the effect on health of alcohol use/abuse by adolescents. However, the task not only asks the Year 11 students to research the problem of alcohol use by other students who attend Astin School, but also the relationship of alcohol use to other risk taking behaviours, for example, unprotected sexual intercourse.

Even though students through their own everyday experiences would know that not all adolescents overuse alcohol, the totalizing nature of the task structure offers the student reader limited options for reading and writing against the risk discourse or to explore either the differences that exist between adolescents. These differences could be conceived of for example as sexed, gendered, raced, or economic, or as embodied or subjective differences. The text therefore demands student reader compliance with the identified notion of ‘risk’ to adolescent health of alcohol use/abuse. Within the structure of the report genre, the writing of a response about this health issue can only be generated if alcohol use is identified as a problem for all adolescents.

There are assumptions embedded within the text that a range of issues associated with underage drinking and excessive use of alcohol will be revealed by a survey of students within the school community. By contextualizing the task within the school, the task naturalizes not only students’ responsibilities as members of the school community but also the responsibility of teachers in the school for managing health risks. The role of the school as an institution responsible for the regulation and protection of student behaviour is emphasized through the expected review by students of school policies on underage drinking. Through knowing and improving the school’s policies, the ‘healthy informed citizen’ is tacitly positioned as supportive of the surveillance role of the school in policing health behaviours.

However, what is significant about the task is that there is little indication of how the ‘healthy informed citizen’ could demonstrate an understanding of how health inequities were to be addressed. Despite the relevance of the issue to students, the involvement of students in an evaluation of teaching programs and school policy, and the opportunity to make recommendations for change within the school, the task preserves a central belief in individual change and increased social responsibility regarding health. The task assumes that the provision of increased knowledge to individuals through improved educational programs accompanied by the stridency of school based policy dictums will induce adolescents to change their inappropriate behaviours. The model of the ‘healthy informed citizen’ constructed by this assessment task is one of individualized, responsibilized risk management.
How else could the school have dealt with this health issue? What could have been expected of the ‘healthy informed citizen’ if the assessment task had been structured around other sets of key questions? For example: What are the penalties for adolescents who break the law? What rights do adolescents have in this situation? Are drunken adolescents in Redfern dealt with in the same way as those in Toorak? Does Australia have a problem with excessive alcohol use by adolescents? How is that problem exhibited? Can this be clarified by considering by age, sex, geographic location, and/or socio-economic status? Are the reasons for and experiences of ‘binge drinking’ the same for adolescents in Toowoomba as they are for those in Hobart? What is the role of the state, community, school, family and friends in addressing this problem? What resources are available in the community to deal with adolescents with alcohol problems? Are these services available to adolescents in Cloncurry? In Ballarat? How do adolescents access health services in order to gain help? What legal, social and economic changes could be considered in order to affect the level of alcohol use by Australian adolescents? Are the social and economic resources that are available to counter negative influences on adolescent health being used in an equitable manner?

These questions structure the issue of adolescent alcohol use/abuse more broadly and endeavour to reduce the centrality of risk within the task. Significantly, they also construct the pedagogic subject, the ‘healthy informed citizen’, quite differently. A restructured task could challenge simplistic ‘one size fits all’ solutions to the issue that is based on a collective representation of adolescents in which the ‘common good’ is central. Since the experience of ‘adolescence’ occurs across a range of contexts, students could be encouraged to consider the role of ‘difference’ within adolescent health issues. The concepts of responsibility, participation, rights and identity could be ‘reconfigured’ (Delanty, 2000, 134) by teachers to facilitate students’ debating alternative solutions to health concerns in Australia.

Conclusion
There is a resurgence of interest in both academic and non-academic sites in the status and practice of contemporary and future citizenship. Isin & Wood (1999, 158–160) offer a view of the citizen as cosmopolitan, cultural, ecological, sexual, technological, and urban to make their point on the fragmented nature of citizenship. The analysis of the assessment task reveals the significance of both the curriculum and the assessment process in constructing what I have called the ‘healthy informed citizen’.

I reiterate my previous point that Health Education provides one space that might be claimed for some of the active and reflective experiences of citizenship in schools but as I have demonstrated, even the notion of the ‘healthy informed citizen’ is problematic. Schools, in their aim to produce the active and reflective citizen, need to think carefully about what the possibilities for citizenship are. The Year 11 students were provided with opportunities to demonstrate individualized responsibility for health. They were positioned as active health agents within particular risk contexts that were deemed relevant or appropriate by the teachers. Attached to that role were clear expectations about their behavior as ‘healthy informed citizens’. However, the use of a specific genre and the associated structure of the task made it impossible for students to write against
the dominant discourse of risk and as such to contest the normative expectations of the ‘healthy informed citizen’ implicit within that discourse.

Bauman (2000, 36) tells us that ‘the other side of individualization seems to be the corrosion and slow disintegration of citizenship’. I read this to mean that the feelings of virtue that citizens gain through ‘doing the right thing’ can overshadow an ethos of citizenship that includes recognizing difference, caring for others and selflessness. I would not argue that within the everyday, individuals should not accept responsibility for their actions across a range of activities. My concern is that the centrality of risk in constructing the citizen as an individualized, responsibilized risk manager limits the possibilities for other conceptualizations of the active and reflective citizen. If this is so, then what is next for the curriculum and the pedagogy not only of Health Education but of schooling?
References


