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An Analytical Ethnography of Sickness Absence in an English Primary School

Alan Prout

Thesis submitted for examination towards the degree of Ph.D., University
of Keele, Keele, Staffordshire, England.

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Abstract

Medical sociology has characteristically dealt with children as inactive in the processes of their own illness and health. In part this reflects the treatment of children in sociology generally. It is intensified by typically studying childhood sickness from the point of view of clinical settings where children's active role and voice are muted. There is a tendency to ignore the wider social context of sickness in children's own lives, especially schooling. It is suggested that an ethnography of sickness absence, and children's part in its production, might begin to remedy some of these problems. The remainder of the thesis reports such a study.

The fieldwork for the study took place in a primary school and looked at sickness absence among a class of fourth year children in the term immediately preceding their transition to secondary school. A variety of methods were used, including direct observation and interviews with parents, teachers and children. The material gathered is described in five parts:

- a) the social lives of children at school
- b) children's accounts of sickness and absence
- c) parent's (mainly maternal) accounts
- d) teacher perspectives and practices on sickness and absence
- e) the overall pattern of sickness absence during the term and its relationship to rhythms of schoolwork, especially as they concerned the transition to secondary school.

The final chapter discusses childhood sickness as a cultural performance. The 'stage' for this performance is the transition to secondary school and the constitution of childhood in the age-grades of the schooling system.

Two theoretical frameworks are used to approach the notion of performance: that of 'trajectory', suggested by Strauss et al; and that of 'symbolic transitional process', derived from Turner's work on liminality. Children's performance of sickness is understood in relation to ideologies and practices of work, gender and leisure.

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Table of Contents

	Page
List of Tables, Diagrams and Graphs	
Reference Notes and Abbreviations	
Foreword	
Chapter 1. <u>Childhood and sickness: personal and intellectual background</u>	
Introduction	1
A biographical flashback	
The sociology of childhood	
Children and childhood in the sociology of medicine	
'Classic' British studies	
Children in the paediatric consultation	
Focussing down: towards the non-clinical setting	
Exploratory fieldwork	
Children's conception of sickness: the American studies	
The emergent features of my study	
Chapter 2. <u>Fieldwork at Appletrees</u>	
Introduction	44
The village and its people	
Appletrees	
Social class background of the 4F children	
Access	
Sampling	
Field relations	
Interviews and accounts	
Recording and organisation of data	
Appletrees as an extended case study	
Chapter 3. <u>4F: The school lives of the children</u>	
Introduction	89
The classroom as a workplace	
The timetable and the school day	
Gender and friendship	
The transition to secondary school	
Conclusion	

Chapter 4. The children's accounts of sickness and sickness absence

Introduction	145
Children as active	
Negotiating entry into sickness	
The experience and consequences of sickness	
Accusations of 'skiving'	

Chapter 5. Mothers' accounts of negotiating sickness absence

Introduction	186
Illness and the detection of feigning	
Emotional upset and training in stoicism	
Childhood career and the meaning of sickness	
Manoeuvres and contradictions	
Schools, mothers and sickness absence	

Chapter 6. Sickness and schooling: the teachers' perspective and practice

Introduction	222
The parent-teacher relationship	
Mothers and the health of their children	
Indulgent mothers and 'wet' children	
Dealing with sickness in school	
Sickness and the hidden curriculum	

Chapter 7. Schoolwork, the transition to secondary school and the pattern of sickness absence

Introduction	262
The pattern of sickness absence	
Rhythms of schoolwork in the construction of the sickness absence pattern	
The two halves of the summer term	
Children's role and the weekly pattern	
Conclusion	

Chapter 8. Trajectory and symbol in the performance of childhood sickness

Introduction	293
Childhood sickness as cultural performance	
Childhood, age and status passage	
Sickness as a work task in the trajectory of transition	
Limits to the concept of trajectory	
Symbolic transitional process	
The symbolism of everyday sickness in the transition to secondary school	

Afterword

Appendices

Malcolm Jones - a case example in the construction of
sickness absence

Notes

Bibliography

List of Tables, Diagrams and Graphs

Tables

- Table 1. Social class of economically active heads of household in Ravenscroft.
- Table 2. Social class of heads of household for families of children in 4F.
- Table 3. Timetable for 4F in Summer Term.
- Table 4. Summary of gender differences in pupil social lives at Appletrees.
- Table 5. Frequency of half-day absences according to day of the week.
- Table 6. Frequency of half-day absences according to starting day of week.
- Table 7. Frequency of half-day absences according to school restarting day.
- Table 8. Comparison of everyday sickness and the transition to secondary school as status passages
- Table 9. Phases of the last term at primary school.

Diagrams

- Diagram 1. Possibilities in mother-child negotiation of everyday sickness.
- Diagram 2. Decision making possibilities present in mothers' accounts of everyday sickness.
- Diagram 3. Teacher typifications of children's bids for sickness at school.
- Diagram 4. Fieldspace showing types of sickness work in relation to the circumstantiality of the transition to secondary school.

Graphs

- Graph 1. Graph plotting pupil absences against week of school year (September 1982 - July 1982)

Reference Notes and Abbreviations

I have used a Short Reference System throughout the text. References are indicated by the year of publication, e.g. (Sharpe, 1976) and can be found in the bibliography. Page references, where necessary, are given as (1976:32).

The following abbreviations are used to refer to fieldwork records:

- Int = audio recorded interview on a general topic
- IntT = audio recorded interview with a teacher
- E = audio recorded interview with a child concerning a particular sickness episode
- M = audio recorded interview with a child on a topic indirectly concerned with an episode of sickness absence
- FWD = Fieldwork Diary note
- SL = Entry in the school secretary's log of children reporting sick

FOREWORD

The main body of my thesis consists of an ethnographic account of sickness absence in a primary school. Apart from the first chapter, which gives an account of the background to my research, the text starts with description and becomes progressively more analytical as it moves to a conclusion. The distinction between analysis and description can, of course, never be clear cut. A great deal of analysis, interpretation and selection went into producing even those sections which I have dubbed 'descriptive'. Nevertheless, the distinction does serve to indicate the more abstract character of the final chapters. The organisation of the text in this manner illustrates the inherent difficulties of writing ethnography. These result from the particular character of an ethnography as a text and the writing practices by which it is produced. Two points are particularly germane to this suggestion.. The first is that fieldwork material, and the thoroughgoing reflexivity which ethnography requires, mean that writing up is partly a matter of constructing a narrative. This is commonly recognised. Less frequently commented upon is the form of the narrative and the textual devices by which it is produced.

The second difficulty arises from the fact that an ethnography cannot be simply a narrative. It must also contain explanation, argument and evidence for the relationships being proposed. In many ways the representation of these demands what might be termed a 'mimetic' text, a form quite different from that of the narrative. A central issue in

writing up is, therefore, the manner in which the two different types of text can be reconciled and contained in the same document.

The problems associated with writing a narrative were nicely illustrated at a recent seminar on qualitative sociology. The speaker related how her fieldwork material always appeared exciting and substantial when she spoke about it but seemed flat and trivial when written. In part this problem can be understood by thinking about how verbal and written versions differently establish two fundamental aspects of narrative; context, or the sense that the events really happened, and motivation, the 'point' of the story. In verbal performances speakers can themselves provide context and motivation - partly by their very physical presence and partly by drawing on a variety of rhetorical devices associated with 'tale telling'. There is, however, a problem in creating these effects in print, where verbal devices such as accented voices, dramatic pauses and audience reaction are not available. Instead ethnographic texts rely on practices such as providing actors and places with names, describing the setting of the study in detail and making their subjective, authorial voice explicit. By these practices both the quality and texture of the experience can be conveyed and an 'I-was-there' effect created.

The motive of the text is considerably harder to produce. In part this is because the point of ethnography lies outside of the purely narrative but is more closely associated with the mimetic aspects of the text. An ethnography which consists only of narrative is likely to be condemned as a 'travellers tale' or 'mere journalism'. The desire of the ethnographer not to be confused with either an explorer or a reporter is revealed by practices such as of referencing the words of informants or

incidents that have been observed. Devices such as "(FWD:67)" convey that the material is systematic and non-impressionistic. Ethnography, however, has ambitions beyond these. It wishes to illuminate some aspect of social process and advance some aspect of social theory. This task places on the writer the requirement that analysis, argument and explanation be integrated into the text. The problem is how to accomplish this without undue disruption of the narrative.

A solution, but one really more akin to a side-step, is to separate the description and the analysis. This is how Willis (1977) proceeded, but only at the cost of making his analysis appear, and in some respects actually be, only tenuously connected to his description. I have tried to avoid this trap by not so much separating as 'merging' the two. Unlike Willis I have created no sharp break between description and analysis, but rather have attempted to allow the latter to emerge from the former in a more gradual way. I hope that this allows the reader to keep a firmer grip on the evidence which supports my interpretation and analysis.

Hammersley and Atkinson point out (1983:209) that the writing up of ethnography is rarely commented upon and would benefit from closer attention. They suggest, inter alia, two formats within which description and analysis can be brought together. The first they term 'natural history'. Here the story told is of the fieldwork as it unfolded. It can, they point out, work well in relation to a single topic but is too unwieldy a device for reporting work which has a number of themes. For this reason I have used the approach in setting out the background to my research in Chapter 1, but not elsewhere. Rather, I have focussed in turn on each major category of informant (children, parents, and teachers) and only then turned to the overall pattern of sickness absence. The

second format, suggested by Hammersley and Atkinson, is the 'chronology'. It is, they suggest, particularly suitable for the ethnographic reporting of processes with a 'career' form. Rites de passage are an example. At first sight much of what I say in my thesis would fit this mould. In the final chapter, for example, I connect the children's transition from primary to secondary school with their performance of sickness. Since, however, my main focus was sickness rather than the transition to secondary school in itself, a straightforward chronology was not entirely appropriate. It would have drawn attention away from the features which were common to the episodes of sickness by focussing more on the way they changed over time. Although this is actually a very important aspect of my analysis I preferred first to discuss sickness and only later relate it to the children's passage from one school to another.

Finally, and by way of a small contribution to the analysis of ethnographic writing, I can point to two other genres which I find my thesis has utilised. Both are forms of narrative but of types which also allow aspects of analysis to be introduced. The first is the detective story. It has been used to draw 'puzzles' and 'mysteries' out of the description to which the analysis might address itself. The second is the folk tale. This, it seems to me, is a form particularly suited to the Ph.D. thesis. The point can be illustrated by giving a selection of the 'functions' which Propp (1968) found to underlie Russian folk tales:

the hero is introduced

a difficult task is proposed to the hero

the hero is dispatched

the hero acquires the use of magical agents

the hero is led to the object of search

a false hero presents unfounded claims

the false hero is exposed

the task is resolved

the hero arrives home but is not recognised

the hero returns home having completed the task

I leave my readers to discover these structures in my story and my
examiners to write its last episode.

An Analytical Ethnography of Sickness Absence in an English Primary School

CHAPTER 1

Childhood and sickness: personal and intellectual background

Introduction

It is a commonplace of ethnographic reports to say that the topic of investigation shifted, or even changed completely, either in the exploratory stages of study or when the researcher, in that misleading phrase, 'entered the field'. In my own case this was made more complex by the fact that at the start of my study I did not intend to attempt an ethnography at all. The story of why and how this changed is the topic of this chapter. In relating it I will weave together three strands of narrative: the first is personal, and concerns the background against which I became interested in registering for a Ph.D. and choosing the general area of interest; the second concerns some problematical features of existing sociological work on childhood sickness and how I came to think they might be resolved; the last strand is about my early attempts to collect data and how these led to towards an ethnography centred on a primary school. In giving an account of these three aspects of the course of my work I will move back and forth between them, sometimes focussing on

the biographical narrative and at others on the bodies of sociological literature out of which the study grew. The account I give is organised into five sections: a biographical flashback; a discussion of the sociology of childhood; a critique of the treatment of childhood in the sociology of medicine; a discussion of my initial fieldwork experiences; and a review of the psychosocial literature on children's acquisition of ideas about health and illness. I conclude with an exposition of the features of the ethnographic study, as they emerged immediately before I commenced the fieldwork for it, and which are the basis for the other chapters.

Social scientific literature provides many examples of research reports in which the author plots a more or less straight line between the initial definition of a problem and the subsequent collection of data which solved or threw light on it. Were I to provide such an account it would sound something like this:

"As a sociology graduate working in health education research I became interested in children's attitudes to illness. In reading the medical sociology literature I noticed that children were typically seen in a rather passive way as socialization vessels for their parents. I decided that I would investigate social practices around children's episodes of sickness in a way that treated children as social actors at home, in school and other relevant locations. Since this would mean tracing some complex relationships, an ethnographic case-study approach seemed the most promising."

Such an account would, when elaborated and given flesh, reflect

some of the most important aspects of my work and would not be completely misleading. It would, however, even when filled out with relevant detail, be very partial. What would have been missed out and why? Structuralist literary analysts have posed this question as one of the relationship between fabula and sujet:

"On the one hand, the story in its most neutral, objective, chronological form - the story as it might have been enacted in real time and space... and other hand, the actual text in which the story is imitated, with all its inevitable (but motivated) gaps, elisions, emphases and distortions."

(Lodge, 1981:20)

The motive of the particular sujet I have just indicated would seem closely related to the purpose of this text, which is to convince my examiner that I am a worthy candidate for the degree of Ph.D. As a result the impression of clarity, intellectual rigour and a mastery of the sociological crafts would seem essential - hence the posing of a sociological problem, a gap in the literature, an appropriate way of filling it, one in which method and content were well matched... and so on. And what is left out? At least the following: my personal motives for starting doctoral work; the material, temporal and personal constraints which limited what was possible for me to do; the problems and difficulties I encountered; the false starts made and trails followed. In short the generally messy character of research of which 'science' forbids us to speak (Barthes, 1967).

A Biographical Flashback

Two major difficulties present themselves in giving an account of the personal genesis of my interest in childhood sickness. First, how far back should I trace the origins of my work and where should I fix the starting point? Several possibilities suggest themselves: starting my first fieldwork; working in health education research; attending lectures on medical sociology as an undergraduate; working on a Health Studies syllabus as a teacher? Going back further I have thought about my own childhood experiences: twelve weeks in an isolation hospital with 'Scarlet Fever'; discovering the pleasures of world radio stations on an old wireless kept in my bedroom and listened to in long days off school with tonsillitis; feigning illness to avoid the embarrassment of not being able to play the recorder competently in school. Finally, however, I decided to fix my starting point around the time when I began to keep a written record of my thoughts on the topic of childhood health and illness. Roughly this coincides with being employed as a research worker on a project concerned with health education. During that work, which was on children's health knowledge, I became interested in questions wider than those being asked by the particular research project on which I was working. Tangled in with this were a variety of biographical issues which also pushed me to pursue my personal research in an institutional setting other than the Research Unit.

Arising from the above is a second problem, and it is one which occurs despite having access to a written record of the way my ideas have developed. One could see it as a problem of memory. When I read through my research diary, my files of notes and ideas, jottings and letters I was constantly surprised by what I found there. Sometimes the surprise was that of unexpectedly meeting an old friend whom one has lost track of "

an idea or framework which appears at one time to have been exercising my attention but which was rejected or, more likely, just faded out of focus. Sometimes the surprise was more like puzzlement: what on earth did I mean by a particular diary entry or sheaf of notes? There are several of them that I simply cannot place at all and despite a concentrated effort cannot remember how such a line of enquiry fitted into my overall scheme. In part, of course, this difficulty arises from the purpose of the records which I kept. They were never intended as a means of self-consciously keeping track of its shifting direction and character; rather they were aids to thinking through issues in a more immediate sense and therefore made all kinds of assumptions that are not now obvious or easily reconstructed. So despite my intention to write into this account aspects often omitted, the story remains (inevitably) a partial and selective one. To a large extent it is also, despite my efforts to represent the unevenness and untidiness of research, still far too smoothed out.

I begin my account in January 1978 when I began work on a research project concerned with mapping children's 'health knowledge' at different ages. Although I was already familiar with many of the fundamentals of medical sociology, working at the Research Unit brought me into contact with colleagues whose knowledge was far greater than my own. The origins of my doctoral work can be traced back to this time and the context shaped many of the basic contours of the work. This is true both in a positive sense, in that I was involved in researching a related topic, and negatively, in that some of the enduring difficulties of the work can be related to the context in which it began. To explain this further requires an understanding of the character of the Unit's research topics and the problems that arose from its approach to them.

One of the notions underlying the creation of the Unit was that the educational and medical spheres of health education needed to be brought together. This need was expressed at both a research and a practical level. It was suggested that creating an inter-disciplinary team of researchers would build links between the two areas. The intention was that two research projects, one on health education in the GP consultation and another on the health knowledge of children, parents and teachers, should inform each other's approach and at a later stage help to develop 'practical' work arising from the research. Excellent in theory, the Unit was in practice fraught with difficulties from the start. Partly these had their origin in the structure of the Unit. The two projects were never given equal status. The Director led the doctor-patient study and was the senior person in the Unit, having at the start of the project overall responsibility for both studies. The 'schools project' (as it was called) on health knowledge was led by an educationalist, widely acknowledged to be of exceptional talent and creativity, but with little research experience. Given the research orientation of the unit, this placed the schools project in what appeared to be a subordinate position. The Director was strongly attached to a particular research technique based on rating scales and non-schedule standardized interviewing. The schools project was expected to use this methodology from the start and the Director set up a 'training' programme in the method.

It is, of course, a sociological absurdity to insist upon a method of data collection independent of the problem being investigated. The tension between method and content was a problem which carried through to the end of the schools project - largely because by the time a relative autonomy for its work within the structure of the Unit had been achieved,

the work was set on a track which was impossible to abandon and difficult to modify. Essentially we were using a method primarily designed for quantitative work (but with enough flexibility to allow some qualitative analysis) for a problem that needed a qualitative approach with some possibility of quantification.

The core of the issue was the way in which we began to define and conceptualise 'health knowledge'. The study of health knowledge, particularly among certain groups of the population who have been 'targeted' for health education, is a long-standing feature of research around health education (for a review see Gatherer et al., 1979). Generally the framework of such research has been to emphasize the areas of ignorance without which, it is implied, the rationale for health education would disappear. In the so-called 'medical model of health education' (Cust, 1979) what 'counts' as knowledge is expert-validated information. It is suggested that by transmitting new knowledge to target groups, and by 'filling the gaps', behavioural changes will result.

As we explored the possibilities of the research we came to reject this orthodox approach to knowledge. The influence on our work came from two sources, one practical and one theoretical. The first was the curriculum development movement of the sixties and seventies. This had placed the emphasis on learning and teaching as a process in which knowledge was not the exclusive property of the teacher. Such an approach has its origins in the child-centred educational philosophy of Dewey, at the core of which is a pragmatic view of knowledge as situated in human understanding (a clear account can be found in Pring, 1976).

The second, and theoretical, influence came from the 'new sociology of education' (Gorbutt et al., 1972), which in 1978 could still reasonably

be seen as innovatory. At the core of this was a similar attack on absolutist definitions, mounted from the perspective of the sociology of knowledge. Rather than being seen as a something external to passive learners, 'knowledge' was recognised as something that pupils already had - in the sense of a framework of understandings derived from their wider social lives. In this view pupils were far from empty vessels ready to be filled up with 'knowledge'.

The result of these considerations was that we too began to ask the question: 'what counts' as health knowledge? We became interested in registering what pupils did know about health, especially their frameworks of meaning and understanding, rather than in emphasising their ignorance of certain expert-validated bodies of information. The problem was that for such a project to be pursued fully required a more open and qualitative methodological approach than that which was being imposed on us, one which might link the understandings of particular health topics to the social situation of the group under study. We, however, were tied to a particular methodology that was not best suited to our emerging purpose. The result was a compromise that lay uneasily between two modes of working. This account of the theoretical tensions within the Unit work is mainly, however, a retrospective one. At the time the elisions, confusions and inappropriateness seemed far less obvious. Strained personal relationships within the Unit also made clarification more difficult.

The relationship of all this to my doctoral work was direct on two counts. First, because I was working in the area of children's health knowledge I had become interested in wider sociological questions concerned with the relationship between children, childhood and experiences of medical practice, illness and health. I discuss these in

detail below. The point I want to make here is that there were a host of sociological issues raised by the work I was doing which were not answerable within the constraints placed upon it, both its health education context and the data collection method that had been defined as central to the work. To give an example: one of the topics of knowledge we were working with was the common cold, a subject we used to explore children's ideas about the cause of colds, infection, the imbalance of hot and cold, germs, treatments, patent medicines, antibiotics etc. Although when we talked to children we encouraged them to talk about these issues in terms of their own experience and beliefs, and this included the social context of having colds, these were the background rather than the main focus of the research.

In part the problem for me with this approach was substantive. The project had identified certain aspects of the topic to be pursued; these were ultimately determined by their relevance to our paymasters in health education. Even if these limits were were generously drawn it was not possible to include the issues by which I was becoming intrigued: for example, how a cold might lead to staying away from school; how this was worked out between children and their mothers; what effect this had on school work etc. The problem was also created by the methodological straitjacket in which the project had been placed. 'Non-schedule standardized interviewing' aims at a relaxed surface of conversation, whereby respondents can use their own words and terms, but underneath which the interviewer must keep steering the course of the conversation back to the particular questions s/he wants answering. This does not encourage respondents to talk freely and range over their own context of relevances.

Second, even had it been possible to find a place in the study for the questions I was becoming interested in, the conflicts within the unit meant this was not an attractive proposition. Far from sinking more of my identity and commitment into the Unit, I wanted to find a space in which I could independently develop my ideas. The obvious alternative was to register for a doctorate, part-time, at another institution, and being a sociology graduate of Keele it seemed the obvious place to make enquiries. This course, however, would be an arduous one since I would be simultaneously pursuing two separate pieces of research.

The Sociology of Childhood

Developing in parallel to this biographical background was my growing interest in the sociology of childhood. Clearly this was not separate from the problems I have described above. Many of the theoretical and methodological issues with which I was concerned in my research on children's health knowledge also had a point of reference in the sociology of childhood. This became increasingly obvious as I became interested in exploring wider aspects of children and sickness, most directly so when I came to review the medical sociology literature which deals with sickness in childhood. It was a shock to find that here children were (with a few exceptions) excluded from study, ignored as social actors and discounted as important informants. The tendency in the sociology of schooling over the previous decade was in the opposite direction, especially in the rash of classroom ethnographies (see Burgess, 1984; Woods, 1977, 1977a; Dale, 1972) to which the 'new directions' perspective gave rise. Drawing on American anthropological studies, and developing themes found in the earlier work of Hargreaves (1967) and Lacey (1970), these studies have

reconstructed the sociology of children in schools; children are no longer seen as passive learners being socialized into a dominant value system but as participants in the social construction of the particular realities to be found in classrooms. Whatever problems this (largely phenomenological) focus on the classroom created (see, for example, Sharp and Green, 1975) it also had the merit of implicitly recognising childhood as sociological, rather than 'natural' and taken-for-granted. As Sarup (1978:70) puts it:

"In our everyday lives we usually take the qualities and characteristics of children, or pupil-learners, for granted, our conception being those of our culture and home. The 'new' sociology made available a radically different approach - it questioned what was taken to be 'natural' or 'obvious'."

(1978:70)

By comparison with this work in the sociology of schooling, the approach current in health and illness seemed positively backward.

Later in this chapter I shall review the evidence for this and outline some of the problems that I believe it creates. Here, however, I want to discuss in more detail some general concerns about the sociology of childhood. At the risk of over-optimism, I think it is possible to see some signs of an emergent 'new sociology' of childhood: one more sensitive to the implications of historical and cultural relativity, more attuned to the activity of children as social actors in their own right and less prone to assuming uncritically an adult perspective. In short a sociology that redefines the concept of childhood as problematic. It is possible to suggest some of the intellectual roots and inspirations for this: the important (though not unproblematic) work of social historians (Aries,

1973); the rich ethnography of age-relations which has been an enduring, if fluctuating, concern of social anthropologists (La Fontaine, 1978; Bernardi, 1986); critiques of developmental psychology, particularly the hegemony of Piagetianism (Donaldson, 1978; Walkerdine, 1985). These are the external influences. Within the discipline of sociology I think we can recognize the important contributions of interactionism and of feminism. The former has been significant in debunking the mechanical and determinist notions of socialization that for so long have dominated sociological thinking about childhood; the latter in its struggle against the systematic male bias which wrote women out of sociological accounts by accepting gender as part of the natural rather than cultural order, has raised many suggestive, though sometimes inexact, parallels with children.

Nevertheless, it remains true that childhood is a neglected topic of sociological analysis, a fact recently documented in a survey of sociological texts and journals for North America by Ambert (1986). Not only, as she argues, is childhood per se hardly explored by sociology, but such attention as is paid to it tends to be confined to the sub-disciplines of schooling, the family and more recently, gender. Other important substantive areas of sociological enquiry pay scant attention to childhood, treating it as a residual taken-for-granted category. She suggests that children's relative absence may be rooted in the same situation which excluded women: that is, a male-oriented sociology. The conservatism and career structure of the discipline tends to maintain this:

"... the gate-keepers of the discipline... continue to place a high value on certain types of knowledge, data,

theories and research methods... One does not become a household name in sociology by studying children..."

(1986:16)

The strongly contrasting situation within psychology is enough to suggest that an informal division of labour between the two disciplines has marked off childhood as the true preserve of one rather than the other. The discourse within which we characteristically think of childhood is consequently a highly individualized one. Its starting point is that of the individual subject, the Cartesian ego, which is presumed to prefigure the social world, by which it is moulded or into which it is incorporated, whether by 'socialization' or 'development', the two dominant concepts in the discussion of childhood (Jenks, 1982).

Skolnick (1974) has argued that many of the concepts of developmental psychology mirror and codify contemporary western childrearing practices and that these are best treated as cultural constructions rather than objective 'scientific' ones. Similarly Strong and May (1980) have suggested that:

"... a sociology of childhood - that is a sociology that treats the experience of childhood and the world of children as a topic in its own rights, free from the preconceptions and concerns of adults - hardly exists outside the novel and the autobiography. There has instead been an overriding concern with the problems that particular kinds of children's behaviour... creates for adults. Only through such pioneering work as that of the Opies have we begun to treat the child's world as an

object of inquiry in its own right."

This situation is reflected in the hegemony of socialization as the key concept used by sociologists to analyse childhood. A not untypical example of it is found in Shipman (1972:7). An unpromising start ("This book is concerned with socialization...") is only marginally rescued by frequent, and increasingly desperate, reminders to the reader that, despite everything that has been said, children are active within the social processes it describes... really. Even this slips eventually and childhood as a lived experience disappears completely as we proceed on a dreary trudge through "bridging home and school", "social class differences in education" and whether or not the motive to achieve is learned. As Shipman's beginning indicates, socialization is the analytical fulcrum around which most (nominally sociological but more accurately social psychological) analyses of children turn and it is its hegemony, often in its most deterministic and mechanical forms, that explains the passive role so often assigned to children in sociological accounts. The very term, as Danzinger (1978) in a review of socialization theory says:

"... seems to posit society as a goal-setter and active principle, leaving the individual that is worked upon... Socialization is usually thought of as something that happens or is done to the individual - the focus is not on the active shaping of his life by the individual, but on the plasticity and passivity of the individual in the face of social influences."

(1978:14)

In particular criticism of studies of parent-child relationships he insists that:

"The interaction between them is a two-way process and not one where one partner always represents the active, controlling element and the other the passive and malleable element. Children are ingenious at discovering ways of controlling their parents and parents are heavily dependent on their children for all kinds of rewards difficult to obtain outside this relationship."

(1978:58)

A corollary of child-passivity is that most studies of child socialization rely on reconstructions of children's behaviour from reports gathered from adults (Danzinger, 1978:Chap.12)). Davis and May (1980) suggest that what is missing in these accounts is direct observation, and this is certainly the case; however, I would suggest that we need to go further and recognise our failure to accept children's own accounts of themselves and their experiences as valid material for sociological analysis. This is especially so given the large amount of evidence that adults' accounts of children are themselves very unreliable. Danzinger, for example, concludes:

"... considerable investment of time and money spent in interviewing mothers that characterized the socialization research of the forties and fifties has established little beyond the almost total unreliability of maternal reports"

(1978:144)

He argues that this can be explained by the pressure to give normatively desirable responses, but this point can be extended to bring into doubt adult accounts of children generally. The construction of a faithful account is not achieved simply by empirical openness, as Danzinger, urging

that "we need but look and listen closely" suggests; it also requires a new conceptual vision from the eyes of which, as it were, the scales of a culturally specific expectation of 'childishness' have fallen.

What I am arguing here is not simply that the existing sociology of childhood has "got it wrong" but that, like Skolnick's charge against developmental psychology, it has uncritically absorbed existing cultural concepts and practices and reproduced them, indeed that it exists as a component in and contribution to an ideology of childhood. This position is cogently argued by MacKay (1973). He charges that socialization is a quasi-scientific gloss masking both the triviality of its concerns and its reflection of a 'common-sense' adult world view of children as incomplete beings. Children are characterized as immature, irrational, incompetent, asocial and acultural, whereas adults, unless acting 'like children', are mature, rational, competent, social and autonomous. According to MacKay this vision of children as deficient adults has resulted in a paucity of "research into children qua children" and an utter failure to acknowledge children's interpretative competences.

Children and childhood in the sociology of medicine

In this section I shall describe some of the ways in which weakness of the inadequacy of the sociology of childhood had adversely influenced the medical sociological treatment of children. In the space available this cannot be a comprehensive review (but see Prout, 1979, on which much of what follows is based). I have chosen here to focus on two areas of the literature: first, 'classic' British studies looking at symptom prevalence and encounters with doctors, and second, studies of paediatric clinics. Later in the chapter I will also look at the, mainly North American,

psycho-social studies of children's acquisition of ideas about sickness. I will not deal with the large literature of social epidemiology (reviewed in Blaxter, 1981) and I mention only in passing the work on child hospitalization (Stacey et al., 1970; Hall and Stavey, 1979). This latter material comes closest to being an exception to the case I argue; children, even young ones, are recognized as social actors, although the consequences of this are not fully followed through in that, for example, there is little attempt to recognize and call upon children as informants. Nevertheless, the work is pioneering in its treatment of children as experiencing subjects. (A fuller discussion of these points is again found in Prout, 1979.)

'Classic' British studies

The mainstream of British medical sociology has tended to exclude children, or include them only through the accounts of their parents or other adults. These exclusions are routine and deliberate but are executed as unremarkable, often in contrast to careful attempts to ensure the representativeness of adults in the samples. For example Wadsworth and his colleagues (1971) adopt a rhetoric which is inclusive, claiming to give a closely detailed and accurate picture in the local population served by the hospital, but in practice excludes children. The authors express the hope that their study will

"contribute to what has been called the rediscovery of 'the family in a medical odyssey... the patient is being rediscovered and we are rediscovering too his family... the community and the environment of which they are a part'."

(1971:91)

Ironically, the authors are quoting here from a Lancet article of 1964 called 'The Ecology of Childhood'. In it a paediatrician writes that:

"the influence of the environment could best be studied in those that are growing, in children. Yet curiously... an 'ecology of childhood' remains neglected".

(Apley, 1964)

Other studies display a dogged, but entirely unexplained and unjustified, insistence on child patients being spoken for by their mothers. Cartwright (1967:3), for example, explains that:

"Mothers of children under 15 were asked additional questions about their children's contacts with the health services and their own feelings about these..."

And with pristine consistency, that:

"...any children who were under 15 and who did not have a mother living there were allocated a 'substitute mother' in the household"

(1967:3)

A more recent example of this is found in Stimson and Webb's study of general practice (1976). Here patients arriving at two GPs surgeries in South Wales were asked if they would agree to be interviewed. It was decided, however, that:

"No children under the age of fifteen were (to be) seen unless they were accompanied by a parent. In this case the parent was interviewed."

(1976:15)

This approach is made more puzzling by their general theoretical concern for the patient's perspectives. They write that:

"Whilst the patient has not been ignored in medical sociology there has been a tendency to treat the patient as 'objectively given' rather than 'subjectively problematic'..."

(1976:8)

In an attempt to explain this phenomenon in medical sociology they cite Fred Davis:

".. the investigator runs the risk of structuring his enquiry so that it uncritically or unwittingly accords with the institutionally biased values and perspectives implicit in the very terms of the statement..."

(1963:12)

I suggest that precisely the failure to apply this logic to childhood as a socially constructed institution lies behind decisions to exclude children as informants.

Children in the paediatric consultation

To develop these points further I will now turn to British studies of paediatric consultations carried out in the 1970s. These reveal a growing awareness of the child in the sick role but also illustrate some of the constraints of a focus on the clinical consultation. They indicate the need to extend the focus of study to non-clinical settings. The work of Bloor (1978), Davis (1976, 1976a, 1982), Strong (1978, 1979) and West (1975) forms a formidable body of research into situations where the

patient is a child. This work is marked by the emergent awareness of two relevant sociological problems presented by the 'child as patient'. The first is that the silence of children within the paediatric consultations studied is problematic, cannot be passed over and is in need of explanation. The second is that one cannot treat, or must explain and justify, treating the parents as if they simply 'took over' the patient role.

In the early work of West and Bloor the passivity of children seems taken for granted and the parent-patient identification is made unproblematically. The 'patient's view' is gathered from interviews with parents (mainly mothers) at home and children's own accounts are absent. Both of the above studies provide evidence that children are largely excluded from an active role in the paediatric consultation itself, although this has to be inferred by the reader since it is not pointed out directly by the authors. The acceptance of child passivity as unremarkable is highlighted by the posing of parental quiescence and subordination to the doctor as the most problematic features of the interactions. Whilst, therefore, it might be objected that the actual passivity of children is adequate grounds for excluding them from the sociological account, this criterion is not seen as relevant to adults. On the contrary, whilst children's silences and passivity are treated as given, similar parental behaviour is constructed as a central problem. It is said of parents that:

"They appear (original emphasis) remarkably passive in the interview..." . but "...even when parents remain apparently passive we should not assume they are not assessing the situation critically".

(West 1975:19/26)

It is then shown that despite their apparent passivity and the constraints placed upon them, parents are active; they define, discuss, offer, accept, cope, evaluate, initiate and construct. Importantly, too, the non-clinical setting is shown as an important territory for this activity.

A similar stance is found in Michael Bloor's interpretation where, once again although the data strikingly show that the child is excluded as a voice in the consultation, the problem defined as needing analysis is that of parental exclusion from the structuring of the consultation agenda. The hypnotic effect of the category 'child' is so great, illustrating perhaps its apparent power to infantilize those to whom it is attached, that it becomes almost easy to pass unblinkingly over the fact that the 'child-patients' here are, in one case aged up to fifteen and in another between twelve and nineteen!

Although the analysis is presented as one of a doctor-patient relationship, it soon becomes clear that the parent has displaced the child-patient. This shift embodies an unacknowledged, and therefore unevaluated and unexamined, acceptance of the parental mediation of the child as patient. This has two important corollaries in the analysis. First, by passing over the difference between the parent and the patient, the involvement, however momentary, of the child in the consultation can consistently be seen as a threat to the parent. For example, when a doctor breaks with his routine and directly addresses the child-patient rather than the parent the sociological interpretation given to this embodies an unacknowledged parental perspective by seeing it as a routine ploy of the doctor for inhibiting the parent in the opening up of the agenda.

Another exchange is specifically interpreted from the point of view

not of the parent or patient, but of the 'parent-whose-rights-over-the-child-have-been-infringed', though again this shift is unacknowledged. The doctor is seen as mobilizing the language of children's rights to lay claim to 'his right to a monopoly on the interpretation of symptoms' against 'exaggerated parental assessments'. Of course, there is an important truth in this. It is entirely plausible that professionals concerned with child care lay claim upon aspects of that relationship which we ordinarily think of as parental, and in doing this they utilize, perhaps even disingenuously, the concept of children's rights. It would seem more useful, however, to conceptualize these tensions as features of the parent-professional relationship, perhaps more widely lodged the contradictions of contemporary child-rearing, rather than through the more parochial, and perhaps misleading, medical sociological device of 'taking the patient's point of view'. For there is in this setting an ambiguity about who the patient is and the 'taking' of the parent to be the patient, especially in an unacknowledged and, therefore, only apparently unproblematic way, is not the simple translation of identity it might seem to be. It means that the parent-child relationship is conveyed into the analysis without much possibility of its examination. A consequence of this is that although the doctor's knowledge of the sick child is shown to be a partial one lodged in a particular medical perspective and context, there is no analysis of parental knowledge and the perspectives, context and meanings which pertain to it. Such an analysis would, of course, take us beyond the confines of the consultation, a point I will return to later.

There are other advantages in a more cautious treatment of the parent as patient. Analysis of them as exactly parent-doctor interactions,

and not something else, would allow us to place these alongside the vast variety of other parent-professional relationships which constitute contemporary child care practices (teachers, social workers, health visitors, education welfare officers, etc.) thus widening, making more 'social', the resonances of the consultation. Insofar as there are aspects of parental action in consultations which involve 'taking' the patient's part, then these can be understood in what seems to be their more proper context - that of parenthood rather than patienthood. It also allows us to see that such 'taking' as occurs is necessarily partial. It may qualify but does not evacuate or abolish the child as a patient. In consequence, to recognise the child as a presence, rather than a mediated-out-of-existence absence, reasserts the demand that we ask questions about what medical and health events mean for children.

Whilst the studies so far discussed do not problematize the passivity of the child in the clinical setting, this is not true of the work of Strong and Davis. Both feel constrained to give an explanation for the normal exclusion of child-patients from an active role in the consultation. Some of the mechanisms by which this is accomplished are described in their careful and detailed ethnography. Strong (1979) argues that since most of the talking in the consultations he studied was done by parents, then it was reasonable to limit the scope of his enquiry to those interactions with the doctor. As a methodological tactic this seems unexceptionable, though as I argue above, there are deeper theoretical consequences in the notion of 'taking' which, I believe, require more critical caution on the analyst's part. Davis, however, takes these arguments a good deal further. The experience of observing paediatric

consultation has led him to conclude that children make 'poor patients' (1982:21); because of their incompetence in 'normal' adult interactional skills: they were unable to apply the right frames of reference, distinguishing between medical and non-medical matters; they were unaware of the doctor's role and how to respond to it; they had no commitment to the underlying rules of social interaction and they lacked conversational skills and judgemental abilities. On the basis of these points, Davis explores the underlying assumptions and the ramifications of children's exclusion from the consultation:

"From this it follows that lacking these basic skills it is hard indeed for a child to turn itself, should occasion demand it, into a 'patient', let alone adopt the complex proprieties of the sick role."

(1982:23)

The final extraordinary assertion of this passage, that children find it hard to adopt the sick role, takes us a long way from the particular children who were observed in clinics. On, for example, the issue of the children's age: are we meant to understand Davis's conclusion (or assumption) as pertaining only to those children observed, or to children of that age group, or similar and adjacent ages, or older children, or all children? It is widely accepted that children of different ages have different capacities and Davis endorses this view. Yet it is strange, in this respect, that the children here are age-categorized only according to whether they are 'younger' or 'older' (which seems to mean over or under the age of five). It would certainly be difficult to argue that a two year old is capable of taking an active part in a medical consultation, but what does it mean to a four or six year old? And how

does this differ from an eight, ten, twelve or fourteen year old? Davis hints at, but does not explore further, the importance of recognizing the process by which patienthood and sick role competences are acquired; an exclusive focus on the clinical setting makes it difficult to track the process any further, but does not make it any less important to do so.

Nor can we assume that the passivity and exclusion of children in the clinical setting has a general significance outside of this context. If children are passive (or even uninterested) in consultations, is this true of their health behaviour in other settings where the 'complex proprieties of the sick role' (1982:23) are also negotiated? Here we need to distinguish sharply between the child as a clinic patient and the child in the sick role, for if the former has a relatively narrow field of relevance, the latter certainly does not (a point medical sociologists are apt to forget). The sick role is concerned with release from social obligation and, unless one wishes to argue that children have no social obligations, it would seem that children in their different contexts (home, school, playground, street) could present a potentially rich ethnographic milieu for the sociology of health and illness. On these terrains, questions about the acquisition of, and competence in, knowledge of the sick role, questions which seem so closed from the viewpoint of the clinic, could become theoretically and empirically open to us once again. What is needed is a view of clinical encounters which places them in an appropriate spatial and temporal perspective. What happens within them could then be understood as only one moment in an historical and biographical, i.e. social, process which is constituted not as a sequence of similar consultations but as the life of a person.

Focussing down: towards the non-clinical setting

It will be noticed that the critique so far developed here of the treatment of childhood in medical sociology, has two distinct and in some ways opposing elements. On the one hand there is the complaint that children are either not counted as 'patients' or, when they are, they are not given a direct voice and not treated as real social actors. On the other hand, it is suggested that it will only be when child illness and health are seen in the non-clinical settings of their everyday lives that it will become apparent what, if any, active role children do play in the social practices of sickness. I only gradually unravelled this distinction and during the early stages of my work some of the themes which later became central for me were still relatively undeveloped. For example, the idea of school attendance as a central social obligation of children, and hence of key importance to sickness in children, whilst present, was later to become a much more central line of thought.

Part of the reason for the confusion was that in February 1980 I was still very much trying to place my work in the mainstream of medical sociology and I was strongly influenced in this by colleagues at the Unit who were studying doctor-patient exchanges in the consultation. The process by which patients come to be at the doctor was one of their concerns and their influence can be seen in the research plans I was considering at the time. These were, in essence, an attempt to address only the first area of my critique, children as patients. At the time I was interested in studying how children became patients and devised a plan to gather from children of primary school age their own accounts of this process. These accounts could, I thought, then be compared with those of their parents and I hoped to be able to illuminate children's particular

experience of the process of 'becoming ill' and their active part in the negotiations around it. Around this idea I thought I might investigate the processes by which children were recognised as sick and were in some cases taken to the doctor. I was still thinking of children's sickness very much in terms of how they become patients and the centrality of the clinical setting was still framing my thoughts. Gradually, however, this position changed; I became more interested in shifting attention to health and illness in a non-clinical setting. The first step in the shift came when I hit upon the idea of using the community in which I lived as the basis of a study. I thought I might recruit a dozen or so families with school-aged children from the housing estate where I lived. I could ask the parents to keep health diaries, interview parents and children about health practices and particular episodes of sickness and, perhaps, accompany some of them to the local GP's surgery. I also thought I might involve a local primary school in order to gather material about practices in school and as a convenient source from which to collect further accounts of sickness from a larger group of children.

I thought that the accounts so derived could be analysed at three levels: in terms of mothers, fathers and children as historically constituted roles and the role of child health care in this; the creation and re-creation of familial roles around children's health and especially illness; and the use of sickness as an interactional resource for parents and children. In devising this strategy I was beginning to shift the focus of my work away from the clinical setting and, at this stage, towards a 'community' and household one. This process was eventually to lead me to placing a primary school at the centre of my study but not before I had attempted some exploratory fieldwork based on households.

Looking back I can see now why my supervisor was at this time consistently urging me to be more modest and 'collect some data to think about'. At last I was about to take this step...

Exploratory fieldwork

During an eight week period between April and June 1980 I carried out a small scale exploratory study based on some of the methods suggested above. Through a friend I contacted three households on the same street, all of which included children of primary school age. All the children went to the same school and the families knew each other. I asked an adult member of the household to keep a diary on the health and illness of their children. In each case the person who did this was the child's mother. Each week I visited the household to discuss the diary entries separately with the mothers and children. At first I also went through a symptom check-list with them, as a way of jogging their memory, but this quickly proved redundant. During this time I also interviewed a group of four 14 year olds about their memories of being ill when they were younger. The main fruits of this work were written up as an informal paper entitled 'Illness in children's management of their social world'. A summary of the paper gives a good indication of the direction this fieldwork experience had taken me.

The paper began with a description of my collective interviews with the 14 year olds. This, I reported, quickly settled into a long, and at times hilarious, discussion amongst them of the times they had pretended to be ill and of the best tactics for accomplishing this deception with their mother. I pointed out that their stories were suffused with a notion of 'winning' or 'getting one over' on significant adults like mothers and

teachers. I also noted that all said that feigning illness was something they claim to have done only in the past, when they were 'really children'. Additionally, I pointed to the distinction implicit in their tales between 'skiving off together' and individual feigned illness. The first was seen as an heroic group act; the second as a secret and individual one which risked, and usually resulted in, accusations of 'skiving' from friends. The paper then went on to discuss how children used their knowledge of sickness to manipulate their bodily appearance, demeanour and positioning in the symbolic social space of the household. In short, being subdued, looking flushed and coming downstairs in pyjamas! Child health was then suggested as a defining component in the construction of maternal competence. Childcare manuals were discussed in these terms and I particularly note how these construct the notion of 'normal healthy children' as the goal of successful motherhood. I noted that mothers seemed to face a number of impression management difficulties in dealing with child sickness.

This paper was the first piece of substantive analysis of empirical work in my study and, looking back at it, I can now see the first appearance of some of the themes that were to loom much larger in later fieldwork: the way illness and health are enmeshed in the mother-child relationship; the power-laden nature of the practices involved; the importance of children's knowledge about how sickness is recognized and validated; and the conflicts that mothers seem to negotiate in their practices around child health. All these were later taken up in my fieldwork.

At a more fundamental level my view that it was possible and important to focus on health and illness in a non-clinical setting seemed

vindicated. The suggestion that medical sociology must not take the parent-child relationship as an unproblematic given seemed justified. I felt able to show that children were active in negotiations around their illness and health, that my theoretical objection to their passivity was empirically justified and, further, that children seemed to possess a number of important competences around illness. All of these led me to feel confident about the general direction of the work I wanted to pursue.

But there were also some difficulties. In part these were substantive and here two issues predominated. First, I was aware that my attention had been largely captured by children's accounts of pretending to be ill and although this was important in itself, throwing light on wider negotiation around child illness, I wanted also to say something about the other possible configurations in these negotiations. For example, do children also conceal symptoms?

Second, I was aware that a large part of children's and mothers' accounts centred on school and school attendance. So far I had made very little of this, except merely to recognise that schooling constituted one of the main pillars of children's (and mother's) social obligations. I had not yet grasped how important were their relationships to school in regulating many aspects of their lives, but I was aware that there was a gap in my fieldwork which needed filling.

In methodological terms too the fieldwork experience had also been illuminating. In particular I had learnt a number of lessons about observing interactions around the negotiation of child illness in the home. As I wrote to my supervisor, to incorporate such observation into the study required:

"... a small number of families willing to show me a

great deal of forbearance, opening up areas of privacy in their domestic lives in a way not normal in our society. Such observation would additionally suffer from not having any concentrated occurrence (except, perhaps, as we've discussed before, breakfast time) but could happen unpredictably at any time of the day or night. I have, therefore, come to the regretful conclusion that for me such a project is simply not manageable."

I went on to point out that these difficulties would be multiplied in my case because of my commitment to another research project. Although I could have arranged my Unit work so that I had time for observational work, it would have needed to take place at fairly predictable and regular times. In the event these problems of time resource were not as great as I anticipated, but at this point in the work this was not apparent.

It is also interesting to note that in this letter I was, despite my interest in the non-clinical setting, still partly considering the role of children in medical consultations. I discussed this but, in the light of my fieldwork experience, finally came to reject it. I wrote in a research note that:

"An approach based on children's accounts of going to the doctor would have the advantage of being very contained and manageable and could be related to an existing extensive literature on consultation behaviour.... It would, if I could interview children, fill an important gap in existing studies (the perspectives of children).... But I doubt that I'd be able to report anything much more than the silence of children in consultations (which is a

common finding of all the existing work). I have argued that the focus on medical settings renders invisible the possible active role of children in their pathways to the doctor and that studies of everyday health/illness interactions at home, at school and in children's peer groups are necessary to uncover this. I doubt, however, that simply interviewing children in a way that has already allotted primacy to parental views would be revealing, especially if it concerned only those sicknesses that were taken to the doctor."

Against this I suggested an approach based on the school as a site for interviewing and observation.

In this way I edged towards centring my study on a primary school. This, it seemed, would have three advantages. First, school concentrated together a large number of children from a particular neighbourhood and in that sense provided a ready made population from which a sample could be drawn. Second, it seemed to offer an opportunity for the kind of observation that I could manage in the circumstances of my paid employment. Unlike the domestic setting, school is usually restricted to certain standard times of the day and is organised around certain predictable events (registration, the time-table of lessons, breaks and playtimes etc.) Third, school attendance is a social (and legal) obligation on children and as such would seem to have an important relationship to sickness. My exploratory fieldwork had confirmed that this was so and that children's school life seemed to be an important context against which their accounts of sickness needed to be interpreted.

Observation of this setting offered the possibility of a much richer and more detailed context for such interpretation than was possible through interviews alone. It also seemed to me that I might be able to gain some insight into the children's own subcultures (if they existed) through observation in the school playground. Clearly this would be very partial, and would miss much of what might occur in milieux such as the street, local parks and other places where children gather, but it would be a valuable start. On the other hand to carry out observation in contexts other than school would be very difficult. Their unpredictability is even more marked than that of households, gaining an introduction into them would be difficult and the motives of a man 'hanging around' such places would be open to great misinterpretation. I therefore felt that work in a school represented the best and most practical compromise I could make.

Children's conception of sickness; the American studies

The tension between my study as one of children as patients or children as sick was not finally resolved until I began a critical reading of the American psycho-social literature on the development of children's conceptions of sickness. I became aware of this work shortly after I had written up the material from my exploratory fieldwork. It became clear to me that the questions these studies addressed, although often misleadingly framed, were ones which the more ethnographically oriented approach was towards which I was moving, could illuminate. My reading and critique of them crystallised my intention to study the relationship between sickness and children's wider social lives and obligations, within which I had already decided schooling was crucial.

The studies fall into two main groups which differ according to the

theoretical framework assumed. The first is broadly Piagetian. Children's replies to questions about being sick are interpreted as products of children's stage of cognitive development. Some workers (Bibace and Walsh, 1979; Gellert, 1962; Nagy, 1953; Palmer and Lewin, 1975; Steward and Regabulio, 1975) have formulated stages of thinking specifically associated with health issues although these broadly parallel concrete and formal operational stages of cognitive development. The second group (Campbell, 1975, 1978; Mechanic, 1964) works broadly within a social learning perspective and attempts to link children's statements about sickness not, as it were, 'inwards' to cognition, but 'outwards' toward aspects of children's social lives; aspects of maternal personality, values and attributes; childrearing practices, socio-demographic variables; and the health status and history of children.

The expectation of these latter studies was that a simple relationship between these factors and children's views about sickness could be found. This hope has been disappointed. The origins of children's views of their health experiences have proved much more elusive than the simple assumptions of these studies allow. Mechanic (1964) for example found no relationship between maternal psychological characteristics and children's reports on their own health behaviour, nor between general maternal characteristics and specific child health attitudes. This is broadly supported by Campbell (1978) who found no significant link between children's attitudes to illness and either their current health status nor their health history, although he does claim a link between the level of mothers' education and some aspects of children's views of sickness. Campbell in the second (1978) of his two studies, took a more sophisticated view on the pathways of influence on

the child. For example, he supports the finding that a 'developmental' style of child rearing, in contrast to an 'authoritarian' one, results in children taking up more approved preventive health behaviour. One could add, however, that a stricter interpretation of his questionnaire data suggests that the children are more likely to express approved norms about sickness and health.

Typically these studies employ positivistic snap-shot methods which are not capable of illuminating the social processes underlying their findings. Their data lend themselves well to establishing correlations but badly to uncovering the practices and processes around child health and illness in everyday life. They take a somewhat medicalized perspective, revealed for example in that most of their samples are drawn from populations of ill and hospitalized children. These children are inevitably in a minority and it is hard to generalize from them to the experience of most children; indeed one of the few studies which compares the health beliefs and attitudes of 'well' and 'ill' children, finds very little similarity between them (Brodie 1974).

These methodological points mirrored some of the underlying theoretical issues emerging from both my critique of children in medical sociology and early fieldwork: the tendency to construct children only as a passive vessels for socialization; the medicalized and individualized notion of the sick role employed and the tendency to decontextualize the social lives of children. Children's perspectives on sickness are seen as overwhelmingly determined by influences upon them and amongst these the influence of mothers is assumed to be paramount. There is little sense in which children are seen to play an active part in these processes. Consequently, sparse attention is paid to the ways in which, for example,

children make claims upon, or put up resistances to, the sick role and how this might vary in the family, at school or among their friendship groups. Mechanic (1964) suggests that the resistance of children to crude social determinism was the most interesting insight he had gained from his pioneering study, but significantly this suggestion is the least remarked upon in consequent studies.

From this, I was confirmed in my view that child sickness needs to be apprehended in a more consciously social sense. The concept employed in these studies seem, in common with some of the British literature discussed earlier, to view the sick role largely from the viewpoint of the clinical setting. The everyday context of most illness seems to recede and we get little idea of how its structures bear upon social action around, and meanings constructed from, incidents of child sickness. In fact sickness seems largely individualized, treated as if its enactment was a variable of individual personality rather than social process. This individualization, taken together with the emphasis on the medical, means that the sick role is treated mainly as the entry into the medical sphere. Its converse side, the everyday world of social obligation and release from it, finds little discussion or examination. One would hardly guess from these studies, that sickness for children may entail absence from school, which, given the central position of schooling in the definition and construction of contemporary childhood, can hardly be seen as a minor omission.

This insufficiently social view of children in the sick role entails a decontextualization from the material, ideological, organizational, cultural - in short social - lives of children. The gradual alignment of child and adult perceptions of illness is noted by

investigators, but how this convergence occurs, what practices constitute it and in which different contexts they take place remain at best mysterious and unexamined. At worst, they are subsumed under a naturalizing concept of 'social maturation', thought of as a teleological unfolding, as if the transitions and transformation of children's lives could simply be taken for granted as a natural process. We are left uninformed about the changes which occur in the practices around child illnesses and how these relate to the wider shifts from childhood to adulthood; similarly unexplored is the part that schooling plays in these processes. We are told nothing of how illness appears in the practices of children themselves, in the even more submerged world of childhood culture since this level remains entirely unacknowledged.

The emergent features of my study

So far, then, I have traced the path by which I moved from research in children's health knowledge, through an interview based study on children's experiences of becoming a patient towards a detailed study of their everyday illnesses, especially their relationship to social obligations such as school attendance. This, I thought, would give me access to some of the social practices (of children and adults) by which children become sick and, by implication, to the ways in which they learn about sickness in our culture. The main strands of my thinking were a recognition of the need to pay serious sociological attention to childhood, a dissatisfaction with the way medical sociology has dealt with childhood, and the experience of my initial fieldwork. The latter convinced me that the theoretical critique I had developed concerning the potential importance of non-clinical settings for understanding children's

role in sickness processes justified further work. The development of my fieldwork strategy was not, however, yet complete and I shall describe its progress further in the next chapter. I end this chapter with a review of the underlying notion of how to approach a sociology of children and sickness which, in retrospect, I can see was emerging at this stage in my work. In this way I can also flag some of the themes that will emerge in later chapters.

First, then, I wished to look at childhood as a socially constructed rather than a naturally given, 'intrinsic, ineluctable 'fact of life'' (La Fontaine, 1978). In particular I wished to render problematic the characteristics of the (socially and historically constituted) model of contemporary childhood. According to Strong and May (1980) this consists of the view that:

1. It is regarded as natural and biologically determined.
2. Children are dependent, subordinate, excluded and incompetent.
3. Children are passive.
4. Childhood is a preparation for, and a prelude to adult life.
5. Children have their own special spirituality, innocence and beauty.
6. Children are a problem and a worry for adults.

Insofar as it was possible and appropriate, I wanted to tackle my fieldwork in a frame of mind that took none of these tenets for granted. For example I intended to look at childhood sickness by asking what active role children played in its construction and what their particular experience of it was. Rather than assume that this experience had meaning only in relation to future, adult life I could also ask how sickness was related to the children's present social lives. At this time I was not

sure exactly what this anthropological 'making strange' of childhood would yield, but I felt sure that it would be fruitful.

Second, and partly as a consequence of the above, I intended to count children as key informants in the experience, practice and process of their own illness and health. This is not to say that I intended to exclude or discount adult views. However, rather than automatically assume that these would accurately reflect children's experience, I intended to use children's and adults' accounts of the same events comparatively. Through this, I hoped to be able to locate both their common ground and their possibly distinct perspectives.

Thus, I intended not only to move out of the clinical setting but also into those milieux that even the studies which had recognized children's life outside of medical settings tended to leave unexplored. In particular I would focus on the relationship between children's lives at school, and the network of social obligation that were constituted through it. This intention contained a dual strategy. On the one hand I would focus my attention to what Ambert (1984) has called 'child-dominated systems' of the playground: their subcultures and friendship networks: the values, rules, games and humour attached to these: their control of social, spatial and temporal boundaries: their getting and spending of money; the division of gender, ethnicity and class within these etc. I hoped that by including children as informants, and to some extent through observation of them, I would generate material on these. On the other hand I hoped to gain some insight into the way in which the formal aspects of school, and children's compulsory participation in them, create and structure some of their social obligations. Here I was particularly thinking of school work.

This recognition of children's lives in and around school did not entail ignoring or neglecting their families. Rather I intended to pay attention to aspects of family health and sickness processes which have themselves been neglected in the studies reviewed earlier. At this stage I had, somewhat vaguely perhaps, two points in mind. The first concerned the internal organization of the children's families, coinciding with what Morgan (1986:Chap. 4) has recently termed 'the unspoken themes of inequality and conflict'. On this issue, gender is central and raises questions about the different roles of male and female parents in domestic health care, as well as the possibility that male and female children may be enmeshed in different practices and assumptions about illness. The second point in mind concerned the divisions of age and generation within the family and the possibly complex set of relationships this might produce. As Fitz and Wood-Williams (1982) have pointed out, the combination of age and gender relations within the family creates an intricate and far from straightforward set of contradictory statuses within the household. A son, for example, is both a male and a child, dominant and subordinate. These complex relations can also be seen as extending to the classroom.

The dimension of age relations also served to remind me of the sociological interest in youth subcultural studies during the last ten or fifteen years, alongside which work on childhood could be placed. These have tended in fact to reject earlier analyses, such as that of Eisenstadt (1956), which focussed upon the idea of age relations as part of a functionalist account of kinship. Eisenstadt saw age groups as functional to the maintenance of the kinship system in universalistically regulated societies such as our own. In particular youth subcultures were seen as

transitional phenomena both expressing and managing the tensions between generations. More recent analyses (especially those coming from the Centre for Contemporary Cultural Studies) have turned away from such a view, and instead have argued for a marxist/semiotic interpretation of youth subcultures as 'magical' resolutions of inherent contradictions within the class structure of capitalist societies. Valuable though these analyses have been they were, in my view, too hasty in their diminution of age as a useful concept (1). I shall return to the importance of children's age in my final chapter. For the moment I shall simply repeat two criticisms that have frequently been made of these studies and link these with the way in which the family is characteristically seen in studies of child health.

It has been pointed out that analyses of youth subculture have tended to ignore the family as a context, despite the fact that they refer to youths who are sons or (less frequently) daughters and to adults who are frequently fathers or mothers (Fitz and Mood-Williams, 1982). They also, as this implies, deal mainly with male youths (McRobbie 1978). It seems to me now that both of these flaws might be linked to the viewing youth subcultural studies as primarily concerned with their 'public' manifestations: the milieux of the gang, street, disco, football terrace and so on. It is these which are so male dominated. When McRobbie searched for female subcultural equivalents she found them in the 'teeny bopper' world of the girls bedroom; that is the 'private' world of the family and household. Conversely very little work has been done on the 'private' lives of young male skinheads, Rastas etc.

When we turn to childhood, we find almost the opposite situation. Rather than a lack of attention to the family there is a concentration on

it and, with the partial exception of children in schooling, the main focus has been on childhood socialization 'within' the family. This is certainly the case in medical sociology (especially in the psychosocial studies discussed above) where children's acquisitions of ideas about sickness had been investigated and assumed to place in the 'private' sphere of the family, through the 'transfer' of 'maternal values'.

This tradition belongs to what Finch (1984) has termed the 'separate spheres' view of the family. The family is seen as a unit which is counterposed to 'work', 'school', 'hospital', 'economy' or even 'society'. It is seen as belonging to the 'private' sphere and is analysed as a homogenous, integrated thing, standing in a unitary relationship to other social institutions which, in contrast, are seen as part of the 'public' sphere. Again medical sociology has tended until recently to accept this view, though recent writings by Stacey (1982, 1984) and Graham (1984) have certainly broken away from it. It is particularly odd that children should be included in this way since they are historically the legitimation for all kinds of practices in medicine, social work, child development, schooling and so on to reach into, constitute, reconstitute and traverse the family. Against the concept of separate spheres Finch argues for analyses which trace the way in which the division between public and private is itself constructed, contested and sometimes shifted. All social action has public and private aspects and the interpenetration and relationship between these is open to sociological analysis. It was towards this position that I was beginning to move as I thought about, and eventually empirically investigated, the complex relationship between childhood, parenthood and schooling, that child sickness raises. I suspected that each of these contributed to the social processes and

practices involved. What concretely these were, however, remained to be discovered.

CHAPTER 2

Fieldwork at Appletrees

Introduction

In this chapter I shall describe the school and the village where my fieldwork took place and discuss some of the methodological issues that arose. First, however, I want to give the reader a brief preliminary overview of the study and the methods used to collect the ethnographic material reported in later chapters. The research was of a detailed case study of sickness and sickness absence in one fourth year class in a primary school. I began the work in February 1982 and over the next six months (until the end of term in July) I tried to follow up every case of sickness absence among the pupils. I gathered accounts of these from the children themselves, their friends, parents and teachers in formal and informal interviews. Some of the children's mothers kept health diaries in which I asked them to record the daily happenings around their children's health and illness. In this way I hoped to be able to fit their practices around sickness absence into the wider picture of dealing with health in the family. I saw each of these mothers at regular intervals and talked to them about what they had written. Most of this interview material was audio recorded. At the end of the study I had over 70 hours of recorded interview material. This was supplemented by questionnaires enquiring into aspects of children's health beliefs, friendship patterns, reading and TV

watching habits.

The study also included a good deal of observation, mainly in the primary school, where I tried to build up a picture of the children's experience there, focussing on the ways in which sickness and sickness absence were handled. In this way I hoped to gain some insights into the ways in which practices around sickness and health fitted into the wider social processes within which children's lives were constituted. My observation looked at the routine activities of the classroom and playground, especially those that had some special relevance to sickness absence, such as morning and afternoon registration. I frequently spent whole or half days with the class and my observation totalled 120 hours by the end of the study. This allowed me to observe directly many instances of how children feeling unwell at school were dealt with, and gain accounts of many more. Some of these accounts occurred in the interviews mentioned above and some in discussion with the school secretary who also kept a diary/log of all the children sent to her by their form teacher because they claimed to feel ill. The teacher of the particular school class that I studied in detail also kept a diary of 'health incidents' occurring in the classroom and the children kept a record of times they felt unwell at school, though they kept this up only for two weeks. Finally I had access to the school registers for that year which gave me a way of looking at the overall absence rate. Each of these methods will be discussed in more detail below or in later chapters. Before doing this, however, I will describe the wider setting of the study: the village suburb of Ravenscroft in which it took place and the particular school, Appletrees, which was its focus.

The village and its people

'Ravenscroft' is situated on the south-eastern outskirts of a City and is three miles from its centre. It is bordered on the north, east and south sides by agricultural land which also separates it from other villages to its north-east and east. To the west is a belt of open land, at its maximum only a half a mile wide, which contains a cement works, other small factories, allotments, parkland and a school grounds. This forms a break in the urban development of City that gives Ravenscroft a particular identity; not quite an independent village but not merely a suburb. The focus of much daily activity in Ravenscroft is the High Street, which is linked to the centre of City by main roads at each end. It has for a long time been congested with traffic, especially since it is the daily shopping centre for virtually all households and the weekly centre for about a third.

The population of Ravenscroft is about 7,000, living in just over 2,500 households. The Table 1 indicates the social class composition of the village:

Table 1. Social class of economically active heads of household in Ravenscroft

Social class (R.GSEG)	%	Number (10% sample, 1981 census)
I	5	9
II	24	48
III NON-MAN	15	28
III MAN	35	68
IV	13	26
V	4	8
Other	3	6

At the time of my study the age structure of the village was close to the national average but with a larger proportion of children of school

and pre-school age. In 1981 there were about 1200 children of school age living in the village. The population was mainly white and born in the U.K. but there were also some people of Irish (about 60), African (about 40), and Asian (about 80) descent. The population was also mobile. In the 1981 census over 500 people, mainly young married couples with children, had moved into the area in the previous year.

Ravenscroft was basically residential with three-quarters of its employed residents working in the nearby City. Local work did exist on a smaller scale, including that in a nearby hospital, in some light engineering and electronics factories and in the village shops. Employment was mainly in the service sector (including distribution, catering and transport) with only a third involved directly in manufacturing or construction. Despite its location on the edge of the countryside, there was virtually no employment in agriculture. About 3,500 adults (over 16) were in paid employment and over 100 others were registered as unemployed and seeking work. There were marked differences in the work-pattern in men and women. Almost all working men had full-time jobs, whilst there was significantly more part-time working amongst single women without dependants. Amongst married women over two-thirds of those in paid employment were in part-time jobs. Men's jobs were also more likely to be in manufacturing and construction whilst women were in distribution, catering, public administration and services.

Housing standards were good with few households lacking basic amenities such as inside bathrooms. The housing was almost all post-1945, although there were a few houses from the seventeenth and eighteenth centuries as well as the late nineteenth and the first part of the twentieth century. The post-war housing was equally divided between

privately owned and council tenancies (although this may have shifted in the last 5 years with the sale of the public housing stock). In the north of the village, modern council and owner-occupied houses were mixed together but in the south they were more segregated with the area to the west of the High Street made up of owner-occupied dwellings and that to the east predominantly of older council houses.

There were one infant and two junior schools in the village. One of the junior schools was located in the area of council houses on the east of the village and the other, 'Appletrees', in the mixed housing at the north end. It was this last school that was the focus of my study. It was the most recent of the two junior schools, built in the late 1970's, as a response to the growing population of children in the village. More schools were planned, since even with this relatively new building both junior schools were over-crowded, and relied on mobile classrooms to meet the demand for places. There was a large comprehensive school for 11-16 year olds, near to the village in the open-space between it and City. Most of the children from the two junior schools went on to this school at the age of 11, although a few went to schools in City.

The village had three churches and five public houses, and these together with the local junior schools, provided the centres for social, leisure and community activities. The Village Guide, produced by the local churches, listed the meetings and activities in the village at the time of my fieldwork: cubs, scouts, brownie-guides, a social worker 'drop-in' session, a swimming pool association, the Townswomen's Guild, slimming and keep-fit groups, a Wives Group, branches of the Women's Institute, Co-op Women's Guild, the National Childbirth Trust and the British Legion, several youth clubs, lunch clubs, mother and toddler

groups, a voluntary community service group, an over-60's club, photography club, playbus scheme, a playgroup, a country dance club, cricket club, a gymnastics club, a local history society and a badminton club. Nevertheless, there was no purpose-built community centre and in the mid-seventies a local campaign demanding one be built was rebutted by City Council. Instead, the school buildings of Appletrees were designed to provide some facilities of this kind and many of the activities mentioned above took place there.

Ravenscroft has expanded and changed enormously in the post-war period and both the oldest and the newest residents were very conscious of this. These changes were a regular feature of local newspaper reporting. For example, not long after my fieldwork was completed it ran a centre page showing contrasting pictures of pre-war and contemporary Ravenscroft. The caption read:

"Few local communities have changed more dramatically than Ravenscroft in the space of 60 years. The top picture is of the High Street in 1920 and is taken from an original in the local museum. Then it was a quiet, compact village, but today it has spread so much that it is barely distinguishable from City as this aerial shot of some recent development shows."

This expansion created problems and tension, not least the predictable one between those who see themselves as 'real' Ravenscroft Villagers and the newcomers (Bell and Newby, 1971; Frankenberg, 1970). One form this conflict took was opposition to more council houses being built when this was proposed, but not carried out, in the mid-seventies. A local Action Group against Development campaigned successfully against

this proposal, accusing the planners of setting out to create

'a windswept council 'colony' of quite enormous proportions' which would 'result in the domination of the village by Council estates'.

The central theme of their campaign was the retention of the 'village' character of Ravenscroft which was seen as constantly being encroached upon. This was a persistent theme in village life, as the setting up in the early eighties of an only partially spoof organisation, the 'Ravenscroft Liberation Front' whose manifesto said:

"We realize that Ravenscroft can never return to the 'rural paradise' that it once was. We can, however, still regain some of the village community spirit that is fast disappearing and Ravenscroft become just another boring conventional suburb...."

Such appeals to an ideology of village community life seem to have wide appeal. When the Conservative Party took up the cause of the Ravenscroft Action Group it won landslide victories in local elections despite the fact that in previous years the village had reliably returned Labour councillors (and returned to this once the development plan had been abandoned). In recent years the village Festival has been revived after being moribund for 40 years and was reported as attended by 'thousands of villagers'.

The pressure for new housing, however, continues and frequently reappears in the plans of the local Council, often together with promises to expand and add to local facilities such as more shops and extra schools. A local newspaper survey found that villagers would not oppose housing development if it brought these improvements with it. This

underlines the problems that still face villagers in their everyday life and which a letter written to the local newspaper listed as:

- traffic congestion
- accidents in the village centre because cars, cyclists and pedestrians are mixed together
- overcrowded primary schools
- a shabby and inadequate shopping centre
- no health centre and not enough G.P's. A local community

volunteer group has focused on the particular problems facing women moving into the area:

"....women who move into the area where they have no friends or family can find themselves increasingly isolated, particularly if they have to stay at home with young children. They hope an informal and friendly meeting will also attract lonely or depressed women who found it difficult to make contact with local groups or who fight shy of plunging themselves into regular meetings of local organizations."

After three years of existence, this volunteer group was holding weekly 'Open House' meetings and had organized a series of self-help groups such as the mother and toddler baby sitting circles.

'Appletrees'

The school on which the study centred was one of the two primary schools in the village, located on the north-east edge of the Ravenscroft overlooking open countryside on one side and bordered by housing estates on the other. It was a fairly new school, built in 1978, and was the only

product of the abandoned expansion scheme discussed earlier. All the children who attended lived within ten or fifteen minutes walk of the school, mainly in the housing estates which the school flanked. About half of this was brick-built low-rise council housing and half owner-occupied 'semis'. Appletrees has four year groups, 7-11, each of whom had a semi-open plan area, known as a unit, in which two teachers worked with about 70 children divided into two separate forms. The classes were usually divided only by moveable partitions. For some activities, usually more formal number and language work, the forms worked separately and for others, for example games and some project work, they mixed together. The units clustered around the central area of the school, comprising the main hall, a library area, a school kitchen, an entrance foyer, the headmaster's room, the school secretary, the staff room and several general purpose rooms. The main entrance of the school and the entrance foyer were overlooked by the school secretary's office which had a sliding glass window to which visitors usually report.

The school had, at the time of my study, a male head and eight form teachers (three male and five female) and a female reading specialist who worked with all the children. The non-teaching staff comprised a secretary and her part-time assistant, a caretaker, cleaners, kitchen staff and a group of part-time 'dinner ladies' who supervised the playground. The teachers were mainly young, in their twenties, and the school was heavily involved in curriculum development. The entrance foyer always had large and impressive displays of the children's work. Many evenings after school were taken up with staff meetings and there was a link with a local centre for teacher training which involved weekends working on a curriculum project. The style of the school might be crudely characterized as an

attempt to reconcile formal and informal methods, mixing 'open' project work with more traditional concern for numeracy, literacy and recognized methods of assessing and achieving 'standards'.

I concentrated my attention on one form, 4F, and their form teacher Catherine Frazer. These were 4th year children in their last term at primary school. The numbers in the form fluctuated around 35 (there were arrivals and departures during the term), almost equally divided between boys and girls. They shared their 'unit' space with a similar class taught mainly by Gerald Chapman. The children sat in groups of 4-8 around tables distributed asymmetrically within the space available, although all of them could see the blackboard which Catherine sometimes used. The unit had a separate entrance/exit to the playing field and playground and next to it was a cloakroom and toilets area. In this sense the unit was self-contained and once school had begun there was little legitimate reason for children to leave the unit unsupervised.

Appletrees was one of the main feeder schools into a nearby co-educational comprehensive, that I have called 'Lowhouse', and almost all the children in 4F went on to this school in the September following my study. The secondary school had a reputation for high academic standards and placed great emphasis on 'traditional' values such as the school uniform. It also streamed children on entry to the school on the basis of a test administered to 4th year primary school children in the term before their transition to secondary school.

Social class background of the 4F children.

I was able to make a crude comparison between the social class composition of the village and that of the children's families. I

collected information on both mothers' and fathers' occupations but in all but two cases I counted the paternal occupation as the point of comparison. The information is shown in Table 2.

Table 2. Social class of heads of household for families of children in 4F.

Social class (R.GSEG)	%	Number
I	6	2
II	14	5
III NON-MAN	9	3
III MAN	40	14
IV	23	8
V	3	1
Other	2	6

This matches the 1981 Census data fairly closely and the basic pattern is the same. Like the village as a whole, the children came mainly from 'working class' and 'lower middle class' families. The largest single group was Registrar General Socio-economic class III manual. These were all fathers with skilled manual occupations. Further details of this are given in Chapter 3.

Access

Access to the research setting is obviously a crucial stage in an ethnographic study and space given to it in methodological texts generally reflects this fact (Hammersley and Atkinson, 1983). Even when the milieu is an apparently 'public' one, problems of access can present themselves (Karp, 1980) and when the research is planned in an institution as sensitive as a primary school they can be formidable. As Karp shows just 'hanging around' is a social act in itself and the fact that this would be a risky activity in a primary school, especially for a man, tells

us something about the nature of the institution itself. If serious work is to be done, it demands the agreement of powerful gatekeepers such as the Head of the school and the class teachers. I was able to get this from both of these, though not without difficulties or tensions. There were three important reasons for my success. First, I was able to utilise and trade on my position as a researcher in school health education. As I described in Chapter 1, at the time I began this research I was already employed in researching the related area of children's health knowledge. This not only gave me credentials in a field that many of my adult informants saw as salient to the work for which I was seeking their cooperation, but also it gave me a readily understandable relationship to the topic of my research, especially since it made me appear as something at least of an 'expert'. In the light of this it was assumed that there would be some practical benefit arising from the work. In any case, I already had something to trade in terms of advising teachers about latest developments in schools' health education. I gladly gave such advice throughout the fieldwork both because I was in a position to give it and because the assumption of such an identity seemed to ease my path.

The second advantage was that my initial contact with the school came through my own friendship network. One of the school staff, the community tutor who organised adult education on the school site, was a personal friend and it was she who first asked the Head about the possibility of my doing some research in the school. In that sense, also, I was 'vouched for' by an insider to the institution. Finally, my involvement with the school was a gradual one. In the first instance I asked for permission to interview some of the children about their experiences of illness and did this for three weeks before raising the

possibility of a more intensive involvement. This gave the teachers involved a chance to get to know me and something of what I was doing. In particular they were anxious to see that I had what they called 'a good relationship' with the children, which seemed to mean that none of the children I interviewed were upset by the experience. This also had the advantage that I could test out the idea of deepening the study with Catherine and incorporate her suggestions before going back to the Head. In fact Catherine herself offered to raise it with him first and when I saw him again he was already inclined towards agreement. This gradualist approach was not as consciously devious as it sounds retrospectively. At the time of my first involvement I was, in fact, only thinking in terms of interviews. As these went along my relationship with the school staff seemed strong enough to support expanding the study in ways not originally envisaged. I had planned a more detailed study, including school observation, but was, when I approached Appletrees, expecting it to be in another school.

The first and most important gatekeeper to Appletrees was its Head Teacher, Jim Doyle. On our first meeting I explained that I was interested in children's experience of illness, how it fitted into their lives and that I wanted to interview some fourth year children in the school about this. At that stage the enterprise seemed such a limited one that he was prepared to give his immediate permission and introduced me that day to Catherine with whom I further discussed my plans. Like Jim, she wanted to know in more detail what kinds of questions I would be asking and was especially careful to ask if there was anything which might offend the children's parents. I returned to the school several times over the next three weeks and talked to children in Catherine's class, usually in

self-chosen same sex pairs. This also meant that after this period I was a fairly familiar figure in school. By that time I had decided it was worth exploring the possibility of taking Appletrees, and class 4F, as the basis of an in-depth study. I raised this possibility first with Catherine, explaining that although interviews were a useful source of data it was difficult to make sense of them without some more detailed insight into the children's daily lives. This could be got by being with and observing them at school, in class and in the playground. So far, I explained, I had asked the children about sickness generally or asked them to remember particular episodes from their past. If I were in school for longer periods of times, I would be able to follow up current cases in detail and get a much wider picture of what was going on through talking to the parents and to the children's peers. Catherine said she was happy with the way I 'related' to the children and that as an experienced teacher she was not worried by the prospect of having someone in her classroom. In fact she was already used to this because the school encouraged parents to come into school to help the teachers. She pointed out, however that the issue would have to be discussed with Jim further and what I was proposing would require the consent of the parents. She offered to take the issue up with Jim and a few days later told me that he had asked to see me the next time that I came in to do some interviews. Fortunately I had some relevant papers which I could leave for him to read. These were mainly taken from the psycho-social literature discussed in Chapter 2 but also included some of my own papers on school health education. A few days later I met him to talk about my plans. My notes (FWD:41) from that meeting show that I introduced my work mainly in terms of the papers I had left for him to read and the points of criticism I had of them;

particularly the way they tended to ignore the actual social lives of children. I also talked more about my background in health education and my hope that my work with the children might be able to make some contribution to the development of it. Jim spoke about the way in which his own daughter had recently been ill and away from her secondary school. In his opinion they had dealt badly with the consequences to her school work and he felt sure that primary schools, since they have flexibility in their curriculum, did better. In any case he pointed out that teachers in the school would be interested in how the children and their parents thought about these issues and said he knew from discussions at parents' evenings that there was anxiety about children missing school amongst the parents. I suggested that it might be possible after the study to talk to teachers and parents about it. We arranged that I should draft a letter to parents asking permission for their children to take part in the study. After he had approved this text it went out to them under his name. In this sense he recommended me, and the work I was doing, to the parents. It proved effective since no parents objected in principle to the involvement of either their children or themselves. On the other hand it might be argued that it presented me to parents and children as more officially representative of the school than in fact was the case. I was aware of this when drafting the letter and tried to make my independence clear in the way the project was described. I was especially careful to make this point again when I first introduced myself personally to the parents.

As numerous ethnographers have noted, negotiation around access is part of and not prior to the collection of material. My discussions with Jim made it clear to me that he stood as a gatekeeper not only to his

school but also to the parents. For example, at the most simple level, it was at school that a record of the childrens addresses was kept and I needed his cooperation to be able to use this. Although I might have been able to otherwise circumvent this problem, his opposition to the research would have certainly put some parents off being involved, whilst his approval had the opposite effect. This, together with his obvious power within the school, made me wary of involving him once this second stage of access had been arranged. I then concentrated my attention on Catherine as my main informant among the teaching staff. This also made sense in terms of my observational and interview work with the children. I not only needed her cooperation and trust for the success of the research but she was also a key figure in the children's daily lives at school. Jim's power to prevent the work starting or continuing also accounts for the element of 'dealing' which occurred between us. He had strongly hinted to me that he felt his school would 'show up' well in the way it dealt with sickness absence and this contained the implicit possibility that, if he felt my work was coming to different conclusions, then he might feel it was time to draw a halt. This was strengthened by the view, frequently expressed to me by teachers and parents alike, that Appletrees, being a fairly new school, was seen by the LEA as something of a showpiece and an exemplar of 'good practice'. On the other hand this seemed also to work in favour of access being granted since part of the exemplary character of the school lay in the amount of curriculum development work that went on there. Friendliness towards research was also seen as part of this reputation. Finally it was clear to me after these discussions that my initial starting point was proving correct. It was in fact going to be the case that an investigation of child illness and health carried out in a

non-clinical setting central to children's lives would reveal some of the ways the 'other side' of the sick role process worked. Both teachers and children had talked to me about how sickness influenced and was influenced by their school life and routines. Jim especially had been explicit about the problematic relationship between sickness absence and school work.

Sampling

Next I will discuss issues of sampling within the study; ie the 'when', the 'who' and the 'where' of my fieldwork. This discussion will underline that although the research took place in and around a primary school its focus was on the narrow issue of sickness absence. Although I was led into many other areas, the importance of these was defined by the central theme of sickness absence. So, for example, I became involved in delineating the work schedule of the children at school, their friendship patterns, their reading matter etc. Each of these was followed up because my fieldwork experience indicated that they had some important bearing on sickness absence. I do not claim that my material represents an exhaustive ethnography of each of these. I gathered no more nor less than was adequate to my purpose. In a sense, of course, all ethnographies proceed in this way since it is impossible simultaneously to study all aspects of a society or setting. Recent work, such as that of Zerubavel (1979) on time in a hospital setting, have tended towards this more consciously focused approach, although unlike that study I never intended mine single-mindedly to ignore other facets of the children's lives. On the contrary I wanted to bring back into the sociological picture those facets which seemed to provide the important context of sickness.

Zerubavel's study does, however, elegantly remind us that time is a socially constructed process and emphasises that the time during which ethnographic study is conducted has an important bearing on what is found. This is inescapable in a school setting where life is often quite literally regulated by the 'timetable'. An even more basic dimension is the placing of the study in the career line of the pupils and the the segment of the school year covered. This study looked at fourth year children between February and July, ie children in the last term of the last year at primary school, the very moment of their transition to secondary school. It also took place between mid-Spring and Summer, an unfortunate time in a sense since it missed the winter peak of infectious diseases. Many of my earliest interviews were concerned with memories of the chicken-pox epidemic which had occurred in 4F two months earlier but which I had been unable to observe directly.

It was not only the time structure of schooling which influenced my fieldwork, but also the other demands on my own time and the constraints on the way I was able to organise it. As I recounted in Chapter 2 both the part-time nature of my doctoral work and the demands of my employment meant that I had to ration the time spent on fieldwork, especially observation. I was constantly aware, however, that I needed to gain some overall picture of how school time was organised, across days, weeks and terms and made a special effort to map the important features of this. An example of this parallels the experience of Berlak et al.(1975), also studying a primary school, who were at first puzzled by the way in which children seemed able to work with apparently little direction from the teacher. This too seemed the case in Appletrees until I discovered through observation over a series of Mondays, that it was on this day that

Catherine arranged the work to be completed over the coming week. Of course, other sources of data, such as the class timetable and interviews with the children and teachers guided me into focussing on this or that aspect of the situation. At the outset, however, it seemed that certain times of the day would be crucial to observe. I made sure, for example, that I was present at most morning and afternoon registrations. I was also helped by the fact that even in primary school where the timetable is often thought of as less rigid than in later phases of schooling, events are in fact fairly predictable, even cyclical, and this meant that I was able to cover what seemed to be the most significant areas of formal school time.

I had, however, also to avoid allowing the official structure and purpose of school unconsciously to steer and dominate the fieldwork. There is a vast and important informal side to school life which I also wanted to include. Some aspects of this fell into Goffman's celebrated 'backstage' category; for example, the conversations that took place between teachers in the staff-room. Other examples included the recognised but still largely unexplored (but see Opies, 1959; Davies 1982) lives of children in the playground. These too had important temporal aspects. Birthdays and public holidays such as Easter which involved presents and indulgences of various kinds were clearly relevant here. Amongst the boys a tightly organised schedule of football matches at lunchtime was central to their informal school experiences. Parallel activities amongst the girls had a less public expression but included attendance at a regular Friday night 'teenybopper' disco, a Wednesday evening Drama Group and, for some, helping during their breaks at the daily playgroup (in the mornings) and old people's club (in the afternoons) which met in the school.

Finally, I should mention the time structure of my other key group of informants, the mothers of the children. This is the most difficult for me to generalise, about save to say that some had paid employment outside the home and others did not. Those without paid employment were much easier to see in the day time and I took advantage of this where I could. Generally, however, I talked to mothers in the evening or at weekends, when incidentally their husbands were also much more likely to be around. In this way men who initially took the view that the health of the children was the mother's affair did sometimes participate in the interviews.

The introduction to this chapter catalogued the different types of people who acted as informants during the study and I shall not repeat that list here. I do, however, want to draw attention to the problematic way in which these people have become labelled in my study. Appletrees was the central defining institution, the role positions of which I have tended to use to describe categories of informants. The reader may have already noticed the way in which I oscillate between the terms 'pupils' and 'children' and this exemplifies the issue very well. School defines the children who come to it as pupils, but how much of their social life there is actually governed by this role position? Similarly the men and women who taught at the school had biographies and lives outside of school. Nevertheless these role positions do constitute important constraints on those who occupy them and tend them towards certain perspectives on the issues discussed in this thesis. To some extent the story my thesis tells is about the interpenetrating and contradictory relations between these role definitions and outlooks. I have, however, tried to recognise the points at which the school oriented categories used are misleading. For example it became clear that although teachers and

parents share a perspective on the need for their children to develop appropriate attitudes to illness, the position of the mothers in particular, and the multiple and cross-cutting pressures on them when dealing with child sickness, could not be described entirely in terms of their position as the mothers of children at school. Other factors such as their paid employment, household resources and the health history of children also play an important part.

As well as time, my study involved sampling a number of different contexts. In school I accompanied the class into most of the range of settings available to them: the classroom, assembly, watching TV, the drama group, various games activities etc. I was mindful of Goffman's (1963) reminder that a social context cannot be defined in terms of a physical setting, so that, for example the classroom may be quite a different social environment in the absence of a teacher. Similarly, the school took on a quite distinct social character for parents on its Open Day in mid-May. I thought it was especially important to sample backstage locations like the staffroom, well known as places where teachers express views different from those of their public personae. Here again, however, Goffman's point holds and it was clear that on some occasions my presence turned the staffroom into a 'frontstage' place. For example when a child was taken apparently seriously ill and was taken to the staffroom to rest whilst her parents were contacted it was clear that my presence turned the event into a public one, when the Head and other staff had to display their proper concern and efficiency. In fact it was also clear at the time that my being present at this time was also something of a breach of etiquette and it was made clear to me later that really it would have been better if I had absented myself. Another main context of my study was the

children's homes, though this was relevant mainly in terms of access for interviews and I had little opportunity for direct observation. The various parts of the village that the parents and children used as locales for their social and economic life was another context. For example I spent some time observing the way in which children organised the sub-letting of paper rounds with the newsagents in the village centre, the means by which under-age children gained access to (illegal) paid employment.

Field Relations

My discussion of the negotiations around access has already dealt with some of the ways in which I presented myself to the staff and parents. In addition, I adopted the usual practice of dressing in a way that would not be offensive to my main groups of informants. In fact this did not seem to require much modification since I was not working in a setting which attached significance to highly specified forms of dress (unlike, say, those working in youth subcultures where particular styles are important to the definition of membership). The approach I adopted was to dress in approximately the way I had as a teacher in further education. Given the approximately similar age of most of the parents and teachers I was working with, this turned out to be remarkably similar to their mode of dress. I used a motorbike for travelling to school and to see parents in their homes and at first I was careful to change out of 'bike gear' before knocking on their door but I soon judged this to be unnecessary.

I think I managed to maintain a relaxed and friendly relationship with the teachers of Appletrees for a number of linked reasons. First, as

mentioned above I was able to present myself as a health education specialist and this was a role both comprehensible and salient to them whilst not challenging their own expertise. In some ways it might have appeared as complementary but not threatening and to some extent it was this that lay behind the various 'gifts' I was able to offer them in the course of the fieldwork: advice on what teaching materials were available on particular topics, up to date references etc. Second, the actual research I was doing appeared to have no immediate relevance to topics which many teachers, especially in the politically critical atmosphere of the time, might have found sensitive. There was no element of evaluation or assessment of their performance, and the direct classroom observation was with a very experienced teacher confident in her own abilities. Finally, it fairly quickly became known to the teachers that I had myself previously taught, though not in primary schools. This came into play most strikingly with one of the second year teachers whom I had asked to allow me to give his class a questionnaire. He agreed, on condition that I talked to his class about something to do with health and illness. I agreed to this and took a 40 minute lesson for him. Afterwards he asked me if I had been a teacher and said it was "pretty obvious you know how to do it". In the subsequent weeks he frequently asked about the research in a friendly and interested way, and was from time to time a useful informant. Taken together these factors made it possible for me to utilise the position of 'novice' in relation to primary schooling, experienced enough in education generally to ask sensible questions but unused to primary schools in particular. Since most of the teachers held that primary schooling is a specialised and distinctively valuable activity they seemed happy to respond to my questions.

My original approach to classroom observation was based on a fairly naive hope that I would be able to simply 'hang around'. I found that this worked at the start of the process, largely because it went alongside the novice role mentioned above. However, after a few weeks I began to feel uncomfortable, learning like many ethnographers before me, that being inconspicuous is a less easily accomplished role than one might imagine, and I began to seek another way of being in class. Fortunately this was a school which in a rhetoric, though to a lesser extent a practice, did encourage parents to 'help' the teachers. A number of different tasks had been allocated to such parent-helpers and one of these, 'listening to the children read', was particularly suited to my needs. It enabled me to sit slightly apart from, but within full view and hearing distance, of the rest of the class. I soon found it was easy to listen to a child reading aloud to me and keep an eye on what else was happening in class. It also meant that I got to know all the children in the class and this role provided an excellent opportunity to talk to them in semi-privacy. This was the role I adopted most frequently, although a number of similar activities allowed the same sort of possibilities. For example, I often spent time doing routine preparation tasks, such as cutting paper. This role in class helped me fit more easily into what was usually a busy but informal environment. For more formal activities, such as 'chalk and talk' lessons or examinations, however I usually sat to the side or back of the class.

My contact with parents was made through an introduction from the Jim, the Head Teacher. Although this imbued me with a certain amount of respectability it also ran the danger of linking me to the official mechanisms for checking up on school attendance. Although I always tried.

to make it clear that this was not part of my interest, putting the focus instead on health practices, I cannot be sure that this was entirely successful. There were a number of instances when I felt that my enquiries about particular absences were interpreted as surveillance. For example I discovered on one occasion that a boy was away on holiday during term time and, that whilst not in itself disallowed, it is expected that parents will seek the permission of the Head before doing so. When I saw his mother a few days later she was rather embarrassed and produced a long explanation about this. The positive side of this incident was that it became clear to her that I had not revealed anything to the school authorities and this increased her trust in me. In fact she later told Catherine that she had taken her son on holiday, which meant that I was now in the position of not having told Catherine what I knew. This mother was, however, for a number of complex reasons, highly regarded by Catherine and she was ready to interpret her action as being in the best interests of the boy. The mother's exculpation in Catherine's eyes also seemed to cover me. In another case, a boy seemed to me to have a lot of single or half days off. Whenever I talked to him about particular episodes he seemed unwilling to talk and was evasive. On the one occasion that I was able to speak to his mother it was obvious that she was under a great deal of pressure, recently divorced and coping with a teenage daughter whom she described as recently diagnosed a 'schizophrenic'. It is likely that some of this boy's absences were involved with the obvious strains of such a situation and I decided that it would be inappropriate, and even unethical, to add even a small amount of extra stress to this woman's life. However, the case does suggest the way in which children and mothers can work out a 'front' story and, to use another concept from..

Goffman, operate 'teamwork' in its support. I suspect there were times when mothers could find nothing definite wrong with their children but decided they would benefit from a day off school, which could easily be covered by a sick note. As I shall argue later there were particular features of these children's age and position in their school career which militated against such practices but nevertheless I think it did happen. As I got to know the mothers better, and I think as they began to trust me more, several were quite open about it. It was noticeable that in these cases the children tended to put forward the 'family line' until their mothers revealed more of what had actually happened. This pattern also covered instances of children, always girls, staying at home to look after younger siblings if they were sick but their mother had to go out to work.

A particular issue arose in the recruitment of those parents (in practice exclusively mothers) who kept general health diaries. I approached those whom I had selected for this shortly after the letter from the Head had been sent out. In most cases we spent some time negotiating the terms on which they would agree to cooperate. This always revolved around the issue of their children being recognised as 'normal, healthy children'. It was as if, by approaching them, I was implying that their children were somehow not in this category and an unspoken question at the back of their minds seemed to be 'why me?'. I usually responded to this by explaining that I was exactly interested in 'normal children who have no special problems'. Apart from these encounters providing interesting and important data in themselves (discussed in more detail in Chapter 5) they hinted at the extent to which some mothers felt their child rearing practices to be potentially objects of critical evaluation and scrutiny. In a Foucauldian sense they seemed to feel themselves the

objects of a child surveillance system, of which I was potentially an agent. This feeling subsided as time went by in all but one case. Nevertheless it raised difficult ethical questions about the right course of action for me should I discover, for example, evidence of child abuse. Fortunately this never arose.

When I began to interview and observe the children in school I found them usually very willing to be involved in the study. Like many ethnographers in schools I found that, of all my informants, pupils were the most open to answering my questions. There are a number of possible reasons for this. First, it does not take long to discover that schools provide very little space for pupils to talk about their everyday lives, except perhaps when some crisis arises. An adult who is willing to so talk must seem a rare treat. In fact the children showed an intense interest in me, at least at first and asked the most direct questions about what I was doing. They also hazarded a number of guesses and suggestions:

"Do you want to be a doctor?"

"I bet you're a student, aren't you?" and the immortal,

"What do you want to be when you grow up?"

I found that formulations of my work that put it in the context of 'an examination' were the most comprehensible to them and I developed a routine explanation that I was doing 'a sort of project as part of an exam'. This also had the advantage of seeming to dispose the children to try and help me get through the exam and I was touched that at the end of the Summer term, on the day I said goodbye to them (complete with a celebratory but health-educator-cover-blowing tin of Quality Street chocolates), to receive lots of wishes that "you get through your exam". Finally it must be said that one reason for the cooperation of the

children with my interviews was that they were usually carried out away from the classroom and provided an opportunity to get away from this routine work and atmosphere.

This account, however, has not yet done credit to the well developed sense of self protection that most of the children had. They were not mere naives ready to 'spill the beans' to me as soon as I asked. On the contrary they spent a time testing me out to see how trustworthy I was. In some ways this paralleled the process with their mothers, as the children too seemed concerned that I might be 'checking up' on the genuineness of their sickness absences. As they came to realise that I was not passing on what they said to me either to their teachers or to their parents I came to be trusted with more and more 'secrets' (for example about how to feign illness to persuade ones mother to allow a day off school). I always made it clear that I would write about what they said but in a way that would not identify them and using false names. As part of this process of building up confidence I tried to distance myself from teachers by standing separately from them in class, especially when disciplinary action was being undertaken. Such problems exemplify the fieldwork stresses involved in managing a marginal status. I found myself frequently adopting 'tight-rope' tactics which allowed me to retain some of the confidence of all the participants, and minimise the risk of completely alienating any of them. I found that this approach meant that field relations were all reasonably friendly and, in problematic cases, at least reparable. This task of dealing with difficulties was often done in private conversations after the event, when I could sympathetically hear one informant's point of view without jeopardising the confidence of the others.

Special stresses of this kind existed because a significant group of my informants were children. It often seemed that adults, especially teachers, interpreted my promises of confidentiality to the children as not binding in relation to themselves. This is difficult to define and I do not mean to imply that the teachers were being deliberately dishonest in this respect. Rather it seemed that the expectation of controlling children's lives in school is so strong that the teachers (and other school staff such as the secretary) assumed that it would apply also in this case. In such circumstances I mainly resorted to evasion, giving bland or generalised answers, making a joke about it or trying to satisfy the enquiry with some unimportant or already semi-public information. On some occasions, however, I was compelled to say that I had spoken to the child in confidence and felt I could not break this.

There were several areas I excluded from the study or found too difficult to explore. The most obvious, and one which I was aware of before I began my interviews with the children, was the whole area of sexuality. I felt that my gender as a male fieldworker made it difficult and risky to include any topics of this kind when I was talking to the children. This is a serious weakness of the study in relation to the girls for it is clear that the onset of menstruation is an important moment in the construction of female identity (see Prendergast 1981, Prendergast and Prout, forthcoming). Also it may well be that discomfort at menarche is used to define particular ways in which everyday aches and pains are handled. Menstruation may be used to confirm that girls are naturally physically weaker than boys or, conversely, not be allowed to count as proper symptoms but as something to be endured without complaint. Despite the salience of these issues to some of the themes that emerged in the

fieldwork I did not feel able to pursue them with the girls that I talked to. I felt it was simply too dangerous for my continued access to the school to run the risk of parental complaints. It would be interesting from this point of view alone to see the results of similar work carried out by a woman.

Despite my reluctance however, some of the girls were ready, even keen, to raise the issue, usually obliquely by talking about their interest in the 'problem page' of magazines like Jackie. Later in the fieldwork some of them also told me that they looked forward to secondary school because there would be talks "about periods and that". They had heard about these from older girls. Although I never stopped them talking about this I did not feel able to ask them direct questions and so never found out, for example, how many had started to menstruate. This was also something which Catherine was interested in but it was revealing that towards the end of the fieldwork she asked me if I knew how many girls in 4F had started periods. Even she had not been prepared to ask them directly, a vivid confirmation of the dangerousness of sexual topics in the context of primary schools (see Prendergast and Prout, forthcoming). I took a similar attitude to the boys on the occasions that they began to disclose to me stories about their juvenile sexual adventures in the local hayfields.

Another major problem for me was talking to a child who developed the symptoms of osteo-arthritis during the summer term. She found herself unable to do many of the activities she had taken for granted, especially athletics which she was very keen on but also ordinary school requirements like being able to sit at a table for relatively long periods. For most of the summer term she was put into a plaster jacket covering the whole of

the upper part of her body. Although this brought her a certain amount of kudos amongst the other children (and she also had very supportive friends) it was clearly most upsetting to her. She was not sure how long her condition was going to last but the thought that it might be chronic was especially disturbing. Unfortunately one of her friends had a sister who suffered from cystic fibrosis and this model of chronic illness was readily available to her. As she began to realise the possible implications of her illness, discussions became very difficult and at a fairly early point I decided that it was not fair of me to ask her to talk about it. I followed Patrick West (1980) in discovering that children need to know someone closely before they are willing to talk about such feelings. Since my main focus was on everyday complaints I judged it unfair and unnecessary to pursue this. I was, however, able to talk to her friends and observe how school dealt with the issue.

Interviews and accounts

The various kinds of conversation I had with my informants constituted the single most extensive block of material that the study yielded. Also, since a large part of the material was audio-recorded, it is the most permanently available for analysis and re-analysis, creating an opportunity for that continuing 'observation' that goes on long after one has left the 'field' (Frankenberg 1982). All of the categories of actor described in the substantive part of this thesis acted as interviewees at some point in the study. Often the interview topics were suggested by material first arising through another method. For example, my conversations with Catherine often took the form of me asking her to

explain why she had taken a particular course of action in the classroom or why she had dealt in a particular way with a mother coming to see her. Sometimes my questions arose out of (or even rarely as part of) discussions in the staff room between teachers. In the case of the school secretary the interviews usually concerned the entries she made in the log that she kept recording children being sent to her by their form teacher when they claimed to feel ill. The log enabled me to ask her about how she took decisions in those cases. Again, however, the direction of such conversations was partly determined by what had been said backstage in the staff room. The school secretary often took part in these conversations and was especially vocal on issues of health and illness. My most detailed interviews with parents were with those mothers who kept health diaries and these formed the main starting point. Similarly topics were generated for the interviews with children by observation, through questionnaires and by the health diaries they kept for a short time. In all these cases, however, the interviews tended to widen out from their starting point and sometimes they were used by informants to raise issues that I seemed to be neglecting but which they thought were important to the substance of the study. There were some occasions too when the interview material stood alone and did not overlap with data collected by other methods. For example, when I went to see one of the mothers not keeping a diary (when her child had been off school sick) or when I interviewed the other teachers in the school about their experience of dealing with children saying they felt ill at school.

The gathering of different kinds of data, which could be compared, was part of the ethnographic strategy of the study adopted. This strategy also showed itself in the reflexive form of the interviews themselves. At

the start of the study I tried to keep my questioning as open as possible. For example, when asking a mother about a particular illness episode I tried to start with requests like 'Can you tell me what happened from your point of view?'. Obviously, however, I did have certain issues in mind (dealt with in the previous chapter) which foreshadowed the fieldwork. This meant that from the start of the fieldwork my interviews tended to begin in this open way and then focus down onto the anticipated issues, plus of course any new themes which I had managed to discern in informants' accounts. As the fieldwork progressed, and with it my ongoing analysis and interpretation, certain issues emerged as more and more important and towards the end I was able to focus quite sharply on these. For example, one of my last interviews was with Mrs Hunt and concerned the absence of her son Sam for three days with headaches and enlarged glands. I made sure that our conversation covered the following issues: when and how the complaint had first come to her notice; who had first drawn attention to it, how the complaint had been interpreted; how the decision to keep Sam away from school was taken; the nature of any negotiations between Sam and his mother on this; practices around play, isolation, homework and indulgences when sick; what was being missed at school and the evaluation of the importance of this; contacts with the school authorities; how the decision to return to school was made; and underlying concerns about missing school. In fact Sam's mother also raised a variety of other points including his history of previous illnesses, assessments of his character and worries she had about this and her feeling that school judged mothers harshly and unfairly in their child care practices. In general, then, my interviews tended to become more focused and detailed as the fieldwork neared its end.

Informants' accounts can be dealt with as either 'information' or as revealing their 'perspectives.' Although sociological discourses have tended to see these as opposed interpretational strategies, I used my interview material in both modes. On the one hand they gave me access to events which I had no opportunity or, given the constraints on my time, possibility of observing directly. As will become clear an important part of this thesis concerns the negotiation between mothers and children over sickness absence. This negotiation was carried out at home, often first thing in the morning, and it is difficult to envisage practical methods for observing them. The accounts given by the participants are an adequate substitute, provided that they are interpreted with care. It is of course true that accounts of the 'same' events may differ between participants. Since, however, I talked to both mothers and children I was able to register these differences and thus attempt to interpret the meaning of the overlaps and discrepancies. In practice both sets of accounts contained a great deal of overlap both in detail and basic structure and in their differences. I have used the interviews to show the meanings and perspectives of the different role positions involved. It was these role positions that I was concerned to make explicit and I was not, therefore, inclined to stray into the wilder regions of ethnomethodological analysis.

At the same time I do recognise the ethnomethodological insight into the nature of the interview as itself a social encounter, though I do not think that this necessarily leads us into abandoning the outcome of such an encounter as data in the traditional sense. Rather it places upon the analyst a responsibility to interpret such data in terms of the context in which it was produced. It enables us, as Hammersley and Atkinson (1983:107) have pointed out, "to deal with the accounts produced

by others on exactly the same terms as our own, while avoiding relativism". It is impossible here to locate all the contexts of production that my interviews involved (and in any case it is important to link these directly to the presentation and interpretation of the data) but I can indicate some features of the most important ones.

First I want to discuss the way in which my initial contacts with those mothers who kept health diaries seemed to reveal some important aspects of the way in which child health care is involved in the production of competent motherhood. There is a pervasive assumption, one that I will return to in the substantive analysis that follows this chapter, that the responsibility for child health lies with mothers. In a book published since my fieldwork Hilary Graham (1984) catalogues the tasks involved in detail: providing for health; nursing the sick; teaching about health; mediating with outsiders; and coping with crisis. The importance of child health to the maintenance of 'good mothering' was revealed to me through the problems I encountered in recruiting a group of the children's mothers to keeping health diaries. They all expressed a willingness to take part but initially excluded themselves from being of interest since their children were 'hardly ever ill', 'bursting with health' or simply, and perhaps most revealingly, 'just normal healthy children'. Later in the study it became obvious that far from never being ill the children presented a stream of symptoms, which if a family had several children sometimes seemed to me to be quite overwhelming. It was equally clear that the initial claims that mothers made were not regarded by them as literally true either, indeed some later made a point of emphasising that health care was a continual and demanding process. I came to the view that their claims for the healthiness of their children were

features of the social relationship between me as an initially unknown researcher and them as women who wanted to establish and maintain their view of themselves as good mothers. My initial approach could be seen as implying that they had ill, or even especially ill, children. Furthermore I was asking them to open up an area of their lives normally defined as private. Taken together this was potentially threatening. In their responses to my initial request for their involvement in the study, it was as if they were making it a condition of taking part that I was willing to recognise certain aspects of their maternal competence as beyond question. A parallel might be found in the paediatric consultations described by Strong (1979) where the encounters are publicly conducted around the assumption that the idealised qualities of motherhood are natural and therefore naturally to be found in the particular mothers attending the clinic. In a similar fashion I was being asked to indicate my acceptance that they had 'normal healthy children', like all good mothers do. I was happy to do this, not only because it seemed to me to be entirely true, but also because I was genuinely interested in children's everyday complaints. My willingness to negotiate these assumptions also seemed to clear the way for this maternal 'front' to be gradually lowered, especially when the majority of sickness episodes involved symptoms that were normatively trivial. It would be naive, however, to think that it was ever entirely removed or that the accounts given to me did not contain an important continuation of it. (I have used this insight in the interpretation of the 'normalising' aspects of some accounts, see Chapter 5.) My status as a male fieldworker, introduced through the school, may also have strengthened mothers' need to defend their competence. It would once again be interesting to compare the experience of a female

researcher.

Turning to my interviews with children it is important that a number of these were conducted in groups. In these certain 'audience' effects were evident. These can be illustrated by referring to the interview that took place with some older children, aged between 12 and 14, before I began my main fieldwork at Appletrees. At a certain point I asked them if they had ever pretended to feel ill when they were younger. My notes written afterwards recorded:

" It was clear from the start of our discussion that a rich vein of memories was being mixed. The question of pretending to be ill received an immediate response; a continuous flow of talk was generated for almost an hour on this topic alone. It engendered an atmosphere of delight and hilarity and it was clear that experiences were being shared in many cases for the first time. The topic was clearly seen in terms of 'doing wrong' but the guilt contained a strong admixture of pleasure...Several features are worthy of comment. First is the quality of ritual 'tale telling', similar to that described by Stimson and Webb (only one person spoke at a time, there were few interruptions, the rest listened in rapt attention, one story was capped by another etc... Note that these stories seem to be centrally concerned with power. The children described their motives in terms of 'cheating' or 'beating the system'. The delight and pleasure seemed to be related to this; parents and teachers were equally though differently the victims of ..

these tactics."

(FWD:20)

The element of redressing injustice that Stimson and Webb (1975) note, in their interviews with patients about their GP, was a not uncommon feature of my interviews with the younger children at Appletrees. It did not completely disappear in one-to-one conversations and in groups the children sometimes vied with each other to demonstrate their success in fooling adults. In the case of the boys this was complicated by the extra pressure on them, especially in group or paired interviews, to conform to norms of toughness. I shall describe in detail in Chapter 3 how these expectations characterised the boys' social relations and here I want simply to note the normative audience effects that seemed evident in my conversations with them. It seemed difficult for the boys to admit to physical or emotional weakness in front of their friends, although they tended to do so more when I talked to them individually. This was important not only as a general indication of the norms of the boys' subculture but also because it had direct bearing on their attitudes and practices around illness, where they were expected to display a 'stoical' approach. There was, however, a complex and quite delicate balance between this and the desire to relate how adults had been fooled by pretended or exaggerated claims to illness. This meant that the boys sometimes drifted between implying that they virtually never resorted to such strategies (with their implication of not being able to face up to some instrumental demand on them) and wanting to claim the triumphs of deception. Looking at my interview transcripts I sometimes feel that in such cases the informants themselves arrive at a kind of 'balance point' when, having explored both possibilities, they feel able to acknowledge more accurately

their own practices. A good illustration of this is in an interview (Int. 012) with Sam Hunt. He started out by saying that he tried not to 'moan about feeling poorly' and implying that it was only 'weaklings who do things like that'. The interview then moved into a section when he described who the 'strong people are' in his class and explained that he himself used to be 'picked on' but now there are others 'who are real 'Matchstick Men' who can't fight properly'. He explained that he 'thumps back now', but that this could get him into trouble with his teachers. Shortly after this he described how he got out of a punishment at lunchtime by pretending to be ill and this led into a wider discussion of the other times he had done this. The movement described by this interview was uniquely clear in its direction but it allowed me to see the underlying tensions in other boys accounts.

Finally I should mention some of the issues that arose from many of my interviews with children being held in school. As Holt (1964) and Barnes (1969) have both shown, schools are experienced by children not only as question asking institutions but also as places where the answers they give are used by teachers to make judgements about their success or failure. Children become adept in the manoeuvres and strategies that can help them to produce the 'right answer'. In these circumstances it would seem likely that children might bring these expectations to the conversations that they had with me and it was certainly true that they sometimes showed an intense interest in what was my purpose in the school. These problems seemed especially noticeable in group interviews. For example, in looking at one group interview transcript (M13) it is clear that the children who spoke second and third picked up my responses to the first speaker's answers. She had been away ill for a short period and I

had paid particular attention to what she may have missed at school during this time. The later speakers tuned into this and included this information in their own accounts without any prompting on my part. I would also be surprised if the children did not exchange experiences of their conversations with me and work out a view of my interests. This is, of course, not an entirely negative feature and might be seen as similar to the 'training' of key informants that many anthropologists report.

Recording and organisation of data

My main observational data were written up shortly afterwards in my fieldwork diary, from notes taken on the spot. These notes also included verbatim quotations from informants, gathered either from conversations I witnessed or in comments made directly to me. My observation periods created many opportunities to ask informants about events that I had seen. For example during lunchtimes I was able to observe how the 'dinner ladies' dealt with children's complaints of illness. Afterwards I was able to ask them about the reasons, as they saw them, for what they had done. At another time I heard a conversation between some fourth year boys which included accusations of 'skiving' and again I was able, later in the day, to ask each of the participants in the incident what it had been about. Most commonly I was able to ask Catherine for her account of events in the classroom. All such material was recorded in my notebook and later transferred to my fieldwork diary.

Most of my interview material was, however, audio-recorded and thus formed an accurate and permanent record of the exact words used. All of this material was transcribed in long-hand directly from the tapes. My method was to use A4 paper divided into two columns of unequal width. In

the widest of these I transcribed the words spoken in the interview, including any significant socio-linguistic characteristics such as pauses and hesitations. In the other column I wrote my comments and points of analysis. When I had developed analytical categories I went through each transcript marking examples and relevant sections of text in colour code. I kept a central list of these examples for each major analytical category and was thus able to retrieve them fairly quickly and efficiently from the raw transcript material. I adopted a similar approach to my observational material.

Some interview material, mostly the informal kind mentioned above, was not audio recorded. In these cases I either took notes at the time or, if this seemed intrusive, tried to keep what had been said clear in my memory and take the next available opportunity to write it up in my notebook. I often used the trusted ethnographers device of tactical trips to the lavatory. Also included in my notebook were interviews where for some reason I had decided that audio-recording would not be appropriate. For example, one mother whom I asked to keep a diary agreed to do this but seemed very suspicious and wary of me. When I interviewed her about her entries I did not ask to use the tape recorder. On other occasions the most interesting material came when the tape recorder had been switched off, sometimes as I was on the doorstep leaving a house. Again I made notes of these conversations as soon as I could, which was usually only minutes after they had taken place.

I kept a record card for each participant in the research. On it I recorded all background demographic data, and made a note of significant events such as sickness absences. The card also recorded the code number of the tape(s) which included interviews with them and gave a brief

description of the topics covered. All the important documentary material (diaries, logs, sick notes, registers etc) were carefully filed and in some cases photocopied.

Appletrees as an extended case study

The initial intention of my work at Appletrees was to gather children's own accounts of sickness. Once engaged on this task, and encouraged by its success, I began to see the possibility of using the school as the milieu for a more detailed study over a period of time and using many different kinds of data collection. The focus remained on the children's experience but location of the study in the school seemed to promise something much more interesting than interviews with the children alone could provide. First, it brought me into contact with parents and teachers, who as significant people within the children's lives may have their own perspectives on sickness absence. By confining the study to one location, and following through the sickness and absence episodes which occurred over a period of time, I felt I would not only gain a fuller picture but would also be able to compare the accounts of different participants. Second, the observational methods made possible by locating the study in one particular school meant that I would be able to compare the accounts given by participants with some direct observation of at least some of the events to which they would refer in interviews. Direct observation of the classroom and the playground also seemed to promise additional insight into the character of children's social lives as they went on at school and might also yield material not forthcoming in interviews. Third, by following a particular group of children over a period of time I might be better able to tease out the relationships

between sickness and other aspects of their lives. It also provided the opportunity to study some of the processual aspects of the situation by tracing the shifts in these relationships.

When I made the decision to conduct the main study at Appletrees, instead of simply using it a convenient source of children to interview, I shifted into a mode of investigation that Gluckman (1961) has called the 'extended case study'. He uses this term to distinguish it from 'apt illustration', which are simply typical examples of a phenomenon encountered in fieldwork, and 'social situations', which are particular occasions when elements of the social structure are enacted. An extended case study involves studying a particular milieu over a comparatively long period of time, in my case almost six months, and analysing the sequence of events which occur. Gluckman suggested that this method was particularly suited to the analysis of two features of social process: first, the insights it yields into the articulation of individual actions to social structures; and secondly, the conflicts and contradictions within social structure itself.

In Chapter 1 I discussed the issues which foreshadowed my fieldwork. The extended case study approach seemed especially suited to addressing these issues by relocating sickness into the context of children's wider social lives. This method encourages the investigator to "preserve the unitary character of the social object" (Goode and Hatte, 1952) by tracing the relationship between the different aspects of social life. An extended case study allowed me to explore the links in three ways: by revealing the perspectives and practices of the different participants, and the possible conflicts between them; through the relationship of these to the factors of age and gender in the enactment of

sickness; and in the processes which linked together the different levels of social action involved. At the start of the fieldwork it was age and gender which were uppermost in my mind; at the end I had, as subsequent chapters will show, also come to understand the importance of schoolwork and the transition to secondary school.

Case study method is still frequently criticised from a positivistic and quantitative perspective for not producing data which are generalisable. This criticism is misguided on three counts. First, it assumes that all, or all significant, sociological questions can be answered through the use of quantitative data collection and statistical analysis methods. This is crass enough to warrant only here a simple rebuttal: they are not. Second, it confuses two different types of validity, statistical and causal or scientific, that an analysis may have. As Clyde Mitchell puts it:

"The inference about the logical relationship between two characteristics is not based upon the representativeness of the sample...but on the plausibility or logicity of the nexus."

(Mitchell, 1983)

To assume otherwise would be to allow the validity of the most implausible or even absurd relationships simply because the evidence for them was based on samples which were statistically representative of the populations from which they were drawn. The practice of social science in contrast requires that connections between phenomena be established in the first place through logical and theoretically plausible analysis. Third, case studies do not stand on their own but are related to a larger corpus of theoretical and empirical work which is the terrain of ongoing

intellectual debate and discussion. Social anthropology, for example, is largely constituted by separate case studies built up over a period of time and which have become the basis for theoretical generalisations.

I do not know how typical Appletrees was or is. I would be surprised if it was grossly untypical of primary schools but it may have particular characteristics, for example of a regional nature or in the class background of its children, which differentiate it from others. My study of it yielded certain insights into the processes of childhood sickness. I do not pretend that these occur in the same way in all primary schools in England, and still less anywhere else. I do claim that I have mapped out some plausible relationships between sickness and other features of children's lives and that I can indicate some useful theoretical frameworks for understanding these. I also offer my report of these as an invitation to others to indicate my errors and omissions and to further clarify my insights.

CHAPTER 3

4F: The school lives of the children

The account of children's social lives that is given in this chapter is inevitably incomplete and partial. It is strongly conditioned by the fact that my observational work took place and was centred upon Appletrees, and therefore it was from this viewpoint that I mainly saw events (2). This remains true, I think, even though I visited the homes of the children, sometimes talked to them there and interviewed their mothers and fathers. The view of their families and households was inevitably coloured by the fact that I came 'from' the school so to speak, and parents may partially have seen me as being interested mainly in this aspect of their children's lives. So, although, for example, I did collect some interview material about the children's relationships with siblings and wider kin such as aunts and grandparents, this was not so detailed or so comprehensible to me as that concerning school. Similarly, I did only a small amount of observation of the children's lives in the streets and neighbourhoods which they inhabited. As an ethnographer, then, I gathered what I could, as carefully as I could, but remained conscious of the limits of my materials and the marks they bear from the context of their production.

The account I give is selective in another sense. It is structured by the way I came to understand the relationship between the accounts of,

practices around and patterns of children's sickness and other aspects of their lives. I have highlighted the features of their lives at school which I think are most significant in this relationship. These features are: the process and organization of schoolwork, the transition to secondary school and the gendered character of children's friendship groups and subcultures. I shall describe each of them in turn and then draw the strands of this material together.

The classroom as a workplace

It may well be that play is, in Denzin's (1981) words, 'the work of little children'. Nevertheless in Appletrees children were made acutely aware that their school day was composed largely of an activity which, if nothing else, was certainly not the same as play. Panter (1986) has pointed out that when children make the transition from nursery to primary school they are imbued not only with more rigid and fixed gender identities but also notions about them becoming 'big' boys and girls who are going to 'proper' school where new standards of behaviour are expected. He points, for example, to the way in which children are inducted into the non-negotiability of the teacher's authority - a sharp contrast to the more flexible attitude of nursery staff or their parent-helpers. On the evidence of King (1978) and perhaps also of Sharp and Green (1976) it would seem that even children in nursery school are made well aware that play itself would not satisfy their teachers. However much the pedagogical theory of nursery teaching draws upon the correlation and identification of learning and playing, it is still made clear to children that these are regarded in some ways as very different types of

activity.

King (1978:20-21) has listed some of the ways work and play are differentiated by teachers in infant schools:

play is a prelude to work (necessary before they could 'settle' into work)

some kinds of approved play count as work

play is a reward for working

play is stopped when it interferes with work of others

play can be chosen but work cannot be refused

teachers define when work is completed

work is done for the teacher

work is done in the morning, play in the afternoon

teachers work but seldom play

play is more important for younger children

In comparing my fieldwork material with the above it would seem that infant and primary school are quite close together since many of the practices that express and embody these assumptions can also be seen in operation in the latter. In Appletrees, however, there was even less acceptance by teachers of play as a form of working than that reported by King. As Catherine explained to me one day:

"Ideally Jim (the Head) would like to see the children just wandering in and out of class and into the playground but it just isn't practical."

(FWD:64)

On other occasions teachers expressed the view to me or each other that they were constrained by parental definitions of what counts as proper school work.

In fact Appletrees had a number of work/play differentiating practices which one might, following Bernstein et al. (1971), describe as school rituals. The practices I observed fit neither into what he calls differentiating (that is marking internal divisions of sex, age, house etc.) nor consensual (that is binding the school into a single entity) ritual. Rather they served to underline that school is primarily a place where children are expected to work. At a simple spatial-symbolic level this is obvious in the division of the grounds into a playground, a sports field and the school buildings themselves. At the start of each morning the children gathered together on the playground and were expressly forbidden either to go onto the sports field or enter into school itself, unless it was raining. At 9 o'clock a teacher in charge would blow a whistle at the sound of which the children were expected to immediately stop what they were doing and stand still. A moment of silence usually then occurred during which the teacher allowed a new mood to be created, sometimes criticising particular children for not having completely ceased their previous activity. Then each form name would be called in turn and the children would walk, again in silence, to the entrance of their particular unit. Their teacher would be waiting for them and would open the doors. The children would line up in two rows, boys and girls, and again the teacher would wait for silence before allowing them into school. Once inside the children would hang up their coats in the cloakroom area and would change into their 'inside shoes'. This having been done the children were ready for registration. Even before this point, however, a different domain, one of work rather than play, had been entered and marked by these practices. The children had moved from a situation where, within certain limits, they themselves decided upon, controlled and

regulated activities which they voluntarily performed, into one where their behaviour had to conform to certain externally imposed patterns and was scrutinised, monitored and corrected by the teachers' authority. The registration procedure underlined some important aspects of this, in particular it was done in a way which emphasised and dramatised the power relations of the classroom. All children had a place at which they customarily sat (though this did not remain constant for all activities), but at the beginning of the day they were not allowed to occupy this seat until after registration. Instead the children were expected to sit on the floor in a circle around the teacher who sat in a chair raised above the children. This practice was strictly enforced and children who attempted to sit upon an ordinary chair were almost always asked to move. I asked Catherine why she did things in this way and always received answers to the effect that this was the way she liked to 'start the day'.

Registration was itself a powerful reminder that attendance at school is not a voluntary activity and it was at this point in the day that the absence of children became visible. Enquiries about an absent child were frequently made of the other children, again demonstrating that failure to attend forms the basis of legitimate enquiries from the teacher and the school. It was of course also at this time that sickness notes were also routinely asked for by the teacher.

Before describing in more detail the curriculum and timetable of 4F I shall first describe the ways in which the work character of school time was constructed. I want to take for this an area of the curriculum which was, from the teachers' point of view, most in danger of becoming mistaken for play; that is the subject of sport. A large part of the children's leisure time outside school was taken up with sport activities. True, this

was especially marked in the case of the boys but in the particular instance I intend to take, swimming, this was not as strong as in the case of team games which were at the core of the boys' social networks.

Teachers were anxious that swimming should not be seen as 'just a skive,' as Gerald (FWD:44) put it. Consequently a class trip to the swimming baths was treated very much as a serious lesson. On accompanying the class to the swimming pool one day I noted afterwards (FWD:44) that the emphasis had been on skill, discipline, grading and competition. The children were divided into four groups according to their level of skill: the non-swimmers were put in a small shallow pool on their own; the two middle grade groups were in the shallow end of the main pool, one working with a professional swimming instructor and the other with Catherine; finally the most proficient swimmers were put with Gerald at the deep end. None of the teachers or instructors got into the pool but stood on the side giving directions to the group they were in charge of. These instructions consisted of a series of graded exercises based on particular swimming skills. When a particular child managed to achieve the required level of performance they were sent to join a higher group. There were a series of frequently proclaimed rules which controlled the behaviour of the children. For example the children were not allowed to bring any special equipment, including for example eye goggles; those who were seen as 'messing about' or not taking their tasks seriously were sent out of the pool; and one boy who a few weeks earlier had needed to be rescued was forbidden to take part at all because the incident was put down to his lack of seriousness about the lesson and indulgence in 'horse-play'. As if to emphasise that the trip to the baths was about work rather than play, 10 minutes before the end of the session the children were told they could

now have a short time for 'free swimming'. This was also closely supervised, partly for safety reasons but partly also to stop any of the 'larking about' which is common-place amongst children (and indeed adults) during their leisure-time visits to the pool. Some of the children told me on the way back to school that when they came swimming out of school time it was only 'for fun'. In the practices used to differentiate school swimming lessons from his I would suggest that we can see some of the ways in which the characteristics of school activity as work were constructed.

The timetable and the schoolday

The character of schooling as work can be further illustrated by describing the course of one particular day. First, however, I will give a general description of the organisation of the formal curriculum and the timetable. Schoolwork was divided into two main categories: assignments and projects. Assignments covered what were called 'number work' and 'language work'. The content of the first covered mathematic functions, fractions and decimals, measurement (length, area, volume etc), shape and simple algebra. A special category was 'super-maths' which included mental arithmetic and estimation and this was timetabled separately. The content of language work included spelling, comprehension, English usage, high-order reading skills (skimming and scanning texts) and hand writing. Also included, but covered separately, were reading, where all children were given regular individual and diagnostic tests, oral language in drama, poetry reading and stories and creative writing generally, which also had a separate timetable slot.

'Assignments' were carried out in small groups placed together around particular tables in the classroom. Each table was an ability group

put together by the teacher and given a colour code shown on the file which each child kept to contain the written record of their number and language assignments. The different groups were given different tasks to complete according to the pace at which they worked and the point they had reached in working their way through a set scheme of work contained in a package of curriculum materials. For example, in number work the class used a curriculum package which contained a series of graded exercises and problems. The work set in this way was organised according to a weekly schedule. Each Monday morning Catherine would spend 40 minutes giving the children belonging to the different ability groups their assignments for that week. Assignment periods for the rest of the week would be spent on this, with the children working under the general supervision of Catherine as she moved from group to group talking to individual children about the work they were doing. Children who seemed to be getting behind would be asked to stay in during breaks and lunch times and in any case the first part of Friday afternoon was used to check that assignments for the week had been completed. All the children were well acquainted with this system and sometimes took work home at the end of the week to ensure that it was completed.

The other main category of school work was 'Projects'. In theory these were of two types: 'mini-projects', which could be flexibly organised to pick up particular themes and issues that the children raised, and larger scale planned projects. In practice only the last type happened during the time that I observed 4F. The idea of these was that a full range of knowledge and skills be brought to bear on a single, though often broadly defined, topic. In the Spring and Summer terms two topics were taken up: 'making a book', which involved the children each writing a

story and then binding it together with illustrations (with excursions into the history of printing and literacy) and 'Holland' which involved a wide variety of work around the geography of the country which was visited by some of the children in the middle of the summer term as part of a school organised holiday.

Other timetabled subjects were art and craft, games and swimming, religious education and something called 'community link'. This last item took two forms: the first involved 'parents' (in practice exclusively mothers) coming into school to help the teacher, usually with organisational tasks or listening to children read; the second type involved special events such a cookery afternoon being organised and some mothers coming into school to take groups of children through the activities that had been planned.

The amount of time spent on each of these areas can be seen from the weekly timetable which operated in the Summer term. The school day lasted for five and a half hours each week day. It was, as is usual in English schools, divided into morning and afternoon sessions each of which counted on the register as a half-day attendance. The register was taken at the beginning of each session. The morning lasted from 9 o'clock until twelve and was divided into two halves, with a break between 10.20 and 10.40. Lunch was between 12 o'clock and 1pm, and the afternoon was again divided into two equal halves with a 20 minute break. These are represented in the daily division of time below shown in Table 3.

Table 3. Timetable for 4F used in Summer Term.

<u>Day</u>	<u>Period</u>	<u>Subject</u>
<u>Monday</u>	1	Silent reading Weekly introduction to Assignments
	Break	
	2	Assignments
	Lunch	
	3	Assignments
<u>Tuesday</u>	4	Swimming
	1	Assignments Reading comprehension
	Break	
	2	Project
	Lunch	
<u>Wednesday</u>	3	Project
	Break	
	4	Hymn and choir practice
	1	Silent reading Assignments
	Break	
<u>Thursday</u>	2	Supermaths Music
	Lunch	
	3	Handwriting
	Break	
	4	Outdoor games Assembly
<u>Friday</u>	1	Creative English
	Break	
	2	Creative English Silent reading
	Lunch	
	3	Art and craft
<u>Friday</u>	4	Art and craft
	1	Assignments
	Break	
	2	Assignments Silent reading and comprehension
	Lunch	
<u>Friday</u>	3	Assignments completion Practice for secondary school test
	Break	
	4	Religious Education Showing Assembly

It can be seen from this that assignments, usually divided up equally between language and number work made up the largest single item in the children's school week, altogether accounting for about 30% of it. The next largest item, projects, accounted for another 15% and comprehension, usually combined with personal ('silent') reading made up a roughly similar amount. Assignments also importantly structured the school week in that they started and finished it, and that they were the only part of the timetable monitored on this regular weekly basis. The content of assignments coincided with what previous generations, including the children's parents, often refer to as 'the basics', or to put it another way 'reading, writing and arithmetic'. It is also significant that for the most part the content of this activity coincided with that covered by the grading test administered by the local secondary school (which I will discuss in more detail below) and which the children took in the middle of the summer term. I would suggest that the category of assignment constituted the central work activity of the children. It was through this that they were most closely monitored in their work and it was in terms of this that the central judgements of their ability were made both by their primary school teachers and in their transition to secondary school. Other subjects contributed to overall judgements about the children's aptitudes and personality but did not form part of this core definition of 'ability'.

A further flavour of these structures in the children's everyday life at school can be given by describing in more detail a particular day. I have chosen a day in April (actually the 23rd) since that was about half-way through my period of observation. It was also a Friday, the day of the week which earlier in the year had been used for the swimming

lessons described above. In mid-Spring term, however, the school had opened its own small pool and there was no longer the necessity to make the trip to the local swimming baths. This was seen as especially important for the fourth year pupils since it increased the amount of time spent on other 'more important' work. In fact swimming was moved to Monday afternoon and the extra time created on Friday was used for extra work on assignments.

The day in the classroom began with the lining-up, shoe changing and registration routines I have already described. My notes for that day include the following:

"As usual Catherine sits on the chair with the children on the floor beneath and around her. As she calls their names they reply 'Yes Miss Frazer'. This seems to create a mood of formality and seriousness, perhaps important to Catherine as a way of starting the day.'

(FWD:56)

Work as such began with a 40 minute period of 'silent reading'. Each child regularly chose a book from the school library which they read during these periods. Children could bring books of their own choice from home but in this case it had to be approved by Catherine. Each child had a record kept of the books they had read. Catherine would work her way around the class listening to each child read a passage from their book, correcting and encouraging them. The page they had reached was recorded each time this happened and comments on any particular difficulty encountered were also made. By starting the day with 'silent reading', a practice common to other days in the week, the nature of schoolwork as individual, private and quiet was emphasised.

'Listening to the children read' was one of the jobs regularly given to those mothers who responded to the invitation to come into school to help out. It was also a job I did which helped to make my presence in the classroom somewhat less obtrusive. However, it is important to note that the children whom I and the mothers heard read were not a complete range of those in the class. Those who were seen as having particular difficulties were given more exclusive and concentrated attention from Catherine. Children were defined in this way through the regular application of a series of specialised reading tests used to characterize ability and diagnose difficulties. They were the 'Salford' which differentiated the children into the 'more' and 'less' able, the 'Daniels and Dyack' and 'GAP' for the former and the 'Jackson' and 'Neale Analysis' for the latter. The results of these tests were discussed with the teacher who acted as the school 'reading specialist', and who recommended particular teaching strategies to Catherine for dealing with and overcoming the difficulties of individual children. Those who were seen as having especially severe difficulties were sent to see the reading specialist during silent reading periods. Events on this particular morning conformed to this general pattern as Catherine moved around the class (3). At this stage the children were sitting in their 'own' places, chosen by themselves and generally in sex segregated groups.

This, however, was to change for the next phase of the morning's work which was concerned with spelling. Catherine first asked the children to collect their spelling books and a pen from their file drawers and then to move to their English assignment group. Once in their place Catherine stood at the front of the class next to the blackboard and after writing the word 'ANTI' on the board explained that this morning they were gonig

to do the meaning and spellings of words that began in this way. She then wrote out a series of words on the board, pausing between each to ask the children what they meant. At each request some of the children would raise their hands and one or two would be selected to say what they thought. When ten such words had been gone through and written down the children were told to do 'Directions'.

This is a curriculum activity pack designed to help children learn the meanings and spellings of particular words. After 15 minutes of this activity the children were asked to return to their places. Catherine, after rubbing the words off the blackboard went around the class asking named individuals to first say what a particular word meant and then spell the word. The children were mostly successful at this but on occasions when they were not she had no hesitation in saying so and there was a clear sense of children failing or succeeding in their answers.

This activity took the class up to the time of the morning break but on this day instead of being sent to the playground the whole 4th year was told to line up in silence by the door that led into the Assembly Hall. Two days previously (when I was not present in school) 4F and 4C had been 'misbehaving' during assembly, mainly by talking and making a noise. The Deputy Head had decided that they should be kept back from play as a punishment and the class were made to sit in silence through break. After the bell signifying the start of lessons, they were sent back to their class after being reminded that it was 'their job to set a good example' to the younger children and that misbehaviour such as this would not be tolerated at the schools they were moving on to.

The lesson after break, which took the whole of the time up to lunch, was concerned with the children's maths assignments for that week.

On Monday Catherine had given the different colour-coded ability groups a set of exercises which they were expected to work through during the days that followed. This was revision work on adding and subtracting fractions and was intended by Catherine, and seen by the children, as preparation for one of the tests set by the local comprehensive school. Each ability group was given a different range of exercises and problems from their maths work-book. The children took out their maths files and began work in groups around tables according to the assignment group they belonged to. As they worked Catherine circulated around the groups examining their work so far, correcting and marking it and explaining how to do problems which were causing difficulty.

It would be misleading however if the reader were to be given the impression that the classroom atmosphere was austere or authoritarian. Most of the time there was a buzz of conversation between the children, although my observation indicated that particular groups drifted from individual concentration on work, to discussion in pairs of how to do the exercises, to comparisons of answers and methods, to more general conversation about topic in the children's friendship groups and lives more widely. This can be illustrated by the group made up of Kathleen, Maria, Marcus and Malcolm. One segment of this activity started with Kathleen saying to Maria that she did not understand how to do the following sum:

$$2/5 + 1/4 = ?$$

and asking her how she'd done it. Maria began to explain but the conversation soon moved to which was the best secondary school to attend. Marcus and Malcolm began to join in this, though as was common across all the assignment lessons when work went on in pairs these were usually sex

segregated. The boys were rather taunting of Kathleen, saying that she would not get into the school she wanted. The talk then moved into a discussion between Maria and Kathleen about wearing spectacles, which they believed their friend Claire in 4C needed. They then lapsed back into their work which continued for ten minutes until a new conversation began.

Catherine frequently addressed the whole class to tell them to be quiet and this instruction was often couched in the terms of what constituted proper work. She sometimes also spoke to a named group:

"Malcolm's table, that is not work!" or directly to a group she was close to:

"I don't think you're working. I know you're working but I don't think you're really got your heads down."

(FWD:69)

The class continued in this way until lunchtime when the children were told to tidy their folders away and sit at their tables. Catherine asked for quiet and then gave permission to those who went home for lunch to leave and asked the rest to line up by the entrance to the dining hall. Those who brought a packed lunch collected it from the cloakroom and took it to their place, whilst those having school dinner formed a queue by the serving table. Lunch was supervised by the 'dinner-ladies' and although a few teachers also joined them most went to the staff-room. After eating the children went onto the playing fields. A few children, all girls, remained behind in class mounting pictures they had painted earlier in the week for presentation in Assembly later in the afternoon. Meanwhile most of the teachers either left the school premises or spent the lunchtime in the staffroom. Children were not allowed to come to the

staffroom during this time except for 'emergencies' and the dinner-ladies were expected to deal with most of the issues that could arise during this time. Nevertheless one teacher was 'on duty' during this time and usually spent the time in the playground.

Afternoon class resumed in the same way that the morning had started, with lining-up, shoe-changing and registration. The first lesson of the afternoon was taken up with finishing off the assignments for the week. Catherine went around the class checking folders and marking work. On the whole children had done the work expected of them but where this was not the case they were told that they would have to stay in during breaks or lunchtimes next week to catch up. Where a child seemed to be having real difficulty with the work Catherine made a note of this with the intention, she later told me, of spending some extra time on this next week with the child in question. At the end of 30 minutes it was time for the weekly tidying up of file drawers. Each pupil took their file-tray from the cupboard where it was kept and made sure that it was tidy and in good order, ready for inspection by Catherine. When this was complete the class moved into its main activity for the afternoon, the practice for the secondary school test.

This was a usual task for Friday afternoons and the children were all expecting it to happen. As on other Fridays Catherine tried to reproduce as closely as possible the conditions that would pertain during the actual test. The children were asked to sit in their usual seat and take with them the pen they expected to be using for the test. Catherine announced that:

"My class you are now under exam conditions and you all know what that means. No talking to your neighbour and

looking only at your own work."

(FWD:50)

Despite this warning several children were admonished for talking and threatened with being banned from taking the exam. This may seem like an odd punishment until one realises that the children had become thoroughly (and perhaps not unrealistically) convinced that their future at secondary school would be largely determined by how well they did in it. This was the source of a good deal of anxiety amongst some children.

Catherine always told me that she was unhappy with the way this test structured the work she set for the children and would have preferred to work in more 'open' ways. In fact she felt that the competitive atmosphere of the test was against the ethos of the school and because of this the children could be at a disadvantage compared to those in other primary schools in the area. As she said to me:

"We've tried to change what Lowhouse does but whilst they've got the system we've got to be fair to the children. They're competing against other very academic primary schools so it's practice, practice, practice in the fourth year."

(Int. T2:4)

The class was then told by Catherine that today they were practising for the 'creative writing test' and reminded by her of the points they had been over before on how to approach this. Mostly this concerned rules about where to put the heading, making a plan of the main points and being very careful about starting new paragraphs rather than having a continuous block of writing. The title they were given was 'Holidays' and the children worked on this for about 25 minutes.

Throughout this time Catherine and Graham kept silence in the class and at the end the essays were collected in for marking. The children were then allowed out for 20 minutes in the playground.

Immediately after break the class went to the TV room where they watched a recording of an illustrated story. This took the class up to time for Assembly which, as was usual for a Friday, was in a special form called 'Presenting' or 'Show Assembly'. The main hall was used for this and the children sat in concentric semi-circles on the floor, filling almost the entire space of the hall, but with enough room for their teachers to sit on chairs around the margins of the room. The Assembly was led by the Deputy Head who, after making various announcements, called upon the representatives of the different year groups to come to the front to present 'some of the work they have been doing in the week.' Two presentations were made. The first by the third year consisted of six different poems being read by their authors, poems which tried to evoke a different colour of the rainbow without actually mentioning it by name. The fourth year gave descriptions in prose, poems and paintings of conditions in war-time London, especially the experience of the Blitz. This was based on the collective reading of the novel 'Fireweed' which the class had been doing in their creative English class and the painting in their art lesson the day before. After some prayers the year groups were allowed to leave one at a time, return to their units for their belongings and set out for home. This brought their day, and their week, at school to an end.

Gender and friendship

Sociological research in primary schools is not common and

extensive attention to the role school plays in gender differentiation and segregation is even rarer. In 1980 Delamont could point out that gender had played little part in the large literature on the analysis of classroom interaction and that of four available observational studies only one (King, 1978) paid much attention to it. Since then there has been some improvement in this situation (for example, Claricoates, 1980) but the literature is still thin.

Delamont (1980) suggests that practices in school which reinforce or create gender differentiation and segregation are to be found despite differences in school organization and character. She describes two middle-schools dissimilar in almost all respects but finds that "... in terms of sex segregation they are identical"(1980:26). Claricoates, whilst agreeing that all primary schools do practice forms of sex differentiation and segregation among the pupils, suggests a more subtle relationship between the practices inside the school and those in its ambient culture. She contrasts four different schools and suggests that attitudes and practices around gender match those in the local community:

"My research has led me to believe that models presented to the children, with their demarcation between masculine and feminine, are based on ecological factors that pertain to that school, i.e. the value structure of the school in relation to the community values"

(1980:28)

Claricoates' suggestions highlight the fact that children experience gender segregation and differentiation both before school age and in the wider aspects of their social lives. This was certainly true in Ravenscroft where community social life was, as one would expect, strongly

marked by gender differences. Some illustration of this can be drawn from a description of the village centre on a Saturday morning taken from my research diary:

"At 11 am the village high street is busy with Saturday shoppers. On the street most of the women to be seen are engaged in this task, either women on their own with shopping bags going from shop to shop or women with prams, often with other smaller children. There are a few young couples shopping together without children and some together with children. In this case the men stand with the children chatting or playing whilst the women get the shopping and pay for it. (This scene is repeated on a larger scale at the out-of-town supermarket a short drive away.) Also on the street are delivery men, men shoppers and older men standing in groups or pairs smoking and talking.

Men and women are working in the shops but it is noticeable that they do different jobs and work in different types of shops. In the baker, the fish and chip shop, the greengrocer and the newsagents the shop assistants are all women. In the electrical goods, DIY and bike shop they are men. In the last an older man deals with customers and allots repair work to two teenage male assistants. In the local pub the landlord is male but most of the bar staff are women. The lunchtime drinkers are predominantly men. The supermarket exemplifies the different jobs men and women do. The manager, sitting

behind a frosted glass partition is male and so is his assistant who is overseeing the filling of shelves. The shelf stacking is done by a woman but the goods are brought on a pallet-trolley from the warehouse by a teenage boy. All the assistants at the check-out desks are women."

(FWD:App 1)

The economic, occupational and domestic implication of this were reflected in the families of the children of 4F. Except for two unemployed men the fathers of these children all had paid employment outside the home. The largest group had manual jobs, some skilled such as plumbers and motor mechanics and others semi- or unskilled, for example factory assemblers, a hospital porter, and building workers. Three had supervisory or non-manual jobs and four were small shopkeepers or managers. Two were college lecturers. The majority of these worked a conventional 9 hours, five days a week. Turning to the children's mothers the situation was quite different, only two having full time paid employment. One was a canteen cook and the other a freelance translator who worked at home. The largest group of women had some paid employment outside the home on a part-time basis, either on shifts which operated within school hours or fitted in with them. The clearest examples were the women who worked as a school 'dinner lady' and the 'lollipop lady' supervising children in the playground and crossing the main road of the village. Others had made special arrangements with their employers to fit in with their childcare responsibilities. For example, one mother, who worked as a secretary for a firm of architects told me:

"They're very good really because if I have to look after Douglas unexpectedly, if he is ill then they don't mind me

not turning up, as long as I ring up, or put in some extra time later in the week."

(Int. 021:3)

The occupations pursued by these women also tended to be traditional female ones: catering and canteens; light assembly work; cleaning, secretarial, shop assistants in addition to the ones mentioned above.

When we turn to the children themselves we also find a marked gender differentiation. For example, all the children except two had first names which were unambiguously male or female. The exceptions were a boy and girl who came from Italian and Malaysian/West Indian backgrounds respectively and whose names were unfamiliar (to the white English) and exotic rather than deliberately gender ambiguous. Similarly the boys and girls all dressed for school in gender specific ways with the boys in long trousers and the girls usually in dresses, although there were no school rules to this effect. Out of school this rule usually applied although it was more common to see the girls in trousers or track suits.

Several researchers have documented the way in which the mass media purvey sex stereotyped images to children. The work of Lobban (1974-75) on British primary school reading schemes is well known, as is its conclusion that the schemes project a view of the world that is considerably more rigid in its gender typification than the actual social world of the child. Others (Braman 1977, Sharpe 1976) have looked at children's taste in comics, which are arguably more influential since they are chosen by children and often bought by them with their own money. They certainly seem preferred by 4F over school books. As one of my informants pithily put it:

"School books are boring, these aren't..."

(FWD:70)

Delamont (1980:19) suggests that these comics, which tend to be strongly identified as either for boys or girls, contain the following gender messages:

- a) females are concerned about keeping things and people clean;
- b) females provide food and drink.
- c) females tidy up after males;
- d) females help people to do good turns;
- e) females are nurses, males are doctors.

In boys' comics action is central and emotion at a minimum, except for bravery and team spirit. In girls' comics, heroines, usually older but adolescent girls (such as the legendary and ageless 'Four Marys') rather than adult women, are enmeshed with dependents - small siblings, aged relatives, deprived friends or animals in peril. The stories concentrate on interpersonal and emotional themes such that:

"The message comes across that it is girls alone who are sensitive enough both to have feelings themselves and to be able to detect them in others."

(Sharpe 1976:97)

The comics 4F read showed a great variety of choice, with the class collectively taking 28 different publications, but these were strongly gender differentiated. Within the children's friendship groups these were frequently exchanged and so any one child would see many different comics. Amongst the girls the most popular were 'Girl', 'Jackie', 'Buster and Jackpot' and the 'Beano'. There were only two girls' choices which overlapped with the boys, the 'Beano' and 'Buster'. The interest division

of the girls between those who read comics such as 'Bunty', 'Girl' or 'Mandy', aimed at a younger readership, and those who subscribed to 'Jackie', 'Photo-Love' and 'Love-Affair', which concentrate on an adolescent readership, seems to reflect differences amongst the girls in their transition to being 'teenagers'. The differences between the two types of publication are reflected in their content. 'Jackie', for example, contains photos of male pop stars, fashion features, photo stories about adolescent romance, problem pages mainly dealing with boyfriends, advertisements for skin care products, jewellery, make-up and so on. 'Mandy', on the other hand, is in cartoon form and mainly concerns heroines and how they cope with adversity, especially in their relationships with step-parents, guardians and siblings.

The boys read a different range of comics and magazines. Most popular were those that centred on football ('Match' and 'Shoot') and other sports ('Shooting Times', 'BMX Official' and 'Dirt Bike Rider'), the last usually representing some activity shared with their father. They also included 'Superman', 'Unexplained', 'Video Viewer' and 'Tops'. The boys generally, however, were less likely to read a comic or magazine than the girls. Also, most boys told me they did not buy one particular comic, although they almost all saw copies belonging to others.

It is clear, then, that the children lived in a gender differentiated world outside of and independent of their school. At school, however, gender differences were also constructed and reinforced. Appletrees showed a typical pattern of gender segregation in the school organization. Boys and girls were kept on separate lists in the various registers that were taken at various points in the school day or week. The LEA School Attendance Register was filled in this way (despite there being

no instruction to this effect from the authorities) and the pattern was repeated for the 'Dinner Register' which recorded those children bringing their own packed lunch, taking school dinner or going home to eat. The same procedure applied for the 'Swimming Register' which counted and identified those taking part in swimming before and after each session.

Each morning the children gathered in the playground and at 9.0am a whistle was blown and the children were required to stand still and then, each form group in turn, go to the entrance of their unit. There they had to line up in two files, one of girls, one of boys and wait for the teacher to let them in. A similar procedure was adopted at lunchtime and at breaks. This amounted to at least 28 reminders each week that the basic and public division of the class group was by gender. These were reinforced by the usual provision of separate changing rooms and lavatories and separate rows of pegs for coats in the cloakroom area of the unit.

The whole school was in fact imbued with gender segregation and difference. The authority structure reached its pinnacle (the Head or his Deputy) in two men, whilst most of the ordinary form teachers were women. The school meals staff, and cleaners and secretarial staff were all women. The only man at this level was the school caretaker and his job was markedly concerned with strenuous physical activity such as unloading deliveries or moving furniture or traditionally male activities like running the central heating equipment.

Although my classroom observation was not focused upon gender differences in class management and teaching these were nevertheless apparent. Teachers frequently used sex segregation to organize or motivate the children, although the most obvious practices, such as forming work

groups exclusively of boys or girls were avoided. One of the most important ways however, in which segregation occurred centred on the different forms of sport that took place in school. Later I will describe how sport represented a central element in the culture of the boys. The correspondence between this and the way the teachers of Appletrees organized games is striking.

The teachers at Appletrees worked hard to separate the school-based sporting activities such as swimming from the trips to the swimming pool that children might make with their parents or by themselves. The gendered character of such 'serious' sport can be illustrated through two examples: the cricket team and the Sports Day. The first instance occurred towards the end of April when Gerald Chapman decided to organize a school cricket team to play others in the area. After registration at lunchtime he announced this to 4C and 4F, emphasising that he wanted volunteers to play but also stressing that this meant attending training sessions. He said that he was going to call out names from the register and each person had to say whether or not they wanted to take part. He read out only the names of the boys. When he got to the end he thanked those who had volunteered, closed the register and asked the class to go to their usual places (FWD:59). (In fact one girl, Rebecca, did join the cricket team but only after a struggle and against the wishes of the boys.) The second incident occurred in mid June when the teachers were beginning to prepare for Sports Day later in the term (FWD:118). Again after registration classes 4F and 4C were brought together and volunteers were asked for the cross-country race. Amongst those putting themselves forward were two girls. This seemed to puzzle Catherine who after a moment's thought asked:

"Girls, do you know you have to go all the way round?"

The girls nodded and still seemed keen but Catherine responded to this with: "Well I think you'll appreciate it if its only for the boys. It'll make it much more fair." (FWD:118)

Another incident forms a contrast with these. In this case the game was organized immediately after the first of the formal examinations which the fourth years took in mid May. Gerald Chapman explained to me that this had been done specifically to let the children 'have some fun' after their efforts. The game was rounders, both boys and girls took part and formed mixed teams (FWD:85). What emerges from these (and other examples not reported here) is that sport in the school was divided into serious sport (marked by real competition, meeting other teams or being on display to outsiders) and non-serious sport. Serious sport was seen as primarily male whilst mixed or exclusively female games were seen mainly as fun. It is true that girls' netball was played but significantly there was no team which played other schools nor was there any competitive tournament within Appletrees. In general the pattern was similar to that found by Emmett (1971).

Sport also provided the occasion for further important gender typification by the teachers. Other observers have noted that girls are more frequently praised for their appearance, clothes, hair and manner of walking than boys (Serbin 1978, King 1978). On the other hand, boys were frequently criticised for not being athletic in their appearance. For example at the swimming pool, in the male changing room Gerald Chapman sarcastically commented on one overweight boy's physique:

"I suppose it's pure muscle is it!?" (FWD:44)

Boys were generally admired by teachers and other pupils for their

physical fitness and even their ability to 'defend themselves'. Of course if this ability went 'too far', and became aggressive, boys would be criticised and punished. Nevertheless even here there was an underlying but muted sense of admiration. One particular boy, for example, was frequently described by teachers and other pupils alike in negative terms for his aggressive attitude. Gerald described him "a real thug" but added smilingly that he was still "a likeable lad" (FWD:58).

Gender segregation and differentiation was, then, a fundamental feature in both the wider social lives of the children and in the practices of their school. It was also a basic feature of the subcultures (4) of children which they constructed themselves. These were marked by a high degree of gender separation and the girls and boys shared few friends and activities. This conforms with previous research findings (Halliman, 1979; Schofield, 1981; Douvan and Adelson, 1966). A sociogram constructed from the replies of the children in 4F and 4C to questions about their friendships showed only one cross-gender claim to 'best friend'. This was from a boy, who was considered by the teacher to be on the borderline of educational subnormality, towards a girl in his class, who often 'looked after' him. The claim on best friendship was not reciprocated by her. Otherwise the friendship patterns were exclusively gender based. This was confirmed, again with only a few exceptions, by both my interviews with the children and my observations of them in the school playground and around the village.

When children had a choice about where they sat in school or in school-related activities they always segregated themselves according to gender. For example my observations concerning a trip to the local swimming baths:

"The children sit in the coach mainly in sex-segregated pairs. The boys go to the back of the bus and the girls sit near the front. Catherine sits near the back telling me as she goes that this is 'in case the boys need sorting out'." (FWD:43)

The boys' activities and subcultural life were more visible and public than the girls. At school breaks, for example, the boys occupied the central spaces available for play (especially during team games), leaving the girls with the more peripheral areas. This was most obvious on the two grassed games areas, one of which was adjacent to the unit entrance/exit used by 4F. The first area was used by the children of the first and second years often in team games, usually football. Here the majority of the players were boys but a sizeable minority of girls also joined in. On the areas used by the third or fourth years was entirely occupied by a football game in which only boys took part. Indeed the girls were deliberately and consciously excluded from these games even to the point of being physically chased and even kicked off the field if they tried to join in. Girls were only allowed to participate by running after the ball and returning it to the boys if it was kicked out of play off the field (FWD:58). I frequently heard the term 'girl' or 'woman' being used between the boys as an insult. For example when a boy played incompetently I heard the following shouted at him:

"What can we do with women like you on our side!"

(FWD:58)

These exclusion tactics also included a sort of juvenile sexual harassment. When a girl persistently tried to join in the game she was eventually persuaded not to by a 4F boy shouting at her:

"May be he wants to snog with you. Want to have it off with him (a boy in 4F)? It's free." (FWD:122)

She looked embarrassed and walked away into the unit.

This went alongside the boys frequently expressed belief that the girls were physically weak, feeble and lacked physical courage. Displays of strength and courage in the face of physical risk were at the centre of the boys' culture. This expressed itself most publicly in their football games. These were at the centre of their social life with each other outside the classroom. Almost all the boys took part in the lunchtime football games which were organized as an analogy with the F.A. Milk Cup. Several of the boys organized teams, which they captained, and which took their name from famous real teams: Manchester United, Liverpool etc. The boys also used sport to claim superiority over the girls. For example, in the rounders match described above, the boys cheered and supported other boys whatever team they were on and jeered girls who did badly, again irrespective of which team they were on. This was despite the teacher deliberately making the game a 'fun', non-competitive one by having mixed sides.

Throughout the summer term lunchtimes were taken up with a series of 'championship' games which, although never organized formally (for example by a list of games in the classroom), were known about by all of the boys. Boys' status and popularity with each other depended upon their leadership of such a team or their prowess in play. For example, the boys who led football teams were each at the centre of a group who cited him as 'best friend' in the sociogram enquiry.

An emphasis on physical size and strength characterised the boys accounts of each other. For example, whilst I was discussing eating

healthily with one particular boy who was quite small:

Pupil: I can't stop eating but I never get any bigger.

AP: Why do you want to be bigger?

Pupil: Well I don't know. Well see, I'm just a little titch compared to some of the boys in our class. J.W., he's massive. M. and M.D. Yeah, they're all really big. God you should see them!

(Int. 012:4)

Another facet of physicality was revealed in fighting between the boys. The most admired were those who were tough and competent enough to beat opponents but who did not pick fights with smaller boys or behave aggressively in socially inappropriate ways (E5:2). One boy who did was consistently criticized as "a nuisance" and seemed to act as a marker for the limits of physicality as a source of status in the boys' culture. On the other hand, certain boys, were known as "weaklings". Some boys were in the position of being smaller than some girls, several of whom had the reputation of being 'tough'. Tall or heavy girls were, however, often ridiculed and attacked by the boys and a small boy could claim status by doing this. For example, in an interview with a group of boys:

AP: Do you compare heights with each other?

DM: Yeah we do compare. Like sometimes I pick on J. (a tall girl). I climb on F.'s shoulders and say 'come on then' and she sort of pushed me over. She's really strong but then I tease her and say 'What size feet you got?' She

goes 'size eight'. So I say:

The bigger the shoes the bigger the smell,
The bigger the smell the bigger the cheese,
One pound of cheese you got down there!

Sometimes you have to stand up to her and have a laugh in front of your mates."

(M10:2)

Boys' friendship patterns seemed to involve a group of shifting but close friends they called their 'mates'. These friendship patterns persisted out of school and many of the boys described to me how they would roam over quite a large area including a number of places where they had 'dens' or would light fires, sometimes cooking food such as potatoes in the ashes. 'Ravenscroft' being a semi-suburban village on the edge of a small city provided many opportunities for such activities. Physicality, and particularly physical risk, was a feature of these boys time together. The injuries sustained in such activities were often proudly talked about and one boy who managed to break both arms in separate incidents over a single year was frequently mentioned to me admiringly as someone with 'guts' (FWD:43-44).

Finally my male informants told me about the sources of money which they had. All the boys were given some pocket money, though this ranged between 50p and #1.50. Only a few earned any extra money by doing household chores and running errands for their mother. None was employed directly in delivering newspapers, the most common source of income for children (Fitz, 1985); but five of the boys were indirectly involved, as were many of the others on a less regular basis. This was done by an

elaborate system of older children (both boys and girls over the age of 13) taking on two rounds at the local newsagent and then apparently unbeknown to the newsagent, 'subletting' parts of one or both rounds to younger boys. They were paid a proportion of the official rate but this left a significant proportion for the older boy or girl. This system also operated with the local 'free' advertising newspaper. My observations in the village centre confirmed the boys' accounts. Between four and five o'clock children could be seen dividing up paper rounds out of sight around the side of the newsagents (FWD:81).

The girls' culture was less directly observable and their accounts indicated that it was much more based upon visiting each other at home and playing together in the bedroom. For many girls it also seemed to revolve around one 'best friend'. This was especially so for those girls who were beginning to read magazines like 'Jackie' and who seemed to be becoming involved in aspects of 'teenybopper' culture. For example, Rebecca and Nerys frequently spent weekends at each other's homes, sleeping there for one or two nights, usually going to a special disco organized for young teenagers at a local school on a Friday night. They would 'dress up' for this and experiment with make-up. At the disco they met boys slightly older than themselves. The girls who were not involved in these activities tended also to meet each other in play activities in and around the home. In summertime they could be seen playing street games (tag, hide and seek etc.), roller-skating and cycling. There seemed to be no competitive team games equivalent to the boys' football.

At school the girls of 4F occupied the edges of the playing fields at lunchtime or were involved in other activities inside school. Some simply stayed indoors reading or working whilst others took part in

recorder or guitar lessons and in the drama club work. No boys were involved in either of these latter activities. Nor were any boys involved in helping out at the 'Mother and Toddler Club' which met at the school. A group of girls went twice a week to help set out the play equipment and play with the children during their breaks. When I asked if any boys were involved this question was met with laughter and incredulity.

Those girls outside found spaces to play games or engage in traditional girls' games like skipping. Another typical game played only by the girls was called 'Mother May I?' (see Opie and Opie, 1984). The following description comes from my field notes:

"Six girls (TS, LL, JD, MM plus two others from another class) are playing a game on the grass slope next to the fourth year unit. One girl stands with her face to a concrete pillar in the school building with her back to the others. They decide who will represent each day of the week. Still with her back to the others the girl by the pillar ('it') calls out each day of the week. After each day of the week an instruction is given. The different instructions are:

'Take a trip to London, or Sussex, Sainsbury's and the Co-op.'

'Fairy steps'

'Giant steps'

'Ladders'

'Take the dog for a walk'.

Each instruction signifies a particular type of movement from a start line agreed by the group of girls and a fixed

distance behind 'it'. For example 'Fairy steps' means take four small steps forward, one foot being placed directly in front of the other. As each girl is given her instructions she must call out 'Mother May I?'. If she forgets she must return to the start. The first girl to pass the concrete pillar becomes 'it'."

(FWD:83)

The contrast between football and 'Fairy Steps' illustrates the tendency (also found by Lever, 1976) for boys' games to emphasise cooperation with other members of a competitive team and girls to revolve around closer contact with a smaller group or single 'best friend'.

Some girls were seen as 'big' or 'tough' by the other girls although this did not seem to stigmatize them in the way that was threatened by the boys. For Nerys this went with attempts to get involved in the boys team games (even though these were usually unsuccessful). For Jenny it did not and despite the fact that she was physically much taller and probably stronger than most of the boys she was not exempt from their exclusions and she seemed to deliberately avoid their company (perhaps not surprising given the way they taunted her and used her size to attack her). The girls (like those in Claricoates' study in 1981) seemed to have internalised notions of their physical inferiority. One of Jenny's friends told me:

"Girls ain't so tough as boys. They're more like delicate." (Int. 012A:7)

Finally girls earned money in different ways to boys. Again most received pocket money but often earned extra by doing household chores:

"You can get more money from your mum by being nice to

her... like clearing the table, doing the beds, sweeping the floor..." (Int. 010:5)

Several of the girls also undertook childcare and there were several incidents during the term where girls stayed off school (usually for a half-day) to look after a sick younger sibling whilst their mother and father were out to work.

The differences between boys and girls friendship patterns observed at Appletees generally conforms to that suggested by other research. It is well documented that boys of this age tend to congregate in large groups whilst girls have smaller, sometimes pair-based, friendships (Rubin, 1980:Chapter 7). The closer and more intimately emotional character of the girls friendships has also to be contrasted with the team loyalty of boys' groups (Eder and Hallinan, 1978). I would suggest, however, that 'loyalty' has to be seen as only one side of the expressive meaning of boys team games: the other is competition.

The transition to secondary school

Moving from primary to secondary school has long been recognised as an important and potentially troublesome shift in children's lives. The Schools Council revealing described it thus:

"This is the time for the real shrugging off of childish things, the first real donning of the adult mantle"

(1977:67)

Pupils quoted in a recent study would seem to confirm this view:

"It's like starting a new life going to the other school.

It seems more grown up. You're sort of more important, and I know that happens because when I see people from the (upper school) in the street, you kind of look away.

This school just prepares you for the (upper school), that school prepares you for life. "

(Measor and Woods, 1984:1)

There exists a sizeable educational literature on the transition and this continues to grow despite the general demise of the 11 plus examination (Bates, 1978; BEDC, 1975; Galton and Wilcocks, 1983; Nisbet and Entwistle, 1969; Spelman, 1979; Youngman and Lunzer, 1977). On the whole this literature has focussed on teachers views of this transition or on methods of achieving the normative goals of the schools. As Measor and Woods (1984:Chapter 1) point out, this focus on teachers and schools has tended to leave pupil perspectives out of account or recognised them only in terms of the official concerns around the transition. By using an ethnographic approach they were able to illuminate some of these broader issues. In particular they identify a number of beliefs shared by the children which they suggest function as myths, here seen as a kind of anticipatory socialisation, encoding guides for action in the new social environment. Three areas of myth are suggested by them: new demands and fears around toughness and physicality; fears and anxiety about sexual development, especially male homosexuality; and new standards of work which are harder and more instrumental. Measor and Woods comment that many aspects of these myths embody a celebration of male values and identities as well as revealing the boys' fears and anxieties.

My fieldwork quickly established that the transition to secondary

school was a major concern of all the major participants in the study, children, parents and teachers. It was also apparent that their concerns had a major relevance to sickness and sickness absence, which I will discuss in detail in subsequent chapters. Here I want to describe the (in fact overlapping) perspectives of these different actors on the transition itself.

All the children of 4F moved on to their new school in the September following my fieldwork. Most of them went to the nearby co-educational comprehensive which I have called 'Lowhouse'. A few went to other comprehensive schools in City but the numbers involved were small and I shall not deal with them. Lowhouse has a reputation for a school with high academic success, in part derived from the period before comprehensivisation when it was regarded as the 'best' grammar school in the area. This reputation was accepted and perpetuated by a substantial number of the children's parents who had themselves been pupils at Lowhouse. Its image as a school which had demanding standards of work and a strict disciplinary regime was also passed on to 4F pupils by older children, some of whom were siblings already attending. The character of Lowhouse can be gauged from its induction practice for first year pupils. All children were placed in broad ability streams and this defined the group with whom any particular child would receive most of their lessons. These ability streams were decided upon by the results of a test taken by the children towards the end of the summer term. The tests, which covered English, creative writing and maths, were set and marked by the secondary school staff but administered in the primary schools, although a Lowhouse teacher usually supervised the process. The same system applied to all six of the main 'feeder' primary schools and this meant that the children in

4F were seen as competing not only with each other but also with all the children in their area.

Catherine and Graham were acutely aware of this and defined their task very much in terms of making sure that the children in Appletrees did well in the tests. They were ambiguous about this: Catherine felt that the pressure partly distorted the primary curriculum whilst Graham was more ready to welcome the formal methods it seemed to encourage. In any case both felt that they had very little choice in the matter and as I have implied it was certainly true that the 4F's schoolwork was significantly determined by the imminence of the tests. A large number of the assignments given to the children at the start of each week were revision topics for the tests. There were also the special practice sessions on Friday afternoons which attempted to give the children direct practice in the type of tasks which the tests would set. This involved not only a certain content but also instilling in the children the appropriate attitudes towards the exam, so that whatever their previous experience of tests this one was frequently described to them as a 'real test' carrying certain disciplines and sanctions. The central place of this in the children's experience of school at this time is also confirmed for me negatively. When all the tests had been completed a school holiday was organised and after this the atmosphere became much more relaxed. More time was spent on activities which previously had been seen as marginal - art and craft, projects, cooking and games. Catherine told me that "now the tests are over things won't be so paranoid" (FWD:96).

The penetration of the form and content of primary schooling by those of the secondary system that seemed to be going on here, went beyond that of the formal curriculum. As noted previously. reference to the

children's future and the demands that would soon be placed on them, Lowhouse was used as a way of appealing for cooperation and to legitimate certain kinds of discipline. In a sense this could be seen also, as an extension of the age hierarchy that pervaded the school; 4F were the oldest children in the school and were expected to set an example to the younger ones. As the oldest children they set the standard in maturity, not being 'childish' and behaving 'sensibly'. At the same time it was suggested by the teachers that it was these very qualities which would contribute to their success or failure at secondary school. In another sense, however, these assumptions might also be seen as myths, this time those of the teachers, and it has been suggested (Nash, 1973) that primary schools often exaggerate the actual difference between their methods and those of the secondary school, at least in its first few years, and spend their time 'preparing' children in an over-harsh environment. Nevertheless it is undeniable that at both a symbolic and a material level there are massive generalised differences below primary and secondary schooling: more streaming, more competition, less personal orientation and a subject-based curriculum. Preparation for these differences dominated the life of 4F.

The pupil perspective on school work and secondary transition

In the early part of my fieldwork almost all the pupils I spoke to spontaneously raised moving to their new school in September as one of the most important things currently happening in their lives. I usually asked the children to start off by telling me something about themselves and although the range of topics elicited by this question was very large that of transition to secondary school was almost universal:

"I'm 10, nearly 11, and I'm going to Lowhouse after the summer. My dad went there." (Sam)

"I'm 11 in November and soon I'll be going to Lowhouse school." (Wayne)

"I'm moving to Lowhouse in September. I've been at this school for 4 years now." (Rebecca)

"I'm nearly 11, the age you need to be to get to the next school, then I'll be moving on." (Nerys)

No doubt the fact that these interviews took place at school influenced them in their so frequently beginning in this way, but the children I spoke to in other settings also placed this transition centrally. So too did their parents.

The kinds of changes that the children saw the transition as bringing to their lives is well illustrated by the case of Debbie. She described (FWD:45) the move to Lowhouse in terms of its difference with primary school. There would be stricter discipline with harsher punishments such as detentions; she would have to do homework in the evenings and wouldn't have so much time to play out; she would have to wear the school uniform and have a lot of expensive equipment that her parents could not afford for games and science; there would be difficult and unfamiliar subjects to do such as French and science. Much of her understanding of these changes was derived from her older brother and sister but such knowledge was common to all of the children. I frequently overheard conversations between them on the subject and through these it

seemed that their knowledge became a shared one. It is interesting to note that many of the children were fans of the TV programme 'Grangehill' and the events there were also used by them as a framework of understanding.

The transition, however, involved more than future changes, whether these were welcomed or feared; the move also had effects of the children's current lives in Appletrees. Central to these were the tests and their fears of doing badly and being put in the 'wrong' ability group at Lowhouse. The children were used to the idea of their ability being tested but now tests took on much more importance and seemed to have serious, even irreversible, consequences for their futures. For example one girl told me:

"I hate maths tests, we had them before we went up to the next class but we have more now. Some people think that they might get put in the wrong J group so they worry. (I ask her to explain what a J group is.)...It's well, at Lowhouse you get high J group, which is 1J2. Well J is just a letter but 1 is for the year you're in and so 1J5, that's one of the low groups and 1J3 that's in the middle and 1J2 is the high one. But 1J1 is if you need special help on reading and the middle ones are for the ones who are just alright and the top ones for the ones who are clever. I won't get into the top one."

(Int. 012A:9-10)

Fears about being wrongly assigned to an ability group involved a variety of issues such as being separated from friends or becoming the subject of bullying, but for most of the children there was a pervasive feeling that the transition could set the course of their future lives beyond school.

also. For example:

"It's nice in the first year but in the second the work starts to get hard and the teachers aren't so nice. You'll be much more grown up and all that and you'll get homework to help you for your 'O' levels and exams. I'm going to try and take them. I want to be a hair dresser but it depends on what sort of things you get, what sort of 'O' and 'A' levels and things like that. I like art and my uncle is a designer and he does a lot of things."

(M4:4)

My observation confirmed that Lowhouse tests and preparation for them were the central activity of classroom work in the months leading up to them. The taken-for-grantedness of this with the pupils was illustrated one morning when Catherine unexpectedly asked the pupils to stop their work and return to their usual places. In fact she was going to ask them to write down for me a list of the comics and magazines they usually read each week but had not yet announced this yet. Two boys were discussing what they might be asked to do:

"What is it?"

"Oh I expect it's just another test."

(FWD:63)

Another spelt out the relationship the children saw between their current school work and their move to secondary school:

"All the things we're doing this year are going straight up to Lowhouse. They keep it to say which band you're going to be in. We've got English, maths, reading..."

(Int 015B:2)

When I asked if they had tests in earlier years the special status of the current ones was clear:

"Yeah we did but nothing serious, nothing to do with Lowhouse."

(Int 015B:3)

Measor and Woods suggest that there were important differences between the perspectives of the boys and girls in the school they studied. The boys saw the transition much more in terms of a celebration of toughness and a new found independence, whilst the girls emphasised their uncomfortableness with a series of changes grouped around these same themes. Measor and Woods exemplify these differences by a tale that circulated about the dissection of a rat that was said to happen in science lessons and the different responses of the boys and girls had to this prospect:

"The myth again appears to be communicating the demands for tough, hard, unemotional attitudes, and warning that the cosy qualities of the middle school must be put aside. The fact that both girls and boys told this myth indicates that the girls equally recognise that the warm familiarity of the middle school with its emotional flexibility and its leniency is disappearing, and that the patterns of secondary schooling are more rigorous and austere... However we must take into account the different responses made across gender lines. The boys seemed to celebrate the rather grizzly ritual that they anticipated. The girls, however, did not; they stood apart and judged it 'not very nice'."

(1984:25)

Interestingly this example was exactly paralleled in Appletrees with the girls anxious about stories they had heard about dissection:

"They cut up a male gerbil and show you all the insides. first they pin the skin back and show you all the parts, it's really horrible."

(Int. 015B:1)

Such fears went alongside others to do with being bullied by older boys, classes being disrupted by boys and facing up to tougher and more competitive sport, for example cross country running.

On the boys' side there was a sense that they saw the new school as a more suitable male environment and though individually they might have as many fears and anxieties as the girls (and this was especially so among the boys who did not conform to the male stereotypes of toughness and physicality), collectively they could anticipate an environment more favourable to them. One form that this took was their complaints about the different way they saw the girls as being treated by their current teachers. For example:

"If someone kicks a girl and they don't know who it is, the boys get the blame for it...Mr Chapman loves the girls so much he's put one of them in the cricket team! Cricket is boys and we're not allowed to play in theirs so it's not fair. But at the new school they have different teams."

(Int. 015B:4)

Alongside the boys' easier acceptance of new subjects, such as science, went a feeling that the move to a new school also might mean a fresh start in terms of academic competition. This worked at an individual level between the boys but also as a point of rivalry between the boys and

girls. The boys were aware that the girls were seen as on average 'brighter' than themselves and resented the girls for this. They were seen as "creeps" and "teachers pet" - but felt this would not continue at the new school. For example one boy said in a group discussion about the move to the new school:

"The girls want to be top of the class. They think they're more intelligent than the boys and one week Miss Frazer said that we were working better than the girls so they all started taking work home. I reckon they just want to be teachers pet but at Lowhouse everybody gets homework so that will be fairer. (Other boys agree)."

(Int. 015B:4)

Parental perspectives

Not unexpectedly, the parents I talked to also defined the transition to secondary school as a difficult but crucial moment in their child's life. Many of them remembered how difficult and even traumatic it had been for them and were grateful that Appletrees seemed to recognise the problem and prepare the children for the change by arranging for them to visit their new school for a day in the summer term. They also defined the shift in terms of the changes the children would experience in the organisation of the school, the new curriculum and a different atmosphere. Some examples will illustrate the points they made:

"Sam says 'I'm not doing homework for one and a half hours' and I say 'Well I'm afraid that you have to'. 'But I won't have time to play'. I says 'Well I'm afraid that everyone who goes to Lowhouse has a job of work to do. I

had to do home work, your Dad had to do homework..."

(Int 018:2)

"It comes hard when they go up to Lowhouse...It is so much bigger and they're sitting at proper desks in classrooms, moving around from one classroom to the next. I don't know how they'll manage, it's so free and easy now at junior school but they seem so much more intelligent than we were so it must work."

(Int. 034:7)

"My husband said to me 'When he gets to Lowhouse don't you go running up there with complaints about how Jimmy just punched my boy and that sort of thing'. He doesn't agree with that sort of thing and says he'll deal with the school now not me. That's a secondary modern school. They've got to grow up"

(Int. 032:4)

It was clear that the parents saw moving to Lowhouse as an important point in their children 'growing up' and this event had a wide series of implications both in the immediate future and in the longer term. School was explicitly defined, for example, in terms of future employment and many parents were clear that they thought it important that their children made a 'proper' start at their new school because future careers and employment were beginning to be implicated in a way that they were not in primary school. The apparently growing involvement in fathers seems to parallel this:

"I know that my husband has said to him that if you can't do maths you'll not get a job and not get on and we've

been told Lowhouse is going to be much harder. The children who've been all say that Appletrees is like Butlins so you've really got to pull the reins in"

(Int. 042:2)

Parents wanted to prepare their children for this tougher and more instrumental world that they would soon be entering in. In part this involved giving information and warnings about what to expect but it also included a more active attempt to make some adjustments to what are seen as inappropriate attitudes or personality characteristics. As the mother above said, the reins have to be pulled in. Others were even more explicit:

"But we've told her that when she goes to the new school she'll be doing homework not playing. And we've tried to get her into the habit of doing a bit in the evenings anyway. And of not being so ready to want the odd day off but I don't think she really does realise what's involved and it is worrying"

(Int. 023:2)

This kind of comment was typical of many parents and has, I suggest, implications for the enactment of sickness which will be discussed in detail in later chapters. Parents, however, did not see boys and girls in the same way. There were significant overlaps and all the parents worked within the overall perspective of this as a key change in the children's growing up process, but at the same time it was possible to see differences in emphasis and direction for boys and girls. It was more common, for example, for the parents of girls to express the view that leaving Appletrees would be 'a wrench'. Those of boys on the other hand

were more likely to talk about Peter or Malcolm or Paul being ready or benefiting from the change. Some felt that the curriculum at Lowhouse would include more 'boys' things' and this shift to a more male dominated environment would help their boys 'grow up' (with the clear implication that they were turning into not just into adults but into men). Boys were also talked about more in terms of their futures in employment or careers, whereas it was only the most academically able girls were seen in this way and even then it was more likely to be expressed in terms of the shift giving them a chance to do more interesting work and escape their current boredom.

Conclusion

Three main strands of description have been used to characterize the children's social lives at school: school work, gender and the transition to secondary school. I now want to draw these together. Central to all the children's lives was that they were in a zone of transition between one set of organizationally structured positions and another, between primary and secondary school. The last year at Appletrees was both the culmination of their school careers so far and the first phase in the transition to Lowhouse Comprehensive. This process of transition was the context within which the other two aspects of their lives at school, work and gender, were set. I suggest that the transition to secondary school had the effect of concentrating and intensifying the social relationships of school work and gender. I will discuss this intensification in later chapters and here will summarise and review school work and gender as features of the children's social lives at school.

Earlier in this chapter I suggested that the tasks given by teachers to children at school constituted a form of work. This contention can be further explicated by a discussion of the concept of social reproduction, which is central to most sociological analyses of children's school work and the social relations within which it takes place. (For a review of this literature see Apple and Taxel, 1982.) These analyses characteristically, but unselfconsciously, draw a distinction between work and 'work'. An example is found in Sharp (1980:124), who in a discussion of the ideological effect of teacher-pupil relationships, comments that:

"Pupils carry on their 'work' individually rather than collectively and are encouraged for their diligence, social conformity and deference to the teachers' authority."

The distinction that is being signified here has two aspects. First is the implication that work can be identified with waged or salaried employment. 'Work' (at school) is seen as being like work (in factories or offices). It has some of the same characteristics for example, in the way pupils are placed in a subordinate position, under the authority of the teacher. This, and other features, such as the externally imposed nature of tasks, their regulation, monitoring and the evaluation of performance, are seen as preparing pupils for a position in (usually capitalist) relations of production. The more crude and mechanical versions of this analysis (for example, Bowles and Gintis, 1976) see the mechanisms of preparation in unproblematic terms, whilst the more sophisticated accounts (Bernstein, 1977) see it as complex and contradictory. Some others, for example Willis (1977), have also incorporated the resistance of working class pupils into their analysis, by showing how the rejection of school itself

can lead 'working class kids into working class jobs'. Second, and as a consequence, of the definition of work being employed, the social reproduction framework entails a particular time order in interpreting the relationship between school pupils and work. It can be summed up as 'work'/work: present/future. Work exists only in the future of children's lives. Their present is constituted through 'work'.

The first point I want to make here is that the social reproduction framework entails an unnecessarily narrow view of work. Recent debates on the character of domestic work (see Wajcman, 1981) and the division of labour (Pahl, 1984) would suggest that it is useful to expand the sociological view of work. Wadel (1979) and Wallman (1979) both suggest that work is best seen as the production, management and conversion of resources and that these activities are an aspect of all social relationships. The resources transformed in work processes include materials, ideas and people.

The children of 4F were daily involved in such transformative activity. Their school lives involved taking the raw materials of the classroom (paper, pens, books etc.) and through the application of their physical and mental skills producing material in an externally defined, imposed and regulated process. The products of this work were monitored and evaluated by their teachers. Of course schoolwork is a specific form of work. It takes place in organizations which are akin to the 'people work' or 'human service industries' of which Stacey (1984) speaks. In all such settings there are 'clients' (for example, patients in hospital) who are both objects to be worked on and active, working subjects themselves. One particular, and perhaps unique, character of schoolwork is that, whilst others such as university students or members of an adult education

classes may be involved in performing similar tasks, it is only for children that such work (or at least attendance at the workplace) is compulsory by law. As Stacey (1984:6 quoting Stevenson) puts it, in such settings 'production and consumption occur simultaneously'. The implications of this point will be developed below.

The meaning of children's schoolwork can, I suggest, be located in both their present and their future. Through it (and other complex processes of distribution into social and economic positions), the kinds of adults they are to become are produced. At the same time, their work has meaning, relationship and consequence for their present. Whilst I do not want to question that school work plays an important part in the processes of social reproduction, it is important to recognize the 'present time-frame' as one which the sociological analysis of childhood also requires. By orienting only to the future social reproduction analyses tend to neglect children's present lives, interpreting them only from the perspective of the adult world which children will come to be a part of. A useful distinction that I want to introduce here is that between work for reproduction and work at reproduction. The first emphasises the relationship between children's work at school and their future social positions; the second looks at the characteristics and processes of children's work and the relationship of these to other features of their present social lives. It seems to me that both are necessary for an adequate sociology of childhood. In the rest of the thesis I will trace the links between children's school work and sickness, concentrating mainly on the present time-frame and returning to the future framework of analysis mainly in the last chapter.

I will adopt the same procedure in relation to the gender

differences which I described earlier in this chapter. These might also be interpreted within a social reproduction framework. The analysis of schooling has, however, paid less attention to the homologies between gender differentiation and segregation in the schooling process and those found in adult life, than it has to the relationship between the reproduction of the social relationships of capitalist production. Feminists have, of course, drawn attention to differences between socialisation between boys and girls and there is no doubt that schooling, both in its manifest and hidden curriculum, plays an important part in the maintenance and reproduction of gender difference in adult society (see, for example, Delamont, 1980, and for an explicit application of a social reproduction framework to gender and schooling, David, 1980). I, however, will focus, in the first place, on the present meaning of gender in the children's lives and explore its relationship to their enactment of sickness. It is useful at this point to summarize the differences between the pattern of the boys and girls social lives as I discovered it at Appletrees. These are shown in Table 4.

Table 4. Summary of gender differences in pupil social lives at Appletrees

	Girls	Boys
Friendships	Small network Focussed on particular persons Interpersonal and affective	Large network Less focussed Competitive teamwork
Play	Occupied marginal spaces of school Indoors or in locality of home Small group or dyad games (skipping, 'Mother May I') Less competitive and more interpersonal	Occupied major public spaces of school Outdoors, over large geographical area Competitive team games Physical toughness and skill
Money	Pocket money and domestic work	Pocket money and (illegal) paper rounds
Comics	Either: Bunty-type - emotional dramas of home and school. Jackie-type - adolescent romance, pop music and fashion	Either: Active heroes or Sport magazines
Schoolgames	Play and enjoyment	Competitive school teams
School organization	Gender differentiation and segregation at many points	
Transition to secondary school	Marked by anxieties about work, size, friendships broken etc.	Ambiguous. Anxieties plus anticipation of more male environment

These differences constituted the implicit normative context of gender in Appletrees. By this I mean to indicate that there were few specific rules which articulated the different treatment and practices of the boys and girls. They were taken-for-granted and part of the everyday routine and life of the children. They were highlighted when children resisted them (for example, when Rebecca insisted on joining cricket team) or if particular children did not conform with the stereotypes implied (for example, boys who were not physically tough or good at competitive team games). This normative order of gender was also a feature of the children's lives which, alongside schoolwork and the transition to secondary school, provided the context for their practices and perspectives on sickness.

CHAPTER 4

The children's accounts of sickness and sickness absence

Introduction

At the end of the Spring term I collected, in a series of interviews with the children, their accounts of being sick and away from school. On the whole these events had happened some weeks, months or years ago. In the following term, however, I was able to gather accounts of current sickness episodes. Mainly these were ones which involved sickness absence but I also took the opportunity to talk to children who had come to school despite not feeling well. Some of these came to my attention in the normal course of school life, for example if Catherine or I noticed that a child did not seem well. Others were revealed by the children's symptom diary. The material gathered in these ways was supplemented by two questionnaires, one to 4F and the other to a second year class, 2D, and by my own direct observation in school.

Below I report this material by organising it around three main themes. First, I address the issue of children's active role in sickness processes. I argue that my material constitutes evidence for their active role and I analyse the different forms their involvement can take. This includes, but is not exhausted by 'feigning'. Second, I look at how children describe the experience and consequences of sickness, especially the benefits and disbenefits of time away from school. This highlights

gender differences which I suggest are related to the different subcultures of boys and girls. Finally, I examine the particular role that 'skiving' accusations, from other children on returning to school after absence, play in gendering the experience and meaning of sickness.

Children as active

Unlike most sociological accounts of children's sicknesses, children in their own accounts placed themselves as central and active participants. This was so not only because they claim successfully to pretend to be ill. It is true that they did make this claim but as my fieldwork moved into tracking through actual and current instances, rather than those past and remembered, it became clear to me that feigning was far less common than was suggested either by the older children's own gleefully power-inverting general accounts, or by the suspicious and anxious ones of their parents and teachers. I suggest that the opportunities for using tales of 'heroic' pretending as a means of magically remedying injustices and power imbalances between children and adults are in fact very rare. (Perhaps talking to a sympathetic medical sociologist actually exhausts them!) Certainly, as I will describe later in this chapter, the costs of children recounting episodes of fraudulent sickness absence to each other are high and I did not come across any certain incidences of it during the summer term. It may be that in the hidden and, to me inaccessible, reaches of children's own subcultural networks the practice of exchanging experiences takes place. On the other hand I was able to observe what seemed to be a routine public response to sickness amongst the children that involved accusations of 'skiving' and this would seem to suggest that admissions to pretence could be a risky

enterprise.

Nevertheless pretending to be ill retains an important place in the way children seem to learn to manoeuvre around and take part in the process of becoming sick. In response to a questionnaire enquiry, 33% of the eight year olds in form 2D admitted to me (confidentially) that they had pretended to be ill. When the same question was asked of 4F the proportion rose to 60%. The most common reason given was avoiding school:

"...when I didn't want to go to school one morning because I was getting bored with school."

(David)

"...because I was in trouble at school."

(Steven)

"...because I didn't want to go to school."

(Margaret)

"Yes I have once or twice but that was ages ago so as to skive off school when I know we have horrible work."

(Philip)

"Yes I have when I didn't want to do a maths test at school. I HATE THEM."

(Tina)

Also mentioned were avoiding domestic chores, going on unwanted outings with parents and handling awkward friendship relations, such as turning down a party invitation when a valued friend has not also been asked.

It was also clear that children saw their mothers (and other adults) as sceptical and suspicious of their claims to feel ill. For example Nerys related how on one occasion she had said she felt unwell to her mother:

"She says 'You sure?', then I says 'Yeah'. 'Is anything troubling you at school?' They think you might want to get off and not want to do it. So I goes 'No'. Then grandad comes round and says 'Is she really ill?', you know."

(Int. 009A:5)

Children in learning to fake illness must also learn what it is that persuades adults that they are, or at least might be, 'really' ill. The children's accounts of this showed an acute sense of the impression management required. It included important aspects of their appearance, demeanour and the use of the domestic space as a symbol loaded resource: rubbing the face vigorously or keeping their heads under the pillow so as to appear flushed, adopting a sluggish or lethargic manner, rubbing the throat and appearing to have difficulty in swallowing, refusing breakfast, putting fingers in the throat to induce vomiting and staying in bed or coming downstairs in the morning in pyjamas and so on.

This picture, drawn from interviews with children, was confirmed by the questionnaire replies. The favourite symptom used to feign was reported here as 'tummy ache' or 'feeling sick', and several children mentioned how this could be achieved by eating too much or combining certain kinds of food to excess. 'Headache' was cited quite commonly and 'toothache', 'cough' and 'laying in bed' were also mentioned. Some examples illustrate these tactics:

"I ate bread and butter and a biscuit with jam on top. It didn't work because my mum found the open jar of jam but I was already late for Guides."

(Alison)

"I said I had a tummy ache (sic)... it did (work) three times but not on the 4th."

(Marcus)

"I pretended by putting on a tummy ache or a bad cough. Yes it did (work) just."

(Philip)

Even for those children who said they did not pretend illness it was possible that they may have observed at school how this could be done. Most of the children, however, regarded their teachers as much more difficult to persuade on this count than their parents. Nevertheless attempts were reported. Many of the children also spoke to me about the example of Janet Betts, a girl in 4C who suffered from diabetes and whose routine of insulin self-injections were well known to her class mates. Janet was seen by many of the children as someone who could either fake very well or manipulate her medication and diet to make herself ill if she wanted to be sent home from school.

It would be wrong, however, to give the impression that children only, or primarily, thought of illness in terms of pretence. In addition to this there were three other discernible categories in their accounts. It should already be clear that the children were capable of framing their answers to my questions about sickness in terms of it as a psychological

and social as well as biological entity. This finding is strengthened by the presence in their discourse of these other frameworks. The first of these was the idea that 'being upset' can 'make you ill'. Rebecca, for example, talked about how other girls might become sick:

" If something's bothering them, like friends at school and you get really tight in your stomach and you don't want to go to school 'cos you can't face them."

(Int. 009A:7)

It may have been that Rebecca was also indirectly talking about her own experience. Her friend Nerys also talked about the same experience:

"I reckon that you can get really tight up in your stomach if you're worrying and it can make you feel sick and shaky. Then someone might say 'I don't feel very well'".

(Int. 016:3)

In other accounts children recognised that their own excitement might make them sick:

"But I remember at Christmas I was sick and retching. It was Christmas and that and in the night I woke up and I was sick all over the bed and that and it ruined Christmas. It was probably the excitement and things like that 'cos my (younger) sister can make herself sick now like that, by getting herself all excited and that."

(Int. 012A:9)

It is interesting, however, that the girls were more likely to draw on these notions than were the boys and seemed to have a more sophisticated view of what can cause sickness.

Negotiating entry into sickness

The most common assumption reported by children was that when they complained of illness they were not usually believed. Indeed, this recognition was an important part of the feigning repertoire, when very often the aim was to induce mothers to themselves suggest illness as a possibility without it having been explicitly raised by children themselves. There was an underlying sense of the injustice embodied in this routine disbelief which gave the accomplishment of pretend sickness a particular flavour of ironic satisfaction and this to some extent explains how the older children I spoke to could remember their efforts in this direction as a particularly pleasurable form of 'winning' or 'cheating the system'. It should not be thought, however, that children always sought to steer things in this direction. Sickness had costs as well as benefits and it was also common for children to describe to me how they had hidden symptoms from their mother or tried to resist the definition of themselves as ill. In the questionnaire to 4F only 6 out of the 36 children said this had not happened to them. Most said that they had concealed illness because there was something going on at school which they did not wish to miss. These included both aspects of the official curriculum and of their friendship networks based on school. Some examples:

"When I had a cold. Because it was something at school and I didn't want to miss it and I didn't give it to anyone else because I was careful not to. I think my mother new (sic) that I had a slight cold but not worth to bother about." (Jeremy)

"I have done that. I said I was alright (sic) because we were going to have sports day. It worked but I didn't feel too good at school."

(Philip)

Sometimes it was related to the rhythms of parents's lives and the demands this placed on them:

"I have because I didn't want to put my mum to know (sic) trouble. It didn't work because I was sick and had to go home from school"

(Tina)

In relation to everyday (acute and non-threatening symptoms) children have considerable ability in hiding these from their parents and, as with feigning illness, they have a range of tactics which they can use to accomplish this. Over the summer term I registered 14 such examples and this undoubtedly underestimates its occurrence. Most came to my notice because the children's attempts were unsuccessful, or ultimately so, and an actual sickness absence was taken. Others appeared in the children's symptom diary and some were mentioned to me in the course of otherwise unrelated conversations with the children. A good example of the first category is found with Jenny who was away from school with a sore throat and swollen tonsils at the end of the spring term. She first felt ill on a Friday night after going swimming but said nothing to her mother until the following Wednesday. On that morning she told her mother that her throat hurt, it was examined, found to be inflamed and she was kept off school and taken to the doctor. Jenny's explanation of this was that:

"I wanted to do something with Miss Frazer. It was printing on Tuesday and we had to make a folder but some of them didn't turn out right so Tracy and me had to do and wanted to do it and I didn't want to be off so on Tuesday when I felt worse and couldn't eat my breakfast properly I thought I'd better not tell my mum because I wanted to come...On Wednesday I couldn't eat anything or drink either and my eyes were all puffed up so I stayed off. My mum said to and there was nothing I wanted to do special at school."

(E1:2-3)

This example illustrates two important points. The first justifies a suggestion made in Chapter 1 that it is misleading to generalise from the silence of children in the clinic, when they are taken to the doctor by their parent, to the other settings of their lives. Parents may take the patient role in such circumstances but in the wider perspective this is part of a larger negotiated process that has brought the child's symptoms to their notice in everyday settings (in this example, as in so many others, actually the breakfast table). That Jenny could delay the moment at which this happened underlines the possibilities for an active negotiating role for children. Second, it shows how children can manoeuvre around sickness according to what is, both literally and metaphorically in this case, a timetable. That is the constraints and imperatives of Jenny's involvement in her schoolwork were central to her decision to delay telling her mother about her symptoms. (I will discuss this point at much greater length in Chapter 7.) Here I want to concentrate on children's views of the negotiating process, although it will be clear that the

issues of time, work and schedules also underly many of the examples given.

Most of the negotiations around the everyday sicknesses that may lead to school absence occur in the morning, although there are sometimes antecedents in the period immediately before. A child, for example, may complain of feeling ill during the evening before or may be disturbed during the night. This temporal context can have an important bearing on the decisions taken. In almost all cases the fact of breakfast time being the nodal point of negotiations means that they take place between children and mothers. There are exceptions to this, for example with fathers who are working shifts or, to extend the field of view beyond home, when a child makes a claim on sickness at school. Most often, however, the initial decision to keep a child away from school rests with mothers, others becoming involved only at a later stage.

The accounts the children gave suggested four possible ways in which a sickness absence can be initiated. These are shown on a simple field-space:

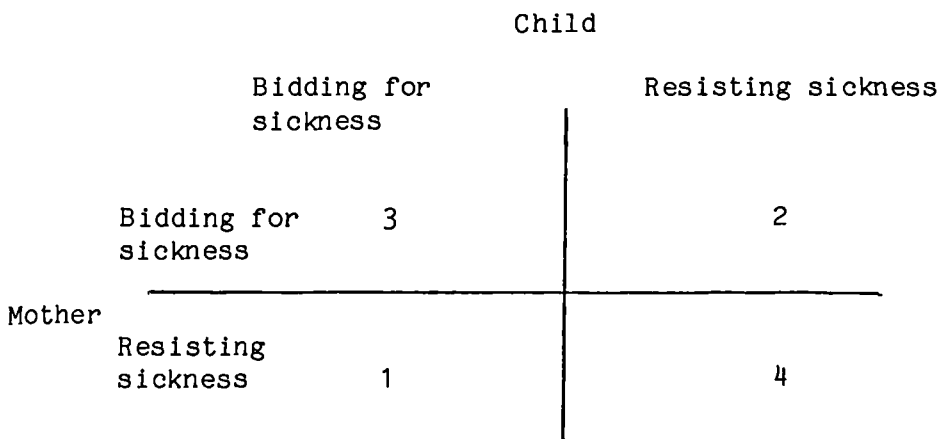


Diagram 1. Possibilities in mother-child negotiation of everyday sickness

The first (Case 1 in Diagram 1) involves the child making a bid for sickness and this being resisted by the mother. This was the most common description that children gave. For example, Marcus was away for one day, a Monday, in June. In a note from his mother to Catherine Frazer this was legitimated as simply that he 'did not feel well yesterday'. Marcus described what happened in the following way:

"Well at night time I didn't feel very well and next morning I felt sick so I just stayed in bed. I told my mum but she didn't believe me at first really. But then she believed me. (AP: What changed her mind?). I don't know really, probably that I didn't get up and have my breakfast, even when she kept calling me. (AP: Did you try and persuade her?) Sort of because when she said I should go to school I just said my stomach was hurting like."

(E3:1)

In other instances children resorted to more dramatic tactics. Sam Hunt, for example, failed to convince his mother and was sent to school, but:

"I just said to my mum that it hurt (earache) and she said, well go to school and see. But I only got half way as it was really bad and I come home again. (AP: Why do you think she said you had to go to school?) Because if I've got a headache or don't feel very well she always says go to school, you'll be all right when you get there but I weren't."

(E15:3)

Most children had a story of how they had not been believed but

then turned out at a later stage to be 'really ill'. Equally there were stories about the process by which mothers 'found out' if illness was being feigned or exaggerated. For example:

"A long time ago I said I had a cold, see, and of course she was listening for coughs and sniffs and I was trying to make them up and she felt my head and temperature and saw there's nothing there but she let me stay at home. The second time I tried it she said well you've got to go to school and she said if you're bad they'll send you back. This time she sort of slaps me down sort of thing. She put everything together that I didn't have a warm forehead and I weren't coughing and sneezing. So she's learnt that that's how I put it on..."

(Int. 009B:7)

The second situation (Case 2 in Diagram 1) involves the mother attempting to place the child in the sick role and meeting resistance. This is akin to the examples given above of children hiding symptoms from their mothers. Another illustration is found in the case of Kathleen who tried to hide cold symptoms from her mother because she believed that she would be prevented from going swimming if they came to light. Her father found a lot of used tissues and later in the day Kathleen's sister told her mother that she had a cold. This was done partly as a weapon in an argument that was going on between the two sisters. Despite trying to persuade her mother that she was well she was kept away from school and prevented from taking part in swimming.

Cases 3 and 4 of Diagram 1 are those which occur when children and mothers coincide in either both bidding for, or both resisting entry into

sickness. In the latter situation (Case 4) both may ignore or play down that which in other circumstances leads to sickness absence. The former (Case 3) stood for 'normality'. This was so in two senses. First, it was the pattern underlying some of the cases of sickness absence during summer term, especially when the child's symptoms were physically palpable or when they arose during a holiday period or weekend, when children were judged as having nothing to gain by claiming sickness. It was also the characteristic framework within which children first gave their accounts of illness to me. I noted (Chapter 2) that there was a tendency for children to represent events in their households through unified 'family lines'. It was also significant that when they did this, children initially presented themselves as inactive, with their mothers making all the initiatives. Children casting themselves in this ostensibly passive role was noticeable in a number of accounts where the initial statement of 'what had happened' glossed over any conflict or disagreement about how the sickness absence had been decided upon. Only later as the children elaborated their stories, sometimes in response to my more detailed questions, did these other features occur. As my fieldwork continued I learned to ask progressively more probing questions about these and also the children became more trusting that my promises of confidentiality would not be breached.

The children also had clear ideas about why their mothers were concerned for them not to take time off school. They mentioned two linked aspects of this. First, they cited their mothers' anxieties about the particular lessons they would miss at school. This was described by them as a feature of negotiations about both the initial decision to take sickness absence and the decision to return to school. Children emphasised

that their mothers were particularly concerned that they should not miss English and maths. Since, however, children were the main source from whom mothers gathered information about the weekly and daily timetable the mothers were not in a strong position. Usually, according to the children, they simply asked what the child might be missing at school and this could be selectively reported to them. This meant that, although mothers might have some grasp of the overall shape of the school week, it was very difficult for them to know in detail what was planned for each day. This pattern of daily lessons, in any case, shifted throughout the year and the term according to the teachers' view of where the children's schoolwork needed more attention. Although the children were able to keep track of this, indeed it was often made explicit to them by Catherine Frazer, this was not the case for the mothers.

Linked to this concern, the children reported a wider one to do with their mothers' general attitude to school work and discipline. This was focused on the impending transition to secondary school. Children frequently described the way in which their mothers linked sickness absence with the move to Lowhouse Comprehensive. In part this was to do with the entrance tests described in the previous chapter. Children described how their mothers became more concerned that as the test approached children should not miss any of the revision and preparation that increasingly dominated the children's school day. For example when Gayle developed a chesty cold she said that her mother felt it was best to keep her away from school for a few days:

"She said it was best so that I could get properly better for when the tests come up but I had to do some homework and mum came in to see Mr Chapman to get it."

(E10:3)

At another level many of the children were aware that their parents were worried about their attitude to schoolwork and whether they had the qualities thought necessary to success in their new school. In some cases this factor was made explicit in the negotiation that initiated the absence but more frequently it occurred as part of the process by which they arrived at an agreement to return to school. For example, when Malcolm Jones was away with a ear-ache for two days towards the end of March the initial absence was agreed quickly between him and his mother, partly because the symptoms had started at the weekend and he had shown himself ready to forego playing out with his friends on Sunday. By Tuesday, however, his mother felt he should return to school and used the demands of the move to secondary school as part of her argument. Malcolm said:

"You see on Monday my Mum said I think you ought to go back tomorrow but then decided not 'cos I didn't wake up 'til 9 o'clock (on Tuesday morning). But I said I want to go back on Wednesday and she woke me up the next day. (AP: So you decided when to go back?) Well mum says you don't want to miss any more at school 'cos you keep missing the fourth year and it's vital. And she says that when we get to the next school I've got to learn not to miss school if I just feel a bit bad..."

(E4:2)

The experience and consequences of sickness

Robinson (1971) has analysed decision-making around everyday family illnesses according to a cost-benefit model. 'Becoming sick' is seen as a process in which the benefits and disbenefits are traded off against each other. Although I do not want entirely to endorse his approach, it does provide a simple framework within which the children's accounts of sickness absence can be described and analysed. In this section, therefore, I shall discuss the costs and benefits which the children attributed to sickness absence in their accounts of those which took place in the Summer Term.

As the above discussion of 'pretending' implied children saw great potential benefits in the occasional day off sick, though none were prepared to admit to me that any of the actual instances that occurred were of this kind. Apart from the dangers of admitting pretence to other children, which I discuss in more detail below, there was the obvious fear that any such revelation might get back to teachers and parents and the question of my trustworthiness in this respect clearly remained open, at least for some of the children, right until the end of the fieldwork. But it was clear that, these problems apart, feigning was a tactic which children felt they could use only in the most sparing way. It was reserved by them for times when they simply could not face something at school.

Once at home for the day children reported that they did receive special attention from other family members, although it was also mentioned that in cases when parents harboured suspicions of 'putting it on' this tended to be diluted. Indulgences mentioned included 'not having to get up too early', 'going downstairs with a duvet', spending the day reading comics, being allowed to watch TV in bed, otherwise making the choice of the TV programmes that were tuned into, being brought food in

bed, being able to choose favourite food and having it specially bought, and 'going out to the shops with mum'. The pleasure of this latter 'treat' (most commonly accorded as a preliminary to 'getting better') seemed especially delicious but undefinable by the children themselves. The example of Sam Hunt, away for two days with 'earache', illustrates a number of these benefits:

"I went to bed on Monday morning after I had helped my Mum a bit, because it (earache) was getting really bad and I stayed there for a little while and read my annuals, because she brought me a drink and then I went downstairs. Mum put on the telly but I didn't really watch it. On Tuesday I stayed in bed while my mum took my little brother to the playschool and then we went down to the shops together, with my hood up. (AP: What was that like?). It was really cold but it was good, really funny in the shops at that time. We got some Coca Cola which she usually won't let me have 'cos it rots my teeth but it was all right that day."

(E5:11)

This sense that sickness is accompanied by indulgence and the suspension of the ordinary routine of life had, however, another side in the children's accounts. Whilst being at home had its pleasures it could also involved restriction, isolation and the disruption of social relations at school. Most children reported that their mothers had a firm rule that when sick they could not meet other children, either by going out to play or by inviting other children to their own house. There was one exception to this - the practice of 'visiting' ill friends. This was specifically

defined by parents, and recognized by children, as excluding normal play activities. As we shall see, it was also practiced almost entirely to the girls. On the whole entering into sickness meant accepting long hours alone in one's bedroom:

"Well one day you can go out and play with your friends, but if you're ill you just have to sit there in the window looking out"

(Marcus, 009B:1)

"You have to stay in bed all day"

(Peter, 009B:1)

"You sit on the settee or in your bedroom which I don't like...There's nothing to do, you're not with anyone and your Mum's downstairs sort of thing."

(Louise, 012:3)

Being sent straight to bed was put forward by the children, as a sign that they had been accepted as 'really ill', just as conversely being put on the sofa under a duvet was a way of 'waiting to see'. Being 'really ill', however, did not mean that children did not feel well. This was especially so in the case of infectious diseases when children were kept in isolation from each other to reduce the chance of others contracting the illness. In these cases they were kept in the house despite feeling well enough to play out. For example:

"When I had chickenpox I couldn't go out obviously, so I had to stay in the house. I was OK 'cos I could move around the house. I was perfectly fit but I couldn't do

anything outside of the house. What I used to do was open my window and take a breath of fresh air. Being stuck in the house for 2 or 3 weeks was really nasty."

(Int. 011A:1)

Just as Janet Betts, the diabetic girl, was used by the children as an icon of the manipulation of symptoms for desired personal ends, so she could also be used to stand for the restrictions of sickness:

"She's very ill and she lives in the hospital sometimes and comes home for the weekends...she's not allowed to run around much and can't come out and play sometimes. She's always feeling hot and once when we were doing handwriting she couldn't get up. Mr Chapman had to carry her out and she went to the hospital and we didn't see her for about a week."

(Kathleen, E6:23)

Similarly, just as sickness might be used to avoid some unpleasant activity at school, so it might also mean involvement in those aspects of school which were valued and enjoyed. I described above how children might try to suppress symptoms for this reason and when children came to school with a minor ailment they almost always explained this to me in terms of not wanting to miss something at school. When these were timetabled activities they usually concerned the non-academic aspects of the school week. Swimming in the new school pool in particular was seen in this way. Sometimes the reason for attendance was more diffuse but no less important to the children:

"Doing things. It just gives you something to do. At home you just sit there and have nothing to do at all"

(Wayne, M2:8)

Or it might include several overlapping aspects of both the formal and informal school life:

"I don't really stay off school. I like school, maths and certain projects. And there are certain days like today when I've got a football match or a cricket match. Certain things that are quite exciting happening. That's when I like to come to school."

(Malcolm, M16:1)

Children's lives did not, of course, only revolve around school and sometimes the reason for coming to school, despite not feeling well, was to do with not wanting to miss outings and suchlike out of school; for example, trips to football matches, to see films and visits to the fair.

Children also recognised the costs of sickness in terms of the disruption it caused to their life at school. Parents and teachers were most concerned about the schoolwork they might have missed and/or had to catch up. Children shared this worry, although it did not seem to rank as high with them as the effects of absence on other activities. Nevertheless, they did face a number of problems in relation to school. The first involved catching up with work they had missed. Here their concern focussed on what they referred to as 'serious' or 'plain' work, by which they meant the core of English and maths assignments which were given to them at the beginning of each week. For the children, however, catching up after an absence of a few days was more a question of timing than effort. On the whole they were considerably more relaxed about the effect of a day or two's absence than their parents, and this seemed to

reflect their much more intimate knowledge of what actually happened during the course of a school day. They knew that even during assignment work the pace of work could be varied and that, for example, they tended to work in a sudden spurt towards the end of a lesson. Catching up after an absence was sometimes seen as a similar process. For example, Marcus was taken home ill from school on a Friday morning and was away for the rest of the day. Returning on Monday he had to complete his assignments for the previous week before he could embark upon his new ones. He did it simply:

"Don't talk, work fast. I've got the idea so I just work fast"

(E7:3)

What concerned children much more was the timing of their absences. If these came at the start of the week or as the class began a new topic considerably more problems were created for them. For example, Kathleen was away on a Wednesday and Thursday and, very unusually and out of the usual pattern of weekly assignments, the class were given a lesson and some work revising long multiplication. Kathleen returned on Friday to find that she had missed the revision lesson and was struggling to do the extra work:

"We've been doing fractions for two weeks and then we've gone onto a new topic so I missed a bit of that. I don't understand the multiplication thing we do. It's a long sum and you have to draw all lines and we're doing them now."

(E6:20)

Kathleen was helped through this by her friend Maria on Friday morning and eventually went to her teacher who gave her some individual tuition.

The importance of temporal rhythms in the experience of sickness which this example (and others discussed in Chapter 7) show was also expressed in terms of the informal life of school. Here, however, gender differences were much more visible and, I suggest, this was not surprising given the importance that this played in the delineation of friendship networks. Whatever differences might have existed between the boys and girls in terms of the hidden curriculum of the school, the formal timetable and the work schedules this implied governed all of them. This, however, was not the case at the informal level. Both boys and girls experienced sickness absence as a disruption of their friendship networks at school. There were similarities and differences in this experience. The similarities concerned the disruption of their involvement in the 'flow' of school life. As Malcolm Jones put it:

"Lots of things happen when you're away but not when you're at school. You sort of say 'What happened?' and they reel off a load of things, things that don't happen when you're here!"

(E4:3)

Malcolm was exaggerating, since all things he went on to talk about did happen throughout the term, but his view does help to highlight the intensified sense of isolation experienced by boys during sickness. For most boys being away from school meant not only a lack of involvement in the ongoing activities of the boys but also a lack of information about them. Essentially boys were not visited by their friends during illness episodes and were much more cut off from their social network than

were the girls. This also showed itself when I asked an absent boys' friends if his absence had made any difference. Their most common response was one of puzzlement. The question did not make a great deal of sense to them. I began to understand this when I spoke to the boys who had been absent. Usually their main concern about their time away was the effect it might have within the male subculture described in the previous chapter. Two examples can be used to illustrate this. The first concerns the series of football competitions that took place between the boys through the summer term, usually in the lunchtime break. I discovered that these games were sometimes carried on in the evenings and over the weekend, at the local 'rec' (recreation ground). For Andre, the main effect of his sickness was that it kept him restricted to the house at this time and in consequence he was demoted from the team he played for:

"Well I would have played football down the rec' but I couldn't 'cos I'd been off school. (AP:Did you mind that?). Yeah I did 'cos when I got back to school today Matt played instead so now I've got to be full-back today. (AP: What's wrong with that?) Nothing really but everybody knows I'm a better player."

(E7:3)

The loose structure of the boys' friendship network meant that there were no especially strong loyalties to Andre and given the competition between the boys for the 'best' positions in the team the intersection of sickness with the schedule of competition could result in his misfortune.

The second example is similar and also underlines the link effect sickness could have on an individual's position in the boy's subculture. Sam Hunt was away for a Friday, Monday and Tuesday in early July. Just

before this the fourth year boys had decided to organise a mass fight using the large amount of dry grass clippings left by the cutting of the school playing field. A series of smaller fights between rival groups of boys gave rise to the idea of one big fight. Being chosen for one side or the other became a matter of some prestige between the boys and especially so for someone like Sam who was generally seen as a 'weakling'. His absence meant that he was not picked for any team and in the event was left on the sidelines:

"Well they (the fourth year boys) didn't say much but we, they'd already picked the sides because there was one team against the other and there was even a lot of fourth years in it, but I weren't there and there was only a couple of other fourth years not. (AP: How did you feel about that?) It weren't so good 'cos I could have been in it instead of the younger ones."

(E15:8)

It is interesting to see how Sam's displacement by younger boys was taken by him as particularly problematic.

This picture of the boys having a looser and more flexible friendship network should not, however, be taken too far. Within this a few boys did form nodal points formed by them being the most popular. None of these were away for long enough periods for their position to be challenged in any way, though on the one occasion that one of these boys was away his immediate circle of friends told me that things "weren't the same" without him (FWD:122). His absence made a difference which they found it impossible to define but which might have been similar to the account of what it had been like in the autumn term during the period when

a number of the boys had been away at the same time with chicken-pox:

"It was boring without friends, 'cos I have a lot of good friends and we sometimes muck about and we have a good time at school...and you're puzzled when they're away. We have fun, like flying round the classroom when we shouldn't, but it doesn't fit when there's a few away."

(Int. 011A:3-4)

"When Steven and Peter were away it was different. We have good fun with them and muck about. We miss him 'cos he's a good mate."

(Int. 011A:5)

This would seem to strengthen the idea that the boys' subculture could interchange members but also indicate the limits of this both in terms of key individuals and a threshold (though that term suggests something too fixed) above which the weight of absent numbers would be felt.

Sickness absence amongst the girls had effects which were in some respects more focused and in others more diffused. The absence of a girl even for a day or so led to a series of responses amongst the other girls which were almost entirely absent among the boys. For those who were part of a 'best friend' circle the absence of another could be felt quite intensely. For Jenny's friends, for example, formed a friendship group in which the sense of loyalty and closeness was palpable. They played together in school and out, visited each other at home, tried to stick together in games lessons and worked together on projects. Jenny's absence revealed both some of the interpersonal qualities of these bonds and the delicate balance that the group kept between its members. As Louise, one

of Jenny's friends explained to me:

"There's 5 of us...and with Jenny away it doesn't seem right. Jenny used to laugh a lot and it's more lonely now. There's not so much to do 'cos we used to play this ball game that Jenny made up. But we think she might be coming back this afternoon."

(M9:3)

This case also highlights the way in which the girls kept in touch with each other through their sickness absences. Jenny's friends were, therefore, better informed and more concerned about the effects on Jenny of her illness. Three of her friends offered me news about what was happening to her:

"It's taken all the enjoyment out of games for her and she's good at netball."

"She goes to Guides and Brownies and she was hobbling along."

She says she can't come on the trip (to see a castle) because of all the steps there."

(M9:316)

Boys hardly ever talked about their sick friends in this way. The difference coincided with the contrasting pattern of visiting friends when they were ill. Boys rarely visited or had visitors and this contributed to the sense on both sides that a sick boy had simply disappeared from the network of gangs and teams that characterised the boys' lives. It was typical among the girls that if one of their friends was sick they would

contact or visit it her. My interviews show that of the 21 absence episodes among the girls 16 resulted in the other girls contacting their friend to find out how she was. The comparative figure among the boys was only 5 out of 28. A good example is again found with Jenny. After two days of absence at the end of the Spring term her friends came around to see her at her house:

"Tina, Margaret and Louise brought round a card and said they hoped I'd get better and told me what was happening at school. (AP: What was that?). About the argument they'd had with someone and that there weren't going to be no more swimming and what work they'd been doing. (AP: What was the argument?) Well that's a secret."

(Jenny, E1:1)

Contacts between the girls did not necessarily involve an actual visit and the 'phone was frequently used. For example Rebecca told me about Nerys's absence:

"Normally if she's away she gives us a ring on the 'phone in the morning when she's away and I thought when I saw Jo and Ellie come to call for me (on their way to school and unexpectedly without Nerys) I wanted to know what Nerys was up to. Nerys always rings. She never misses ringing or we have to wait for her. So I'll see what she is tonight. (AP: Will you ring her?) No, just go round. I expect she'll be there."

(Rebecca, M6:2)

This pattern of contacts reflected the general one found in the girls' friendship networks which were more focused than the boys and also more

based on spending time together in each other's houses. Nevertheless when a girl was away it was usual for her friends at school to involve the other girls in recognising and responding to her absence through the organisation of 'Get Well' cards. After having seen the girls making the cards once or twice I began to ask about them. My fieldnotes record an example:

"Debbie is making a card for Miss N.'s (a student teacher) leaving next week and I took the chance to ask her about Get Well cards. She told me about the card she had made for LL earlier in the year when she had fallen off her bike, hurt herself and didn't come to school for a few days. All the girls signed it. She told me this was a thing the girls 'often do'. She is not sure if the boys do the same thing or not but is sure that the girls never send cards to the boys."

(FWD:122)

Usually they would make these from materials asked for and given to them from their teacher Catherine Frazer and the card would be circulated for signing amongst most of the other girls in the class. The only exclusions occurred when a particular girls had 'fallen out'. The boys never to my knowledge sent such cards to each other.

It would seem, then, that the boys and girls were enmeshed into different sets of practices around their own and others illnesses. For the boys, sickness was a more isolating and to some extent more threatening experience. The dynamics of their subculture meant that an absence may lead to a loss of position and status within the informal hierarchies that structured their collective involvement in team games and

friendship patterns. Although there might be benefits from a short school absence, usually in terms of some schoolwork they might wish to avoid, there were also major costs, not only 'catching up', but also the sequestration from a group life which would speedily transform itself to fill the gap they had left behind. For the girls sickness also involved some costs but it was also the occasion for the mobilisation of the resources of their generally smaller and more defined friendship group. This might be seen as the corollary and index of the greater emphasis on individual and inter-personal characteristics within the group of girl friends. Jenny or Rebecca or Kathleen were missed by their friends because they occupied a position that was defined by their personal characteristics. The boys were missed because they best filled a position that was defined independently of their person. Often such 'positions' were literally that, given the boys obsession with football, and there were always competitors for these.

These differences emerged for me as I observed and talked to the children through the summer term but it was instructive to find that parallels with them were present in the very first interviews I conducted with the children. These were done from the middle to end of the previous term and were general interviews in which I began to explore the experience and possible meaning of sickness with the children. On later returning to them during the analysis of my fieldwork material I found that the girls and boys used markedly different languages and frameworks to respond to my questions. I usually started these conversations by simply asking them to say something about themselves (although all of them knew that I was interested in health and illness). The boys initial replies were typically as follows:

"I've just moved to Carter Road. I usually go swimming and running and metal detecting. Because my Dad goes running. He did a marathon once and I do it as well. (AP: What about your family?) No-one smokes or drinks and Mum does exercises. We do have colds and 'flu but they're healthy 'cos they do exercises and are fit."

(Int. 009B:2)

"I do football for the school team and cross-country running. I did have chicken pox and measles and I've just had a cough. (What about your parents?) Well my dad was a professional footballer so he keeps fit."

(Int. 009B:3)

"I live up the High Street. We have quite a lot of fun our way. We have games down in the park when it's dark at night and in Summer we play football and cricket. I've always lived this way."

(Int. 011AM:1)

Even when the boys did not initially define themselves to me through reference to sport and fitness (the alternative was the impending transition to secondary school) the topic was used to answer my questions about how they thought they kept healthy:

"Exercise everyday. I got an exercise kit for Christmas, with chest expanders and that and I play football"

(Int. 012B:1)

Amongst the girls this emphasis on sport and physical fitness was

not at all so pronounced and when mentioned was it was usually mixed in with other pastimes and concerned exercise that was not part of a competitive team game:

"I go swimming and disco dancing and I like reading and writing stories. My brother goes to Lowhouses and I'm going to go there as well."

(Int. 012A:1)

"Skates, swimming, bike and skipping."

(Int. 012A:3)

Most commonly girls defined themselves by their personal and familial relationship to others:

"I've got a sister who's 13 and another one who's 17."

(Int. 012A:3)

"I've been at this school for 4 years and I'm moving to Lowhouse in September. I'm nearly 11, that's the age you have to be to get to the next school. I'm moving house soon, but not far away 'cos I don't want to be far away from Nerys, she's my best friend and we're both going to Lowhouse and we're just hoping that we'll both be in the same class because it would be horrible if we weren't.(AP: Why's that?). Well we've both been at this school together since it started."

(Int. 009A:1)

This sex stereotyping should not be exaggerated. For example Debbie's account of herself:

"I like helping my uncle with his garage. Nearly all men do garage jobs and fixing cars and that but I like to help him, wiping them down and that..."

(Int. 010:5)

Nevertheless, the girls had come to define themselves, and be excluded from, out of the the boys' world:

"Girls have colds and things like that but boys have more accidents, breaking their legs and things like that. They play football and run around, 'cos the field's quite hard, there's hardly any grass on it and when the mud's hard it cuts their knee or something and they're always mucking about (AP: What do you mean?) Fighting and getting told off. But if we do it we get told off more. My mum says that girls shouldn't play football."

(Int. M9:4)

It was also noticeable that the girls drew upon images and language of nursing care:

"When we was doing the play last year this boy tripped up and he'd sprained his ankle so we went to the office and told Mrs James and she sent for him and saw too it. You get surgical spirit, really cold from the fridge and dab it on with cotton wool then put it up in a bandage."

(Int. 010:3)

This girl was in fact already attending First Aid classes at the Red Cross and, although this explains her particular familiarity with the correct procedure in the example above, it also suggests the way in which nursing was a subject position offered to the girls in their everyday lives which

gave them a language and identity. That this happens can be illustrated in two ways. First, the fact that several of the girls did take care of younger siblings when they were ill:

"I sometimes look after my sister when she's not well. She lays on the settee and I bring her drinks and things. Sometimes she don't do what I tell her but mainly she falls asleep."

(Int. 012A:2)

This girl did in fact stay off school for a morning to do this during the summer term. (Interestingly her mother sent a note explaining that her daughter had had to do this whilst she went out to work and although Catherine Frazer told me that this was not really allowed no action was taken.)

Second, many of the girls saw the adverts for careers in nursing which were at the time of the study (and probably still are) a feature of magazines such as Jackie. I made a collection of the comics and papers that the children read, including the edition of Jackie for 20th March 1982. Towards the back is a full page colour advert with the slogan "The best nurses have the essential qualifications before they go to school". It shows a young girl (aged I should say about 5 years) sitting on sofa dressed in a nurses uniform, reading to teddy bear that has been put in bandages. Though the small print later suggests that it is aimed at teenage girls, the implication that nursing and the care of the sick entails the possession of specifically female characteristics is hard to avoid. The children also universally saw their mothers as the person responsible for the their health and that of their family. In the questionnaire given to 4F, 'Mum' was by far the most commonly reported

caretaker during children's sickness and substitutes were only acceptable if she could not be available for some reason. She was by far the most preferred caretaker by the children. Three main reasons were given for this: that she knows most about illness and medicine; that she is available, does not go out to work and has more time; and she is the person who 'really cares for you' and will give you extra attention. Some examples illustrate these points:

"Your mum because she cares for you because she can look after you and she nows (sic) whats (sic) best for you."

(Marcus)

"My mum is the best person because my mum knows what medisines (sic) to give me."

(Steven)

"My mum because she has more time than my dad. Her job is not full time."

(Jeremy)

(Note, however, that other examples did suggest that more indulgence was to be got from other caretakers. For example:

"My dad, my mum, my nana. my (sic) Dad because he gives me a shandy and puts the TV on. And my nana because she gives me coffee and makes me laugh."

(Alan)

Generally, however, the practices of the children's families would seem to underline the common assumption that everyday health care was part of a

female responsibility.

There was also some evidence that, whilst boys saw health in terms of the public expression of bodily fitness, the girls (or at least some of them) were beginning to locate it in a zone marked out as personal and problematic. This was most evident amongst those girls who were readers of Jackie and similar magazines. The 'problem page' of Jackie was mentioned by them several times as an important source of information. I strongly suspect that many girls were interested in the onset of menstruation. For reasons described in Chapter 2 I felt unable to follow these up in detail but there was enough to suggest that menarche and its anticipation had come to redefine girls in relation to their bodies and by extension their relation to health. This for example is what Rebecca said about Jackie:

"It can be frightening when you're growing up and in them magazines they're always telling you what your problems are. (AP:What kind of problems?) Problems about getting married and boyfriends and looking after your body. It's normally about health things. Girls have more things about their lifetimes."

(012:10)

In contrast Nerys felt that boys weren't interested in health questions:

"I don't reckon they read much about health. They're only interested in things like soccer and sport and that's what they read about."

(012:10)

This pattern of girls beginning to see their bodies as the source of problems contrasts with the cult of physicality and instrumental effectiveness characterising the boys' activities and, as the above quote

shows, was one of the contexts in which the girls came to construct themselves in relation to the provision of health care.

Accusations of 'skiving'.

These played an important part in the children's return to school after sickness and should be counted as one of the costs which could be paid for taking time off school. I have left the discussion of it until this point because it appeared in Appletrees as a significantly gendered experience and it therefore fits alongside the points developed above. Children reported in the interviews that they were commonly accused of skiving by their classmates when they returned to school after an episode of sickness. Although this was not completely absent amongst the girls it was common to the point of routine, among the boys. This was confirmed by my own observations. On several occasions I heard boys being taunted with skiving but never actually witnessed this among the girls. In part this may be a product of two other features of the children's sub-cultures to which I have already drawn attention. First, the boys tended to occupy or even monopolise the public spaces of the school and they did so in a generally boisterous and noisy way. It was simply much easier for me as an observer to get a purchase on the social interactions of the boys. So, for example, 'Skiver!' was sometimes literally shouted out loud to another boy. Second, and linked, was the smaller and more personal character of the girls' friendship groups. The interactions between the girls went on in a usually quieter and more intimate way and it must be said that in these circumstances it would have been easy to miss skiving accusations if they had been made. It is, therefore, not possible for me altogether to make out this possible occurrence. However, I did not rely solely on

observation and the only rare mention of the skiving accusation was also a feature of the girls' accounts in interviews. If there was some reason for the girls not wanting to report this to me I cannot think of it.

An example from my observation of the boys illustrates the place of such accusations in the relationships between the boys. It was just before the end of the lunchtime break and some of the boys were gathering by the entrance to the unit, ready to line up before restarting afternoon lessons. One of the boys from 4C had been away for several days and was being ribbed by a group of others for this:

"Skiver, skiver. We know you been skiving again!"

(FWD:84)

He remained silent and did not attempt to deny the accusation but kept screwing up his face and looking away. Later in the afternoon I had a chance to ask one of his taunters what had been happening:

"Some people do skive off (AP: What does that mean?) You know when you stay at home when you're OK. (AP: Who for example?) Well loads but Jamie say, you'd say to him when he's been off 'Ah you've been skiving!'. It's just a kind of joke. You might say it even if you knew it wasn't true, just a way of getting at them. Not everyone skives, just certain ones. You can tell the types."

(FWD:85)

This informant also admitted that he thought the accusations made earlier in the day were not really true.

The imputation, that this informant makes, of skiving to certain 'types' is an important one and I shall return to it in a moment. First, however, I want to emphasise that it was very commonly applied. At first I

suspected that the boys who were at the centre of friendship networks would be the ones leading these accusations and would themselves be immune from them, but this did not seem to be the case. In the example above Jamie was mentioned and he was very popular as a leader of one of the boys' football teams. Nevertheless, he was open to the skiving accusation. On the other hand, boys who were seen as 'weaklings' did seem especially prone to the accusation. I want to suggest that skiving accusations played an important but ambiguous and subtle role in the boys' collective life. To understand this we need to consider the activities to which skiving off when ill was related. Here we can return to the characterisation given to the 'types' of boy who skived. When described in the abstract they were seen as 'tough', 'naughty' and 'a nuisance'. Malcolm Barnes, for example, was often cited as someone who skived a lot. His reputation amongst the children was as on the one hand tough, daring and exciting, and on the other a bully and troublemaker. He could beat most of the other boys in fights, and in this way earned their respect, but also was cruel and unfair to those smaller than himself. The other boys' attitudes to him fit very well into the framework of what Measor and Woods (1984) call 'knife-edging'. By this they mean actions by pupils in school that, as it were, walk a tight-rope between defying the authority and values of the teachers but do not go far enough to cause real trouble. It is the course that most pupils typically take in school, navigating between what at a later stage Willis (1977) has described as the pro-school 'earoles' and the anti-school 'lads'. In some ways skiving could be seen as something which was both admired, in that it fooled parents and teachers and was a way of avoiding their demands, and something that 'went too far', or came close to going too far. Some pupils drew specific analogies, for example,

between skiving and smoking. This makes sense when we consider that pretending to be ill was a way of avoiding unpleasant aspects of school that was individually accomplished and negotiated. It did not require a collective effort on the part of the pupils and to some extent involved the individual child 'getting away' with something that the others had to endure. Skiving accusations were used, then, by the boys to police the limits of their subculture. It reminded the victim that the other boys would not allow secret and individualised victories over the school system and marked a point at which competitiveness was in danger of tipping over into selfishness. It was the equivalent, to draw upon a metaphor that the boys might have liked, of crying 'Foul!'. At the same time it underlined the basic features of the boys' subculture, that being physically tough was valued and that sickness could be seen as a stigmatized form of weakness and incompetence.

These possibilities can be seen in the case of Paulo. He was away for a few days with hayfever and then shortly afterwards with a sprained finger (which was painful but not bandaged or especially visible.) On returning to school he found that:

"People think I'm skiving because it's two times. I was off with hayfever, that was recently, plus this, so people are beginning to suspect that my sprained finger isn't. (AP:How do you know that?) It's obvious that they are suspecting. Some people are already saying 'Are you skiving or not?'...Some of them are probably thinking 'He's a skiver, he's just trying to get off school.'"

(E21:21)

The girls also could find themselves the object of skiving accusations

from the boys. This was not, however, a common occurrence and seemed to be reserved for absences that seemed flagrantly to break the restriction on purely personal avoidance of school unpleasantness. This happened to Kathleen:

"Well sometimes school can be really (makes distasteful expression), especially when you've got tests. Once I heard we was doing a test and the next day I was off school 'cos I had a tummy ache and a temperature. When I come back the next day I heard Malcolm Barnes and some others saying I was skiving because of tests... (Another time) my dad he had a bad chest and I was off school 'cos he wanted me to look after him and the next day I went to school and they were all going (whispers) 'skiver, skiver'..."

(Int. 010:9)

It may have been that there were also some skiving accusations between the girls. In some interviews with older teenage girls in the third year at secondary school, it was said by them that sickness absence could result in this from other girls. One of their mothers was, however, of the opinion that this was a fairly recent phenomenon and reflected the increasingly unstable and shifting pattern of friendships and rivalries among the girls. She believed that this change was to do with emerging competition about boyfriends. The pattern seemed different at this earlier age. Since, as I showed above, the girls tended to keep in touch with each other more through sickness absence episodes there was not the same scope for reading skiving into their friends behaviour.

Finally, there some aspects of the children's accounts of skiving

suggested that their view of it was coloured by its insertion into the status hierarchies of age that pervaded the school. I noticed on several occasions that children ascribed 'pretend illness' to children younger than themselves. In part this was a way of being able to talk about the practices involved without making the dangerous admission that they were currently using them. But there was also an underlying sense in which all the children wanted to represent skiving or pretending as something which younger people did, as childish things which they had now put behind themselves. Just as the teenagers described how they had pretended to be ill when they were 10 or 11, so the fourth year primary school children described feigning illness as something that pupils in lower forms than themselves would mainly do. Sometimes the children specifically linked this to their transition to secondary school:

"Skiving is wrong 'cos you miss all your work and seeing as how we're going to Lowhouse you've got to get good results so you've got to work hard at it"

(Int. 011:8)

This theme will recur in the next chapter where I discuss the parental (mainly maternal) perspective on their children's sickness absence.

CHAPTER 5

Mothers' accounts of negotiating sickness absence

"The question of who does people work on children and how these activities are articulated one to the other has to be made problematic at the level of the social division of labour, for children work and are worked on."

(Stacey, 1981:5)

Introduction

An important strand of recent medical sociological work has been the investigation of women's contribution to the production and maintenance of health within the family. Hilary Graham (1984) has recently documented the extent to which family life rests upon the unpaid health work of women, particularly in relation to their children. She delineates five main areas: providing for health, nursing the sick, teaching about health, mediating with health professionals and coping with crisis. In this chapter I am going to discuss an aspect of child health work which may include all of these activities, namely the process of deciding whether a child is sick and should stay away from school.

My analysis is based on mothers' accounts of the negotiations between themselves and their children that lead up to the decisions to be 'off school sick'. As the last chapter showed, children present themselves

as having an active role in this process. Here I shall look at the picture from their mothers' point of view.

Illness and the detection of feigning

When a school aged child presents symptoms the first decision that the mothers in my study describe themselves as having to make is whether or not their child is feigning illness. The assumption is that all children can and do feign symptoms. One mother said:

"Basically all children are the same, if they know they can get mum's attention or get out of school, you know because they've got a cold, then they all will."

(Int. 016:2)

Some mothers explained their own practices by referring to their own memories of themselves as children. For example:

"It is very much a matter of trust. My mother did not trust me but I remember when I was six or seven... of pretending to have an illness and being successful for quite a while and that was because I didn't want to go to school.... I even had my appendix removed at the age of nine by just pretending that I had colics."

(Int. 025:7)

For others their children's attempts at faking symptoms were seen as a temporary 'phase' or 'stage':

"She would have done it at one time but she's got over that phase..."

(Int. 034B:2)

At the same time children were also thought of as sometimes trying to

hide, or play down their illnesses:

"At other times they can say 'Oh I'm alright mum' because they want to go to school and they're really, you know, got a high temperature and everything."

(Int. 037B:1)

Most mothers stressed the difficulty of making decisions about feigning:

"You've got to be almost telepathic to see through a child, when to know a child is ill and when a child is faking it."

(Int. 016:2)

All, however, felt that the knowledge they possessed of their own particular child was detailed and intimate and this allowed them to be able to make a correct decision on the vast majority of occasions. Some specifically drew a distinction between being able to tell in the case of their own child, but uncertain and defeated by the appearance of symptoms among other people's children:

"Its instinct. You can tell by the way they say it, the way they look. You can tell with your own child."

(Int. 019:2)

Another said:

"I always feel you can tell if it's genuine. I think only once she's foxed me... normally I've been right."

(Int. 018:2)

Again some mothers felt their capacity to detect feigning derived from their own childhood:

"I'm pretty good at it, being as I used to do it. I'm

pretty good at telling".

(Int. 019:1)

This claim is in marked contrast with that which the children made to me; that if they were determined and persistent they could almost always succeed. Whatever the truth of these competing claims, it is clear that mothers feel themselves to be in an active process of negotiation with their children. Their accounts contain little sense of cut and dried decisions but rather concern the subtle interplay of clues, tactics, motives and shifting interpretations. The following examples give an insight into the character of this process:

1. AP. When was the last time Peter was ill?

R. He had 'flu. He got up to go to school and he came down looking a bit miserable. Now, I'm not one to say 'Oh you poor thing'. I say 'Right! Hot cup of tea!' Say its a sore throat. Now sometimes its tonsillitis but a cold often starts with a sore throat. But I do worry, because they do try things on, so I say 'Right, hot cup of tea' and I can tell by the look of them really. Usually they don't want breakfast if they're off colour and I say 'Do you want a tablet?' and give them one paracetamol. Now if they're shirking, 'Oh that's better'. Well you know jolly well it doesn't work that quickly. They think they've tried it on and it hasn't worked. But if it's not, it's 'Oh I still don't feel well' and I say 'Well, are you going to get ready for school?' I still push it. I don't give in too early. Sometimes I think 'Am I cruel to my children in a

way?' But it does sort it out.

(Int. 007:3-4)

2. AP. When she was away last Friday, what happened then?

R. She could have been putting it on last Friday. I did ask her if she's got anything on, tests on, but she said no which makes me think she was having a tummy ache. She was almost in tears, she kept saying 'I really have a tummy ache'. To me know you, I think she really wasn't well.

(Int. 023:2)

3. AP. Marcus was away last Friday. I wondered what happened from your point of view?

R. Well for a start I think that last Friday it was definitely genuine. For a start. Because he came home to me on Thursday evening and I'll tell you he's football mad and we have been letting him stay up to watch the World Cup... So he came home at tea-time and said 'Oh my head hurts and when I swallow my throat hurts'. Well I knew he couldn't have tonsillitis because he had them out when he was five... So I said 'Right love you're not going out to play if you're not well' and I knew it was genuine then because when it comes to going out it changes, but it didn't and I said I'll give you a soluble Disprin and a

drink and he accepted it, because normally he's terrible for taking medication... and he didn't go out to play and he went to bed at his normal bed-time...(In the early hours of the morning Marcus woke his mother up asking for a Disprin because his head ached.) He woke up in the morning. I said 'How do you feel?' He said 'Well my head doesn't hurt but my throat does when I swallow'. And when he spoke his voice was thick... so I said 'Fair enough you can stay off school... and he didn't attempt to get out to play, so that was definitely genuine.

(Int. 028:1)

At an early stage in my fieldwork it became clear that testing for genuineness was a common theme in the mothers' accounts. I therefore began to ask the mothers how they were able to decide whether children were feigning illness or not. Some mothers had difficulty in defining exactly how they did this. For example:

"I mean you know (original emphasis in tone of voice) when a child's not well."

(Int. 021:1)

Others described how they interpreted certain characteristic symptoms:

"She's very flushed sometimes when she's not well."

(Int. 021:2)

"I can tell by the look of them..."

(Int. 007:3)

"Blackness under their eyes, looking pale, their attitude. You can just tell."

(Int. 031:5)

"The guidelines I always use are to look at their eyes. I can't explain the look. It's just something, not quite as bright and clear. Not fish eyes, not staring and looking straight ahead."

(Int. 037B:1)

In some circumstances the visibility of the symptoms was a decisive factor. Mrs Hunt, for example, had been unable to decide if her son's persistent complaints of tiredness and headaches were feigned, exaggerated or real. Then:

"He came up with two lumps on his neck and they were visible. Something I could actually see, you know?"

(Int. 032B:2)

Some also referred to using temperature as a guide:

"I only keep him off school if I think he's got a temperature."

(Int. 019:1)

It was noticeable that a combination of symptoms and their continuity added to their credibility. As one mother, for example, put it: she would give her children the benefit of doubt if it were "something continual, for more than a few hours" (Int. 012:2). Timing was also important especially if the child woke up in the night:

"He woke up in the night, at 3.15 to complain of a headache and sore throat. No child would wake up in the night like that, even if they were worried about something."

(Int. 028:1)

Another frequent reference point was the child breaking their habitual

behaviour or preferences, for example, not wanting to eat or go out to play.

"I'd certainly know he was ill if he was off his food. That would be one of the factors. All my three eat well. That's my way of knowing if they're not ill."

(Int. 018:1)

"Her food. She'd go off it completely..."

(Int. 023:2)

"She goes off her food. That's normally how we tell".

(Int. 031:1)

Genuineness was also judged in terms of the health history of the child. When, for example, Philip Brown developed a rash on his arms and legs his mother explained to me that she had a feeling that:

"... it's like hives. It's an allergy to something but you don't know what. He is susceptible to that sort of thing, 'cos he's got hayfever now and he's had excema as a baby and still occasionally gets a tiny patch and all those things are connected, aren't they?"

(Int. 019:2)

Sometimes the health history of a particular child was located within that of the whole family. For example, when Malcolm Jones complained of ear-ache his mother took it seriously, not only because Malcolm had a history of such complaints but because she herself had similar problems as a child and her own mother was told that 'it was a hereditary thing'.

Their knowledge of 'something going around' also seemed to lead mothers into an easier acceptance that their child was genuinely ill and not feigning. Conversely other children and families not currently

experiencing particular symptoms could cast doubt on a child's claim. For example Tina complained to her mother about her ears aching. At first her mother doubted that this indicated a 'real illness', but after two or three days Tina's throat became sore and she was allowed home off school. Tina's mother explained that:

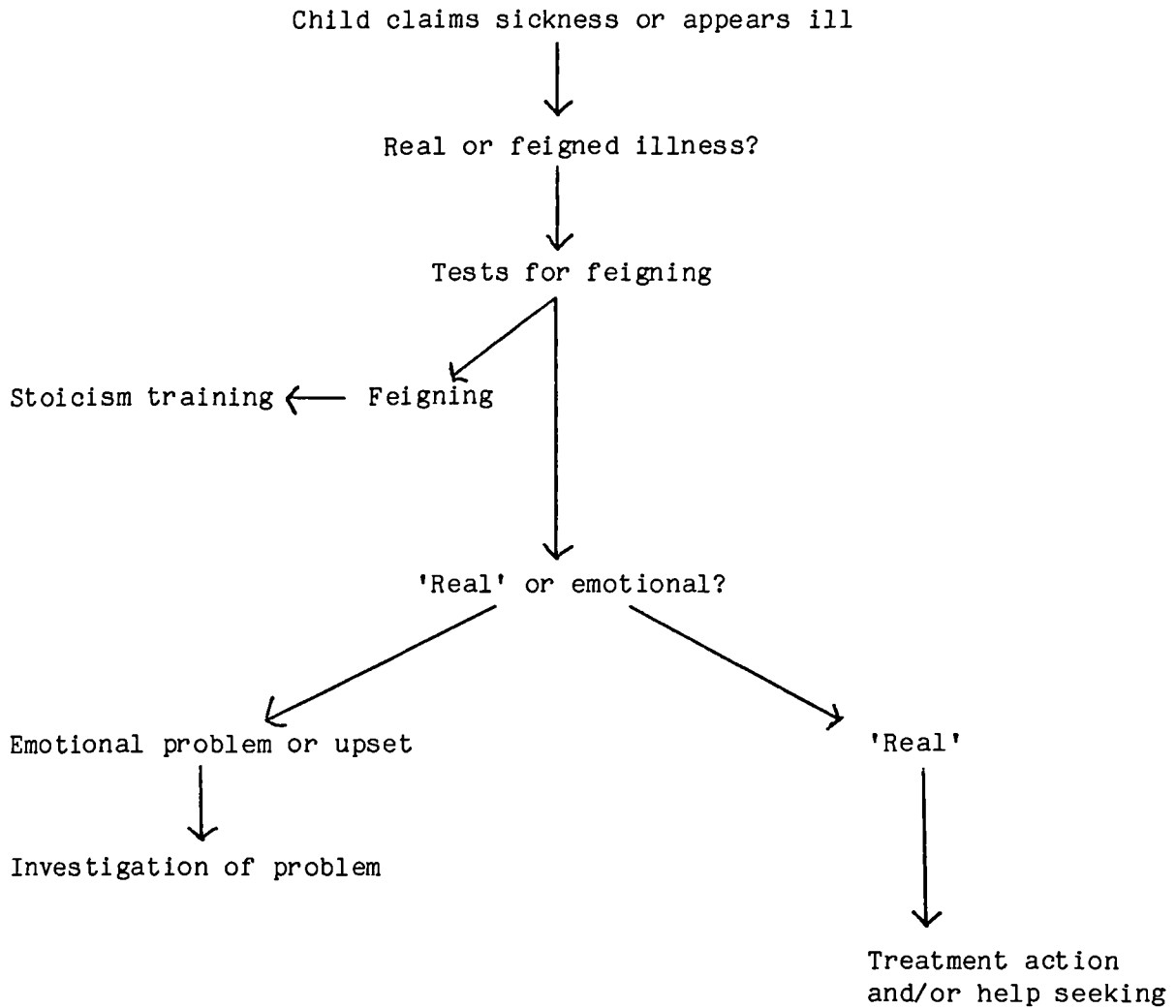
"No-one else had it see. That is the thing. No-one else up the street or anything. And she hadn't said anybody at school had a cold or a cough."

(Int. 035A:1)

Emotional upset and training in stoicism

Behind the suspicion that child was not 'really ill' mothers seemed to perceive two possible explanations. I have represented these schematically in Diagram 2. This should be understood not as a decision-making flow chart but as a structural system of possibilities. The mothers explained the processes involved as highly reflexive ones, exhibiting in practice features such as sudden shifts from one possibility to another, rather than a systematic movement through all the possible pathways within the diagram.

Diagram 2. Decision making possibilities present in mothers' account of everyday sickness



If a child was thought not to have 'real' illness it was not automatically assumed that s/he was feigning; two other possible interpretations were available. The first involved seeing the child as subject to an emotional disturbance producing really experienced symptoms. An example is found in the case of Rebecca. She had an isolated day off school which her mother explained in the following terms:

"Last Friday she had a tummy ache. I thought she might be constipated, 'cos when she gets like this she feels too unwell to go to school. Nothing seemed to persuade her so I kept her at home. She was OK the next day. A lot of it is nerves with her. She builds herself up if something is coming up. It's either headache or tummy ache. Anxiety I suppose. They've had some exams to do recently. Also we're moving house in a fortnight so whether it's that? Rachel is very affected by it, very worried about her friends and that."

(Int. 023B:3)

Rebecca's mother remained uncertain about the cause of the stomach ache but since it was not repeated the incident faded away. Earlier in her school career Rebecca had persistently claimed it feel unwell and this led her parents to make enquiries at school. They were told that Rebecca had quarrelled with a close friend and when this was resolved and her feigning ended.

In another case a mother explained how, when her son complained of ear-ache:

"... the first thing I said was 'Is there anything up? Have you been fighting... I thought there was something up

at school you see. I straightaway think there's bullying.... He'll sometimes say 'I've got ear-ache'. and I'll think 'Have you?' and I'll let it go on for a day and see..."

(Int. 031:4)

The second possibility was that children were proving too ready to 'give in' to feelings of unwellness. Their response in these cases is referred to as 'stoicism training' in the diagram above. This was often part of a more general worry about a weakness in the child's character or personality. For example one mother told me:

"Sometimes I am tempted to think that Paulo's attitude to illness, which is towards life not just illness, could probably be stronger than what it is. And then I think it's me that's harsh..."

(Int. 018:4)

Often this was linked to a general characterization of contemporary children. For example:

"Children are much softer these days, especially the girls, than we were allowed to be. We had to fend for ourselves... but nowadays they scream the place down.... We were brought up a lot tougher. Nowadays we're inclined to be a bit softer."

(Int. 035B:4)

For these mothers the production of 'stoical' children was a matter of struggle woven into their everyday coping with their children's claims on sickness. The tactics of the struggle at this level were the cajoling, edging, and testing out of claims described above. At times,

however, there were sharper conflicts which called for stronger action. It is interesting that in many such instances fathers entered into the sick role process chiefly for these disciplinary purposes. 'Getting your father to sort you out' was a threat that usually seemed to work and this seemed confirmed in my small number of interviews with fathers, all of whom expressed themselves forcefully on the need to ensure that children did not see illness as a way of retreating from demands upon them.

In one case a father used the family doctor in this process. Kathleen had been complaining of stomach aches and had negotiated a series of odd days away from school. Her father related that

" ... one night she was lying there, tummy ache. I'll test you. I said What's the matter? Tummy ache. I said right I'll get the doctor and I said 'You'd better have tummy ache my girl or you'll feel the back of my hand...' (The doctor visited)...He said I can't find nothing wrong with her. So that's it. He had a long talk with her and told her to snap out of it."

(Int. 031B/2:2)

Childhood career and the meaning of sickness

It is useful at this point to compare my study with other recent empirical work on dealing with children's symptoms. Blaxter and Paterson's (1982) study of child health care in 58 working class families in Scotland is one of the few investigations of how mothers deal with their children's symptoms. There are many parallels between that which the mothers reported to Blaxter and Paterson and the accounts described above. The range of

symptoms dealt with is similar, and there is a similar sense that particular symptoms have little fixed meaning but are open to a wide range of interpretation. Blaxter and Paterson suggest seven 'variables' which are echoed in my own data and which they think may influence symptom interpretation: the intrinsic nature of symptoms ('frightening' or 'trivial'); the sites and other features of symptoms; the nature of the infection; the child's health history; knowledge of causes, diagnosis and cure; and practical contingency.

It is the differences, however, between the two studies which are most striking. In the Scottish study there is virtually no reference in the mothers' accounts either to school attendance or to the problem of feigned symptoms. Of course, inter alia, this reflects the different objects of the studies. Blaxter and Paterson focus on child health care as an activity in itself, whereas I was concerned with the relationship between health practices in the family and school attendance. But how can we deal with child health care as if it were separate from other aspects of children's lives and other facets of childrearing? Furthermore, if this is accepted, are we not inexorably led to review how these practices form not only part of the social construction of motherhood (as Hilary Graham has shown) but also that of childhood?

Making these connections, however, requires a far more sensitive appreciation of the importance of children's age for the meaning of health and illness than is usually the case in medical sociology. Blaxter and Paterson utilize what can be called a 'portmanteau' concept of childhood: one that covers a wide range of ages, from a few months to 11 years. In medical sociology generally the term 'child' can cover beings between a foetus and a school leaver or young worker; the point here being not that

chronological age is in itself important but rather that our society constructs childhood around a sequence of age-related transitions carrying with them widely different social obligations and meanings. Generally these are obliterated in medical sociological accounts or at best represented by the categories 'younger' and 'older' children. Even so there is a noticeable tendency towards ascribing the assumed characteristics of the 'young' (immaturity, asociality, passivity and incompetence) to the old. I would suggest that studies which base themselves on such a reductionist concept of childhood are incapable of unpacking the different realities encompassed within it. They therefore fail to see the significance of the different contexts around which the meaning of illness is constructed by and for children of different ages.

The problems associated with this 'bulk handling' of childhood emerge in Blaxter and Paterson's account at two levels. The first is consequent upon dealing with the child as present but inactive. Their description of how symptom interpretation is made by mothers appears remarkably flat and lifeless, lacking any sense of it having, as in the material I gathered, a negotiated character in which children can play an active part, bidding for and resisting entry into the sick role. The second results from children of different ages being lumped together, despite variations in the positioning in their childhood career. We get very little sense of the difference in meaning of sickness for differently aged children. At the most crude level, it is hardly recognised that for it to be decided that children above the age of compulsory schooling are 'ill' may involve, as a direct corollary, absence from school. The crude distinction I make here might be further refined to ask questions about the possible differences between playgroup, nursery school, early, middle

and late junior school, the transition to secondary school etc. and their relationship to the meaning of sickness. Unless these questions are asked the relationship between the institution of schooling (with all the symbolic and material practices that it involves) and maternal decisions on child health 'within' the family remain unexplored.

It was when I considered the position of the particular children in my study within their childhood career that I began to make sense of their mothers' concern with the problems of feigning and stoicism. The children were in the final year of primary school and about to make the transition to secondary school. This move, as I showed in Chapter 3, was regarded by parents, teachers and children alike as a crucial one in their passage through childhood and towards adulthood.

For teachers, the tensions associated with this transition were handled by gradually increasing the demands placed on children at school and introducing methods thought more like those of secondary schooling. Paralleling this was the interpretation of children's claims of feeling unwell at school as indices of how far they had learned appropriate attitudes towards these instrumental demands. I shall describe these in more detail in the next chapter but essentially the teachers saw the children as too willing to use claims on illness or exaggerate their symptoms and responded with tactics designed to steer them back towards the responsibilities of their school work. In many ways their approach was similar to that of the mothers described above - although teachers were usually more instrumental, less knowledgeable about individual children and more likely to make reified decisions based on class, age and gender typifications. Nevertheless, both teachers and mothers had developed ways of testing out the genuineness of symptoms and encouraging the display of

stoical attitudes to illness.

Many parents I interviewed expressed their concern for stoicism within a wider discussion about whether or not their children had been properly prepared for the transition to comprehensive school. Their children's claims on sickness, the genuineness of which, as we have seen, they were not sure about or which they felt might be exaggerated, expressed worries about their child's moral character. For example, a mother called on the help of the teacher when her son, Sam, was persistently complaining of stomach aches. She asked his teacher to talk to him about the problems this might create for him when he arrived at his new school:

"...she (the teacher) said at this age they've got to learn that if you've got a cold you can't simply sit down like some children do and give in."

(Int. 032:2)

A similar perspective was a consistent theme in the accounts given by many other mothers. Their response to symptoms was framed in terms of the effect it may have on their children's characters and their 'fitness' for secondary school. Some examples illustrate this:

"...it doesn't do a child good to be constantly reminded of a headache... because then we might come up against a barrier when he gets to the other school, when he knows if he can get away with it he might try."

(Int. 016:2)

"As she's getting older and going to Lowhouse (comprehensive school) and school work is getting even more important, sometimes you've just got to go and just

cope with it."

(Int. 018B:2)

"It is difficult but I think he is learning now that you can't just give in when you've got a small thing wrong with you.. We are going to get him sorted out before he does get to senior school because it is quite worrying..."

(Int. 031)

As with the children's accounts we seem to find here an intensification of concern about sickness in relation to the performance of schoolwork, in the context of the transition to secondary school.

There were also indications in the parents' accounts that they thought differently about the sickness of boys and girls. The clues to this were not obvious or readily apparent; no-one offered direct statements of comparison. Rather there were more subtle differences of tone and emphasis. I noticed in particular that on several occasions when I talked about their Health Diary entries to mothers of girls they expressed their surprise and puzzlement if there had been only a few incidents of the child complaining of not feeling well. When the same happened with the mothers of boys the absence of sickness was taken for granted and not commented on in the same way. In contrast when a boy showed a lot of symptoms these were often commented upon as not at all showing the usual picture. Boys who complained a lot about not feeling well were more likely to be worried about (especially for future implications at Lowhouse), or in one case (that of Sam Hunt) be the object of some irritation for their parents. Towards the end of my fieldwork I made note of the pattern I had begun to recognise:

"There seem to be two different leitmotifs for boys and

girls running through the way mothers tell me about the general character of their diary entries. Often they're the first words they speak to me on the doorstep as I arrive. With the girls its surprise that nothing much has happened. 'Well, nothing much has happened!' Mrs N. said today. Last week Mrs T. said something like 'Keeping this diary has shown me how healthy A. (a girl) is'. But Mrs B. seemed to think that P. (a boy) not having been ill was just part of his usual pattern and Mrs H. gets really agitated about S. feeling ill so often."

(FWD:137)

On later reading the interview transcripts it was noticeable that the mothers of boys often linked the Lowhouse exam with their son's future prospects of employment. For example:

"I know my husband has said to him that if you can't do maths you'll never get a job and not get on so he's really got to buckle down in these last few weeks."

(Int. 018:1-2)

"You looked at the paper before and they used to advertise for jobs and anyone could get it. You look at the paper now and you've got to have at least two 'O' levels even for very low jobs"

(Int. 035:13)

This was much rarer for the girls. It seems, then, as if sickness absence was seen as important in terms of the transition to secondary school for both boys and girls but that that the significance of the future market was already beginning to be seen as important for the boys.

Manoeuvres and contradictions

So far this discussion has represented the decision to keep a child 'sick off school' as a complex but unitary phenomenon. A child's symptoms have been seen as a puzzle for their mothers but one which could be solved, and perhaps resolved, in one of three directions: upset, pretending or really sick. Many features of the mothers' accounts parallel those given by the children. In both sets of accounts the child were seen as active: pretending was recognised by both; there was a joint concern about the meaning of sickness for schoolwork and the successful transition to secondary school. On the other hand mothers, unlike the children, tended not to describe the relationship between a particular absence and what might be missed at school. They were not usually in possession of such information and their concern was a more generalised one. Nor did they stress, as much as the children did, the way in which the children might control the manner by which symptoms came to be noticed. In this sense the children had a more acute sense of the interactional cues by which illness might be accepted as genuine. Mothers and children also differed in their assessment of how easy it was for children to feign illness; whilst the children thought it was tricky but possible, especially if used sparingly but with persistence, the mothers usually felt sure they could detect attempts at it.

The mothers' accounts also contained features which were not present in those of the children. These features concerned the implicit difficulties which the mothers indicated as part of making a decision to keep a child off school sick. All these difficulties involved the impression management of their own maternal competence in the provision of

'proper' health care for their children. In this section I will analyse these difficulties by combining two conceptual frameworks. The first is the notion of 'normative regulation' derived from the work of Foucault and Donzelot. The second is a modification of the interactionist account of illness as a form of deviance given by Dingwall.

The concept of normative regulation (Foucault, 1977; Donzelot, 1979) rests on the suggestion that the nineteenth and twentieth centuries have seen the birth of surveillance practices of the population by a variety of state and non-state organisations. On the topic of this thesis the examples of child health clinics, health visiting and school medical inspections can be given. This surveillance itself depends upon the production of categories or parameters for the differentiation of 'normal' from 'abnormal' behaviour. These categories are embedded in forms of knowledge which are the basis of the surveillance and interventionary practices. Post-structuralist writers have used the term 'discourse' to refer to the phenomenon that results from the fusion of these knowledges and practices. The health care of children by their mothers is a case in point. From birth and through their school career children are examined and screened by medical personnel whose judgements can have consequences for parents. Usually these consequences are minor ones, such as the recommendation of a particular health practice, but can include the involvement of agencies with wide legal powers over children's lives. For the argument I want to make here the coercive powers of health (6) and social work agencies are less important than the norms of 'proper' child health care that are implied by their work. The discourse of child health is not simply concentrated in the practice of child health care workers but is more widely diffused through the society. One means of this

diffusion is the interaction between parents and health care workers, particularly in the giving of advice. Another is its representation in popular literature and television. During my fieldwork many of the mothers referred to the television programmes on health care that they watched and mentioned the child health care books and manuals they had read or, more usually, kept at home for reference. I familiarised myself with these and tried to understand some of the problems that mothers faced using them. I came to understand that the norms of child health distributed through these programmes and manuals were one of the backdrops against which mothers made decisions about child sickness absence (see also Newsoms, 1974; Ehrenreich and English, 1979; Dally, 1982; Hardyment, 1983). The picture is, however, more complex than this alone would suggest. In the first place such texts are internally contradictory and do not always lay out precise guidelines for action. Second, the part they play in sickness absence decisions has to be appreciated alongside at least four other factors: the account taken of other mothers' opinions; the contradictory demands of teachers about regular school attendance; the active role of children in making bids for sickness; and the contradictory demands that arise from children being socially defined as both vulnerable and robust. I will discuss each of these later but will first describe some of the features of the child health care manuals that mothers had access to.

The first important feature of these texts is that they were almost always written by doctors. In them child health care is presented as a task carried out between parents and doctors acting in 'partnership':

"Raising a child properly to good emotional and physical health is a tough job that requires cooperation and love

from all the child's guardians. A trained and experienced person, who is a reliable source of information and suggestions, can help immeasurably. Your child's doctor should be that person. But he or she should not take the child's rearing out of your hands by making all decisions for you or dictating a single course of action without explanation. Only you, the parent, can make judgements concerning what is best for your child - judgements based on the important facts and alternatives."

(Homans, 1980:10)

Despite the rhetoric of partnership found here a certain asymmetry in the relationship cannot be repressed. Parents are described as cooperative, loving, able to make judgements, but needing advice and explanation; doctors are trained, experienced, reliable, sympathetic, helpful, make suggestions but know the important facts and alternatives.

Much of the advice given depends upon the notion of normality: normal growth, behaviour and development (Urwin, 1985). As Armstrong (1983) points out modern paediatrics is structured around normal child development, and this has displaced disease as the main focus of concern. Similarly in parental advice texts we find an emphasis on the proper sequence of developmental signs and stages:

"As with old age, so in childhood, it is necessary to know what is normal, to be able to recognize what is not."
(Gomez, 1970:8)

This concern with the normal extends to a range of apparently non-medical areas. For example, Gomez (1970) gives recommended bed-times, guidelines

on children's food and advice on rudeness, defiance, disobedience, aggressiveness, lying, stealing and immature behaviour. In the advice they give the texts are, as Urwin (1985:192) puts it:

"...helping to produce a normative account of the parental function."

Although this account refers to parents it actually directs itself mainly towards mothers. Providing adequate child-care is a basic task of motherhood and producing and maintaining "normally healthy children" is emblematic of good, competent motherhood. In this respect the doctor appears as more than an ally or partner in childcare; he, as it usually is, comes to define what good motherhood comprises. For example, a manual written by paediatrician William Homans is sub-titled "A handy reference for parents who really care"; the implications seeming to be that no good mother would act towards her children in an uncaring way; that having healthy children is an index of this care, and that proper child care conforms with sound medical advice. Nonetheless, should a child fall ill then:

"..every parent wants to be able to help his children feel better faster and to guard them from serious illness."

(Homans, 1980:1)

At an individual level this expectation is often experienced as anxiety or guilt. Advice texts disingenuously present themselves as placating such fears:

"CARING FOR YOUR CHILD is written in easy to understand language and will relieve you of much of the anxiety that

comes with having a sick child."

(Homans, 1980:7)

But the discourse of which they are an expression might be equally understood as a source of them; it produces a standard of parenting which is widely diffused through society against which individual mothers are invited to compare their own behaviour.

The mothers in my sample often expressed the feeling that if their child was sick then it might in some way be their fault. In general they saw child sickness as something which required careful attention. One woman, for example, related how when she was a child she had developed pneumonia. Her mother had not taken her initial symptoms seriously enough and had thereafter always felt guilty about it. As a result "she was careful, ultra-careful, and so am I" (Int. 002:3). Another mother who was sceptical of most of the child care advice she had read, nevertheless felt that child illness was:

"...the issue around which I would become a more conventional parent."

(Int.001:4)

Child health texts concur that parents/mothers have a major responsibility for their child's health care but are at the same time confusing and contradictory in the specific advice they give. Many everyday child illnesses start with a raised temperature, for example, but the advice texts say different things about how seriously this should be taken. Salk (1972) says the following:

"I think it is not only reasonable but helpful to your child if you set certain ground rules about when he can stay at home because of physical complaints. I would

recommend a doctor's agreement as one criterion. The other criterion I would recommend, if your child complains often and if the complaint is mild, is an elevated temperature."

(Salk, 1972:81)

But this is not quite how Homans puts it:

"There is a popular fallacy which sets forth that the higher the fever, the sicker the child...The fact is that children past early infancy tend to develop high fevers with little provocation. Relatively harmless illnesses like roseola often cause temperatures as high as 106F, whereas many lethal diseases such as polio may cause slight or no temperature deviations at all."

(1980:12)

On the issue of when to consult the doctor with a sick child parents were told in the magazine "Advice", available in the local Ravenscroft news agency at the time of my fieldwork, that they must:

"Always consult a doctor if the sore throat is accompanied by any of these symptoms: temperature above 101F; fever or swollen glands; pain in abdomen or headache; pus visible on tonsils...If in any doubt at all, see the doctor."

At the same time the medical advice column of the local newspaper ran an article by a doctor complaining about number of mothers who visited his surgery and brought children with trivial symptoms:

"I am not suggesting ...that they had nothing wrong with them. I am saying that their complaints on nearly every

occasion were trivial and not in need of medical advice and certainly not in need of a prescription. Running noses, sore throats and even coughs, when a child is obviously not ill, are self-limiting and nothing to fuss about."

The same article went on to draw a distinction between "feckless mothers" who did not pay attention to reminders about the importance of immunisation and "careful loving (sic) mothers" who did not need reminders at all.

So far I have argued that the way mothers deal with child health and sickness is normatively regulated through a pervasive discourse. I will now develop this analysis by referring to the position put forward by Dingwall (1976), in which he proposes that illness possesses the basic features of a deviant act. He does this by applying McHugh's (1970) account of the common-sense ascription of deviance. In this account deviance is seen not as a label applied to an act breaking a rule but as, in the first place, a charge levelled by others; such a charge defines an actor as potentially deviant. This charge can be defeated by an appeal to a set of circumstances under which any competent person would have been unable to act normally. If such a defence fails then a prima facie case for deviance is established; but for the charge to 'stick' it must also be shown that the actor is theoretic, ie to know what s/he is doing and thus be held responsible for their actions. In this view deviance and ordinariness are 'two sides of the same coin'; being ordinary or normal requires that actors display their "knowledge of the way of life under the auspices of a particular collectivity, by being able to produce behaviour

acceptable to other members of the collectivity" (Dingwall, 1976:78). Following from this analysis Dingwall defines illness as a prima facie charge of deviance:

"The healthy person is seen as someone who is capable of pursuing relevant courses of action in the situations he encounters in everyday life... health is inextricably tied up with other terms like ordinariness and normality. Illness is a particular form of failure at everyday life."

(Dingwall, 1976:79)

It can be argued from this that being healthy can be treated as a version of being normal and that:

"Just as warranting one's claim to be considered a competent member of some collectivity by establishing one's normality is a continuous process, so too is one's establishment of one's essential health."

(Dingwall, 1976:79)

This analysis can be applied to my data but with an important modification. It is that whilst children do, as the discussion in the previous chapter showed, possess and use certain competencies with regard to illness and interactions surrounding it, it seems that they are not normatively accorded this recognition by other adult actors. In particular the responsibility for child health, and the taking of appropriate actions to maintain or restore it, are seen to rest with parents generally, and in the first instance, with mothers. In these circumstances there occurs an important shift and relocation of the charge of deviancy incurred by illness in children; it applies not to children and their claim to be competent members, for no such claim is normally recognized, but to their

parents, and their mother in particular. The charge involved relates specifically to her competence as a mother. In these circumstances child illness requires that any mother who wishes to be maintain her recognition as a 'good mother' has to mount a defence of her competence.

I became aware of the deviant implication of child sickness when I began to recruit mothers as informants in my study. I will use this experience in a manner similar to that of Voysey (1975) in her investigation of the impact of a handicapped child on other family members. She used accounts given to her by parents of handicapped children to show how their attempts to establish their 'normality' in interviews with her revealed the essential features of normal and deviant parenthood. Similarly in recruiting mothers to my study I had to first make a tacit recognition that their competence was not in question. (The details of this are given in Chapter 2.) The eliciting of this agreement was accomplished by representations of the children to me as 'normal healthy children'. These representations had the effect of constituting children as simultaneously robust and vulnerable: on the one hand, their child's 'normal healthiness' was an index of the competence with which they had been cared for; but on the other, they were vulnerable to a vast range of potential threats and damaging influences. It was these which made this maternal protectiveness itself vital. Having 'normal healthy children' emerges as an important index of and resource for maintaining one's public identity as a good mother. At the same time children do appear to present constant day to day stream of minor symptoms. I suggest that this stream of symptoms presents an important topic for the impression management of good motherhood; one which is caught up in a paradox of robustness and

vulnerability. On the one hand their motherhood relies on the appearance of "normal healthy children", and the admission of too many symptoms is threatening to this; on the other hand all symptoms presented by children can be potentially serious, given the imputation of special childhood vulnerability. I suggest that this can be understood by looking at motherhood as a socially constructed phenomenon in which child illness requires mothers to execute complex manoeuvre in defence of their claim to be a 'good mother'. In this view child illness is regarded primarily as a charge of maternal incompetence which must be deflected in some way.

In my interviews with mothers they often stressed that their child's illness was normal. This was done in a number of ways. The first consisted of imputing certain characteristics to children's symptoms; this was done sometimes by making a direct appeal to a presumed shared knowledge of 'what children are like' and sometimes by selecting a particular feature of the child's personality as an explanation of their symptoms. For example, many mothers interpreted their child as attempting to use symptoms to avoid some unpleasant obligation. "She's quite a convincing actress" was a typical way of putting it. Another method was to refer to children as especially emotionally vulnerable; in these cases symptoms were seen as emotional responses, often unconscious, where the children were seen as unaware of their own real motives; mothers felt they could detect these underlying emotional tensions and appealed to them in their accounts. For example, one child's reaction to a grazed knee was interpreted as an example of the underlying competition for attention with her sister. Another had stomach ache which was seen as an expression of anxiety about a guitar lesson. Children were seen as especially sensitive to such fears and their protection against emotional damage was presented

as one of the basic tasks of motherhood. Mothers could thus explain the symptoms as the products of normal 'childish' fears, and at the same time demonstrate their concern and understanding.

The second method of defending and displaying good motherhood was by explaining that, in the face of childhood illness, one did 'What any normal mother' would do. Here the accounts emphasized not only that the illness was routine and ordinary but also that it was caused by some unexpected agency external to the home. This was similar to Robinson's (1971) observation about one of the women in his study:

"She saw illness as somehow managing to seek out members of her family who were quite defenceless against it. Consequently, of course, there was never any blame attached to "being ill" since, by being an unfair invading force, illness was uncontrollable and non-preventable."

(1971:45)

It is not quite accurate to imply, as Robinson does, that illness per se is used to exculpate the mother concerned. As I have argued illness in children is a potentially culpable responsibility of mothers; rather it is the location of illness outside of mothering, as occurring despite good mothering that constitutes the exculpation claim. In my data the externality of the illness was often established in the claim that "something is going around". This arose, for example, with a child who developed diarrhoea and stomach ache; this followed shortly on a younger child in the same household reporting the same symptoms. The diarrhoea lasted initially for an evening and over the next day. The older child took the day off school at her mother's suggestion. By the same evening

her recovery seemed complete - she went out to play with friends. The next evening however she was again complaining of tummy ache, feelings of sickness and later vomited. A further day was spent at home but although the next day she still complained of stomach ache she went off to school and returned home feeling well. A few days later a neighbour's child developed the same symptoms and took three days off school. A week later another neighbour's child complained to her mother of an upset stomach.

In the account which the first of these mothers gave she developed the theme that 'something is going around'. This was warranted not only by reference to the similar symptoms of children in the same household but also by a reference to a story that the mother had been told by another child, that "the ballet school were all down with it". This was confirmed by a conversation with a colleague at work who had reassured her that the children soon got over 'it' and there was nothing to worry about. A few days later the existence of 'it' was well established amongst local mothers so that when a number of subsequent absence from school were explained to me as caused by 'the thing that's going around'. 'Something going around' became public knowledge amongst mothers in the area and by imputing their own children's sickness to it they could externalize the agency of the illness and exculpate themselves.

I suggest that stomach upsets and sickness are the kind of symptom which contain an implicit, and unless deflected, powerful threat to the appearance of competent motherhood, hinting as it does at the seemingly inextricably linked chain of diarrhoea, sickness, food, hygiene, housework and proper motherhood. 'Something going around' shifts the sickness into an external, non-domestic, invading and mobile threat which might strike any mother's child and any household. At the same time its externality

allows it to become a shared piece of knowledge, public to mothers in the area. In this way 'something going around' asserts the existence of a communality of mothers against a privatized and individual motherhood; "something going around" is a knowledge which can be shared between mothers and, at the same time, the holding of which becomes emblematic and affirmative of one's "good motherhood".

Schools, mothers and sickness absence

The demands which schooling makes on mothers adds a further layer to the analysis above. At first sight this layer seems simple and straightforward enough. It concerns the legal responsibility of ensuring that one's child regularly attends school (which the majority of parents accept) but for which mothers are usually seen as having the practical responsibility (see Shaw, 1981; Gregory et al. 1984). In ensuring regular attendance the mothers' competence was again on display; it could and was judged by the teachers in this way. A child who was repeatedly late for school, or who arrived unfed or ill-dressed, was taken as a sign of maternal incompetence or lack of concern. In relation to sickness, then, school was one of the arenas in which the manoeuvres of impression management described above occurred. Mothers felt that if their child was sick more often than usual then they may have been seen by teachers as having inappropriate, incompetent or neglectful mothering. A mother with a sickly child would thus have need to accomplish an exculpation of herself. A sense of this underlay many of the mothers' accounts to me about their relationship with the teachers. They felt that their mothering was judged and evaluated by teachers. In the next chapter I will describe some of the different ways in which teachers did in fact discuss and make

judgements about the mothers, especially in relation to sickness. In this sense the mothers who spoke to me about this were accurate in their assessment of the teachers, but even had they not been (and the teachers been innocent, or more sensitive to the position of the mothers) their interpretation of the situation contributed to the way in which they constructed sickness absence.

As it was many of the mothers indicated the sense that their actions were under surveillance in some way. As one said to me, after the tape-recorder had been switched off, and as I was on her doorstep about to leave:

"It's very difficult having children at this age. You can't do anything without thinking somebody's there thinking 'Well I wouldn't do that.' And why should you always like your children? I know a friend of mine, her daughter is really annoying her but if you said that at school to Mrs Frazer, she'd look at you as much as to say..."

(Int. 022B/FWD:148)

Two factors still further complicate this picture. First, whilst there was pressure on mothers to ensure regular school attendance they also perceived dangers in sending their child to school sick or potentially so. Several mothers related to me how on one or more occasions they had underestimated their child's symptoms and sent them to school only to have them returned home later in the day. In these cases they were usually telephoned by the school secretary and asked to collect the child from school but in a few instances the children were taken home by a teacher, or sent home at the end of the day with a note explaining that

they had not been well. In all cases the mothers felt that there were criticisms of their conduct implied in the teachers' actions or tone. For example:

"I would hate them to go to school and the teacher to say 'What's the matter with you?' 'I'm not well. I told my Mum but she still sent me to school.' And they'll say, you know, 'Wicked!'."

(Int.021:7)

"When she was getting 'flu I sent her to school one day but, see, the teacher rang up half-an-hour later and said she wasn't well and I felt awful....but she didn't... she looked a bit glassy eyed but, you know, she said 'All right I'll go' and with her saying that I let her go."

(Int 023:5.

Sending a sick child to school could also risk the disapprobation of other mothers:

"I don't like the children at home in the day, but some do, they're different to me and like it and will let their children skive. And of course some who are working send them to school ill. I've been down there and they've been coughing away. Well, I'd never do that."

(FWD:148)

This example nicely summarizes the tight-rope that mothers were walking in their sickness absence practices: on the one hand they might be seen as too indulgent; on the other of being uncaring.

Yet another layer of complexity, however, is revealed if the active role of children in sickness absence is taken into account and

inserted into the contradictions of the mother-school relationship. Children were, in the accounts of the mother, generally denied any formal power in the decision making around sickness absence. If they were to have an influence on it they had to find informal levers of action. For the children a persistent complaint of illness represented such a lever.

In this context, it is not difficult to appreciate the mood of irony and pleasure among the older children when (see chapter 1) they recalled (or perhaps invented!) instances of successful feigning. The tactics they described operated at a number of levels: first the repertoire of impression management which displayed a knowledge and ability to manipulate the bodily, everyday routine and domestic-spatial boundaries of sickness; second, and much more important, their mobilization of the contradictions of motherhood. By an insistent but 'naturalistic' presentation of the right 'symptoms' children are able to intervene in the complex process of a sickness absence decision. The art of children's bid for the status sick would appear to lie in arranging symptoms which are both realistic but not too threatening; they must operate in the sphere of vulnerability - potential rather than actual harm; the question they must pose to mothers is: 'what if... they are real...they get worse?' The power of these tactics derives from the way in which they enable children to reach out beyond the inter-personal dimension and engage the normative regulation of motherhood. The discourse is beyond the making but not the ken of children; because they are the object of it and are so unremittingly at the centre of its practices it can at an individual and interactional level become a resource for them.

CHAPTER 6

Sickness and schooling: the teachers' perspective and practice

Introduction

This chapter deals with two aspects of child sickness and its relationship to primary schooling: the views of the teachers of Appletrees on health care, sickness and absence; and the methods used by teachers and other school staff in dealing with children's claims on sickness whilst at school. An analysis of these will show how sickness intersected with teachers' perspectives on child rearing, gender, class and the transition to secondary school.

The parent-teacher relationship

First, I will describe the ways in which the teachers of Appletrees saw children's sickness and sickness absence. I have constructed my understanding of their perspective from the material gathered in formal interviews, informal conversations, discussions between teachers and the encounters between parents and teachers which I observed. I start with the teacher discussions. The first important characteristic of this material is that teacher to teacher discussions of children's sickness almost always took place in the context of talk about the children's parents, the lives and characters of whom were a constant reference point for teachers. A typical lunch-break in the staff room

would often include a discussion of the attitude or actions of a parent or group of parents. The general tone of these was often critical, but was not necessarily so, and some such as those involved in fund-raising through the PTA were often praised for their efforts.

The term 'parent' was the common argot of these discussions but the terms almost always actually referred to the mothers of the children, with whom the teachers had by far the greatest contact: accompanying children to school; seeing teachers to discuss the progress of children or 'problems' they may be having; coming into school to assist the teachers with projects or routine work such as reading. In particular, if a child was not feeling well the normal practice was for the school secretary to try and first contact the mother, even if she was at work. In contrast there was a marked reluctance to trouble fathers in the same way.

The public rhetoric of 'Appletrees' was one of openness to parental involvement and the Head and teachers worked hard to maintain and project this image. The school was a focus for many daytime and evening community activities (e.g. child health and welfare clinics, keep fit classes, a play group) and there was an active PTA with fund raising events and meetings to explain particular aspects of the school's approach to teaching and the curriculum. A small number of mothers had taken up an invitation issued by the school to come into class to assist the teachers with their work.

In practice however, the smooth enactment of parental 'involvement' and 'partnership' with teachers was disturbed by certain underlying tensions and ambiguities. The source of these might be found in the uneasy sharing of childrearing inherent in the school-family relationship. Ever since their inception state schools have been concerned

with far more than their overt schooling purposes (Fitz, 1981; Shaw, 1981). They were, and remain, sites for all kinds of social welfare work and convenient points for the social surveillance of children, and thereby, their parents. Medical inspections are a clear case in point, although one could also instance the formal and informal network of child guidance, child care, education welfare etc. Fitz has suggested that:

"The expressed concern for the welfare of children is one of the means by which the State 'enters' the family, for the welfare of the child entails agencies regulating, controlling and normalizing familial relations. This has meant, on the one hand, a proliferation of state agencies concerned in a variety of ways with the 'health' (physical, mental and moral) of families, and, on the other, the ideological constructs of the 'normal family', the 'reasonable parent' and the 'welfare of the child'.

(1981:4)

In this analysis, he suggests, the state emerges as 'the good fairy' (Shaw, 1981) or the 'supreme parent' standing over and supervising the activities of actual parents.

The relations between parents and teachers at Appletrees reflected some of the tensions this implies. The school was in a position to scrutinize children and their families and make judgements on them. The exercise of this was, however, constrained in various ways. First, the language of partnership meant that one criterion of school success was the production, maintenance and demonstration of a fruitful, friendly and cooperative involvement with parents. The importance of this could be seen in the efforts made to sustain this impression, especially in face-to face

interactions with parents who were treated in an unfailingly polite manner. Despite the fact that 'backstage' teachers would *express critical* and negative views, I never once witnessed these spilling over into actual encounters with parents. (This is not to say that parents did not sometimes feel under criticism from school nor that they did not themselves hold publicly unvoiced views about the teachers.) Secondly, teachers themselves were highly aware of the presence of 'parental rights' on the political agenda. This is not the place to examine how it has come to be there (see Baron, et al. 1981) but it was noticeable that teachers felt themselves to be under the scrutiny of the parents and this perception seemed to indicate a certain caution as well as adding an extra source of tension to their relationship. One manifestation of this was found in the detailed recording of children's academic progress. This was used to allow teachers to give instant, concise and above all 'objective' answers to parental enquiries. Accordingly the children were constantly being assessed, not by some improvised or local method, but through the application of standardized assessment and diagnostic techniques. An important aspect of this was that it allowed teachers to draw a clear boundary between professional teaching and amateur parental assistance. As Catherine explained to me:

"...I did go through a stage, starting here, with this open communication with parents. I used to get worried if I'd done something right, or if the parents would think it was the right thing but now I'm more confident in my own mind that I'm capable of making a professional judgement and explaining it clearly..."

(Int. T1:2)

The writ of professional judgement could not, however, be applied to all areas of a teacher's activities. It was at its strongest in the areas most central to the traditional concerns of schooling especially in interpreting and acting upon of mathematical and reading tests.

Other areas were much more shiftingly and vaguely defined, such that they involved high degrees of negotiability between teachers and parents. The claim of the school to a general interest in the 'welfare' of the child was normally exercised with great caution and teachers displayed nervousness about their vulnerability to parental criticism if they overstepped the ill-defined bounds of acceptable comment. The health and illness of the children in their class occupied exactly such an ambiguous position. Teachers possess in this field no special competence or knowledge above that of parents but at the same time they are vulnerable to critical assessments of their professional abilities if they make an error. They occupy a position somewhere between mere 'amateur' (i.e. actual) parents and professional child carers and experts. In this delicate balance the weight of definition of their role can be shifted one way or the other. The claim that they are not health experts may, for example, be unacceptable as a defence against the claim that they did not properly fulfil their in loco parentis responsibilities. Catherine Frazer was clearly sensitive to this problem when speaking of the importance to a teacher of the records kept on each child, which are passed on from form teacher to form teacher at the end of each school year. Although there exists a more important channel for 'record keeping' (that of teacher word of mouth communication in which matters not thought suitable for permanent recording are communicated between teachers) Catherine was adamant that certain key features of children's health

status should be placed on record:

"I'd put anything like that, eyesight, asthma, hearing problems, as highly important, because if you don't know these things, it makes things more difficult. It's really highly important because there's really nothing more embarrassing or professionally damaging for a teacher than putting their foot in it as regards health."

(Int. T1:3)

Catherine gave two examples, one hypothetical and one real, which illustrate that it is the management of relationships with parents and the appearance of professional competence which are the 'difficult things' at stake:

"...if there is a child who needs to go to the loo, and you say 'do you really need to go?' and they say 'yes' and you decide that there's six other children out and it's not appropriate, and you say 'no' and the child really wants to, then they could either wet themselves which is tricky, or you can be sure their parents will be in first thing in the morning."

(Int. T1:4)

"When I first came here (to Appletrees) there was a girl who needed to go to the toilet often, I don't know if there was a medical reason but her mother felt she needed to, and I said one day she couldn't - in fact she was quite a naughty girl, and the mother came in and complained the next day. In fact even when she complained I felt I'd been justified..." [because only the teacher

can judge the needs of a particular child balanced against the needs of the class as a whole at any one time]... "but sometimes parents don't see that, but if I'd have known that the mother was that interested in the problem I may have said 'yes' even though that would have put me in a difficult position in the classroom... but especially with the more open communication between parents and school and the fact that the teacher is no longer seen as absolutely right, you really do have to check you know all the facts."

(Int. T1:4-5)

Mothers and the health of their children

Children's health and illness provides one of the raw materials from which teachers can construct an understanding of the child and his or her family. In this section I will discuss some of the ways in which teachers characterized mothers in relation to health care. I have already suggested that mothers were seen as the chief providers of health care and it would have been surprising if this had not been the case, given that this assumption is widespread and embedded in our culture. An illustration of this in Appletrees was found in a newsletter circulated to parents. Here women were invited to join a health course in the following terms:

"Women are responsible not only for their own health, but also for the health of their own families. This involves not only nursing them when they are sick - knowing what's best, when to go to the doctor or go to the surgery - but also promoting their health through the

food we give them, the calm environment we try to maintain or the encouragement to physical activity or rest that we provide."

Child health care is a central component in the definition of proper motherhood and it is one of the axes round which judgements of maternal competence are made (Graham, 1984). As I argued in the last chapter illness in a child carries a prima facie implication of a deviation from good mothering - although in the vast majority of cases this can be easily rebutted through the diligent application of nursing care and the imputation of the cause of illness to agencies outside the maternal control. In school, where the contact between school and family is primarily through contact with mothers, the process by which illness as deviance-in-the-child is reflected back as deviance-in-motherhood was reinforced.

In Appletrees the health of children was used by teachers as a resource to comment on four aspects of mothers' characters: their minor incompetence; their 'sensibleness'; their 'emotional neglect'; and their over-protectiveness or coddling of their children. It is this latter aspect to which I wish to draw most attention but I shall deal with the others first.

At a minor and routine level mothers were frequently criticized (in conversations between teachers or to me) for not properly dealing with their children's health. For example when a 4th year girl appeared wearing new glasses Catherine commented to me that:

"She's not anxious or embarrassed, in fact she's rather proud because they're not NHS ones. But there's no note from her parents. I think if I were a parent I'd have

sent a note saying when she needs to wear them."

(FWD:138)

Gerald Chapman was similarly able to criticize another mother who had failed to administer anti-migraine tablets at the right moment, thus, in his view, not preventing the onset of an attack in her son. Explaining what had happened to his colleagues he remarked that:

"She had some tablets to stop it but she didn't give them to him."

(FWD:94)

This was accompanied by a hand to head gesture of despair, clearly meant to indicate a resigned acceptance of this sort of behaviour. It was these minor instances that teachers seemed able to share and confirm, the expected and minor but nevertheless irritating incompetences of the children's mothers.

It would be misleading, however, to give the impression that teacher talk focussed only on the failings of mothers. They also frequently employed the categories of 'sensible parent' and 'sensible mother'. 'Sensibleness' had a wide range of application across the family-school relationship but these certainly included elements to do with sickness and sickness absence. For a mother to receive this approbation seemed to require four conditions: acting correctly and appropriately; approaching teachers with proper demeanour; having a 'realistic' expectation of the teacher's response and being perceived as having the proper inner motivations. A 'sensible mother' would not send her child to school feeling ill but neither would she show over-indulgence and keep them away regularly because of minor complaints. She would certainly inform school, through a note or telephone call, when her child

was ill off school but a 'sensible mother' would not personally visit school unless the illness became prolonged over more than a few days. In this case a 'sensible mother' would come and see the teacher to seek advice on homework, for mothers were expected to take an interest in their children's academic development but without encroaching on the teacher's professional role. A 'sensible mother' might also be expected to seek the teachers' advice about her child's return to school after an absence of more than a few days and to accept the teacher's suggestions about whether games, swimming etc. might be taken up again and how quickly.

The issue of demeanour could arise in two ways: through the language of 'notes to the teacher' and through personal visits to 'see the teacher'. Two examples of the former illustrate what is involved. Mrs McAndrews wrote asking that her son Michael be allowed to wear goggles during swimming (usually forbidden) because of the irritating effect of chlorine on his eyes. Catherine readily agreed to this and explained her attitude by saying:

"He does get sore eyes and he's a sensible lad so that's OK. Also it's a nice letter, well written and supportive. Not like some. It says 'if it is at all possible for Michael to wear goggles'."

(FWD:104)

There are a number of features here: the recognition of the accuracy of Mrs McAndrews observation; the serious consequences therefore of refusing her request, especially given Catherine's views on the role of health issues for the professional reputation of the teacher; and not least the characterization of Michael as a 'sensible lad'. In a sense, however, all of these make Catherine's references to the tone of the note more and not

less significant.

Sometimes notes were seen to imply criticism or threat towards a teacher. Mrs Butcher was a mother seen in this way. After reading a note from her Catherine remarked to me that:

"Mrs Butcher sends a lot of notes sort of slightly reprimanding me. For example, 'do you think you could make sure that Tina is allowed in early for packed lunch'. Not important, petty, semi-complaints."

(FWD:63)

Notes could also be taken as revealing comically inept or feeble reasons for sickness absence. Catherine on several occasions regarded notes from Mrs Kierns in this way. For example:

"Dear Teacher,

Paul was unable to attend school Monday, owing to him having sore feet.

Yours respectively (sic),

Mrs J. Kierns."

Similar observations were made about maternal visits to see the teacher. Here again teachers valued politeness and the framing of requests rather than demands. It was noticeable that teachers were most positive about mothers who did not question their advice or put forward alternative interpretations. This is rather similar to those interactions, observed by Sharp and Green (1975) who suggest that some parents have learned successfully and consciously to manage these, whatever their actual opinions. These face-to-face encounters also highlight the teachers' opinion that some parents "expect too much of them". This is illustrated well by the case of Mrs Jones who was seen as an "aggressive" and

"stroppy" (T3:4-5; FWD:144) mother because of her expressed dissatisfaction with the attention paid to her son during the time when he had been absent with tonsillitis. She had asked for maths and English work to be set for him to do at home but was not satisfied with the way this request was met nor with the school's efforts to help her son 'catch up' on returning to school. She had made several complaints to school on these grounds. At one level this incident might be seen as a clash between the expectations of personal attention (which the rhetoric of primary education sometimes creates) and the material and organizational constraints placed upon this when a teacher is confronted by a class of 35 children. At another level the teachers' complaint of over-demanding parents may relate to the delicate balance of 'partnership' in schooling which I discussed earlier.

The case of Mrs Barnes illustrates how these different factors come together to form a 'good' and 'sensible' mother. At first sight Mrs Barnes appeared to be an unlikely candidate: there were suspicions among the teachers of domestic violence, one of her sons had been placed in a special school by a juvenile court, and her son Malcolm had a history of bullying other pupils. My attention was first drawn to her when Malcolm was absent for a number of days not with illness but because he had been unexpectedly taken on holiday during term time. Catherine felt that although this was strictly impermissible she could happily overlook since:

"... in a way I feel that Mr and Mrs Barnes are making a positive move to help Malcolm. With a lot of children with potential family problems like that the parents don't realize that with a bit more care and attention they could solve some of the problems so I'm really for

any effort Mrs Barnes is making even if it's verging on this side of being too lax and over-indulgent."

(FWD:129)

I shall argue later that a concern with over-indulgence formed a central component of the school's sickness ideology and in this light Catherine's view was rather surprising. Conversations with Catherine over subsequent weeks revealed the background. She had first contacted Mrs Barnes after a sports accident for which Malcolm had been partially to blame. Catherine made this move in order to defuse what she thought may be "an aggressive parent". To her surprise Mrs Barnes came to see her and offered to come and talk with her about Malcolm once every month. It was in these talks that Malcolm's home background was revealed to Catherine and she came to form her favourable opinion of Mrs Barnes. This comprised that she was "prepared to make some sort of effort", was "interested and aware" in her maternal responsibilities and did not make unrealistic demands on Catherine, or as she put it was "very understanding of the teachers."

This example also points to the importance of the teacher's reading of the mother's inner motivation and character. A further illustration can be found with Mrs Hunt, the meaning of whose actions seems to have been constructed within a framework which assumed a significant level of emotional deprivation and maternal rejection. This was quite explicit on Catherine's part:

"..James and the youngest one are quite doted upon by Mrs Hunt. I don't know why, he's a horrible child, and Sam is rejected. He can't do anything right and he's getting ground down by it, which is a pity."

(FWD:103)

Sam was absent more often than usual and the apparent frequency of bouts of minor illness were seen as the result of the pressure he was thought to be under. This extended to his unhealthy facial appearance. Catherine commented to me that:

"...he always looks grey to me. Even under his suntan he looks grey."

(Int. T2:2)

During the summer term Sam had a series of short, intermittent absences which started after an accident whilst camping, developed into a vague and diffuse malaise and were finally diagnosed as glandular fever. Mrs Hunt acted in a way which met the external conditions of being a 'sensible mother' but these were not enough to convince Catherine who (backstage, privately to me but not Mrs Hunt) expressed scepticism about her claims and her motives. For example, when Mrs Hunt suggested Sam should attend school only in the mornings until he felt better this was interpreted as probably meaning that she could not be bothered with him at home all day. As time went by Mrs Hunt's claim on the diagnosis of glandular fever and her concern for Sam in relation to it became the subject of a certain amount of ridicule. In July, about a month after half term, Catherine Frazer told me that Mrs Hunt and another mother had visited her at morning registration. Both had sons with earache, but the account is remarkable for its differential distribution of sympathy and acceptance:

"Both Mrs Jones and Mrs Hunt were queueing up to see me this morning. Mrs J said that Michael had earache and she'd taken him to see the doctor, and he'll be away this afternoon because he's tired. She asked for some maths homework as well.

Mrs Hunt said Sam had earache as well and thinks it's probably since he joined the swimming club. She was going on about how the water had got into his glands - glandular fever!"

(FWD:145)

I would argue that both Mrs Hunt and (in this example) Mrs Jones had played through the script of 'good motherhood' in relation to the school, in particular both had informed and involved the school of their sons' illness, constituting a 'proper' attitude towards the demands of a 'parent-teacher alliance' in the care process. However, only Mrs Jones was judged to have properly accomplished this. Mrs Hunt despite all her outward behaviour seemed to carry an unconquerable handicap in this respect, that of not 'really' caring about her son.

Indulgent mothers and 'wet' children

It can be seen, then, that a mother's supposed failure to give 'proper' health care could be used in the process of teacher typifications. Now I want to turn to the opposite - over-zealous maternal attention to health care. This also formed part of the material from which characterizations were made of the children's mothers and, more widely, their home backgrounds. My suggestion here is that the perceived characteristics of maternal health care formed part of a wider critical teacher gaze on the child rearing practices of the children's parents.

I can begin to delineate some of the features of the characterization of mothers as over-protective through a discussion which took place in the staffroom one lunch-time. A mother was discussed as

"almost giving her child a mental breakdown". In the teacher's account the mother was presented as exaggeratingly believing that her daughter had something wrong with her leg, and tales were recounted about her coming into school, claiming that it was "shaking all the time", a symptom which none of the school teachers could detect. As one put it:

"Her leg was OK at school, but there would be great dramas at home, ambulances arriving in the middle of the night."

(FWD:58)

'Maternal over-anxiety' of this kind was also suggested when incidents such as school sickness absence were discussed. Most mothers were thought of as too ready to keep their children away from school. An example of this occurred one morning just before registration. A mother called in and spoke to Gerald Chapman. Her daughter was away and she wanted to take some work home for her to do. This was given to her and she was reassured that everything was fine but afterwards Gerald commented that:

"Her Mum is a worrier. She came in to say she had an asthma attack. She seemed OK at school yesterday but got taken to the doctor and turns out to have chronic bronchitis.... Catherine says she misses too much school, fractions and key things like that, she's always away."

(FWD:72)

This aligned with Gerald's view, often expressed to me, that the children were too ready to complain. In his words:

"There's a lot of wet children... pampered at home and at

school. Some of them can't get used to their mothers not coming in."

(FWD:88)

The term 'wet' was frequently used in this way by teachers in their accounts of particular children's claims on the sick role.

Teachers were, however, sometimes aware of a complex range of factors which might lie behind a particular sickness absence. Catherine Frazer, for example, explained Tina's absence in a way which used the theme of maternal over-protectiveness as central but also as the possible outcome of several different factors:

"...I would say that on two or three occasions since Tina has been here we've had 'Oh, I feel sick', something like a neck hurting..... or something rather unusual.... but you get the impression it isn't really that bad and that Tina is really rather enjoying the potential illness situation and I just wonder if its anything to do with the fact that her mother has rheumatic arthritis... she's just out of hospital and there could be a link there and Tina is away quite a lot. I think you'll find she's away more than most and it seems relatively trivial things. Perhaps her Mum enjoys having her at home, if her Mum can't get out much.. She's also the youngest of four or five and that could be linked to the absence pattern, in that one believes that parents do tend to hang on to their youngest one... and read more into illnesses. Tina has 'boils' and

you see it and it doesn't look much like a boil, just a nasty spot."

(Int. T1:2)

Here what is judged as the child's over-readiness to make bids for sickness is seen as the outcome of a specific set of personal and social circumstances. This, however, was not usually the case and often teachers were in possession of much less information about parental circumstances than those present in this account. Usually, home background and parental character tended to emerge in a cruder, more over-arching way in which the history of the parents as a community was invoked to explain their children's 'wetness'.

Most of the 4th year children, but especially the girls, were regarded as 'wet'; the term seemed to indicate a sense of being unable or unwilling to face up to the assumed rigours of an instrumental, demanding and competitive world. Children's response to, uses of and claim to illness were a central part of their definition as 'wet' and this in turn was seen as a product of the undesirable childrearing practices of the mainly working-class parents. Parents, and mothers in particular, were defined as too willing to 'give in' to their children's claims to illness. This was seen as part of their over-indulgence of their children, their excess of interest in their immediate emotional needs (which was readily contrasted by teachers in Appletrees to their failure to be interested in school performance and educational achievement).

An example illustrative of these points is that of Mrs Lewis and her daughter Linda. The Lewis family were seen as an archetype of those who by over-interest encouraged their children to exaggerate illnesses.

Catherine Frazer said of Linda:

"The fact that she sometimes has 'headaches', and has to go home and is absent quite often fits in totally with her and her parents."

(Int. T1:4)

Catherine believed that Linda's absences were caused and prolonged by Mrs Lewis's attitude:

"She's away a lot. Her mother comes in and goes on for about half-an-hour that she's not well and she'll take her to the doctor tomorrow and so she'll be away for a week! You know, a visit to the doctor makes a week off! There are some mothers, ones who don't go out to work especially, who revel in their children's illnesses... anxious mothers."

(FWD:52)

A specific way in which maternal anxiety was seen to transmit itself to the children was through excessive maternal visits to the school. In the example above Catherine argued that the children respond to these visits by making exaggerated claims to feel unwell:

"She (Mrs Lewis) comes in at lunchtime. I don't know why she comes but she tells me the latest stage in the saga of Linda's health. Linda sometimes seems to pick up the vibes and at sometime in the next few days she's (Linda) at it, and coming to me..."

(FWD:110)

It should be emphasised that maternal over-indulgence was a characteristic generally ascribed to the mothers of children in the school, especially

working class mothers. The underlying causes were thought by teachers to lie in the history of the parental community and their position in the post-war economy and class structure. Over-indulgent child-rearing was for teachers only partially a matter of individual maternal personality. For example, the following explanation was given to me whilst Catherine and I were looking at a statistical analysis of absence rates which I had carried out on the school register:

"I'm surprised the absences are so low.... I suppose by now you've had a chance to meet some of the parents and get an idea of them... Most of them were in the East End a decade ago and then came up here. They've done well for themselves... although a lot live in council houses a lot have bought them and some even have a private house. Dad has a job, and good money and now Mum doesn't have to work... so they're at home all day and get bored. It makes them very indulgent with the children. They tend to be too soft. Maybe its just me, coming from a family where there weren't many treats, but, well you ask the other teachers, they think the children are spoiled as well. Some of them have their own TVs, a colour TV in the house and one in the children's bedroom as well!"

(FWD:69-70)

In this way Catherine linked the general over-indulgence of parents to the history of the parental community served by the school to their recent social and geographical mobility and its impact on their intra-familial relationships. Parental laxness in relation to sickness claims was seen as part of this wider picture and defined what teachers

saw as a central problem which schooling had to overcome. Children's claims on sickness at school were interpreted as symptomatic of child rearing methods which produced children with 'wet' characters. This interpretation structured the routines which teachers (and other school staff) adopted in dealing with children's claims on sickness during the school day.

Dealing with sickness in school

For a child to make a successful claim on sickness was a difficult and generally lengthy process. Most bids for the status sick by children were rebuffed and to be successful children had to be determined and persistent. The only exception to this was found when very dramatic, threatening and especially visible symptoms were present (7). In these cases, immediate action was taken by teachers to involve parents and transfer the child to their care. These incidents were rare and in sharp contrast to the general routine of the classroom where children's claims relied upon self-reported symptoms which had no obvious and dramatic reality.

In order to be labelled as sick, in most cases the form teacher had to be convinced that the child's symptoms were real and that they made it difficult or impossible to continue working in the classroom. For a child to be sent home required that a second person, the school secretary, also be convinced. I directly observed many examples of this process, to various degrees of completeness and shall analyse it through a series of illustrative examples. It is convenient to divide the process into two parts: first, successful and unsuccessful bids for sickness in the classroom; second, the school secretary's decision making process.

In the classroom the general pattern I observed (8) was that children had to make at least three approaches to Catherine before they would be sent to the school secretary. Most children did not succeed in persuading her that they were genuinely ill. On their first complaint they would be asked to say exactly what pains or discomfort they felt and usually be sent back to their places and told to 'wait and see what happens'. If they complained again, they would generally be sent to 'sit quietly' away from their table and apart from the other children. After a period of time, usually between 15 and 30 minutes, the child would be asked how they felt and usually it would be suggested that they could return to their table to continue work. If they continued to complain of feeling ill they would be sent to see the school secretary.

Two examples of children making unsuccessful bids are found with Tina and Linda who have already been mentioned as children whom Catherine saw as especially 'wet'. One mid-morning Tina complained to Catherine that she had jarred her neck on the evening before and that it was hurting her. Catherine asked her to go back to her place and 'try it 'til lunchtime', whilst explaining to me later that:

"Tina tends to over-react to illness situations. Her mother has had a long history of illness."

(FWD:127)

Tina continued to complain throughout the afternoon but without Catherine sending her to see the secretary. This was described by Catherine as "hanging on until the end of the day" (Int. T2:2).

A similar process could be observed in the case of Linda Lewis. Soon after the start of afternoon lessons Linda complained to Catherine that she had a headache. This move was supported by Linda's friends at her

table whom I heard urging her to 'tell the teacher' and apparently helping Linda to overcome her nervousness and reticence. The first exchange between Linda and Catherine went as follows:

Linda: "I've got a terrible headache, Miss."

Catherine: "You look very well and healthy. What project are you working on?"

Linda: "Clogs." (A reference to current project work on Holland.)

Catherine: "Go and sit quietly for fifteen minutes."

(FWD:110)

This Linda did and as she walked away Catherine explained to me:

"Linda often says she's ill but is giggling all the time as she says it... but you've met her Mum haven't you? She's a real whinger and revels in it."

(FWD:110)

A little later Catherine told me that she had been watching Linda who was "working away quite well".

An example of a bid successful in achieving a visit to the school secretary is found with Rebecca. Shortly before registration Rebecca approached the teacher and complained of feeling sick and having a headache. Catherine responded by asking Rebecca to sit quietly by the blackboard:

Catherine: "Did you tell your mother before you set off to school?"

Rebecca: "No it weren't so bad then."

Catherine: "What do you think you ought to do?"

Rebecca: "I don't know."

Catherine: "Well I suggest you go and sit quietly over there."

(FWD:97)

At this stage Catherine clearly did not consider Rebecca's complaint a real one and her question about telling mother and her direct enquiry to Rebecca about what ought to be done are meant to test and confirm this. If Rebecca had told her mother already and made an immediate claim on going back home this would have constituted evidence for Rebecca having a genuine illness.

A short while after registration Rebecca again complained:

Catherine: "Has anyone else in your family been ill?"

Rebecca: "No."

Catherine (to A.P.): "Rebecca's only been ill once before and had to go home. Then she was really ill with a temperature of 104.

(to Rebecca): Well go and sit down in the entrance in one of the comfortable chairs for half an hour and see how you

are. When I was little I would get a tummy ache in the morning. I don't know why. But I'd miss school and half an hour later I'd be OK. So sit for half an hour and we'll see."

Rebecca: "My Mum's at work."

Catherine: "We can always phone her."

(FWD:97)

Here we can see elements of uncertainty entering into Catherine's judgement. She recalled the reality of the last and only time Rebecca was sent home but then suggested to Rebecca that there may be nothing really wrong, softening this by reference to her own childhood and the implication that Rebecca might not understand her own feelings rather than actually be feigning. Appropriately Catherine asked Rebecca to sit in a spatially ambiguous place - neither in class nor yet in the secretary's office. After half-an-hour Catherine asked Rebecca to come back into class and when she still claimed to 'feel queasy' told her to "go and see Mrs James and tell her you've been sitting outside for half an hour". In this way Rebecca was successful in overcoming the first major hurdle of the sick role process.

These examples show how Catherine was able to maintain both a general project of combating wetness amongst all the children and recognize differences between individual children. Catherine seemed to make her interpretations around a 'hierarchy of wetness' - whilst all children were potentially wet some were actually more wet than others. This hierarchy was structured around typifications of gender (9) and

judgements about whether individual children were exceptions or not.

Diagram 3. Teacher typifications of children's bids for sickness at school

	Boys	Girls
'Non-exceptional'	Least wet, Sickness bids most likely to be eventually recognized.	Most wet. Sickness bids least likely to be eventually recognized.
'Exceptional'	Still wet. Sickness bids likely to be interpreted as expressions of this.	Wetness less pronounced. Sickness bids likely to be recognized eventually.

Rebecca and Nerys were examples of 'exceptional' girls. Their relative lack of wetness was linked particularly with their involvement in school sports activities. Rebecca, for example, had insisted (against a lot of resistance from the boys) on joining the fourth year cricket team and Nerys was frequently praised for her swimming performances. These were specifically pointed out to me as examples of girls with 'guts' and contrasted to the wetness of most fourth year girls (of whom Linda and Tina were archetypes) (FWD:140).

The use of sporting achievements underlines how these judgements of relative wetness were based on an essentially male standard (see also Okley's account of a girls' boarding school, 1978). Serious sport in the school was dominated by the boys and their participation or not in it was for them and their teachers an index of their proper maleness. 'Normal' boys were judged against stereotypes of toughness and fitness and this overlapped with the concern with wetness. The boys' claims on sickness were more likely to be eventually believed by their form teacher (and, as we shall see, also by the school secretary) and although they too were routinely put through the three stage process described in the examples

above it was often done in a quicker more telescoped fashion. For example Alan Howe complained of feeling sick as the children were returning from morning break. He was made to sit on his own but after a few minutes asked how he felt and immediately sent to the school secretary. Catherine commented that:

"That's the good thing about the fourth years, you can usually believe them when they tell you."

(FWD:67)

It is clear from the examples already given that this level of credibility was not given to most of the girls. Nor was it automatically assumed in all of the boys. Sam Hunt, for example, did not fit into the male stereotype in important respects (such as not defending himself very well in fights with other boys) and was described to me as 'cissy' by Gerald Chapman and 'quiet' by Catherine. His complaints of headaches rarely ended with a referral to the school secretary (FWD:103/121).

The school secretary, Dorothy James, acted routinely as the final arbiter on what should be done with children claiming to feel ill and it was to her office, adjacent to the head's study and the staffroom and overlooking the entrance and the entrance foyer, that children were sent by the form teachers. Dorothy defined her position in relation to child illness as one of 'siege'. She felt she was constantly inundated with complaining children and that this was disruptive of her work as school secretary. This feeling seemed to be compounded of two elements. First, her office was the place where children from all eight forms in the school were funnelled and this, even though it may happen only twice a day, could involve a considerable amount of work, examining the child, possibly contacting a mother to collect the child (sometimes a lengthy process) or

arranging for alternative care in school. Second, Dorothy had become convinced that most of the children coming to see her had only trivial symptoms and were complaining unnecessarily or were actually feigning symptoms. When 12 out of 36 second year pupils (8 year olds) replied to my questionnaire that they had never pretended to be ill Dorothy commented vehemently that:

"They're little liars. I should think that every child in the school has done that at some point."

(FWD:135)

Dorothy's descriptions of the children presenting themselves to her throughout this period were full of references to them being 'little actresses' trying 'to swing the lead'. This definition of her position had led Dorothy to try and reduce the numbers of children coming to her. As she said:

"The children put it on a lot, but it's got a lot better since I bought a thermometer. I make them sit with it for five minutes, if it's high, OK they can go home, otherwise they're not so keen to come to me."

(FWD:47)

Dorothy, then, viewed the children as either trying to manipulate illness for their own ends or exaggerating their symptoms, of being too soft, or in her words "weedy" (FWD:145). She was determined to reduce both of these. This characterization of 'weediness' is very similar to the teachers' category of wet and referred to the same range of phenomena. Dorothy frequently took part in the staffroom discussions described above and shared the teachers' view of the school's parents and children. In Dorothy's case however the elements of age and gender were more

consciously specified. She saw 'weediness' as both young and female. She believed the younger children in the first and second years were more likely to come complaining of illness than the older children. For example:

"The first years used always to be coming. One would come and then another three in sympathy..."

(FWD:37)

She felt, however, that her efforts with the thermometer had begun to change this and that, in part at least, these were also responsible for the older children learning that they couldn't 'get away with it'. This change as the children grew older was, however, seen by her as mainly affecting the boys. For example she comments about one fourth year boy whom she had allowed home that:

"With the fourth year boys you know they're not messing about, they don't moan about things."

(FWD:131)

Dorothy's convictions about the motives and characters of the children found expression in her decisions about their illness claims. The underlying rule seemed to be that children were 'well until proven ill'. In her account of her decisions Dorothy cited a number of ways in which this proof could be established. Symptoms that had a clear, visible presence were acceptable. Examples taken from Dorothy's log illustrate this:

"Terry Drew - 3B. Was sick during the morning and sent home at 10.30. Looked ill and seemed to have a tummy bug."

(SL:2)

"Richard Mapes - 4C. Cut lip and broke tooth when pushed

into water fountain. Parents could not be contacted, hospital treatment not required. Did not go home."

(SL:6)

Temperature could also count in the way described above. Other factors included the known medical history of the particular child. In explaining her decisions to send a second year girl with a sore throat home, for example, Dorothy explained that the girl had "a history of tonsillitis" (FWD:131). Similarly children with symptoms of an illness known to be "going around" (SL:2) were more likely to be believed.

Among the older children girls were thought of as more likely to be exaggerating or feigning. This can be illustrated by retaking up the example of Rebecca. After getting permission to leave the unit Rebecca together with her friend Nerys taken for moral support, went to Dorothy James' office and told her that she wasn't well:

School secretary: "Well you're smiling a lot for someone who isn't well. You'd better get a drink of water and sit in the staffroom."

(FWD:99)

Rebecca was extremely disgruntled at this and conferred with Nerys who advised her to tell Dorothy that she's been sitting in the foyer already for half-an-hour. This Rebecca did:

School secretary: "What are you doing in class?"

Rebecca: "English."

School secretary: "Well that's a quiet thing. Go back and sit in the classroom and come back if it gets unbearable."

(FWD:99)

Shortly afterwards Dorothy explained to me

"I think she's a little actress. They all do it. She didn't look ill. I'm not sure if there's a special reason why she did it."

(FWD:99)

A few days later when I asked her if anything came of the incident she replied

"Yes well, we didn't hear any more about that. She was perfectly OK... This is typical of the fourth year girls."

(FWD:108)

In contrast to this, judgements about the fourth year boys could over-ride the evidence even of the thermometer if it was ambiguous. When, for example, a fourth year boy Michael Carter presented himself as feeling sick, his temperature was taken and described as "slightly high". Michael's mother was sent for and he was allowed home. Dorothy explained that she believed his claim because he was "a sensible fourth year boy" (FWD:131).

The typifications underlying Dorothy's actions were also to be found, though in a less sharp form, among the dinner ladies. They provide an interesting point of comparison between the teachers and the parents because most of them either had children attending Appletrees or had had until fairly recently. To some extent they can be seen as exemplifying the 'teamwork' aspect of the relationship between parents and teachers. Both shared a perspective on the importance of preparing children for the transition to secondary school, although they tended differently to locate the fault for their unpreparedness. I spent several lunchtimes with the

dinner ladies after I had observed that they, like the school secretary, had to deal with a constant stream of children coming to them with complaints. Sometimes these were children saying that they felt ill and sometimes with visible cuts, bruises and grazes. It was noticeable that they dealt with younger and older children in different ways. First and second year children received more sympathy and affection, especially physical comforting such as holding and cuddling. The older ones were dealt with more brusquely and there was noticeably less physical comforting (FWD:132). The following two examples illustrate this. In the first case a first year boy had been knocked over in a game and had banged his head on the ground. He ran over to the dinner lady crying and she drew him to her and held him until he calmed down. Then she looked at his head and told him she did not think "anything was broken", but in any case took him to the cloakroom and bathed his head with cold water. Interestingly she used the following words to stop him crying:

"Come on now, you're all right. Big boys don't cry do they and you're a big boy now."

(FWD:138)

Apart from the gender typification, which I shall return to later, there was a clear notion that as children grow older so they should learn to cope with pain in a more stoical way. This is further illustrated in the second example. Here one of the fourth year boys had grazed his leg when he fell in a football game. Although he was tearful there was no physical comforting and he was sent with two friends to clean himself up in the cloakroom and to get an Elastoplast from the school secretary (FWD:133). This difference in treatment was quite explicitly recognised by the dinner ladies when I asked them about it:

"AP: Is there a difference between the younger ones and the older ones?) A lot more of the little ones get upset and they're always round you. But you expect that, don't you, I mean they are only little... But you've got to get them to put up with it as they get older and anyway they've got to set an example to the younger ones."

Another added:

"I think they're ever so soft. I know we didn't have it like this, always complaining, so when they come up moaning I think 'Well I don't let my own two get away with it, so you're not either'. And anyway it's like my eldest, he's had to learn not to be mothered by the teachers at Lowhouse and so they might as well start early."

(FWD:133)

Sickness and the hidden curriculum

In this final section of the chapter I shall explore some of the social processes around sickness as they seem to underly the observational interview material reported above. I shall approach this through the notion of the school's 'hidden curriculum'. This concept has been developed as part of the debate about the school as an agency of cultural and economic reproductions but has rarely been applied to issues of health and illness.

The hidden curriculum can be defined as the teaching of social and

economic norms, values and dispositions implicit in living in and coping with the institutional expectations and routines of the school. It can be contrasted to the explicit and intentional curriculum as it is found in syllabuses, text-books and other materials. Most recent investigations of the hidden curriculum have been concerned with aspects of the construction of 'classroom reality', e.g. the formation of pupil identity (Keddie 1971, Hammersley and Woods 1977). These have been criticised (Sharpe and Green, 1975) for their failure to situate their phenomenologies of classroom life in wider social and historical contexts. At the other extreme we have the work of Bowles and Gintis (1976), who through a simplified and mechanistic Marxist analysis, attempt an account of schooling as a socialization into the social relations of capitalist production. Here the hidden curriculum is seen to be in the correspondences between the social relations of the school and those of the capitalist workplace, although little attention is paid to the actual day-to-day practices of the classroom and these are merely assumed to be enactments of determinant economic scripts. Other analyses have suggested that the role of the school in economic (Bernstein 1977) and cultural (Willis, 1977) reproduction is more complex, *contradictory and 'relatively autonomous'*.

The primary school curriculum has very little overt concern with issues of health and illness. At Appletrees the second year teacher had covered topics to do with infection and illness but the interpretation was biological and took for granted the social process of becoming ill. The school library contained a number of children's reading books, for example, those in the 'Althea' series, on going to hospital or to the dentist. It is difficult, however, to sustain these as central to children's learning about sickness. I would suggest that it is to the

hidden curriculum that we have to look if we are to locate the modes by which children are integrated into cultural assumptions about sickness, since it is in the daily routines of the school around sickness absence and the responses to children's claims on sickness that these are embodied and enacted.

Thus far I have written as if cultural assumptions about the process of becoming sick are simply reflected in the hidden curriculum of the school. However, as Williams (1961) has pointed out, the overt school curriculum is based upon a 'selective tradition' whereby legitimacy and status are conferred on only some aspects of the school's ambient culture. Similarly with the hidden curriculum, for the routines and daily realities of school life draw upon and embody the perspectives of those who initiate, maintain and control them. In the case of Appletrees the power to shape the main contours of this reality was with the school staff. Central to this was the issues of individual attention. In common with many primary schools Appletrees based its pedagogical theory on the needs of the individual child and this value suffused the whole of the school's rhetoric. In practice, however, individual attention was beyond the resources of one teacher when faced with thirty to forty children. As Sharp and Green (1975) have pointed out, strategies for managing the distribution of resources are developed by teachers. A parallel point can be made in relation to children's claims on sickness. Whereas mother-child relationships are marked by high levels of inter-subjectivity and consociality these are impossible for the class teacher who must balance individual attention against the ongoing organizational demands of a class of 35 children. This in itself gives rise to a more instrumental attitude to putatively sick children.

At another level the institution of schooling, by creating the subject positions 'teacher', 'pupil' and 'parent' and distributing identities to these, sets up a set of tensions between these categories. I described earlier how these tensions manifested themselves at Appletrees and suggested that we locate these within the intervention into child-rearing that schooling represent. The health of the child is an area in which teachers can make no special claim for professional dominance over parents but which can simultaneously be a source of attacks on their professionalism. This results in an ambiguous tension-soaked and potentially troublesome zone of the parent-teacher relationship. It has been widely observed that the parent-teacher opposition of schooling results in a tendency for teachers to see themselves as compensating for inadequate home-backgrounds. This is no less true in primary education (King, 1978). It has been served by a sociological discourse and a set of practical action programmes which located academic failure of children in the incongruities of home and school. The typification of mothers in relation to health care can be understood as part of this wider process. In Appletrees these typifications remained covert, part of the backstage world of the teachers, not made explicit to the mothers. Nevertheless they formed the basis of the teachers project in relation to child illness and the tactics and strategy generated to accomplish it.

'Wetness' was the central typification and it was through this ideological formation that teachers were able to link their responses to child illness and the home backgrounds of the pupils. Wetness represented a defect or failing in the children's moral characters for which the teacher had to compensate and which might be remediable. Wetness was ideologically adequate to this task because it rooted the problem not in

biography, the individual failings of particular mothers, but in history, the collective characteristics of their community. It is this generalizability that allowed the teachers to embody their project into a set of more or less routine responses to child claims on sickness. The aim could be set of, so to speak, 'drying out' the children.

The routines of the teacher, school secretary and others described above seem to express this project and can be seen as enactments of it: children's claims on sickness are generally interpreted by the teachers as manifestations of their wetness and a series of tactics for delaying final judgement and steering the children back into their school activities are adopted. It is through these tactics that teachers hope to rework the characters of the children, re-orient them in relation to their experience of symptoms and thereby reform their attitude to the disciplines and obligations of school work.

An organizational perspective complements this interpretation. The unwillingness of teachers to respond immediately to children's claims is also comprehensible in terms of their need to maintain a co-operative relationship with the school secretary. She already felt her work routine to be interrupted and teachers were aware of her 'strong feelings' about this. These organizational strains were, however, managed through a shared concept of wetness. The teachers and school secretary were able to share in a common understanding and joint project. It is, however, significant that the school secretary held a version of this which was capable of more complex discriminations, even though she had less knowledge of the children as individual personalities than did their form teachers. Standing at the centre of the school organization she had built up a more complex set of typifications based on the age and gender of the children

she dealt with. From the children's point of view the shift from classroom to office meant not only a symbolic move from the periphery to centre, and the bottom towards the top of the school's (loose) bureaucratic structure, but also and as a consequence of this, came to be judged according to a more reified set of criteria. It was in this context too that they encountered a parallel desubjectification of their symptoms through the use of objective and scientific measures such as the thermometer.

The use of the category 'wet' in Appletrees resonated at a number of levels. It was applied as a way of characterizing a defect in the moral character of children and could be read into a diverse range of their responses to demands placed upon them. What united these was the predilection of children not to face up to the assumed rigours of an instrumental, demanding and competitive world. It could be used to define a generalized failure of the children as a group but it could also take on specific gender and age-related characteristics.

The relationship between wetness and class was made through a complex connection between the child-rearing practices of women who had no economic need to work, post-war working class social mobility and affluence and the geographical re-location of families from London. The economic position of working class families was seen to allow full-time mothering and with this new domestic economy came an over-indulgent attitude to children. From the school's point of view the ideal mother became one whose part-time work enabled her to adopt a full-time mothering role when her children were ill but who could not afford to indulge her children's exaggerated claims on illness.

The gendered character of wetness emerged clearly in the decision making process in the school secretary's office. Wetness was seen as an

essentially female or, when intersected by its age dimension, girlish. The form teachers did not hold such a well-defined view but it seemed significant that although they applied the description 'wet' to the children in general, all their specific examples were drawn from the girls. There was an underlying sense, however, in which it was most feared that the boys should fail to leave wetness behind as they grew into men, whereas wetness represented an only partially redeemable future for the girls as women.

When the children entered school they become pupils. Being a proper pupil was not, however, defined by a static set of demands and obligations. Rather these were marked and fixed around the shifts from one school form or year to another. In these circumstances 'growing up' became partially defined by and focused on these transitions. Wetness was seen as most characteristic of young children and the clear implication here was that as children grow so they should 'dry out'. The fourth year children with whom I worked were the eldest in the school, were on the point of transition to secondary school and in this sense were regarded by the teachers as the final product before the move to it. Awareness and anticipation of this transition among pupils, teachers and parents was, as I have shown in earlier chapters, intense and became especially so as the children came to take the maths and English tests, set by the local comprehensive school to which most were destined. This transition was seen to present a series of crucial changes and challenges for the children: a new curriculum mode, changed pedagogies, less personal attention, stricter school discipline and more demanding standards of school work. It was around fears that the children would prove incapable of meeting these challenges and successfully accomplishing this transition that anxieties

about wetness turned. Children's responses to and calls on sickness were responded to from within this perspective.

The school represents one site in which teachers and children engage in the work of 'growing up' and through a detailed examination of one instance we can begin to grasp how the structural relationship of school and family articulate with their ideological representations to generate teachers' perspectives, projects and practices. The particular moment of my study, the transition to secondary school, acted as a concentrating lens within this process. Through it were focussed the symbolic and idealized images of class, gender, work discipline and childhood social obligations in school which defined and structured this phase in the children's passage to adulthood. The expunging of wetness from their characters, simultaneously embodied the imperatives of this transition (and this was real and not simply a chimera of correspondences to something in their future), but at the same time was loaded with symbols which evoked other shifts, other identities and other demands.

CHAPTER 7

Schoolwork, the transition to secondary school and the pattern of
sickness absence

Introduction

This chapter entails a shift in the mode of analysis. Previous chapters have adopted a largely hermeneutic stance in which I have attempted to reconstruct the meaning of sickness absence from the point of view of the various actors involved in the home and school settings. Here I intend to turn to the pattern of absences in 4F over the year of my study, focusing on the summer term for which I have the fullest data, in an attempt to make sense of the fluctuations and differences within it. The first task of this section is to draw out these patterns. I will do this by a detailed analysis of several forms of data which I have not yet touched upon. Most important amongst these is the record of attendance and absence found in the school register for the academic year 1981 to 1982.

The break with actors' meanings is, however, only a partial one, for I shall draw on these as explanatory factors in the analysis of the patterns of absence discernible in the data. The episodes of absence were products of the social practice of the actors concerned and if I were to sever this relationship by dealing with their pattern as a thing apart from these practices, I would be guilty of crass sociological reification. For example, I have described earlier how teachers, parents

and children were all concerned with the imminent transition to secondary school. This concern was a factor in their accounts, negotiations and decisions around particular cases of sickness and absence. This can be described, as I have already done, in relation to individual cases but questions also arise as to the extent and manner in which these structured the pattern overall. This is not to say, of course, that the pattern was the intended outcome of individual actors. Nor is it to imply that there was some necessary coherence or unanimity in these intentions. The nub of the matter rather concerns the way in which the pattern of absences appears as the effect of particular practices of individual actors without being the intention of any of them.

In addressing the way in which this comes about I shall focus on the process of primary schooling. In particular I shall focus on the issue touched on in Chapter 3, school as a work organisation, and in doing so I will draw attention to two kinds of work. The first is the work of teachers in the creation of children with certain skills, knowledges and values. The primary school might be seen as embodying a project to produce children who possess levels of knowledge and skill and attitudes and values defined as appropriate to the next 'stage' in the production process. The children are, to use a suggestive metaphor, to be 'made fit for' the secondary school. Of course there is nothing 'natural' about the definition of this fitness or the characteristic features of what constitutes secondary schooling. These are themselves socially constructed, the theory and practice of which defines the subject matter of much sociology of education. Nevertheless, from the viewpoint of the primary school these appear as relatively fixed and unnegotiable targets. In the case of Appletrees, these targets were visible through the series

of tests at the end of the fourth year and it was against these that the 'success' of the primary school was ultimately measured. The aim of the school was to produce as many children as possible who met these, and other more diffusely defined, standards.

If this constituted the work of the teachers at Appletrees, it is equally true that its success depended upon the work of the children themselves. It is interesting that the intellectual tradition that most strongly insists upon children as active beings is the educational one; not surprisingly, since the success or failure of educational ventures so strongly depends itself on the cooperation, involvement and activity of children. The object of production is also its subject; the work of children at school is in part normatively defined as the production of themselves as children of the proper type. If, however, children are required to produce themselves, the judgement of their success in doing this lies with others. This judgement is made at two distinct but linked levels. The first is cognitive and concerns, for example, the content of the variety of tests given to the children at Appletrees in order to determine their grasp of maths and English. The second is affective and is less openly specified and perhaps might be best seen as part of the hidden curriculum. It refers, again in part, to the stance the child takes to the production of him/herself and their placing in relation to the demands of the schooling process. These two aspects of production are well indexed by the routine categories of the children's school report form: 'achievement' and 'effort'. The last attempts to register the extent to which children have, in the judgement of their teachers, integrated themselves into the wider demands of the schooling process, the necessity to work at, and to desire to work at, the tasks given to children in school. From here to

the issue of sickness and sickness absence are only a short step for as I showed in Chapters 5 and 6 both parents and teachers see children's claims on sickness partly in terms of their response to the work demands of schooling. This chapter, then, will seek to unravel some of the practices associated with school work which patterned and structured the ways in which sickness absence fluctuated through the fourth year.

I have selected four aspects of the children's career at school which seem from my fieldwork to have particular bearing on the pattern of sickness absence over the fourth year. These are:

a) The movement of children through the first to fourth years, starting as new pupils and ending as 'final products' bound for their secondary schools

b) The final year as a work process organised for the purpose of children taking the Lowhouse tests at the middle of the last term.

c) The last term itself as one split between the part before and that after these tests.

d) The patterns of work created by the system of setting the children weekly assignments which had to be completed within that time.

I shall discuss each of these as practices which contribute to particular cases of absence and attempt to show how these contribute to the construction of the overall pattern. Before this, however, I need to establish for the reader some of the important features of this pattern.

The pattern of sickness absence

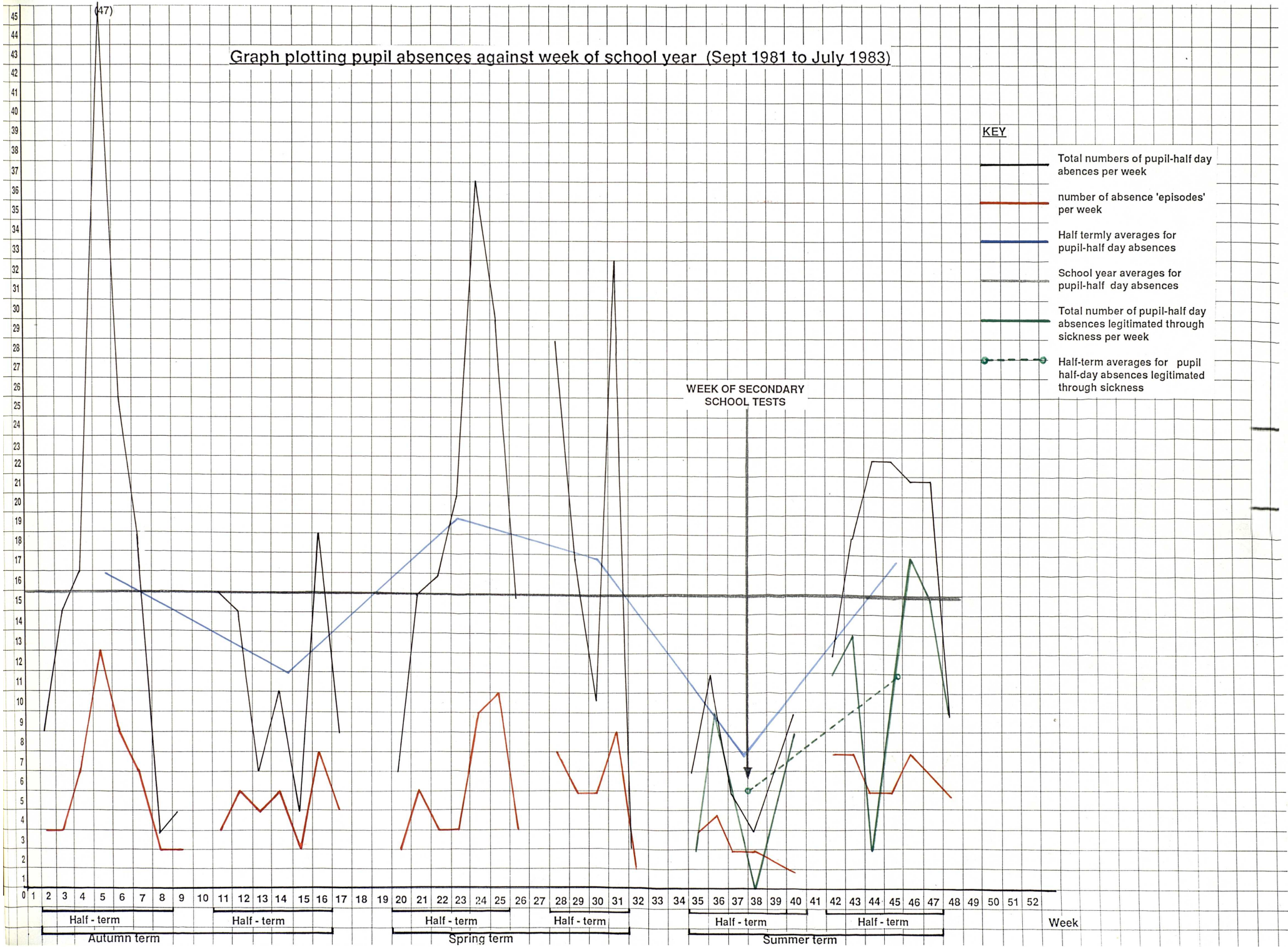
The main resource available to me for mapping out the overall pattern was the Attendance Register for form 4F over the period September 1981 to July 1982. This listed each child in the class and recorded for each day of the school year whether they had been present for registration at the beginning of the morning and afternoon sessions. For 4F I also had a detailed record of the legitimating reasons given for absence during the summer term, drawn from parents and children's accounts to me and in the notes sent to school. I thus was able to analyse this last term in close grain detail. This also provided an insight into the usefulness of the register as a source of information about absence specifically legitimated by reference to sickness.

On the positive side the register was always carefully completed by the teachers at the appropriate times of the day. According to them it was a legal requirement that they did so and a lot of emphasis was placed on the efficient accomplishment of this; a 'good teacher' could not afford to have a badly kept register. On the other hand, it was clear that a mark of absence on the register did not necessarily mean that the child was off school sick since a proportion of the absences were not legitimated by sickness. By this I mean that the child's parents explained the absence to the school in some way other than sickness. In the summer term there were 49 separate episodes of absence. (I counted any unbroken period of non-attendance as an episode of absence.) Of these 35 were legitimated by sickness; that is a note or telephone call came to the school from the parents of the child explaining that they were ill. A further 6 were related to sickness in that they involved the child in attending a clinic

or surgery for some sort of medical treatment, usually the dentist but on occasion the out-patients department of the local hospital. There were 3 episodes that involved children being on holiday with their parents but these accounted for a disproportionate number of the absences when counted in half-days since they tended to be for periods longer than the typical sickness absence. Two of the episodes fell outside any of these categories: in one case a girl stayed at home to look after a younger sibling whilst her parents were at work; in the other a boy spent the day at work with his father because his mother was out for the day and was not able to be at home when he returned from school. In a further 2 cases I failed to collect any detailed information. In all then, sickness was used as a legitimation for absence in 71 % of episodes (and the same proportion when counted in half-days). The opinion of the teachers I talked to was that the summer term would over-represent the proportion of absences which were due to children going on holiday and that this was a much less likely occurrence during other terms. This is very plausible. I would argue then that the data from the register for the Autumn and Spring terms provides a good guide to the pattern of sickness absence but that only a proportion of the actual absences, that I estimate at around 80%, would have been legitimated by sickness.

Another source of slight error in the validity of the register, this time in the direction of under-estimating the occurrence of sickness absence, is the practice of recording children as attending school when they were sent home ill during school time. Finally, it hardly needs saying that sickness and sickness absence are not the same thing, and that there were numerous occasions when children came to school when they did not feel altogether well.

Graph plotting pupil absences against week of school year (Sept 1981 to July 1983)



The pattern of absences is shown by plotting it as a graph of absence incidence over time. This is shown in Graph 1. The register was used to plot the week by week fluctuation in the incidence of sickness absence counted both in episodes and half-days. The plot-lines are segmented according to terms and half-terms, a base-line average is given for the whole year and a half-termly average which fluctuates around this. For the Autumn and Spring Term, only data from the Attendance Register has been used but in the Summer term this has been augmented with more detailed material which distinguishes the raw absence rates from those legitimated through sickness. Data on week 38 of the school year has been omitted entirely since half the children were away on a school organised trip to Holland. These were marked as absent in the Register but were clearly in a totally different category to any of the other types of absence so that I decided to disregard them.

In the discussion of the pattern of absences below, I have not distinguished between the boys and the girls. Given that gender has been an important element in the analysis of earlier chapters, this seeming omission requires an explanation. It is that, although I expected to find a difference in the rates of sickness absence for boys and girls, this was in fact not the case. Over the year as a whole the rates of sickness absence were virtually identical, amounting to 4.7% of possible half-day attendances for both sexes. It is, of course, possible that there were differences in the pattern that I have not noticed and it may be worth re-examining the data at a later date. However, for the purposes of the analysis which follows I have treated the data for boys and girls together and believe that this is a safe procedure. In the last chapter I will return to the issue of gender and show how, despite the absence rates

being almost the same, differences can be seen in the interpretation and meaning of it.

I now want to draw attention to some features of the absence pattern shown in Graph 1. I recommend that the reader consult this graph in reading the rest of this chapter. The black line plotting the weekly fluctuation in half-day absences shows wide fluctuations. The minimum over any particular week was 3 half-day absences (for weeks 7 and 37) and the maximum 47 (for week 4). The red line showing fluctuations as measured in weekly episodes follows the same pattern very closely. The blue line shows the half-termly averages for absence counted in half-days and this, except for the first half of the summer term, fluctuates within a band of between 11 and 19. The average for the whole year is 15. The first and second halves of the summer term appear to be very different, with the first part having much lower absence than the second. It seems that the pattern for the year as a whole was disrupted in this term, with a shift outside of the normal range in the first part (down to an average of only 7 half-day absences) and a return to the normal range in the second part (up to an average of 17).

My more detailed data for the Summer Term is also shown in Graph 1. The solid green line marks the fluctuations in absences actually legitimated by sickness for that term. This also displays some interesting features. First, the pattern of an unusually low average level of absence in the first half of the term is repeated. Second, there is a return to the usual higher level in the second part of the term. Taken together this would seem to indicate that the pattern found with the raw half-day absences is reproduced when a correction is made to exclude those absences not legitimated by sickness. This is dramatically shown by the

slope of the dotted green line between the half-termly averages for sickness legitimated absence. When, however, the first part of the term is looked at in more detail it is found that week 37 is again particularly unusual. There were no sickness legitimated absences at all in that week. It is also noticeable that this low point was 'anticipated' in the previous weeks with a sharp decline from an already low level. In week 39, the first ordinary school week after the low point (if we exclude week 38, when half the children were away on the school trip to Holland), there is an increase in sickness absence which is continued into the next half term.

A further analysis of the Register was also able to show the days of the week on which absence occurred and the days of the week when children were most likely to begin absences and make their return to school. These are shown in Tables 5-7. The first of these shows, in Table 5, that the days of the week when absences occurred is not very revealing:

Table 5. Frequency of half-day absences according to day of the week.

Day of week	Autumn	Spring	Summer(*)	Total
Monday	24	20	10	54
Tuesday	21	19	8	48
Wednesday	23	26	9	58
Thursday	23	26	12	61
Friday	18	27	16	61

(* Summer term shows sickness legitimated absences only)

The pattern becomes more interesting when the starting days are looked at. As Table 6 shows, the most popular starting day for absence was a Monday; over the whole year it was almost twice as common a starting day than the other days of the week. In summer term, however, this was not so clear since Friday was also a frequent day.

Table 6. Frequency of half-day absences according to starting day of the week

Day of week	Autumn	Spring	Summer(*)	Total
Monday	17	19	9	45
Tuesday	13	9	6	28
Wednesday	6	14	5	25
Thursday	10	8	7	25
Friday	10	7	8	25

(* Summer term shows sickness legitimated absences only.)

A parallel difference occurs in the pattern of restarting school after an absence (shown in Table 7). Here it can be seen that Monday is by far the most common day with a declining trend towards the end of the week, slightly rising again on Friday. The pattern for Summer term follows this pattern exactly:

Table 7. Frequency of half-day absences according to school restarting day

Day of week	Autumn	Spring	Summer(*)	Total
Monday	20	24	11	55
Tuesday	13	10	9	32
Wednesday	12	8	3	23
Thursday	4	8	4	16
Friday	7	7	5	22

(* Summer term shows sickness legitimated absences only.)

I can summarize the trends by pointing to seven puzzling features of the data:

a) How can the very wide week by week fluctuations in absence be explained? What in particular, lies behind the peaks in the Autumn and

Summer terms?

- b) Why is absence so low in the first part of the summer term?
- c) Why, in particular, are there no sickness absences during week 37?
- d) Why does absence return to within its usual range in the second half of the summer term?
- e) Why were Mondays the most frequent day for starting sickness?
- f) Why were Mondays also the most frequent days for a return to school?
- g) Why was the end of the week less common as a point for returning to school after an absence?

I shall argue that these features of the pattern can be explained as the outcome of the negotiations around sickness absence between children, parents and teachers. These negotiations were, however, structured by the rhythms of school work suggested above. By deconstructing how the week by week pattern was produced, through an analysis of particular cases, it will be possible to see the workings of this process.

Rhythms of school work in the construction of the sickness absence pattern

I will start with the larger units of analysis, moving from the general career of children through the primary school as a whole and moving into the finer detail of week to week changes. By doing this each rhythm of work will be set in its wider context. The most general pattern was that which moved children through from the first to the fourth years, during which the teachers aimed at the production of children ready for secondary school. I have described in the previous chapters how this

transition was one which underlay the negotiations between adults and children about particular sickness absences. For teachers, routine decisions about children claiming to fall sick in school time were part of a project of reducing 'wetness' among the children. In a parallel way mothers were concerned to teach their children that minor ailments and vague feelings of unwellness were not sufficient reason to avoid school, particularly if there was a suspicion that sickness was being used to avoid some unpleasant demand of schoolwork. Among both teachers and parents there was strong belief that children who used sickness in this way would not be properly prepared for the more instrumental regime of the secondary school.

These concerns can be seen as reaching a climax in the fourth year. Both parents and teachers felt that this was a crucial turning point in the children's lives, in some ways appearing as a last chance to complete the tasks underlying their trajectory through primary school. At the end of the fourth year the children would be tested on their learning achievements over the previous four years and this would have lasting consequences for their lives at secondary school (and perhaps beyond) as they were graded and sorted into different 'ability bands' in their new school. This had the consequence that, as was shown in Chapters 5 and 6, absence was seen as particularly unfortunate in the last year. It was felt that the children would miss important preparation for the tests, preparation which might not, and perhaps could not, be made up in the time available. Children's claims on sickness therefore became subject to more rigorous and difficult criteria. That which had been allowed in the second and third years, because a few days off did not seem so important

now appeared differently. Parents were, therefore, especially concerned to keep absence to minimum and this concern became sharper as the year went on and the tests drew nearer. This coincided with the other more diffuse project of toughening the children up generally in relation to illness in preparation for secondary school. Indeed the two projects could be enacted together since taking a more stringent attitude to particular claims on sickness also encoded a message about the changing position of the child in relation to school, schoolwork and their attendant disciplines.

To say this however, is to imply that sickness absence was more socially constructed by the parents alone than perhaps it could be. Not only were children active in the decision to stay off school sick and able to wield some power in the negotiations, but also there were cases where the child's sickness was so palpable that it would have been impossible not to treat it as demanding time away from school. In these, and perhaps also in other less dramatic cases, mothers were caught between the contradictions explored in an earlier chapter, contradictions between the demands of school attendance and the maintenance of the appearance of maternal competence and concern.

It seems that some features of the pattern must be explained by this last factor. In particular the peaks in weeks 4 (47 half-days), 23 (36 half-days), 27 (28 half-days) and week 30 (32 half-days) can be traced to particular illnesses suffered by a number of children at the same time. In week 4, for example, 11 children were away that week, and to the best of my informants' recollections, 6 of these had caught german measles which was 'going around at the time. Similarly, in the other peak weeks, bouts of influenza and sickness and diarrhoea were remembered. To some extent, then, the fluctuations can be explained by variations in the

pathogenic environment. Nevertheless, sickness absence remains a socially constructed outcome. At one level this is manifested in the processes around these illnesses unambiguously judged to be 'real' by the mothers. Their judgements here were informed by the knowledge that the school would disapprove of children with certain kinds of symptoms being sent to school. At another level the accounts of mothers clearly revealed that when their child had been away from school with one of these illnesses for more than a few days, they tried in the following weeks to make sure that no more time was 'lost'. Two examples illustrate this.

First is the case of Louise Scott who was away with German measles at the start of the Autumn term. Her mother recounted, in an interview with me, that she and her husband had been worried that Louise was away so close to the beginning of her last year in primary school. For the first time ever they had collected homework for Louise whilst she was at home. They had tried to make sure that she took the minimum time off after this absence and in fact Louise was not away for the rest of the term:

"We thought then it wasn't a very good start with it being the fourth year and she mustn't have a lot of time off especially then like. She's very good anyway and likes going to school but we did say to her that she's got to get used to having homework and when she gets to Lowhouse if she's away she'll just have to catch up, but she knows that really because she does talk to Pat (an older friend) who started there last year."

(Int. 023B:26)

The second example is very similar. Douglas Minder was away for almost two weeks with 'flu in the middle of the Spring Term. Again his parents

made sure that he did homework and they told me that they were keen that he should not miss any more time, though this was for a rather unusual reason:

"He was in for a scholarship to go to the Wallace (a local private school with some places provided by the local authority) and it was very important that he didn't miss anything. They've been really good at Appletrees and have given him the pushing he needs."

(Int. 021:4)

The majority (9 out of 13) of the parents that I spoke to about the illnesses contributing to these peak absences told a similar story and I would suggest that the way in which absence declined after these was partially constructed by the actions consequent upon their perspective. (Though it probably also overlay an existing tendency for absences to be low in the last week of a term or half-term anyway, which may be to do with the way in which being present at the beginning and end of a unit of school time has an important symbolic meaning, in some way standing for the whole time).

I will now examine the low level of absence found in the first half of the Summer Term. It might be argued that this was due to the difference in the pathogenic environment between autumn and spring, on the one hand, and summer, on the other. It would be foolish to discount this argument altogether. Epidemiological studies show that there are seasonal fluctuations in the presentation of diseases at GPs surgeries (Blaxter, 1981) and it is true that during the Summer Term there were no outbreaks of infectious diseases such as the german measles and influenza of the earlier part of the year. (Though this itself is partly a social

construction since what might be called 'flu in November may not be so designated in June.) Two considerations, however, lead me to reject differences in the pathogenic environment as the explanation. First, whilst there were no infectious diseases 'going around' in the Summer Term, this does not mean that there were no equivalent 'seasonal' complaints. On the contrary six of the absences during that time were legitimated by reference to 'hayfever'. Second, the greatest deviation from the usual level of sickness absence is not between Summer Term as a whole and the other two terms; rather it is between the first half of Summer Term and the rest of the year. The level of absence in the Summer Term is actually slightly above the base-line average. I would argue from this that variation in the pathogenic environment might be used to explain the different constitution of the absences but cannot convincingly explain the levels for each term or half term. Indeed there is really nothing to explain since, except for the first half of the summer term, the levels remain constant, plus or minus four half days around the base-line average. That is to say, the disease categories put forward by parents to explain their children's absences do vary between terms but the level, with this one exception of the first part of the summer term, remains roughly constant. What needs explanation, therefore, is the exceptional situation found in the first part of the Summer Term.

The two halves of Summer Term

A detailed, case by case, analysis of the Summer Term suggests that it was the processes involved in the social construction of sickness absence that underlay the difference found in its two halves.

Whilst sickness is always a socially constructed event, most

fundamentally because our understanding of the natural world, including that of 'disease', is constituted through language, the transformation of 'sickness' into 'sickness absence' involves another layer of social process. I will now explore the social process involved through a detailed comparison of the two halves of the Summer Term. This will be conducted along two dimensions:

a) an examination of how the absences came about,

b) an examination of material from the health diaries and interviews with mothers and children, looking at the decisions and negotiations around symptoms and claims on sickness.

This last item shows the importance of collecting material not only on the cases which resulted in absence but also those that did not. In other words the difference between the first and second halves of the term might be seen as 'the mystery of the absent absences'.

The most important feature of the Summer Term was the entrance tests for Lowhouse school which took place on the Friday of week 37 of the school term. The school had informed parents that the test would be taking place at the end of the first summer half term, although the exact date was not revealed to the children until a week before the test. It was, however, clear to most parents and children when the test was scheduled, since a school holiday to Holland had been organised for week 38. The teachers were aware that the test could be troubling to the children and deliberately decided not to tell the children until a week before in the hope that this would save them some anxiety. This was a largely ineffective gesture since the children were generally very aware that it was coming. Indeed, keeping the exact date secret ran somewhat against the plans of the fourth year teachers to prepare the children

intensively for it. As I described in Chapter 3 revision work and practice tests dominated the work schedules of the class during this term. So much so that sickness absence became a concern of the teachers and I observed several instances when their contacts and conversations with parents reflected this: children were encouraged to take work home if they wished; sick children's mothers sometimes asked for homework; absences were commented upon at registration time (for example when Sam Hunt was away Catherine called his name and when she got no reply said 'Is Sam still away?'); and comments were made to children in class. An example of this last point occurred whilst the children were working on maths revision Catherine went to look at the work of Claire, who was having difficulty with adding fractions:

"Now Claire you were away a lot at the end of last term weren't you? What was it Claire, two Wednesdays, a Monday and a Friday? And you've got behind and missed the lesson where we did this. This is what can happen when you're away too often."

(FWD:57)

Only 6 of the 35 sickness episodes occurred during the first half of the Summer Term. One of these arose after a boy was sent home ill from school in the morning. The remaining 5 involved only 3 children, one of whom was away on several occasions. I shall describe each of these cases in turn, starting with Kathleen Brindisi, who was absent for one or two days on each of the weeks immediately previous to the tests for Lowhouse entrance on week 37. The reason given on each of these occasions was the same; that Kathleen had suffered a severe nose-bleed during the night or early in the morning. She had in fact a history of nosebleeds,

for which she had already visited the doctor and he had arranged a hospital appointment for later in the year. When these started to recur in the summer term Mr and Mrs Brindisi had been especially concerned because they were aware that this term was to be used in preparation for the Lowhouse test. Despite recognising the importance of school performance, Kathleen's parents were critical of the system, which they believed put too much pressure on children. Mr Brindisi in particular was able to compare English schooling with that he remembered as a child in Italy:

"I think English schools have too many tests, not just once a year but 3 or 4 times, and not all children work best under exam pressure. I think they should take the whole year's work into account, not just one exam."

(Int. 021:8)

At the same time both her parents felt strongly that children must learn not to use illness as an excuse and had in the past come into conflict with Kathleen about the issue:

"All children try that on, they all go through that. She might go through another stage when she's up at Lowhouse. She might not settle and might not like it. But for the last two years we've kept having a talk with her. It's no use pretending to be ill and trying to waste time...Sometimes I say 'Well I don't believe you, if you don't feel well you can go to school and come home again, you know I'm here! But the chances are these days they don't.'"

(Int. 021:5-6)

In fact, in this case, they felt that there was no question of Kathleen

feigning sickness. In the first place it did not fit into the range of symptoms which raised this suspicion for them, ie vague tummy and head aches. The symptoms were also dramatic and palpable; the nose-bleeds came unpredictably and it took a long time to stem the flow. Furthermore, Kathleen had been taken to the doctor and he had confirmed that there was a physical cause to the symptoms.

There still remained, however, the decision to keep Kathleen away from school. The account given to me described a trade-off which her parents had made between the costs and benefits of a sickness absence. On the one hand there were their worries about the test. On the other Mrs Brindisi was particularly concerned about the impression of her created if she sent Kathleen to school, only to have her sent home later in the day. This was especially problematic when the symptoms, as in this case, were so messy and obvious. Mrs Brindisi therefore took a compromise track and kept Kathleen off school on the days immediately following a bad nose-bleed. At the same time she took a step, unusual for her, of visiting Catherine Frazer to explain the situation and to ask that Kathleen be given work to do on those days and be excused games at school so as to reduce the risk of these causing or exacerbating the problem.

The second case is that of Sam Hunt who was away for 2 days at the beginning of week 35. Sam was a boy believed by his mother to be particularly 'soft', something she felt was evident in his tendency to complain alot about feeling ill. On this occasion he complained about earache when he got up on Monday morning and asked if he could stay off school. Mrs Hunt felt it was important to resist such claims generally, as a way of 'toughening up' Sam in preparation for secondary school. Again she thought it especially important to insist on him going to school

during this term and the tests again loomed large in her perspective. She knew that Sam was feeling anxious about the maths part of the test and felt that every day now counted if he was going to cope with it:

"I know my husband has said to him that if you can't do maths you'll never get a job and not get on so he's really got to buckle down in these last few weeks. And we've been told that Lowhouse is going to be much harder. The children who've been up all say this (Appletrees) is like Butlins, so you've really got to pull the reins in."

(Int. 018:1-2)

Mrs Hunt described how she tussled with Sam about going to school that day, to the point of walking half-way to school with him and only turning back when he kept on insisting that he really was in pain:

"It was the Lowhouse test and all that coming together. He said 'What'll I do if I don't pass?' but I said 'Don't be silly Sam, you're still going (to school) because you've got to learn.' (AP: Did you mean about the maths test or generally about not missing school if you feel a bit off?) Both really, because it is important he get as much time as possible in at the moment. (AP: So what happened to change your mind?) Well it was the way he was going on on the way to school, saying how much it really hurt and that. It is very difficult when he's like that and you begin to think that there must be something in it. But I did say 'This isn't going to last too long my boy.'"

(Int. 018:1-2)

The last case is that of Linda Lewis who was away for a day and a half at the end of week 36. Unlike the two previous examples, Linda's parents made no mention of the tests for Lowhouse and did not seem particularly concerned about them. Their account dwelt mainly on the fact that Linda had a long-standing problem with sinusitis, which they thought began four months previously when she was involved in a bike accident and broke her nose. I was puzzled by their lack of concern about the tests and eventually asked them how they thought Linda would do in them. At this point they told me that Linda was one of the few children not to be going to Lowhouse school but to another comprehensive in the city. They were unaware of the tests and, since the school Linda was going to did not stream children until the second year, had a rather different view of her last year at primary school. They were concerned that Linda should not truant (as they knew their elder son did) and shared the view of other parents that children should learn not to use sickness to avoid difficult demands placed upon them, but unlike the parents of children going to Lowhouse they saw the last year and term at the primary level as relatively relaxed and unimportant. As they said to me:

"I think, you know, that school life is a hell of a lot different from when I was there. The teachers seem to be a lot more easy with their pupils than they were, more opportunities, more trips, you know. I just hated school...(AP: Does she get behind if she's away?) Not a lot I don't think. She'll plod on if she's behind. I don't think Mrs Frazer thinks she's behind, not with her reading anyway. I think she's getting more bored with it now and is ready to go on to her new school. I think

really they've got to the stage where they can't teach them anymore 'til they get to secondary."

(Int. 026:4-5)

For Mrs Lewis, Linda's problems with her nose were framed in terms of the annoyance her noisy breathing and snuffling could cause to others. This had obviously been a source of irritation to her personally and she felt this was the case at school too:

"She used to snore just like a pig. I think we'd had enough of listening to her snoring, it was unbearable at times...Even at school with the school teacher she's screaming at her for talking through her nose, but she can't help it. I happened to say to Mrs Frazer, 'Does she have any trouble with her reading?' and she says 'Well she does seem to talk through her nose.'"

(Int. 026:4)

These cases yield insights into the processes around sickness absence as it occurred in the first half of the summer term. The predominant concern, even with those cases where sickness absence actually happened, is with the test at the end of the term. This is seen in the descriptions given of how the mothers involved took the decisions and in the steps to get homework and so on for the children to do. It would seem that sickness happened in cases where the mothers anxiety about absence was overcome by some countervailing factor; in one case it was the patency of the symptoms and the fear of being seen as a poor mother and in the other there was an apparently sharp struggle between the mother and the child with the latter really insisting that he was not well. The case of Linda Lewis negatively confirms the importance of the tests as the structuring feature

of this half-term by showing the way in which a different perspective governed the symptoms of a child for whom the test was not important.

These factors can also be seen at work when we look at those symptoms shown by children which were not transformed into sickness absences during the first part of the summer half-term. In interviews with the mothers who kept health diaries, I was able to follow up their mention of symptoms with enquiries about their decision making about sickness absence. During weeks 34 to 37 they reported 24 symptoms amongst the 10 children concerned. In only two cases during this period did this lead to sickness absence. In 13 of these instances the mothers said they thought they would not normally have considered keeping their child away with the symptoms they were showing. In the other 11 cases it was clear from what they said that the imminence of the tests was a factor in their decision to keep their child at school. Usually they made this explicit. For example in week 36 Nerys's complained of feeling sick and having stomach pains but her mother felt that since it was "such an important time at school" (Int. 021A:3) that she should not take time off. The week of the test itself (week 37) is particularly interesting. The mothers keeping diaries reported 8 symptoms that week:

Andre started to show symptoms of hayfever. His mother went to the doctor for a preventive spray to keep it under control for this week.

Malcolm had sore feet in the early part of the week. His mother kept bathing them in salt-water. (The same symptoms in the next half-term led to time off school.) In the later part of the week he had a sore throat but

was sent to school after being given a gargle.

Douglas had cold symptoms, but his mother thought these would not have been serious enough to warrant time off anyway. (His mother explained that Douglas was asthmatic and they took the view that he should be treated as 'normally' as possible and not indulged in relation to illness.)

Sam had earache again but was sent to school. "I was worried because it happens such a lot and I couldn't pinpoint the cause that time. But the Lowhouse test was coming up so he had to go." (Int. 018:3).

Rebecca had a cold. Her mother said that "Normally we don't take chances. We'll let her have a day off and rather be safe than sorry but it was a rather important week." (Int. 023:3).

Alison had an inoculation earlier in the week and was feeling 'off-colour' but probably would have gone to school anyway.

Nerys turned her ankle whilst playing on the Friday of the test but this was not thought bad enough to stop her walking so she went to school in the afternoon as usual.

I will now consider the second half of the Summer Term. It had a

very different feel to the first. With the Lowhouse test, over the organisation of schoolwork seemed to shift in several important ways: the pace became slower, there was more emphasis on project work rather than the weekly assignments (although these did continue) and more time was spent on activities such as games and swimming. The tension created by the Lowhouse tests was released and these no longer dominated the thoughts of teachers, parents and children, although the general anticipation of the transition to secondary school remained. This apparent release of tension was deliberately engineered by the teachers. In the week after the tests the teachers had organised a school holiday to Holland and about half the fourth year children went on this. Whilst they were away the rest of the children also went on day outings and worked on projects arising from them. The school timetable was ignored for a week, so that when, for example, the weather suddenly turned fine Gerald Chapman felt able to abandon classes for the rest of the day and take the children out to play rounders. The school Headmaster and secretary went on the trip to Holland and whilst they were away some of the fourth year children took over answering the telephone and receiving visitors at the reception desk.

The pattern of sickness absence was part of and was governed by this difference of atmosphere. The number of sickness absences greatly increased in the second half of the summer term. Interestingly the number of symptoms recorded in the health diaries remained very similar between the two parts of the term but in the second half a much greater proportion were transformed into sickness absence. Of the 34 symptoms mentioned in the mothers' diaries in this half of the term 15 involved some time being taken off school, a much higher proportion than in the earlier part. An analysis of my interviews with parents from the second part of the term

shows that the completion of the test relaxed their approach to sickness absence. Some examples illustrate this:

Sam Hunt was away with swollen glands and a headache for two days in June. His mother described her decision to keep him away as follows: "Anyway he came home yesterday and he did have a headache and looked white, and he didn't feel like any dinner and when they're off their food...I said well alright, seeing as how there was nothing drastic going on down there, tyhey'll only be swimming. I knew he wouldn't miss anything terribly important and Mrs Frazer had said already that the Lowhouse tests were over anyway. So I left it like that."

(Int. 018:4)

Tina Butcher was away with a sore throat for 4 days in July. Her mother explained that "I did ask if she'd got anything she was really interested in or anything important but she said 'No, not particularly.'. Obviously her maths and English, her everyday schoolwork. If she tells me there's an exam or something like that, I try and keep her at school as long as possible but of course they'd had the big one already."

(Int. 029:5)

Malcolm Barnes was away with 'sore feet' for a day in July. His mother told me that "Nothing much seemed to be going on at school so I thought a day wouldn't do any harm now."

(Int. 034:2)

The more relaxed mood of the last half term was also apparent in less direct forms. Mrs Rossi, for example, kept her son Paulo away from school with hayfever on 3 separate occasions during this time. She explained her feelings about these:

"I could have sent him to school but, I don't know, it didn't seem worth it by then. I feel I'm more relaxed towards it and that a day lost is never as bad as it could be. I feel that Paulo's not exactly doing badly... Also there's that chance for me to spend an extra hour with him. It's good because we can talk together. It's as good to have a day like that as it is to send him to school. But I can be strict as well like when they're revising."

(Int. 025:2)

This sense that after the tests aspects of the children's lives outside of the narrow concerns of school came to the fore again was found in many of the parents accounts at this time.

Children's role and the weekly pattern of absence

Children's accounts also showed a shift between the two halves of the Summer Term. As I suggested in Chapter 3 the children were generally very concerned to make sure that they did as well as possible and there was some anxiety amongst them, to some extent created by their teachers, that they would be put in 'the wrong class' at Lowhouse. I would suggest that they too participated in causing the reduction of sickness absences just before the test by not asking for time off so much and not pressing their mothers for it.

They can certainly be shown to influence the weekly pattern of absence. I showed in Chapters 3 and 4 that children can play an important and active part in the construction of their own sickness absence. I want to add to the suggestions made there by arguing that their contribution helps to explain some of the differences between days of the week as starting and finishing days for absence. Children were much more aware than their parents of the detailed structure of their daily school timetable. In fact most parents got the information they had about it from their children. This is evident in numerous examples already cited where parents report having asked their children what they might be missing at school if they were away. Few parents had an independent source of information and most relied entirely on their children.

Children tended not to return to school towards the end of the week, often delaying it until the start of the next week. No doubt many parents shared with children a view of school life as structured around time units of a week. For the children in 4F, however, the week time unit had a particular socially constructed meaning. As I described in Chapter 3 and 4 work in maths and English was organised in weekly assignments and children suffered considerable disadvantages if they returned to school halfway through or at the end of the week. Several children were able to describe how they manoeuvred around this problem by negotiating their return to school at the start of a new week. The tendency to start sicknesses at the beginning of the week may also be partially explained by this strategy on the part of the children. It was probably also overlain by the tendency of mothers more readily to believe children's symptoms if they start during the weekend. What this indicates, I suggest, is that the pattern of school work operated at this level of

the day to day construction of sickness as well as at the weekly and termly one. The case example in Appendix 1 clearly illustrates this tendency. It was also clear from the children's accounts that their social networks also generated timetables of a kind, especially for the boys around the schedules of their football matches. Rarer, but still illuminating, was the way in which children who were involved in illicit paid employment had to manoeuvre around the difficulties that were created for this when they were ill. For example by the middle of July Andre had started delivering newspapers as part of a round 'sub-contracted' from an older boy. When he appeared tired and complained of a headache his mother insisted, against his wishes, that he take a day off school. This meant that he risked losing his round to someone else and to ensure that this did not happen, he made sure that he was better the next day:

"I had to get better 'cos if you're not there somebody else might take it over. (AP: How did you get better?) Well by just having a quiet day and then not moping around the next morning and saying I wanted to go to school. (AP: Did you keep the paper round?) Yeah it was alright 'cos it was only one day and he (the older boy) did them both that night."

(E32:3)

Conclusion

I have shown in this chapter that the transition to secondary school, and the pattern of work organised to accomplish it, had an important structuring effect on the way sickness absence occurred at both an individual level and for the overall pattern. I suggest that the

factors that I have isolated provide one of the most important frameworks for looking at sickness and, vice versa, that sickness reveals important aspects of the way in which the space and time within the temporal order of schoolwork is socially structured. This analysis explains many of the puzzling features of the pattern of sickness absence to which I pointed at the beginning of the chapter. Nevertheless sickness absence remains a much more complex process and individual cases reveal many more factors at work than those discussed above. For example, one could point to the way in which the symptoms children exhibited fitted into their past health history, the patterns of work and leisure of the families they lived in, and the resources available for dealing with sick children in particular households. As a way of re-inserting these into the picture, I have prepared a case example of one boy's period of sickness absence. This is given in Appendix 1.

CHAPTER 8.

Trajectory and symbol in the performance of childhood sickness

Introduction

In this chapter I will review the ethnographic data and draw the strands of it together towards an interpretation. I want initially to recap the problems and issues raised in the first chapter. There I suggested that the study of childhood illness and health had suffered from two mutually reinforcing problems: the weakness of the sociology of childhood generally and a concept of sickness which emphasises its medical and individual aspects. A review of some of the main areas of existing literature suggested that an ethnography of childhood sickness as it occurs in a non-clinical, everyday setting, such as school, might illuminate some of those areas which conventional approaches obscure. In particular I pointed out that those studies set in clinical contexts such as the consulting room might be misleading about the extent and scope of children's active involvement in the construction of their sicknesses. Whilst children are silent and peripheral to the interactions of parents and doctors in clinical settings, the picture may, I suggested, appear very differently in the terrains of their own everyday social lives. It is in these settings that we might glimpse children as active in the processes of sickness, of which being a patient is only one, not always present, phase. I showed in later chapters that the failure to acknowledge

children as social actors meant that important aspects of the situation at home and in school were being screened out of the sociological account. I also suggested that a more subtle appreciation of children's age, as a socially constructed phenomenon, is necessary if we are to appreciate the changing meaning and experience of sickness. An examination of the psycho-social literature on children's concepts of health and illness showed that it tends to ignore the social context and process of their development or acquisition. Either children's concepts are incorporated into a Piagetian cognitive development schema or a crude social learning model is adopted which sees children as empty socialisation vessels, the filling of which seems most concerned with the transfer of maternal values. In the first an impression is given that the shift in children's concepts of sickness, which seems to take place as they grow older, is a smooth one; a 'maturation' over which there is no conflict, difference or struggle. In the second the view of children's social lives is restricted to one narrow area (the mother-child relationship) and children's participation in wider kin networks, peer and friendship groups, educational institutions and popular culture is once again ignored.

The ethnographic material reported in the previous chapters permits a preliminary comment to be made on some of these issues. First my suggestion that it would be fruitful to turn to the non-clinical setting of child sickness processes has been justified. Not only is it clear that this is a site where much health and sickness action (or 'work' as writers such as Stacey and Graham rightly refer to it) goes on, but also that at home and in school children do play an active part. Not only are they involved in negotiations with their parents and teachers but also within their own largely gender based subcultures we can see important

constitutive practices. It is also apparent that the context within which children's learning about sickness occurs does extend beyond the narrow ones suggested in the psychosocial literature. As my ethnographic evidence shows it is certainly the case that mothers play an important part in this learning, but also that the context of learning extends beyond the household and occurs in other areas of children's lives. Indeed the descriptions mothers and children gave of their decision making shows that it is impossible to separate the family and school aspects of the process, a point that will be further elaborated below. It is, however, worth noting that by raising the importance of the social lives of children and the part these play in the construction of sickness we are led not only to a better understanding of childhood but also of the social context within which much of the health work done by mothers takes place.

Childhood sickness as cultural performance.

The remainder of this concluding chapter is an analysis of my fieldwork material in terms of childhood sickness as cultural performance. The children themselves, rather than their parents or teachers, will be the main actors in the analysis, although like most performances what the children did in the enactment of sickness assumed the presence of others towards and in relation to whom they acted. My fieldwork focused on the children and I want to conclude by shifting the attention firmly back to the children, ending as I began by "bending the stick" in order the better to straighten it.

First, I will briefly indicate the terrain occupied by the concept of cultural performance as I use it. The notion of performance is used in its ordinary (dictionary) sense of carrying out or carrying on an action

or an undertaking. (This is, of course, congruent with one of the constitutive assumption of medical sociology, that sickness is not simply or primarily a biological state but a social act.) The Oxford English Dictionary illustrates the mutually constitutive character of language and culture by drawing a distinction between performance as the construction or making of a material object and performance as the execution of some literary or artistic object, text or score. In this difference it is possible to glimpse the two main metaphors from which I shall give meaning to the notion of sickness as performance.

Through the first sense, that of construction, we are referred to the activity of work, the performance of physical and mental tasks in a process both productive and transformative. It is this sense of performance that underlies the recent work of Strauss et al. (1985:8) on the chronically sick. They look at the construction over time of 'trajectory' of chronic sickness which is the outcome not only of:

"the physiological unfolding of the patient's disease but (of) the total organisation of work done over that course, plus the impact of those involved with that work and its organisation."

Within this sense of the term performance then, we can ask questions about the kinds of work done to construct sickness and how this work is organised. These are issues particularly relevant to the situation of organisations such as hospitals dealing with the chronically or terminally ill. Within my own work in school, however, it makes more sense to ask how the notions of work, work organisation and trajectory can sickness can be applied to schooling, and how the work of sickness is related to this. The groundwork for this analysis was done in the last chapter and

here I will explore the usefulness of Strauss's concepts to my material.

In the second sense, that of performance as execution, we are referred to the existence of texts, scripts and scores as the frameworks within which particular performances occur. At a deeper level this reference leads us towards the languages and codes which underly particular texts (see Hawkes, 1977). In this metaphor cultural performance is like an instrumental performer executing a musical work, which is itself the realisation of one possibility inherent in an underlying musical code. Similar too, to use a more familiar metaphor, to an actor performing a script written in a particular language. It is the use of the dramatic metaphor that is most familiar in sociology, primarily through the 'dramaturgical' analysis of Goffman. Here particular 'encounters' or 'social dramas' are examined to reveal the techniques by which particular roles are maintained and sustained by actors. The concern, however, is not with the why the roles are scripted as they are but with the more surface issue of the technique of performance and the settings in which this is accomplished. As Frankenberg puts it:

"...beyond the bald statement that the activities he describes are characteristic of Anglo-American society he claims to abstain...from any attempt to theorize a possible systematic correlation between economy, polity and ideology and performance in social encounters..."

(1986:18)

In cultural anthropology, however, we do find an attempt to delve beneath the techniques by which a performance is accomplished and into the systematic way in which scripts, and the roles they make possible, are constructed. In particular the semiotic and structuralist analysis of

social and cultural phenomena provides a means of understanding the ways in which the terms of a culture are systematically related to one another, forming in the now classic terminology the langue within which particular performative and performable paroles are possible. Whilst it is not my intention to provide a semiotic analysis this approach does point towards locating childhood within a culturally defined repertoire of symbols and imagery, from the matrix of which it derives its social meaning.

Such a mode of analysis has been applied to sickness and some examples of it should illustrate and clarify what it offers. These also indicate some of its limitations and the points at which it needs modification and extension. The first is Littlewood's (1986) analysis of zar. This is a condition which mainly afflicts women in North African and Middle Eastern cultures. They appear in public, often with head and arms uncovered, shouting and ranting. Episodes frequently follow a man taking another wife. Littlewood suggests that zar can be seen as a cultural performance which, within certain limits, shifts, draws upon and manipulates a chain of culturally defined categories: the axes male/female, public/private, instrumental/expressive etc. In the performance of zar these are symbolically represented. (See also Ngutane's (1977) analysis of colour symbolism in Zulu medicine and, for illustrations of symbolism in Western medicine, Posnet, 1980.)

The second example shows how the type of synchronic cultural analysis given by Littlewood needs to be set within historically specific circumstances. The example is from Frankenberg's (1985) analysis of everyday sickness in Tavernelle, a contemporary Tuscan village. As part of this children were asked to write essays on the theme of 'What happens in your house when someone gets ill?'. Frankenberg suggests that the accounts

given allow (acute, non-life threatening) sickness to be understood as one of three recurrent forms of festival which take place in Tavernelle. (The other two are Christmas and the various summer carnivals). Each of these involves a different ordering of the elements of indulgence, adult-child relationships, gifts, special foods, sounds and the division of public/private space. In performance of each feste the others are evoked and through them the familial and economic forms of Tuscan society are reproduced. In the performance of sickness the distribution of domestic work and roles, and the involvement of families in illegal home-working is particularly highlighted. Beyond this the resonances of sickness as a festa-type performance draws on, maintains and reproduces the valency of play and sickness, humour and death that historically characterise the Catholic cultures of the Mediterranean.

The final example is taken from Turner's (1968) analysis of Ndembu rituals of affliction. He describes how, at the time of his fieldwork between 1950 and 1954, Ndembu people ascribed social causes to many different types of persistent or severe ill-health. Sickness was seen as the result of secret sorcery by malevolent witches or as punishment visited on individuals by the spirits of angry ancestors. These in turn were seen as being provoked by ill-feeling, quarrels and grudges between kin and neighbours. Such social tensions concerned, in part, political conflicts produced by actions of the British colonial authorities, but also drew on intrinsic schismatic tendencies within the Ndembu kinship, leadership and village system. Victims of sickness stood at the centre of these tensions, which could be divined at public rituals attended by the victim and his or her kin and neighbours. The diviner, or chimbuki, not only detected the afflicting ancestral spirit or

sorcerer but also induced those present to confess their grudges against the 'patient'. Using his existing knowledge of social relationships, his work became one of social analysis and the remedies (exorcism, medicines, bodily manipulations, cupping and collective song and dance) were directed at simultaneously sealing breaches in social relations and ridding the afflicted person of their sickness.

What these examples have in common, is that sickness is analytically located in wider social processes, structures and relationships. Frankenberg (1979) makes this explicit in the addition of a third category, 'sickness', to the dyad of 'disease' and 'illness' commonly used in medical anthropology and sociology. Kleinman defines the last two terms in the following way:

"...disease denotes a malfunctioning or manipulation of biological and/or psychological processes. Illness on the other hand, signifies the experience of disease (or perceived disease) and the societal reaction to disease. Illness is the way the sick person, his family and his social network perceive, label, explain, value and respond to disease."

(1978:88)

Frankenberg points out that Kleinman's definition of illness tends to elide the psychological and the social, so that the latter becomes dominated by the former. Illness remains an individual perception or effect of a dyadic or small group (family and social network) interaction. The relationship of illness to wider social, cultural, ideological, political or economic processes is thus lost. Frankenberg suggests that we recuperate this through the category of 'sickness'.

To summarize then, the analysis of sickness as cultural performance can be approached by seeing it as a work task involving a multiplicity of actors, as requiring the skilled technique of those actors, and as acts located in and drawn from a set of cultural relations (themselves historically constructed and specific) from which its meaning derives. In the following sections I shall explore the ethnographic material drawn from my study of the children of Appletrees in each of these ways, although the main focus will be on frameworks derived from Strauss and Turner. To begin this analysis I shall first set out the context within which their sicknesses took place.

Childhood, age and status passage

The children of 4F were in process of shifting from primary to secondary school. It was this transition, a key status passage both in the children's lives, and more broadly in the transition from childhood to adulthood as it might be sociologically theorized, that was the context, for the cultural performance of sickness. It formed the 'stage' for their performances in an interesting dual sense. Like all such stages it was not socially neutral. Rather it had particular characteristics of both form and content which shaped and constrained (as well as being shaped and constrained itself) by the social processes that took place around sickness. In this section I shall explore some of these characteristics. I will begin this discussion through an examination of the social construction and significance of age in childhood.

Age, as Janet Finch (1986) has recently reminded us, is one of the most elusive social variables of sociological analysis; perhaps the most collected but the least used. As she notes:

"...moving beyond simple correlations to the use of age in ways which are theoretically informed as well as empirically rigorous is relatively uncharted territory."

(Finch, 1986:14)

It is most commonly dealt with through the idea of age groups. These are sometimes thought of in loose conceptual categories such as 'childhood' or 'young adult', and at other times as more or less arbitrary configurations grouping together chronological ages (eg 18-21, 22-27, 28-33 etc). In the latter case it is especially hard to see the sociological rationale for such groupings since their relationship to culturally constituted age groups in the society under study is uncertain. In the former case the problem presented to the analyst is that the boundaries between the categories are vague. This makes them problematic as sociological devices. Conversely, it is precisely this which enables them to be used in society as powerful means of inclusion and exclusion. Their ambiguity is also a source of conflict and tension. The uncertain position of teenagers, neither children nor adults, with a multiplicity of different cut-off points for different activities is a case in point.

Finch draws out two important conclusions from her discussion. First that although age, like gender, is a distinction based in biology, the biology tells us very little about the social meaning and significance that is constructed around it. The important sociological task, therefore, is to uncover the ways in which the socially constructed divisions of age, and the extremely complex and subtle variations possible within these, are created and operated. Second, it seems clear that if age is used as a unidimensional category then it can be extremely misleading. As Brake (1980) has pointed out in relation to the sociology of youth the

unidimensional and unitary category used by writers such as Musgrove (1968) hides not only important social class differences but is implicitly based on a standard of maleness. Age groups as categories then need to be seen in relation to their intersections with other important 'variables' such as class, gender and ethnicity.

It is again in anthropology that we find the most interest in age as a principle of social organisation. This interest has given rise to mass of ethnographical work on age class systems, work which has recently been drawn together by Bernardi (1985). He demonstrates how different types of age class system differ in terms of the way they recruit members and in the functions they fulfil. In doing this he is careful to distance the (African and South American tribal) societies that he analyses from those of the industrialised West, where, he insists, age simply does not play an important part in the social structure:

"In Western societies we do not find such grouping of age mates, designed to govern the participation of individuals in social and political life. Age is employed conceptually to define certain categories of person, but is not used as a basis for constructing societal structure." (1985:1)

I want to disagree with this position for three reasons. First, to some extent Bernardi is simply maintaining the disciplinary boundary between anthropology and other social sciences, especially sociology. As Keith and Kertzer (1986:21) suggest there is a tendency to mythologise age as the most primitive element in society which is always superceded as societies become more complex (1986:21). This can be seen both in the general neglect of age as a principle of social organisation in Western sociology,

that Finch has noted, and its opposing centrality to many anthropological accounts. This is intensified, especially in relation to young people, by the way in which an interest in age as a variable has been most common among functionalist sociologists (see Musgrove 1968). The general disenchantment with this perspective has tended towards a dismissal of age as a potentially useful analytical concept, such that it tends to be seen as part of the functionalist pre-history of sociology. The determined way, for example, in which the sociology of youth culture has striven to uncover the 'real' class basis of youth culture, beyond the appearance of age or generational difference, can be criticized for going too far in this direction (McRobbie 1978). Second, Bernardi neglects developments in American sociology over the last ten years which have begun (not always successfully or convincingly) to explore the complex ways in which age features as a principle of social organisation in Western contemporary societies. The American work is of two broad types:

a) the 'human development' perspective which interests itself in extending the idea of development beyond the boundary of childhood (Neugarten 1973). The focus here is on the ways in which each society has a cultural time-table for the life-course, within which are created norms appropriate to particular ages. Sanctions and rewards are applied to individuals as a form of a social control maintaining this 'age status system'. The important notion of 'life-course' separates this work from crude chronological conceptualisations of age and allows for both a less socially and biologically normative view than that of 'life-cycle' (see, for example, Turnball 1985)

b) the age stratification perspective, which focuses more on the societal level. It is suggested that each society has an age

stratification system in which age strata have associated roles and statuses. Historically determined age cohorts, cross-cut by class ethnic and gender differences, are analysed in their passage through a dynamic and historically changing structure of age related positions.

The third point, and one with special importance for childhood, is that Bernardi, in representing age class and grade as unimportant in Western society, is taking a very adult centred view. Whilst I can agree that age does not operate at the adult level as a constitutive element of the polity and social structure (or at least not one to which must attention has been drawn), this cannot be said of childhood. To explicate this I shall now look at the analytical categories Bernardi himself uses and argue their relevance to contemporary childhood in Western societies. The most fundamental and crucial distinction he draws attention to is that between age classes and age grades. An age grade is the formal or informal institution that has associated with it various rights and duties which define the relationship of the individual to the social structure and polity. English society (and others of a similar nature) has age grades of an informal kind which are only broadly indicative of the rights and duties of individuals. They are approximate in their application and imprecise and fragmented in the point of passage from one to the other. The social concern over teenage pregnancy, to give just one of many possible examples, can be seen in part as a product of the unclear boundaries between childhood, adolescence and adulthood. The formal age grades of tribal societies are fixed and precise in comparison. Similar formal grades exist in Western societies only residually (the age of majority, for example). They do have informal age grades, which might be suggested, by way of illustration, as babyhood, infancy, childhood,

youth, adulthood, middle age, old age and old old age. Others might suggest a somewhat different list, a point which underlines their very informality.

Age class, Bernardi's other main analytical concept, refers to a special group of coevals (however constituted) who progress through the age structure together. By putting together the ideas of age grade and age class Bernardi identifies the characteristics of age structured societies. These are threefold. There is: a) a formal institution of age classes (group of coevals) b) a configuration of grades through which the age class is promoted and c) an institutionalised process by which the succession of the age class takes place.

It should be clear from this that Bernardi is right to say that Western societies in general lack the institutionalised procession through a sequence of formally organised age grades. Persons do move through an informally defined sequence of stages, including childhood, but these are not organised according to institutional principles. Nevertheless I believe that Bernardi's position underestimates the extent to which even an imprecise and informal age grade such as 'childhood' has attached to it notions about appropriate rights and duties. When, however, we turn to the formalised institution of age classes I would suggest that Bernardi seriously underestimates the constitutive power of the schooling system. Schools are organised precisely according to a system which puts together a group of 'age mates', who are constituted as a group of coevals and promoted through a fixed system of age positions in the school. This promotion takes place at regular, scheduled intervals and is involuntary; that is individuals are promoted through the system irrespective of their individual characteristics. 'Holding down a year' in

school, for example, occurs only rarely and after much negotiation between teachers, parents and education officials; similarly the premature advancement of a pupil to a higher than normal class is extremely unusual, so much so that one recent case was featured on national television news. In any particular school the different age positions carry with them differential status and responsibilities; their schoolwork is different and they carry with them different rights, duties and privileges.

Bernardi, then, is right to insist that age class systems are different in the principle of their organisation to anything in Western societies, but he is wrong to imply that the analytical tools he uses cannot find some purchase on the way in which age is a constitutive feature of English societies. In this I would entirely agree with the perspective put forward by Kerzer and Keith (1986) that anthropological concepts have an important part to play in the burgeoning interest in age in western societies.

English childhood, as seen through the example of 4F, seems to contain a dual structure in which the relationship between the two parts is ill-defined and tense. The first aspect is the informal categories by which infants become children and pass on into 'youth' or 'adolescence'. The points of transition are vague and not formally marked. The second aspect is the formal system organised around schooling. Children are formed into age classes and moved sequentially through the structure. This structure is marked by a series of major and minor status passages: the minor ones are those found within a particular phase (primary, secondary and in some areas middle school), from the lower to the upper positions (classes or forms). The major transitions are those between phases (and usually institutions). As I have shown for the children in

this study one such shift was occurring at the time the fieldwork was done.

The problem this presents (both for sociological analysis and for actors negotiating the two parts of the structure) is that the two systems are not related to each other in any formal way. Nevertheless, transitions within the schooling system are linked in a loose way to movement through the informal age grades. Sometimes this is recognised in the terms used, so that, for example, movement from 'Infant' school to primary school implicitly recognises the move from infancy into another informally constituted phase. Similarly the transition from primary to secondary is loosely related to the shift from childhood to adolescence. Within the terms of the schooling system the transition involves a complex series of changes in pedagogy and so on, as discussed in Chapter 3, but these also become enmeshed with and inextricable from the move out of childhood. The inexactness of the relationship between the two means that the transition to secondary school is loaded with a symbolic meaning that goes far beyond those concerned with the institution of schooling in a narrow sense. The shift is complex and messy and involves a struggle to make the two systems of meaning mesh together. The transition is in this sense, and other to be discussed later, a site of struggle and tension rather than a smooth interlocking.

The term status passage, which I introduced above, is borrowed from Glaser and Strauss (1971), although the concept has far a longer provenance than this, to be found primarily in the analysis of rites de passage proposed by Van Gennep (1960). Nevertheless Glaser and Strauss' analysis of the formal dimensions of such transitions is helpful in further specifying the process that the children of 4F were undergoing.

They describe status passages according to their variation in five properties which, whilst not comprehensive or exclusive, they consider to be the most important: directionality; temporality; shape; desirability, and what Glaser and Strauss refer to as 'circumstantiality'. The dimensions they propose provide a convenient means of drawing together the features of the transition to secondary school and I will now analyse it in these terms.

First the shift was irreversible: it could go in one direction only, was not repeatable, and could not be stopped in mid process. It was an inevitable and unpreventable feature of the children's lives. Second, it had a fixed time-scale: the organisation of the school terms and holidays was not negotiable and these regulated both the schedule that had to be worked to and the pace at which the transition would take place; within it there were certain prescribed steps, such as the taking of the grading exam, the last day at primary school, the first day at Lowhouse and so on. However, this temporal order also gave the shift a certain shape. At some points the process was an intense and all-consuming one, particularly, as I have shown in earlier chapters, around the time of the test. At other times its intensity receded and the process seemed to settle into a 'plateau'. Although I did not follow the children into the secondary school I would expect that intensity to return in the period leading up to and including the first few weeks at Lowhouse. This was certainly found to be so in other studies such as that of Measor and Woods (1984).

The 'desirability' of the move presents a more ambiguous picture. On the one hand there were many fears and anxieties about it. These were expressed in the 'myths' which both Measor and Woods, and I, found to

circulate among the children (toughness, bullying, sexuality, different and harder work, dissection in biology etc). These were usually expressed more strongly by the boys than the girls, although the tendency was not universal. This negative view was shared by some parents and teachers and was expressed in their underlying sense that the children were leaving behind a certain childish innocence and forsaking the 'shelter' of the primary school. On the other hand the involuntary character of the transition meant that, at worst, it had to be faced up to, and at best, could be welcomed as a sign of 'growing up'. This ambiguity was also found among the children in the celebratory aspect of the myths about Lowhouse as it was sometimes expressed by the boys in relation to physical toughness and masculinity. Some of the girls similarly welcomed the expectation that their new school would teach them more about themselves as women, particularly in relation to menstruation.

These ambiguities were heightened by the 'circumstantiality' of the passage. By this Glaser and Strauss mean whether the transition is made collectively, in aggregate or individually. For clarification of this aspect we must return to the dual structure of childhood suggested above. Different aspects of the passage to secondary school were emphasised differently by variations in circumstantiality and these also varied according to whether the formal or informal aspects were concerned. In an important sense the shift took place collectively, that is a pre-defined cohort moved through it together and were assigned a group character because of this. At the same time the transition involved a high degree of competition between the children, since the test they took assigned them to different 'ability bands' within the new school. As I have shown there was considerable anxiety among the children that they would be classified

as of low ability. In this sense the transition occurred as a more loosely defined aggregate rather than as a collective. Finally, this competitive element imposed an individual character on the process, for although it was an involuntary one, and would occur however the children fared in the tests, the final outcome, and their success or failure in it, was an individual matter. This was also strongly felt around those aspects of the children's characters which were not directly tested in the examination but which clustered around and became entwined with the transition as a whole. Teachers and parents both felt that children must be prepared and made ready for the more instrumental and more competitive world they would encounter at Lowhouse and engaged in a process to produce the children as such.

Another feature of the process not suggested by Glaser and Strauss can be indicated by returning to the work of Van Gennep. His analysis was of societies where transitions and initiations were highly ritualised. This is only residually the case with the children in this study since, as Gluckman (1977) pointed out, in industrial societies roles are too fragmented in space and time for there to be specifically rites de passage. Nevertheless as a process of passage, the transition to secondary school shares at least one important feature that the analysis of rites de passage has repeatedly shown. It is that the process concentrates elements of social structure which otherwise remain more diffuse and implicit in the flow of everyday life. The characteristics of the transition I discussed above also produced this effect; the fact that it was uni-directional, unrepeatable, unstoppable, involuntary, unpreventable, and scheduled according to an unnegotiable temporality meant that it took on an urgency and intensity both in its work processes

and, at a symbolic level, in the condensation of ideological and social structural elements that permeated and underlay it. It is this property that makes interesting and possible the analysis of sickness as cultural performance which this chapter will present. In the next sections I will address the two aspects of this signalled earlier: sickness in relation to worked at trajectories and sickness as a symbolic process.

Sickness as a work task in the trajectory of transition.

In Chapter 7 I showed how the transition to secondary school, and the rhythms of the work processes associated with it, could be used to explain the configuration of sickness absences. Similarly, particular episodes of sickness could be understood by their position in relation to particular phases of the transition and its work rhythms, so that a dialectic between the enactment of sickness and the work of transition was seen to be in operation. Here I want to give further exegesis of this analysis through the application of theoretical concepts developed by Strauss and his colleagues (1985) in their recent book on the social organisation of medical work.

Their study is of chronically sick patients in hospital. Fundamental to their analysis is the distinction they make between the 'course' of an illness and the 'trajectory' constructed through the work of all those (including the patient) concerned with caring for the patient and returning him/her to health. The 'course' of the illness is the common sense category of actors which focusses on the disease process and its career. In contrast the 'trajectory' is a feature of the hospital as a work organisation. It is the anticipated and actual outcome of:

"...different medical and nursing actions, different kinds of skill and other resources, different parceling out of tasks among the workers..."

(1985:8)

The trajectory has a number of important properties: it is phased (into units termed 'arcs of work'); its course is both anticipated (or 'visualized') and therefore planned but its actual course may be influenced by unforeseen contingencies; and it is constituted by many different work tasks carried out by different workers organised into particular teams. Many different types of work underly and cut across these tasks: Strauss et al. list these as machine work, safety work, comfort work, sentimental work, articulatory work and work done by the patients. The basic division is into instrumental and expressive types, although in their analysis the latter tends to collapse into the former as all forms of work contribute to the accomplishment of the trajectory. Nevertheless, that which is most directly expressive, 'sentimental work', is worth further breaking down into detailed aspects since when I return to my discussion of Appletrees some of these will have particular significance. They are: the teaching and learning of the interactional and moral rules of the organisation, the accomplishment of trust and composure, the elicitation of life style information about the patients, and the formation of new identities for and by patients.

The concept of 'work' used by Strauss et al is a broad one, and in concluding their analysis they spell out some of its implications, including the suggestion that their concepts could be applied to many other organisations and activities since the term work can be used to include any enterprise, even where those involved do not think of it as

involving work. This is, of course, in line with my suggestion that schoolwork can be seen as a form of work, although predictably none of the suggestions they make about the application of this broader concept include children as workers. Schools, however, are a case in point, being, places of work for a variety of actors including teachers, parents, secretarial staff and children (as objects and subjects of work). Below I will discuss some of the basic features of the ethnographic material I have collected and suggest they can be better understood through the concepts Strauss et al have introduced. In particular the transition to secondary school can be usefully conceived as a particular phase, or 'arc of work', in the work trajectory of primary schooling.

In Chapter 7 I described the work of the transition in terms of its 'cognitive' and 'affective' aspects, arguing that the teachers and parents saw the shift to secondary school as involving the production of children with both the academic skills required by Lowhouse and the attitudes and values which they saw as necessary for success and survival in the more instrumental regime of the secondary school. The terms I used to describe this were drawn from the educational discourse of cognition and affect (which the teachers at Appletrees also used). These can be directly translated into the instrumental and expressive kinds of work catalogued by Strauss et al. Their analysis, however, enables these to be grasped more precisely. In the instrumental sphere their analysis provides a series of parallels between, for example 'machine work' and the way the material environment and resources of the school (the building, rooms, open spaces, paper, books, blackboards etc) were both objects of work and constraints it; between 'safety work' and the way in which the school staff discharged their in loco parentis responsibility; and between

'articulatory work' and the task of coordinating the different workers and teams of workers (teachers, secretarial staff, caretakers, cooks, playground attendants, parents etc) in the accomplishment of the trajectory of primary schooling. In the expressive realm their analysis helps to pinpoint more accurately those tasks concerned with 'sentimental work': for example the learning of unstated interactional rules and, especially relevant to my fieldwork material, the formation of different identities for the children through processes such as those I described around the problem of 'wetness'. In short, the notion of trajectory work both leads towards the future conduct of a more detailed investigation than the one I was able to carry out, and provides a framework within which my existing ethnography can be given a meta-description which contains but does not simply reproduce the accounts and practices of particular actors.

Conversely, my analysis of childhood as constituted through a dialectic of informal age grades and formal school-based age classes, enriches the notion of trajectory through its concrete application to a particular organisation and by linking it to the concept of status passage. Specifically it shows the importance that sickness, as the performance of work, can have outside of the clinical settings to which Strauss et al confine their their analyses. This point can be pursued by returning to my analysis of how sickness absences were structured according to their relationship to different phases in the organisation of school work. In Chapter 7 I paid particular attention to the organisation of work during the last term pointing out the differences in this before and after the Lowhouse test and the system of weekly assignments. The patterns and rhythms of work described there can now be

reconceptualised as arcs of work in the transition to secondary school, the accomplishment of which took in and moulded the character of sickness episodes.

These episodes, and the aborted ones to which I also referred, involved work of different kinds. This was both instrumental and expressive. Any given sickness can be understood in relation to whether and to what extent it interfered with the accomplishment of the trajectory of transition. Some were seen as interrupting schoolwork which could, nevertheless, be 'made up' in the following weeks and days. As the exam approached the damage done was seen as progressively less remedial and the standards applied to sickness absence became more stringent. After the exam there was a relaxation of these controls. At the same time teachers and parents felt that their actions would also have an effect on the character of the child and weighed their responses to claims on sickness against the modifications they thought necessary. The children shared the implicit instrumental cost-benefit calculation of the parents but, in comparison to them, were better able to judge the effect of a particular absence since they possessed more detailed information about the scheduling and pace of schoolwork.

I will now further explain the ways in which the accomplishment of sickness expressed, in the negotiations that took place around it, the different positions of the children, parents and teachers. The different perspectives of the children and adults meant that there was often a struggle around sickness absence and its duration. The character of their conflicts can be better understood by analysing the performance of sickness according to the part played by different actors (teachers and other school staff, parents and children) in the different

circumstantialities of the transition to secondary school; that is by looking at the children as a cohort, an aggregate or as individuals. These can be arranged as a field space:

Diagram 4. Fieldspace showing types of sickness work in relation to the circumstantiality of the transition to secondary school

LEVEL	ACTOR		
	Child	Parent	Teacher
Cohort			*
Aggregate	*	*	*
Individual	*	*	*

The stars (*) in the fieldspace indicate the different levels of circumstantiality at which the different actors in the situation worked on sickness. I will now discuss teachers, parents and children in turn, analysing for each of them the instrumental and expressive work of sickness and its relationship to the transition to secondary school.

For the teachers, and other school staff such as the school secretary, work on sickness was conducted at all the levels of circumstantiality. The children would go from the school as year group and the reputation of Appletrees, in the eyes of Lowhouse, was seen to rest on the 'quality' of its product as a whole. At the same time staff were called upon to deal with children as individuals and in smaller groups. Sickness presented itself to them in the form of individual children, or sometimes as pairs or groups (for example the attempt to go sick which Rebecca made with the support of her friend Nerys). However, these were dealt with in routine (though gendered) ways which applied across the whole cohort. This routine handling of sickness claims resulted from the

relative lack of information about the children as individuals, the bureaucratic organisation of the school and the formulation of a joint project amongst the teachers and secretary of combatting what they saw as the lax child rearing practices of the parents.

The parents, in the main mothers, usually dealt with the sickness of their own individual child, although through conversations with other mothers (for example about illnesses that were 'going around' or the impending exam) they might influence the course of events in other families. Their knowledge of their child was detailed and intimate and their negotiations with the child about sickness were conditioned by this. Although all the parents I spoke to were concerned that their children should accomplish the transition as successfully as possible the level of their anxiety did vary. Children with a history of feigning illness, for example, would receive more detailed questioning about any complaints of feeling unwell that they made. At the same time many of the parents felt that it was the too 'free and easy' practices of Appletrees that had resulted in their child being unprepared for the rigours of Lowhouse Comprehensive. In this sense they felt themselves to be at odds with the teachers and had developed a project, separate from but parallel to that of the teachers, of 'toughening up' the children. Graham (1984) has suggested that women's unpaid child health work is of five kinds: providing for health (nutrition etc), coping with crisis, nursing care in sickness; mediating the child to health professionals; and teaching about sickness. My work shows that these tasks can be concretely located in the life-course transitions of childhood and that a non-medical institution such as schooling can play an important part in their structuring. The 'detection work', for example, which mothers did in response to children's

claims on sickness (feigning, real or upset) illustrates how sickness takes on meaning in relation to the transition to secondary school.

Like their parents, the children had little interest in 4F as a cohort, even though many were concerned about being separated from their closest friends and most were anxious not to be not placed in the 'wrong' stream at Lowhouse as a result of the exam. The decline of their claims on sickness as the test approached, especially during the week when it took place, are a sign of the way they too were locked into the work schedules set up by their preparation for it. At the same time they were aware that in the first part of the summer term, they could either make up work that had been missed through sickness in a relatively easy way, or that the effort of doing so would be too great for them. If they took the last point of view they could manoeuvre around sickness so as to avoid that particular weekly assignment altogether. This, plus the fact that belief in the veracity of their claims on sickness was routinely suspended, was a source of conflict between them and their parents. In this sense much of children's work around sickness was interactional and negotiative. The material in Chapter 4 which analyses the children's accounts of sickness could be redescribed as different forms of interactional work done in relation to their parents and other children: 'persuasion work' (the techniques of convincing a sceptical mother that one is really ill), which involved the manipulation of appearance and domestic-spatial symbolism; 'concealment work' (when illness was being hidden); 're-entry work' (when children wanted to manage the return to school and cope with the consequences of missing lessons); 'identity re-establishment work' (which varied between the boys and girls) and 'caring work' (which was most marked among the girls).

The children engaged in expressive work on sickness mainly in relation to their gendered friendship groups. For the boys the practice of making 'skiving' accusations was part of the value given to physical toughness and instrumental competence by their sub-culture. For the girls it was their display of caring and close intersubjectivity which was important. It was among the children that the expression of these gendered differences was most marked and open but I would argue that the children were expressing differences which were also, but less openly, present in the practices of the parents and teachers. The intersection of gender differentiation and the transition to secondary school was a complex one. It can, I suggest, be grasped through the tension between the institutionalised progress of age classes which schooling constitutes and the informal age grade shifts that cluster around it. The parents of girls and boys were equally concerned that their child made the transition to secondary school as successfully as possible. Similarly, the teachers lay equal stress on the academic development and achievements of boys and girls. In this sense both boys and girls made the transition as equivalents in the 4F cohort. However there was also a sense that the environment of secondary school, being seen as more instrumental, was in some sense more attuned to the values of masculinity. It was for this reason that the greatest anxiety about wetness was focussed on those boys who seemed, through their claims on sickness, to be unready to meet the instrumental demands that they would encounter at Lowhouse. It was around such symbolic aspects of the transition that gender differences were constructed. These can be partially understood by placing the trajectory of schooling into the larger 'life trajectory' of which it was a part. As I argued earlier the process of transition as a status passage shares with

ritual the characteristic of condensing and concentrating ideologies such as those of gender. Within this perspective moving to Lowhouse was only a part of a larger process which would continue through actual and anticipated lives of the children. These lives, and their trajectories, were fundamentally different for boys and girls; the passage from childhood to adulthood was visualised as, and in reality will be, a gender differentiated one; boys are, so to speak, trajected as men, girls as women. This is intimately bound up with the socially and culturally defined forms of maleness and femaleness that were already visible in the lives of the children, for example in the different meaning of the body as a vehicle of public expression for the boys and of private problems for the girls, or in the different occupational futures the boys and girls saw for themselves. In my fieldwork, however, gender differences in sickness were associated not so much with the practices through which episodes were constructed, as with the ideological and symbolic meanings given to sickness. If my analysis were to deal with sickness only as a performance in the work sense, as the concept of trajectory does, then it would not adequately encompass these ideological and symbolic differences. Before going on to propose an analytical framework which can constrain them I will first set out the limits of the concept of trajectory as I see them.

Limits to the concept of trajectory

From the point of view of the sociology of childhood the concept of trajectory possesses one great merit; that of directing our attention to work processes. It implies that a phenomenon like childhood can be seen as the outcome of a complex intersection of a large number of work processes taking place over time. Those working on the trajectory might include, at

various times and in various combinations: mothers, fathers, doctors, nurses, midwives, health visitors, neighbours, kin, other children, playgroup workers, nursery staff, teachers, school ancillary workers...etc. Most notably, and in parallel with Strauss's inclusion of the patient as a worker in the medical process, we can count the child individually and children collectively as contributing to the process.

The larger implication is that it is fruitful to look at the part children play in the division of labour, a suggestion that once said seems obvious but has been largely neglected. Even Stacey (1984) who has done so much to break down the notion that 'work', especially health work, can be defined by reference to paid employment outside the home, fails to include age as a variable in her more complex concept of the division of labour, expanded by her to include gender, ethnicity and the role of the state as well as class and occupation. Children are consequently still seen mainly as the objects (or 'victims' as she puts it) of socialisation processes. If we look at what children do at school as a form of work (rather than being 'like' work or an anticipation of it) then it also becomes clear that the sickness of any one child or the pattern of their sicknesses taken together can be seen as enmeshed in the trajectory and arcs of schooling, as well as being part of the still more complex work that it is done by children and adults in their transition through the formal and informal age grades of our society.

If this emphasis on the work done by children and others in the construction of childhood as a trajectory is the strength of the concept, then this must be weighed against some of its limitations and problems. From the point of view of my study there are three. First, is the normative assumption that threatens to resurface from beneath the

mechanical metaphor. As Frankenberg (1986:27) surmises the notion of trajectory seems to be derived from ballistics: it is "the outcome or resultant of the various forces on a projectile which results in it describing a curved path from its origin to its destination". Sociologists of education will be familiar with the terminology, most directly in Halsey et al.'s (1980) work on schooling and social mobility. Here starting and finishing points, the 'origins and destinations', are connected by an implied journey, not only of individuals through the educational and social system but also of the meritocratic project(ile?) of the liberal champions of state education. It is this commonality of origin and destination in the metaphors of life course journey and trajectory that can be taken as implying a residual normative conception. I would suggest rather that schooling is a site of struggle and neither its outcome nor its process can be properly grasped by representing it as a course paved, as it were, with a core of common values, attitudes and knowledges. This contention is, of course, at the centre of the 'new sociology of education' (see Gorbutt et al., 1972) and the work and debates to which it gave rise. Essentially this work rejected the tendency to accept the taken-for-granted categories of educational administrators and teachers (categories such as 'achievement' and 'knowledge') which had remained unproblematic and unexamined in previous sociological analyses of the social class distribution of educational opportunity. This is not to deny that there may be moments at which the dominant ideologies of schooling become the focus of social action. Indeed, much of the account of the transition to secondary schooling which I have given suggests that for the parents, children and teachers at Appletrees this was the case. These circumstances, however, do not justify seeing schooling as embodying

a set of core social values, knowledges and practices which can be used as an objective standard for 'achievement' 'success' and 'failure'. Rather we must grasp the importance of resistance to, or rejection of, the dominant ideologies so that although the concern of the parents, teachers and children seemed to fuse together around the importance of the Lowhouse exam, this unity may be a temporary one. As many studies of secondary schools have shown (for example, Willis, 1977) that phase of schooling is characterised by conflict about its form and content. It would seem, then, that some way of grasping the contradictory, conflictual and complex way in which schooling is accomplished is needed. Trajectory fails as concept here since deviations from the course are accounted for as the unfortunate effect of contingencies outside the control of workers in the process, as misfortune preventing the proper completion of the trajectory as 'visualised'.

This leads directly to the second problem, for it does not seem to me that the notion of trajectory can completely capture the importance of the child as an active person in social process. Just as 'the trajectory' comes to replace the medically defined 'disease' in Strauss et al's analysis of medical work, so it threatens, if taken too far, to displace the children, singly and collectively, as the subjects and objects of schooling, and more widely the process of 'growing up'. In my view it is crucial to protect the autonomy (or at least its potential) of the child because not to do so would invite back all those notions of passive socialisation which in my ethnography I have sought to undermine. Just as the concept of trajectory has problems in encompassing conflict and contradiction within schooling, so the resistance of children to social expectations or their refusal to conform can only be confronted through

its relegation to the category of (presumably disfunctional) contingency. Paradoxically, however, trajectory is also as weak in locating the work of its completion at the other end of the individual-society dialectic, ie how personal autonomy is constituted and constrained in wider social processes. A concrete example from my earlier analysis illustrates this well. I showed there how the boys and girls, although sharing much in the performance of sickness, were also different in some fundamental respects. Although trajectory might be able to provide a way of describing the work through which these differences are enacted it is silent about the origins of these. It cannot locate work practices in concrete social and historical circumstances, just as it does not allow for children (or anyone else) acting to resist, transform or undermine the circumstances that constrain and determine them. Like many 'middle range' theories it does not reach far enough into either the individual or the social.

Finally, there is the problem of the relationship between the instrumental and the expressive in trajectory work. The framework provided by trajectory illuminates how different kinds of work mesh together, and how by extension the work of sickness can be related to that of status passage. Within this, however, there is little space for expressive work, and that which is allowed tends to be collapsed back into the overall instrumentality of trajectory completion. So, for example, the teachers and parents in my sample saw sickness as problematic for the accomplishment of the transition to Lowhouse, and at the same time signifying potential problems in children's capacity to deal with the demands of secondary schooling. This performance of sickness was both instrumental, in the way actions contributed to the examination and the shift to secondary school, and expressive: it was loaded with symbolic

meanings about, for example, work discipline. If we depend entirely on the framework of trajectory these symbolic meanings can be located only in the tasks of transition. This seems to me to be far too narrow a field of relevance; the expressive order of sickness that is revealed through this one window on the children's lives has a more profound importance. In the performance of sickness we can glimpse a far larger social and cultural order in relation to which the children of 4F stood in their present and in their futures. In the next section I shall explore this symbolic order.

Symbolic transitional process

The notion of status passage is, as Glaser and Strauss recognise, directly derived from Van Gennep's work on rites de passage. In industrial societies, however, status passage does not usually take a ritual form. There are, of course, exceptions to this and some ritual components can be seen in the transition from primary to secondary school. For example on the children's last day at Appletrees a special assembly was held, year prizes were given and the Head delivered a morally improving oration to the children about the next stage in their schooling careers. This, however, has to be seen as only a residual part of a much more drawn out and complex transitional process which permeated the last term of their primary schooling. The features of this process share those that Moore and Myerhoff (1977) specify as distinguishing secular from sacred ritual: it is fragmented through the parts of a social whole which is itself only loosely connected; it is not necessarily expressive of an overarching cosmology but draws on more fragmented ideologies; the transformations it invites are not always effected; and it has clear instrumental as well as expressive aspects. I am going to use the term symbolic transitional

process to characterise the expressive features of such non-ritualised (or residually ritualised) status passages.

It seems to me that this is a particularly useful notion in the sociological analysis of childhood. It is implicit in, for example, the work of Allison James (1983) on the passage from childhood to adolescence in a Durham mining village. She shows how the phases of this are expressed in the children's use of 'kets' (a sort of cheap confectionery), cigarettes and alcohol. Although the transition is not ritualised, and is fragmented in time and space, it is symbolised through these artefacts. Like James, I am also going to draw on concepts taken from the work of Victor Turner (1977), in particular the idea of 'liminality'. Turner uses this term to refer to the middle phase of Van Gennep's tripartite structure of rites de passage: separation/liminality/reaggregation. For Turner, however, liminality has a much more profound importance in the analysis of ritual than that given to it by Van Gennep; it is, he suggests, the means by which ritual functions not only as a reinforcement of the existing social order but also as a source of social change. He does this by drawing attention to the 'ludic' aspects of the liminal phase of ritual, that is during rites of transition participants are taken through a threshold zone (in the Greek limen) in which previous identities are stripped away. This is done by both subjecting 'liminars' to testing feats of endurance, that exaggeratedly simulate the challenges of their imminent future roles and identities, and by dissolving the relationships between elements of the social order and recombining them in playful and anarchic, but temporary, new configurations. In this sense liminality contains both the condensed symbols of the social order and their experimental reordering.

Turner (1977, 1978) suggests that in complex industrial societies the liminal, like the social structure generally, has been fragmented into specialised institutions. He reserves the term 'liminoid' for those areas of social structure into which liminal activities have migrated: law, games, leisure and creative fiction. Whilst I believe this to be the case, I also want to suggest that liminality has undergone another sort of transformation. That which Turner suggests is a fragmentation into specialised zones of synchronic social space; this leaves open the temporal dimension, with which Turner was usually much concerned. It seems from my own fieldwork that liminality can also be fragmented in time; or rather those features of it which in ritual are concentrated into the time-frame of its dramatic performance can also be found in the more prolonged time of status passage. It is this 'stretched' liminality that I have called symbolic transitional process. Below I will analyse the everyday sicknesses of 4F in terms of their symbolic associations within the transition to secondary school. This is complex since, as Turner also insists, symbolic representations are always multivocal and polysemic; they may stand for many things simultaneously and have a wide spectrum of referents which shift in patterns of dominance over time.

The symbolism of everyday sickness in the transition to secondary school.

The fundamental suggestion I want to make here is that the last term of primary school can be analysed according to its liminal features. A fuller analysis would place this term in the larger context of the summer holidays and the first weeks of secondary school that were to follow it but I do not have the material to do so and must content myself with this shorter period. My analysis could take place at four levels of

the process: its explicit purpose as it would be recognised by the participants; its explicit symbols and the messages they carry; the implicit statements underlying it and the unconscious (or semi-conscious) contradictions they express; and the opposing elements of social form versus indeterminacy that can be seen within it. In practice I shall concentrate on the last three of these since the bulk of analysis in this chapter so far has taken place at this first, more instrumental level. In presenting my interpretation I am faced with the problem of escaping the complex, not to say confusing, 'surface' of events and reaching into an analytical level that can render this, if not clear, then at least clearer. In order to facilitate this I shall divide my analysis into synchronic and diachronic modes. In the first I will indicate the main cultural elements to which sickness refers and the relationships between them; in other words, and to borrow the concepts of cultural anthropology, I am seeking to lay out the 'grammar' that produces articulated 'surface structures'. In the second I will look at the relationships of these across time, suggesting that it is here that we can find the sources of indeterminacy in the ongoing flow of the children's future lives.

The first step in the synchronic analysis is to make a comparison of the formal features of the (acute, non-life threatening) sicknesses that occurred during the Summer term and the transition to secondary school. Both can be seen as varieties of status passage. Their formal characteristics are, however, very different; one might almost say they are opposites. Table 8, based on the properties of status passage suggested by Glaser and Strauss, shows this comparison.

Table 8. Comparison of everyday sickness and the transition to secondary school as status passages

Property	Secondary transition	Sickness
Directionality	Irreversible Unidirectional Nonarrestable Inevitable Non-preventable	Reversible Bidirectional Arrestable Non-inevitable Preventable
Temporality	Scheduled Prescribed steps Speed and pace fixed	Non-scheduled Variable steps Speed and pace variable
Shape	Institutionally determined Controlled by schooling regime	Variable Control diffused (child, parents, teachers, doctor etc)
Desirability	Normatively desirable Involuntary	Normatively undesirable Involuntary and voluntary aspects
Circumstantiality	Collective, aggregate and individual aspects	Individual

It is clear that the transition to secondary school and sickness episodes were linked instrumentally; each occurrence of the latter was seen as potentially 'interfering' with the former. Beyond this explicit level, however, I suggest that there was a deeper symbolic resonance. The very oppositional forms of the two status passages had the effect of transferring the meaning from one to the other; at this particular time in the life course of these children to be sick, or make claims on sickness, evoked, for them and the significant adults in their lives, concerns about the successful accomplishment of the transition to secondary school. It is also clear from the interviews and observation reported in earlier chapters that work and gender were the two main axes around which the transition turned. These concerns traversed both the formal

(schooling-based) aspects of the transition and the informal ones which I have argued came to cluster around and be focussed by it. It is this concatenation of meaning which gave sickness such an apparently intense symbolic meaning during the last term at primary school.

In the performance of sickness the themes of work discipline and gender difference were enacted. For a number of reasons this can only be grasped as a complex process. In the first place the ideologies of work and gender with which their sickness became enmeshed are not simple ones; rather they are contradictory and ambiguous, such that a straightforward enactment of them is not possible. The children must be seen as confronting and negotiating these in ways that were not and could not be fully resolved. Second, the children were collectively undergoing a process, aspects of which related to them all and in which they shared, and other aspects of which had a specifically gendered character and applied differently to boys and girls. Third, the process operated at different levels of circumstantiality: the individual level as well as the collective and gendered aggregate ones, so that in sickness performance the idiosyncracies of each child were also apparent. Despite these complexities, however, it is possible to see some dominant features which I will now discuss.

All sociological commentators, whatever their ideological persuasion, agree that mass unemployment, changes in the labour process and the increased participation of women in the labour market are rendering problematic traditional ideologies of work (see Thompson 1984, Deem and Salaman, 1985). As Kumar (1979/80), in his incisive dissection of current trends in the 'social culture of work', points out:

"Work is being questioned on a scale unthinkable to an

earlier generation. When at the end of the last century Marx's son-in-law Paul Lafargue produced an attack on the work ethic entitled 'The Right to be Lazy', he offended both his Marxist friends and his bourgeois critics. Nietzsche's 'Do I work in order to live? No, I live in order to work', was by far the more typical and conventional attitude...But today it is not middle-class drop-outs from the counter-culture but two hard-headed trade unionists (sic), Clive Jenkins and Barrie Sherman, who announce 'the collapse of work', and roundly dismiss the whole ethic of work as bourgeois indoctrination."

(1979/80:11)

Nevertheless the work ethic remains tenacious and resilient, as the current concern about youth unemployment, and the incomprehensible prospect of a generation who might never experience paid employment, shows. Our society is still haunted by the fragmentation (partial, only, in reality but complete in ideology) of 'work' into paid employment and domesticity, its associated differentiation of men and women into 'public' and 'private' spheres, and the notion that (for men) it is in taxing, arduous work that status and identity is created. (For a discussion of the historical construction of the separation of work and home see Whitelegg, 1982:Part 1.) Against this, mass unemployment, the disappearance of jobs in the traditionally male dominated areas of heavy industry and manufacture, the rise of the service sector and the increased participation of women in the labour market (but see Breugel, 1982) provoke anxious questions about the future of work and the possibility of the 'leisure society'.

It is within these conflicts that the transition to secondary school, and the anxieties it provoked, can be located. Although the children of 4F had at least another five years of compulsory schooling before they entered the labour market, that future status passage, with all its uncertainties, came to be represented in the move to secondary school. The classifications that the Lowhouse test made were seen as setting the children on a path which was difficult to change and which could determine their fate when they did come to seek employment. The prospect of unemployment served to intensify those concerns and to sharpen both the atmosphere of competition between the children and the determination of the parents that their child should be placed in the most advantageous position. Not only did parents want their child to be placed in a 'stream' which would take them towards the appropriate qualifications but in the act of transition they also wanted to provide them with what Bordieu and Passeron (1977) refer to as 'cultural capital'. The performance of sickness was an occasion on which such an endowment could take place. For the teachers of Appletrees this was practised at a collective level, at which all the children were, by dint of their supposed class background and upbringing, thought to be 'wet'. Parents worked at an individual level, but in either case the symbolic content of sickness paralleled that of the Parsonian (1951) formulation of the sick role, with its emphasis on the possibility and danger of malingering and hypochondriasis. Their aim was to inculcate the stoical attitudes thought necessary not only in the children's futures at Lowhouse but also, if more dimly perceived, on the labour market. The symbolism entailed can be seen in the practices of parents and teachers: resistance to claims on sickness, attempts to return children to (school)work as quickly as

possible, restricting children to the house and not allowing play activities outside. In this last item sickness is most revealingly placed in relation to both gender (to which I will return) and the work/non-work relationship.

As Isaiah Berlin has pointed out leisure stands in two-fold opposition to work: it is both freedom from the demands of work and freedom to engage in pursuits that work otherwise temporally and spatially constrains. By restricting sickness to the former freedom from the demands of work, sickness was being placed firmly within that field of meaning defined by work. Work and leisure, and the ideologies associated with them, cannot, however be treated as ungendered. As Deem (1985:183) points out the very opposition of work and leisure assumes a temporal and spatial division between them which is not useful in the analysis of the leisure of those (mainly women) who are engaged in domestic work. For many women leisure has to be squeezed into the spaces of what is often literally a 'full time job'. At an ideological level, nonetheless, the division between work and leisure is frequently taken for granted. So too is the assumption that women's primary responsibilities are domestic ones, and that participation in the labour market is temporary (usually thought of as being supplanted by marriage and motherhood). This has led to a segmentation of the labour market between men and women; women are treated as a source of temporary, dispensible, poorly trained and cheap labour (Barron and Norris, 1976). Implicit in work ideology, then, are a series of gendered dualities: between paid employment and domestic work; between men's work and women's; and between important, permanent workers and dispensible temporary ones. The education system is imbued with these categories (Deem, 1980) such that, as Sharpe (1976) has written:

"Whatever level of jobs they are steered towards (boys) look unambiguously towards a working future. Girls, however, are still schooled with the marriage market in mind..."

(Sharpe, 1976:130)

Despite the advent of large scale youth unemployment in the decade since this was written, and the qualifications we might now want to introduce about any child looking forward unambiguously to a working future, the point remains well made; indeed it may be the case that the competition for jobs has exacerbated the difference.

Oakley (1972) links the division of labour in employment to the dominant ideology of motherhood. Becoming a mother is represented, most powerfully in England of all European countries according to Moss (1985), as implying the end of paid employment, becoming productively marginal, and as physically and mentally untaxing. However much girls may know that motherhood is both an inspirational state and a socially deprived condition (Steedman, 1982) it remains true that reconciling their 'illegitimate' experiential knowledge (Prendergast and Prout, 1980) with the dominant 'sentimental model' (Oakley, 1972) remains for most an individual rather than a social project. To this can be added the numerous studies (for recent reviews see Henshall and McGuire, 1986, and Kessler and McKenna, 1982) which have shown how boys and girls, even in babyhood, are differentially socialised into the instrumental and expressive roles homologous with paid employment and domesticity/childcare.

I suggest that in the performance of sickness the children were expressing the contradictions and imbrications of work and gender as they are found in the adult world. Sickness was a focus for them and in this

sense was structured by the ideologies of work and gender; at the same time sickness contributed to the construction and maintenance of work and gender ideologies and was a source of children's learning about them. For all the children, sickness at an individual level presents an opportunity to evade the obligations and demands which schooling generally, and the transition to secondary school in particular, placed upon them. In making bids for sickness, entering into negotiations with their mothers and teachers and manoeuvring around the return to school, children were exploring the relationships between work, leisure and sickness. As the Lowhouse test drew nearer the regulatory boundaries between these were strengthened. Instrumentally the tests imposed this demarcation as a necessity, but at a symbolic level also the children were being prepared for and realigning themselves towards the demands of secondary schooling and, symbolically represented in the image of the more arduous regime of Lowhouse, the changing pattern of work discipline as they 'grew up'.

Sickness was enacted differently by the boys and girls, and this too can be seen as a refraction of the dominant culture of work and gender, mediated by the children's subcultures. The boys' world already stressed the importance of physical strength and competition. These were focussed on and expressed through football and other team games but were also more widely characteristic of the relationships between the boys. Caillois (1969:47) categorises games of this type as 'agonistic':

"...a struggle in which equality of chance is artificially created in order to make sure that the antagonists confront each other under ideal circumstances. This will give a precise and incontestable worth to the victor's triumph. Each time, therefore, the

contest hinges on a single quality - speed, endurance, vigor, memory, deftness, ingenuity, etc - operating within defined limits and without any external help...For each contestant the mainspring of the game is his desire to excel and win recognition for his ability in a given domain. Furthermore, the practice of agon presupposes concentration, appropriate training, assiduous effort, and the will to win. It implies discipline and perseverance...appear(ing) as the pure form of personal merit and serv(ing) to demonstrate it."

I suggest that the boys' agonistic subculture stood in metaphoric (10) relationship to the image of secondary schooling and the definition of the last term of primary school, or at least the first part of it, by the requirements of the Lowhouse exam. Each of these resonated and evoked their future lives in work. In competitive games the boys were enmeshed in relationships with each other which expressed (as does such competitive sport in English society more widely - see Dunning and Sheard, 1979) and rehearsed their (socially defined) masculinity. Their performance of sickness was symbolically related to this and its experience was ineluctably shaped by it. Sickness was a spatial and temporal sequestration from agon: it isolated them from the flow of competition and kept them out of the public spaces (such as the playing fields) which the boys dominated and which were the arenas for the enactment of agon. Such sequestration was dangerous not only instrumentally (in that they might lose status) but also because the absence from the symbolic time and space of competition, and their relocation in the domestic, threatened their public expression of masculinity. On returning to school they were the

butt of routine accusations of 'skiving' which defined sickness as both weakness, and therefore unmasculine, and as an illegitimate tactic for avoiding the demands and rigours of competition. This was not unambiguous; there was an undercurrent of admiration that at an individual level a particular boy might have evaded the demands of schooling, but such evasions were ultimately incompatible with the agonistic norm that competitors face each other in conditions of equal chance; individual respite was therefore treated as unfair. Boys rarely tried to gain credit with their peers by accepting that they had deliberately feigned or exaggerated illness, but they often tried to rebuff such charges. In this way sickness became an occasion for personal exculpation.

Among the girls sequestration in the domestic space had a different meaning. Much of their subcultural life already took place there and they were more likely to be expected to take part in domestic work, including looking after sick family members. In sickness they were not separated from their friends to the same extent that boys were. In fact a sick girl became the focus of interpersonal attention and a variety of emotional and expressive activities carried out by her peers: visits, telephone calls and 'Get Well' cards. These, I suggest, can be seen as rehearsals of the subject positions which construct femininity around the tasks of motherhood, childcare and domestic work. Within their subculture, sickness did not have the same dangerous symbolic significance since it placed them within and was an occasion for the enactment of femininity. Consequently the sanction of skiving accusations was only rarely applied to the girls, and even then was most likely to come from boys. At the same time these symbols were intersected by those associated with the transition to secondary school. In this context girls in school were still

pupils who also had to make the shift to Lowhouse and be prepared for it; but as girls their futures in a gender segmented labour market, underpinned by assumptions around their roles as future wives and mothers, meant that the transition had less significance. The agonistic characteristics which defined the boys both as males and as pupils in transition, applied to the girls only in this latter aspect; even here, however, this was muted by the assumption that school was ultimately of less significance to the girls' future lives. This meant that although sickness was still seen to interfere with their performance in the Lowhouse exam, its meaning was generated by its different location within the symbolic matrix which defined femininity: motherhood/temporary paid employment/domesticity/ interpersonal caring work. As primary schooling came to its end the girls were more and more judged against the agonistic standard seen to dominate secondary schooling. The boys, placing girls as weaker than themselves, celebrated the more masculine values they looked forward to at Lowhouse. The teachers typified the girls as 'wet' (11); this typification was, in opposition to the agonistic practices of the boys, a powerful signifier of their femininity. In this sense when the teachers combatted wetness among the boys, they sought to mould them as proper men, expunging from them any traces of obdurate femininity. In relation to the girls, the charge of wetness stood as a confirmation of their identity as girls, whilst simultaneously implying that they too must learn to regulate their appeal to the respite of sickness so that they might better fulfill their 'natures' in the care of others.

To the extent that this picture is overdrawn, I offer two strong justifications. In the first place it results from an attempt analytically

to recover the order underlying the surface of complexity which presents itself through materials collected by ethnographic and case study methods. Within the data there are 'deviant' cases that do not fit the almost ideal type analysis presented above: Jenny, for example, was a girl who displayed a high degree of stoicism and courage in dealing with her back problems, never complaining about it or trying to use it to escape schoolwork; Sam Hunt was a boy who had one of the highest number of sickness episodes of all the children and regularly made bids to be sent home because he was not feeling well at school. These cases, however, stand out because they did not fit the overall pattern and in that sense confirm it. They are also useful in drawing the distinction between the way children might feel and act towards sickness individually and the meaning given to these acts at a social level. Sam Hunt was seen by his mother and the other boys as something of a 'weakling'; his behaviour was the subject of concern (and annoyance) for his mother and his weakness was ridiculed by the other boys. The admiration shown for Jenny's stoicism, on the other hand, was intensified by the fact of her femininity. The analysis of the symbolic form and content of sickness which I have given concentrates on the social level; it looks at the way sickness is inserted into the wider social processes of the children's lives. At this particular moment the transition to secondary school did condense and concentrate the ideologies of work and gender; there was a stripping down to essentials that is one of the features of liminality. Social life, however, cannot be lived continuously at this level of symbolic intensity and, although I did not follow the children into secondary school, I would expect their school careers to have entered a period of ideological 'quiet'.

My analysis thus far has been concerned with the synchronic. The concept of symbolic transitional process which I have developed from Turner's notion of liminality has, however, both a synchronic and diachronic dimension. While the first of these tends to emphasise the symbolic intensification of the dominant culture that occurs in transitions, it is in relation to the second that the social process is kept open and contingent. The last term of primary school can be seen to be constituted in two distinct parts, more or less coinciding with those before and after the Lowhouse test. As I described in Chapter 7, the dominant atmosphere of the first part was one of work discipline and preparation for the tests; in the second part this was relaxed and the work of the children was shifted from activities defined as crucial to the test (the weekly English and maths assignments) to the more pedagogically open practices such as project work, as well as school visits and games. The latter activities were more open to the choice and control of the children themselves. For example, the project work on Holland allowed the children to choose any aspect of their experience in visiting the country on the school holiday there, to research this for themselves and to present the results of their work in any form they wished. Within certain constraints the time they took over this was not fixed by the teacher. There were also other differences between the two phases of the term which are schematically represented in Table 9.

Table 9. Phases of the last term at primary school.

	First half	Holiday period	Second half
Dominant activity	Work (preparation for tests)	Play/leisure	Playful work
Character of activities	Closed and mechanical	Open and creative	Mixed, with shift to open
Time regulation of tasks	Strong	Very weak	Weak
Classroom control	Teacher	Not relevant	Shared
Roles of teacher and pupils	Fixed	Not relevant	Less fixed
Authority	Strongly asymmetrical	Reversed	Weakly asymmetrical

In this division of the term can be seen the contrasting aspects of liminality discussed earlier: on the one hand exaggerated tests of endurance, around which symbols of work and gender condensed; on the other a ludic dissolution of the dominant culture. In this case, as perhaps with other childhood transitions, this duality is overlain with a temporal meaning: the first part of the term looked forward to the future whilst the second revisited the past; it evoked the children's first years in school when their experiences did more closely fuse work and play, and learning was a more like the open-ended exploration which the rhetoric of primary schooling claims, and less like the induction into closed knowledges and predefined skills that it had recently become. In this new context sickness could take on a meaning different from that of the earlier part of the term. It once again became possible to be sick, as is

shown the fluctuations in the rates of sickness absence before and after the test. There is evidence in the mothers accounts to show that they were more willing to allow their children sickness absence without demanding the evidence of 'real' symptoms, perhaps in recognition of the stresses the children had endured in the previous phase. I would not wish to present this as anything more than a minor theme in what overall was dominated by the demand that children learn the necessity of work discipline and social obligation. Nevertheless, the presentation of adult sickness practices as uniformly stoical is normative rhetoric. Running counter to it is a deeply rooted historical tradition whereby individual workers and work groups resist management by 'making time' for themselves. As Bellaby (1986) suggests and then goes on to show in detail for one pottery factory (and actually, though differently, for both managers and workers) 'going sick may fall into the same class' of event. The children's parents too may have had a personal knowledge that sickness can be used to cover a variety of contingencies from painting the house, through feeling vaguely 'off-colour', to simply wanting 'time-off'. Here one must acknowledge differences in the possibility for mothers and fathers of this 'making time' since the characteristics of domestic work make it more problematic. Nevertheless, the knowledge (cultural if not personal) that sickness is necessarily used in these ways, is itself implied by the anxiety of parents and teachers that the children should not become habituated to thus employing it. At the height of their concern for their children's transition to secondary school they may have placed sickness firmly within the orbit of work discipline but in the aftermath, during the ludic phase of the term, a certain relocation of its position seems to have occurred. It may have been normatively impossible to

articulate but the view of sickness as a 'legitimately illegitimate' way of creating time for oneself, as a source of leisure, was present in the space between what Leach (1982) refers to as the normative rules and the normative customs.

In their seminal work on the sick role Parsons and Fox (1952) draw an explicit analogy between childhood and sickness; like the sick, children are seen as lacking independence and responsibility and have to be compelled to take the difficult road to adulthood. Along the way sickness is seen as representing a regression to earlier moments of childhood, "a method of escape from progressively more exacting obligations to behave in a mature fashion" (1952). Such a view captures none of the complexities of the process of growing up, fails to notice that the social order of adult maturity is itself marked by conflict and contradiction and places a one-sided emphasis on those aspects of socialisation which speak to children of the discipline of work and other social obligations. Even at moments when adults seek to impose on children the plainest representations of their future roles and identities there is recuperated the imminent possibility of another social order. Through their performance of sickness, and that of their parents and teachers, the children of 4F were both exposed to the searchlight glare of the symbolically represented rigidity and fixedness of the social structure but could also, then or later, glimpse in the dim and flickering candlelight of the ludic, the possibility that other cultural orders, roles and identities might be made.

AFTERWORD

Ethnography is hard to bring to an end and I suspect that I will continue to think about my fieldwork at Appletrees for a long time yet to come. For now I want to set out some initial thoughts about the material I gathered and the analysis of it. A host of issues remain in need of further investigation. I am surely not the first researcher to feel that the major outcome of my study has been to place me, and I would like to think others, in a better position to execute the very study which I set out to do. Writing up ethnography involves not only using the material gathered in fieldwork but also discovering it. One also becomes painfully aware of its limitations. In particular I wish now that I had focussed sooner on how the children, and their parents and teachers, saw the issues of gender and work (both domestic and paid employment). I would certainly pay more attention to this were I able to repeat the study. I also regret not having drawn out the relationships between sickness absence and 'academic ability'. I feel sure it had some important place, one which is visible in my data but not clearly enough on which to base a sound interpretation. Any future study should certainly pay more attention to how teachers, parents and children see these relationships.

Although I fully stand by my decision to restrict my study to one school, and the case study method on which that decision was based, it would be interesting to see the study repeated. In Chapter 2 I mentioned

the different perspective on some gender issues that a woman fieldworker might have been able to develop. It would also be useful if studies could be done on schools with different class, regional and ethnic characteristics.

The research has, however, many positive aspects, most of which I will leave the reader to judge for themselves. I do, however want to mention four features which I think might be helpful to others. The first is my focus on children's active role, which whatever the shortcomings of my work, has been shown to have an important bearing on the process and practice of sickness. It could be usefully explored beyond the acute non-life threatening types of illness with which I have dealt. The later stages of the Swansea research (Hall and Stacey, 1979) began to do so and I would suggest that chronic childhood sickness might be approached in the same way. The second, is the meaning that sickness can be seen to have when viewed from non-clinical settings. This has very wide application, as shown by the recent work of Bellaby (1986) and his colleagues in the study of sickness absence in a pot-bank. I remain mindful, however, of Armstrong's (1983) suggestion that the tendency of sociology to widen the context of health and illness might itself be part of a wider twentieth century phenomenon in which medical intervention is located in social relationships rather than in the individual bodies of diseased persons. The implications of this might not be always to our liking. Sociological work is always in danger of having effects which it does not intend, an aspect of the 'double hermeneutic' of which Giddens (1976) speaks. Third among the features of my work to which I want to draw attention is the concept of 'symbolic transitional process'. As an extension of Turner's notion of liminality, I think that it may have

important application to the meaning of sickness at other points of life course: leaving school, becoming a parent, unemployment and retirement all spring to mind. Last, and more specific to childhood, is my suggestion that schoolwork can be treated as a form of work, not just as an activity 'like' work. My study has merely scratched the surface of this possibility and I think its further pursuit would be a fruitful one in the development of the sociology of childhood. Again, however, I have become increasingly preoccupied, as I have written my thesis, with the possible social consequences of such a sociology.

My apprehension focusses on the sociological scrutiny of children's subcultures. My work confirms that these must be seen in relation to the adult world and do not exist as autonomous 'secret gardens'. They retain, however, their own specific characteristics: play, humour and irreverence being amongst their most winning. The ethnography of childhood must, however, always be a double one: of children and of the adult world, the interstices of which children's own culture tends to colonise. I am far from satisfied that I was able to gain entry into the children's own social world. Indeed, I am not convinced that any adult really could be successful in so doing. The difficulties of 'passing' as even an honorary member of their culture are formidable. Only Watson (19??) whose diminutive height was a great advantage, seems, to my knowledge, to have come close to it. There remains in me, however, enough of the Wordsworthian romantic about childhood to feel a sense of relief about the difficulties facing adult sociologists who wish to describe it. At a recent conference on the ethnography of childhood I could not help experiencing sorrow at the thought of yet another area of social life being opened up to the twentieth century gaze and foreboding at its

consequences. Many of its possible effects may, no doubt, be beneficial but a new sociological discourse of childhood might also have less inviting, normative and regulatory implications. When I began my research I warmly embraced the prospect of such a new sociology. I now feel more cautious and sense that its ramifications need careful consideration.

Towards the end of writing up I came across a photograph taken in New York sometime in the 1940s. The photographer is unknown and the image seems to be entirely serendipitous. A tall, middle aged and kindly-looking man in a long raincoat and a broad-brimmed hat is about to enter a doorway marked 'Animal Rescue Centre'. In his hand he carries a suitcase which is firmly strapped together with a leather belt. Unseen by him, an indistinct blurr is emerging from the suitcase. On closer inspection one can just make out the image of a cat as she leaps from the suitcase which was intended to contain and deliver her. Perhaps childhood is like the cat that would not be rescued?

APPENDIX 1.

Malcolm Jones: a case study

Chapter 7 showed the relationship between the patterns of sickness absence and those of schoolwork, especially where they were structured by the children's impending transition to secondary school. I suggested there that particular sickness episodes, whilst exhibiting features of the relationship, also needed to be seen in the light of other factors such as children's health histories, the patterns of work and leisure in their families, and the resources of their households. The following case example illustrates the complexity of the process by which any particular sickness absence could be constructed.

At the end of the summer term Malcolm Jones was absent from school for an entire week. He returned to school for one day (a Monday) but was again absent for the remainder of the week. I will first describe Mrs Jones' account of the process in some detail as a case study which illustrates how the underlying issues discussed above were worked out in practice.

She began her account by describing how, on the Saturday previous to his first four day absence, at an athletics competition in which Malcolm took part, he ended 'near enough collapsed'. On Monday he 'just flaked out on the settee and that was it'. Mrs Jones was clear that she perceived an illness on its way at this time over the weekend:

I. Can I clarify something. Did you think on Saturday he had a cold coming?

Mrs J. Yes, yes. I sensed it but some colds can develop into nothing and another cold can develop into a really heavy cold..." (036:2)

Underlying this was her strong belief that mothers have a special and intimate knowledge of the children's 'normal self' and Mrs Jones implied this and also suggested her depth of experience when she said

"On the Tuesday he got up and said he ached all over and he's got this cold. I thought 'well'. He's the youngest of four so you've got an idea. I mean you can judge if a child is feeling well and so I said 'well you stay here'.
(036A:2)

This process of symptom building up over a weekend seemed to provide an important back-drop to Mrs Jones's quick decision to keep Malcolm away. It was as if this accumulation of abnormal behaviour on Malcolm's part made the decision to miss school a fairly unambiguous one. Furthermore the symptoms that Malcolm displayed fitted into what might be called Mrs Jones's bench marks of seriousness. Two items that pointed her in this direction were a temperature and Malcolm having a restless night:

"If they've got a temperature well they're must be a reason... or if they've woke up in the night, restless or something...."

(036A:2)

Mrs Jones also considered the continuation of symptoms or complaints over time as significant:

"Well if it continues for say, so many hours and they're still complaining it's best to seek advice.... I think you just use your general initiative..."

(036A:5)

On Malcolm's second phase of absence, his particular symptom (ear-ache) was judged important enough to visit a doctor and in Mrs Jones's account this was clearly linked to Malcolm's health history. As she related about the second Monday:

"He came in, went to bed, that was all right, and he woke up and said he's got earache and he had a tablet and that didn't ease. So consequently by the time we got to morning I decided. I never hesitate with earaches so I rang the doctor."

(035:3)

Mrs Jones explained that during Malcolm's third year at primary school he had a long series of absences caused by tonsillitis which always was accompanied by earache. He was treated with penicillin and eventually had his tonsils removed. In addition Mrs Jones defined ear trouble as a condition to which her family was particularly prone and she saw Malcolm, and her other children, continuing in this:

"I myself had ear trouble as a child.. they told my mother at the time it was a hereditary thing.. when I had the first child she kept getting a lot of ear-ache and she also got cystitis and they connect the two.... I also had to take Malcolm... with his ears so its one thing, I don't hesitate in any way because of ear trouble."

(035:4-5)

We can see then that in this case a number of powerful factors in the symptoms presented all pointed to a bout of illness to be taken seriously: the way in which the symptoms built up over a period and their

timing and circumstance of presentation; their congruence with both general bench marks or ground rules for seriousness and the specific history and past experience of the key symptom in question. In this sense Mrs Jones makes her decisions rather in the way Blaxter describes. This, however, would be a very partial account for also running through it are other constant references to feigning and emotional upset.

Mothers frequently believe that children may attempt to feign sickness so as to avoid school and are often anxious about the amount of time their children miss at school. For Mrs Jones this was a particularly important issue and in her account she dwelt on events during the previous year in which Malcolm had missed so much school. However, paradoxically the relative infrequency of Malcolm's absence in the fourth year seem to make this current absence more acceptable to Mrs Jones.

"I suppose it was only the second time he's had anything
in the last twelve months so you know..."

She was also more immediately concerned with what might be 'missed' at school on the particular days coming up. This concern drew upon an evaluation of the curriculum areas which require continuity of attendance, perhaps because of their cumulative character and those which are less important from this point of view. Mrs Jones drew a distinction between 'things that are done as a class', of which the example is maths and other subjects 'like English or stories' where 'catching up' can be done (035:10). However Mrs Jones was not clear when these different types of activity occur and relied upon Malcolm to relay this to her. A further difficulty was found in the inability Mrs Jones felt in helping Malcolm to do any catching up. As she put it:

"I mean I can't do it for him 'cos its different methods

from when I was (at school)."

(This seemed to be especially so in relation to maths where modern set theory is totally baffling to many parents.)

Mrs Jones also attached significance to the length of absence and its relationship to missing things and not being able to catch up. Short absences of two days or so were considered unimportant, whereas longer ones, around a week or more, shift into being a problem. This point will become relevant when I describe Mrs Jones's approach to returning to school.

Underlying the concern with 'missing things' was Mrs Jones's experience during Malcolm's third year, of a teacher who failed, in her view, to deal properly with Malcolm's absences and its consequences. She related how the teacher had not taken the task of helping Malcolm 'catch up' seriously, failing to set him extra work for home and lunchtime and claiming that Malcolm had caught up in what was for Mrs Jones an unbelievably short time. Her dissatisfaction led her to complain to the Head but although that helped the situation she was not sanguine about the power of parents to influence school policy. Her experience rankled, especially as she was able to present herself as a parent who 'helps the school', entering into the spirit of the school-parent alliance:

"...we felt that we were prepared to help but there was a let down from their point of view. I think you'll find that they'll say I'm prepared to give up my time to help the children... I feel that perhaps there was some neglect there. But I can't pressurize the school can I?"

(035:13)

In addition the issue of missing and catching up must be placed in the

context of Mrs Jones's perspective of Malcolm's transition to secondary school which again ran through her whole account. The essential concerns here were with competitive achievement with other children, the learning of work discipline and the contrasting pedagogues of primary and secondary education.

"...probably the first twelve months at secondary school will be the telling point when what he has missed and what he hasn't. When they come up with all the other schools and find out what they're supposed to know and what he's missed out on. That's probably when he'll find out more of what he's missed out on..."

(035:11)

And she returned to the theme later:

"...these are the vital years where they need to be at the same level as everyone else because its when they get to secondary school and they're expected to know these things and they don't know them well they lose out."

(035:13)

One might also reflect on the notion of 'a child properly prepared' for secondary school. This included not 'giving in' to illness, which Mrs Jones linked to the significant change in work, discipline at school, primary school and secondary school. She considered the best form of schooling to be like that found at secondary school and she saw Appletrees as too concerned with 'playing'.

"But I think he'll benefit a bit from a proper class, you know where they sit at a desk and get on with it."

Mrs Jones attached considerable importance to the development of a sense

of what constitutes proper behaviour when sick and had noticed the absence of this with younger children. In particular she was concerned that children realize that sickness, because it entails missing school work, also entails not playing and in particular not playing out. She approached this in answer to my asking if it was usual for Malcolm not to have visitors when he was sick.

"... occasionally you get a child knocking on the door but you find that more with younger children. If they haven't seen them about or if you say they're not well they still don't sense the fact that if you're not well, you're not going out to play, know what I mean? Where an older child would just accept it... because some children, and this is one thing I don't agree with, say, don't go to school, will still go out playing and I say if a child is well enough to go out to play they're well enough to go to school."

(035:16)

Two questions arise about Malcolm's absence in the light of these perspectives on sickness absence: what led Mrs Jones to initiate Malcolm's absence in the first place and what structured the decision about when Malcolm should return to school? An answer to these questions involves a number of elements. First, the manner in which Malcolm's symptoms came to notice. This met Mrs Jones's ground rules for seriousness as we have already seen. Furthermore the symptoms came to light over a period of three days in which a picture of illness was gradually built up so that there was no question of Malcolm feigning illness for some ulterior purpose. On the second occasion the symptoms meshed into a pre-existing

and powerful set of concerns and past experiences about 'ear trouble'. We can also note that the second period of absence was sanctioned by a visit to the doctor. Third, the initial absence was set against a background of recent good attendance and this might have diminished in Mrs Jones's mind the risks of absence to school work. In any case, Mrs Jones had no reason to believe the absence would last as long as it did. One also needs to take into account the time of year that the absence took place - early and mid July. Mrs Jones was concerned about 'missing vital' schoolwork but she was also aware of rhythms in the pattern of work at school across the term, if not in the day to day detail that Malcolm has access to. As she put it:

"Also to the end of the year they don't have to, had it been earlier in the year yes (he would have been missing important things) but towards the end of the year, and the term, I always feel they tend to be a lot more lax, 'cos they're trying to get so many other things in."

Moving to the second question - that of Malcolm's return to school - we need to consider the elements of Mrs Jones's own account. She described how on Tuesday and Wednesday of the first week Malcolm lay on the settee and complained of being cold and aching and then:

"...Thursday he seemed to buck up, but by that time I'd got another one who'd gone down. he seemed quite bright on Friday but I thought 'we'll give him the weekend ot get over it, see."

(035:2)

Malcolm went to school on Monday but was off again from Tuesday to Friday. By this time Mrs Jones seems to have become more concerned with missing

school time and on Tuesday visited Mrs Freeman to collect some maths homework. Mrs Jones made two separate references to her process of thinking about Malcolm's return at the end of this second week. The hint concerned the convenience of administering (and completing) Malcolm's medication:

"He just seemed to lay around again until Friday when once again I thought, well he was still on penicillin which he'd got to have half an hour before a meal on an empty stomach which always easier when they're not at school you know, so I kept him off on the Friday. That was mainly the first time he'd been out anyway. And I thought the weekend again he'd be alright, touch wood."

(035:3)

In her second reference Mrs Jones returned to the issue of missing school and also explained how her husband became involved in the decision. In the interview I asked Mrs Jones if she sought advice from anyone else. After explaining her view that neighbours are no better qualified than she and that she has a good relationship with her doctor she added that:

"Quite often you discuss with your husband. But to be honest Malcolm has missed such a lot of school that it was a case of one week at school, two weeks off. And last Friday he felt a lot better and I turned to my husband and I said, 'Well, what do you think about school today?' 'cos I said he's missed such a lot, but I said he's asleep and sleep's going to do him more good than school."

A number of factors led to Malcolm's return on the Monday and it would

seem that Mrs Jones was negotiating this with Malcolm himself. His version of events contained an account of how he resisted a return on Friday and was able to put this off until Monday. As he put it:

"It was because it's the worst part of the week... Mostly finishing off and that, and story most of the afternoon and assembly. You get little 'uns and they don't talk very loud.... It takes twice as long as if you were reading it and then you get more of the same thing."

Certainly Monday morning, the beginning of a fresh week, would seem a psychologically more appropriate moment for Mrs Jones to make the break for illness to normal school attendance. What seemed to be involved for her was a process of edging Malcolm into a position where he could be eased back to school. Take for example her description of what she did on the second Friday:

"...and he didn't go out any more until Friday and I was going out shopping... and he said 'Can I come with you?' and I said 'We'll see how you feel and if its a nice day it won't harm you to go out for a little while...'"

(035:15)

Understood in context of Mrs Jones's notions of illness as keeping children inside this trip out seemed like an important symbol of Malcolm's transition back to normality: 'outside' not 'inside', but with an adult not 'playing', not properly ill but not yet 'back to normal'.

Further light is thrown on Malcolm's absence by considering his relationship to his teacher and to the other children in 4F. It was clear from my classroom observation that Malcolm was a pupil whom Catherine regarded as disruptive, naughty and unable to work in a concentrated way.

She frequently told Malcolm off for this. For example in a handwriting lesson she kept having to call for less noise from the class. Eventually she called out:

"Malcolm. Why is it everyone else can work so well, except you."

(FWD:69)

The definition of Malcolm as a problem in the class may have some bearing on the equanimity with which Catherine seemed to take his (relatively) long absence. Malcolm's absence was first noted in the register on Monday morning but at the time of registration this was not drawn attention to. On Tuesday Malcolm was not present and this led Catherine to ask Paulo whether Malcolm had been unwell the day before (to which he replied not). Catherine checked with the question 'Are you sure?' but Paulo seemed certain. Throughout the rest of the week Malcolm's absence was noted in the register but no further enquiries are made. Neither was a message received from Mrs Jones. On Friday I asked Catherine if she knew what might be wrong with Malcolm. She replied that she did not but that if he was not back next week she would phone Mrs Jones. She added:

"Usually I would try and find out after three days if there was no message but Mrs Jones is a sensible Mum, even though she's a bit stroppy sometimes."

(FWD:144)

The following Monday (12th July) Malcolm returned to school and his mother accompanied him to school in the morning to see Mrs Freeman. Catherine commented upon this visit to me:

"Mrs Jones came in this morning to say that Malcolm had had this 'flu thing. I think she came more to see if she'd

missed any letter on things like that. As I said she's a Mum who demands a lot from the school. Also the way she told me that Malcolm was ill - as if it was something I'd automatically know. She tends to treat teachers as if they're superhuman and can do everything."

(FWD:144)

The next day Catherine told me that Mrs Jones had seen her again and

"(She) said that Malcolm had earache and that she'd take him to see the doctor, and he'd probably be away this afternoon because he's very tired. She asked for some maths homework as well."

(FWD:145)

After this point no further reference or comment was made upon Malcolm's absence and I specifically noted in my field diary the the way in which his absence had become unproblematic. Catherine made no comment to me about Malcolm's return but as we will see she did to the other pupils, making it clear that Malcolm's absence had provided a welcome break from his misbehaviour.

We can, then, note some of the important elements present here: an absent pupil can be one problem less in the classroom; a 'sensible' mother can be trusted to have a reason for keeping a child away; a demanding mother would expect information from the school about 'flu 'going around'; Mrs Jones visited personally to explain the situation; she announced her intention to visit the doctor and she asked for homework. Finally, the absence was occurring in that part of the term when the work pace and intensity had slackened.

I also spoke to two groups of pupils shortly after Malcolm's

return, one of boys and one of girls. I tried to ascertain the meaning which Malcolm's absence had had to them.

The three boys were aware that his absence had been in two spells and that his mother had been into school to see Mrs Freeman, though they did not know why or what had passed between them. These boys were not particular friends of Malcolm but as they pointed out:

"He's got no best friends in the class. Sometimes we're friends and sometimes we're enemies.... his main friends lives across the road."

(033A:1)

The boys at first interpreted my question 'Has it made any difference to you Malcolm being away?' in terms of the class atmosphere:

"Yeah 'cos its better in class. Miss Freeman said he come back one day, there's no fighting now but now you're back everybody's fighting again."

(033A:1)

It emerged that much of the fighting concerned a long running feud between Malcolm and another pupil in 4F, Malcolm Barnes. This conflict has effects on the peace of the class:

"You see as soon as he starts work he (Malcolm Jones) jumps up out of his seat, walking about... I like him but he just gets up and starts calling people names. But if he starts an argument they go and tell Malcolm (Jones) and Malcolm (Barnes) blows his head off."

(033A:2)

This feud was not one-sided as Andre pointed out:

"Malcolm (B)'s got nothing to do when Malcolm (J)'s away."

Malcolm Jones also had a reputation for accusing others of 'skiving' if they have been away.

"I was off school, when I was off school I was off colour but Malcolm says 'Where've you been?' so I says I been off school... and he says 'Did you stay off school just for a cold?' and I say 'Just 'cos my Mum don't want it spreading."

(033:3)

Andre took the opportunity to counter-attack:

"This year I should think he's been off, hardly at school. He's always off, skiving."

(033:3)

Can we see here a way in which the boys use Malcolm's illness absence as a way of pursuing an inter-personal feud. And do they pick up Mrs Freeman's remarks as a weapon in it? The accusation of 'skiving' certainly was typical of the boys' use of sickness absence among themselves

For the girls, Malcolm's absence was known more vaguely and there was less knowledge of its cause. However they were as aware of Malcolm's disruption in the classroom.

"... but sometimes he just spoils it for other people. Like if you're lining up somewhere, say for games, then Malcolm Jones starts hitting or kicking someone so then we don't do games, because of Malcolm Jones."

(033A/g:1)

They also refer to Mrs Freeman's criticism of Malcolm:

"As soon as he come back he start fighting. Miss Freeman said that."

(033A/g:1)

and they are of the opinion that it's been quieter without Malcolm.

It is clear, then, that in this case the transition to secondary school and the patterns of work constituting it were important factors in the structuring of Malcolm's sickness. There were, however, also overlain with factors around the family health history and Malcolm's position in the classroom and within the children's friendship patterns. Through a case example such as this it is possible to recapture some of the complexity with which these dimensions interacted.

Notes

1. I do not mean to imply that the studies emerging from the Centre for Contemporary cultural Studies simply rejected age or generational relations as a useful concept. In their analyses, however, they pay relatively little attention to it, whilst class, and the ideological hegemony of the dominant class, are closely scrutinized. This strategy may have been encouraged by an almost exclusive concern with what Willis (1985) has recently termed 'spectacular' youth cultures. On best estimates these constitute a minority of young people and it may be that closer attention to 'ordinary kids' may show age and intergenerational relation to be of greater importance. In any case it has been argued (Ashmore, 1984) that the youth unemployment of the 1980s has created or recreated a collective identity for youth.

2. For a recent study of children's lives outside school see Medrich et al., 1984.

3. I have not described gender differences in classroom interaction. I would be surprised if these did not exist and may even have some relevance to sickness. I simply did not have the resources to cover this topic in my observational work.

4. The term subculture is a convenient one in the characterisation of the different social networks and activities of the boys and girls. Each group had enough structure and regularity to warrant labelling it as a coherent entity. Unlike the Opies (1959), however, I do not contend that childhood culture is separate and autonomous from the adult world. As my analysis shows (especially Chapter 8) the world of the children, although different from that of their parents and teachers, was articulated with it in many important respects. The term subculture captures these elements of difference and similarity. My use of it is mainly descriptive and I do not suggest that it can be used to explain (in a manner such as that suggested by 'culture of poverty' writers) that it can be used as a sufficient 'explanation' of the children's lives. This is particularly so since childhood subculture is almost always a terrain through which persons pass on their way to something else.

5. This reference is taken from the mimeographed version of Stacey's paper which was circulated at the 1980 BSA Annual Conference, Lancaster University. It was removed from the later published version.

6. Persistent non-attendance is dealt with in England by Education Welfare Officers. I understand, from a conversation with Jenny Shaw, that her study of their work showed that when absence was legitimated by a sickness note from a parent that EWOs tend not to take them up. In part this is because their work load imposes selection on the cases they follow up and they operate a system of 'backing winners', i.e. cases which might ultimately lead to successful legal action against parents. Sickness as a reason mitigates the success of this practice.

7. An example of 'threatening' symptoms was of a 4F girl who

collapsed with what was described as a 'fit'. She was taken to the staffroom, covered with a blanket and kept under constant supervision. Her parents were contacted immediately and there was a concern to put her in their care as quickly as possible (FWD:16).

8. Altogether I directly observed 28 instances of children claiming to feel unwell in class during the summer term. Many more examples were reported to me in interviews.

9. Clearly the typification 'wet' to the girls was part of the wider gender differentiation process described in Chapter 3. See also Claricoates (1980).

10. Turner (1977:42) also suggests the metaphoric relationship between games and work: "... games of skill, strength and chance may serve... both as models of past work experience and models for future work behaviour."

11. 'Wetness' has rich metaphoric and symbolic references. First and most obvious is its use as a political characterization used by the right of the British Conservative Party to distinguish itself from the centre and left wings. The term was current in this sense at the time of my field work. Second, according to the Supplement to the Oxford English Dictionary the term has its origins in a slang usage of nineteenth century male public schools. There it was an equivalent to 'cissy'. Third, and in a wider symbolic sense, wetness "... although ...positive on the plane of natural life... has an entirely negative effect on spiritual life. Dryness and heat correspond to the predominance of fire, the active element; but wetness corresponds to that of water, the element of passivity and dissolution" (Cirlot, 1985:370).

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