

Regulation of Madness in Early Childhood Education: Exploring Undergraduates' Understanding of Professional Identity and Mental Health

Adam Davies, Cameron Greensmith, Lauren Spring, Simon Adam, Brooke Richardson, Carla Rice, Olga Smoliak, Nidhi Menon, Alexander Purnell, and John Beaton

Dr. Adam Davies, PhD, Ontario certified teacher, and registered early childhood educator (they/he/all) is an associate professor in the School of Fine Arts and Music in the College of Arts at the University of Guelph, Ontario. Dr. Davies's research explores social justice and equity, antioppressive pedagogies, and equity as it relates to early childhood education and care, K–12 schooling, and higher education. Dr. Davies holds a PhD in curriculum studies and teacher development with collaborative specializations in women and gender studies and sexual diversity studies from the University of Toronto. Dr. Davies is currently completing their master of arts in counselling psychology through Yorkville University. Email: adam.davies@uoguelph.ca

Dr. Cameron Greensmith (he/they) is the interim associate dean of academic and curriculum support in the Wellstar College of Health and Human Services and an associate professor in the Department of Social Work and Human Services at Kennesaw State University. A licensed master social worker trained in eye movement desensitization and reprocessing (EMDR), Dr. Greensmith serves on the board of Girlhood Studies and draws from expertise in queering professionalism, anticolonial and antiracist praxis, and LGBTQ+ health and well-being.

Lauren Spring, PhD (adult education), has over 15 years of experience teaching in postsecondary institutions in Ontario (University of Toronto, Brock, TMU, Laurier, University of Guelph) and as an art educator with the Art Gallery of Ontario, where she works with diverse school and adult groups. Lauren is a full-time teaching and learning consultant at Conestoga College. She researches and publishes regularly on topics such as experiential education in formal and informal learning environments, critical disability, trauma and moral injury, research-based theatre, role-play simulations, museum studies, and critical pedagogies.

Simon Adam is a queer Arab/Assyrian (Syria born) researcher, educator, activist, and theorist. His overarching interests lie in the examination and understanding of contemporary oppression and violences waged against what is constructed as the Other by the psy disciplines. Focally, his work aims to locate escape and freedom from psy capture and theorize avenues of rupture from intersecting oppressions (racism, sexism, homo/transphobia, sanism) with psy apparatuses.

Brooke Richardson (she/her) is an assistant professor in child and youth study at Mount Saint Vincent University, Halifax, Nova Scotia. She is a care activist, scholar, and mother motivated by the belief that good care is foundational to meaningful lives and a democratic society. Her research and scholarly work focuses on reconceptualizing and reasserting care in early childhood education, studying the childcare activism movement, and troubling the ongoing professionalization gap in ECE and child welfare settings.

Carla Rice is a professor and Tier I Canada research chair in feminist studies and social practice and founding and academic director of the Re•Vision Centre for Art and Social Justice at the University of Guelph. She specializes in feminist, embodiment, fat, and disability studies and in research creation methodologies with a focus on changing systems and fostering social well-being and justice.

Olga Smoliak, PhD, is a professor in the Department of Family Relations and Applied Nutrition at the University of Guelph and a psychologist and family therapist. Her research is dedicated to advancing critical and discursive perspectives and methods of inquiry (social constructionist, poststructuralist, feminist) in psychotherapy and family therapy.

Dr. Nidhi Menon is an assistant professor in the Faculty of Education at the University of New Brunswick. Her scholarship is situated at the intersections of poststructural and marginalized feminist ontologies and issues of power in the field of early childhood studies. She uses perspectives of women of colour to examine and deconstruct dominant constructions of childhoods, particularly how they affect the lived experiences of marginalized families, children, and educators.

Alexander Purnell (he/him) is a MSc psychotherapy student at McMaster University. His work focuses on providing compassionate and equitable mental health care for clients from diverse backgrounds, with a particular interest in supporting marginalized communities.

John Beaton, PhD, RP, is an associate professor in the Department of Family Relations and Applied Nutrition at the University of Guelph and primarily teaches in the Relational Psychotherapy Training Program. His research focuses on disabilities and chronic health conditions and families.

This qualitative study investigates how sanist systems of oppression within early childhood education both reflect and reinforce dominant discourses on mental health and madness. Through a Mad studies analysis of both qualitative interview data with postsecondary early childhood education and child studies students, as well as policy and curriculum documents relevant to Ontario postsecondary early childhood education studies, we seek to disrupt taken-for-granted assumptions and create space for mental difference. This study was conducted with 25 postsecondary early childhood education and child studies students, with the data analyzed using both Foucauldian and institutional ethnographic methods. Ultimately, this study illustrates how madness and Mad educators are constructed as a potential harm to the profession, reinforcing sanist forms of discrimination against educators with mental health differences.

Key words: *postsecondary early childhood education, child studies, sanism, Mad studies, madness, mental health*

Early childhood education and care (ECEC) postsecondary programs offered by colleges and universities in Ontario, Canada, operate under a strict regulatory framework (Ontario Ministry of Training, Colleges, and Universities (OMTCU), 2018). This framework is shaped by accreditation and competency standards set by the Ontario Ministry of Training, Colleges, and Universities (OMTCU, 2018) and approval of education review process completed by the Ontario College of Early Childhood Educators (OCECE, 2021). The College has the authority to approve postsecondary programs, ensuring that graduates meet the requirements to apply for status as a registered early childhood educator (RECE; OCECE, 2021). According to the College, early childhood education is defined by its commitment to “inclusive play-based learning and care programs,” “the well-being and holistic development of children,” and the duty to “improve the development of the children” (OCECE, 2017). However, these guiding principles are deeply embedded within a sector that continues to privilege Western psychological theories of child

development, reinforcing them as the dominant and often unquestioned framework for understanding children and childhoods (Davies, 2022). Such theories and frameworks perpetuate notions that children and childhoods can be measured and assessed using Western, cis-heteronormative, colonial frameworks, entrenching deficit approaches for conceptualizing and understanding children, education, and care (Johnston et al., 2020). Moreover, the mental health, care needs, and well-being of the educators working with young children and families in the early years sector is ignored (Stein et al., 2024).

According to the Atkinson Centre for Society & Child Development (McGuaig et al., 2022), 96% of individuals working in the early years sector describe themselves as cisgender women, with 90% identifying as younger than 55 and one-third as immigrants or nonpermanent residents. Professional accreditation standards aim to develop early childhood educators (ECEs) as curious, empathetic, caring, relational, and confident in handling the daily challenges in childcare and early learning environments (Bertrand & Gestwicki, 2015; Ontario Ministry of Education, 2014; OMTCU, 2018). While extensive scholarship examines the roles and responsibilities of ECEs, including dominant narratives about what constitutes a good practitioner (Langford, 2006, 2007, 2008), there remains a significant gap in research on preservice/postsecondary ECE students’ perspectives, particularly through a critical framing that challenges the normative logics embedded within psychological and developmental theories. In response, we engage with data from an institutional ethnographic study, incorporating document analysis and semistructured interviews with 25 preservice students enrolled in ECEC programs at two postsecondary institutions in southwestern Ontario.

Our study interrogates sanist and ableist systems of oppression within the early childhood education field through

a critical examination of Ontario postsecondary early childhood education students' perspectives on ECEs' mental health, as well as early childhood education curricula and documents from Ontario. How do Ontario early childhood education curricula and policies—at both the postsecondary and provincial levels—shape governing practices and everyday norms regarding madness within the early childhood sector? By critically examining how these forces both reflect and reinforce dominant discourses on mental health and madness, we seek to disrupt taken-for-granted assumptions and create space for mental difference. We use the term *madness* to describe ways of thinking, feeling, and expressing that diverge from conventional notions and standards of sanity. According to Gillis (2015), Mad studies does not entirely dismiss the medical/psychiatric model's assumptions but instead places them within historical and political contexts. A Mad studies approach thus traces the ways that biomedical, psychiatric, and other epistemological interpretations of human mental health experiences vary across time and culture, unveiling how notions of sanity and insanity are neither absolute nor universally applicable (Gillis, 2015). A closely related term meant to capture societal responses to madness, *sanism* refers to the “othering of people perceived as being neurologically different from the so-called sane” (Procknow, 2024, p. 88). We examine how normative (“sane”) subjectivity is (a) taken up in postsecondary ECE students' accounts of their learning, and (b) reflected and reproduced through the institutional documents of professional programs, specifically focused on coursework and professional training. While we primarily focus on how sanism may infiltrate the notions of “good” and “caring” professionals and “proper” training, we also recognize how gender essentialism and feminization of labour buttress sanist dynamics that saturate ECEC. Early childhood education can be considered a form of care work (providing care to children) that is often societally naturalized and essentialized within women and thus highly regulated (Davies & Hoskin, 2021). Gender essentialism, which often underpins expectations of caregiving as inherently feminine, shapes perceptions of professional competency and caring in ECEC, a dimension that remains crucial for understanding the broader implications of sanism and professional identity.

Existing research indicates that postsecondary preservice students must navigate expectations to be consistently “happy” and to model positive emotional states and dispositions so that young children can hit normative development milestones (Chang-Kredl & Kingsley, 2014). Researchers have also identified how normative emotional well-being operates as a key benchmark of a competent ECEC workforce (Langford, 2008). Sanist rhetoric produces perceptions of “fitness” exemplified by the College of Early Childhood Educators' (CECE) requirement for registrants (those seeking the professional designation RECE) to declare whether they have a “physical or mental condition or disorder that affects [their] ability to practice the profession safely” (Davies et al., 2022; Davies, 2023). Depending on the declaration, ECEs may be placed on an institutional trajectory for close monitoring, potentially framed as incapable and even excluded from practice altogether. This regulation and monitoring seem haunted by gender-based fears of the “monstrous feminine” (Creed, 1993)—an out of control or “unhinged” mother who may threaten the well-being of those in her care (Douglas et al., 2021). Through the professionalization of ECE education, teacher training, and identity, “compulsory sound-mindedness” becomes synonymous with professionalism (Chapman, 2013). These dynamics, which regulate the mental health of early childhood educators and professionals, make it critical to analyze how preservice students conceptualize mental health/illness in relation to their program of study and conceptions of becoming a future ECEC professional.

ECEs draw from and utilize different emotions within their professional work—most often empathy—to convey their relational disposition and to provide care for children (Andrew, 2015). Positive emotional expression, capacity to do emotion work (Hochschild, 1979), and facility with relationality emerge as interconnected elements of being a “good” ECE (Langford, 2007, 2008). Positivist and neoliberal framings often implicitly shape discussions of ECEs' mental health through the field's conceptions of the ideal ECE. Neoliberalism, as an economic and political structure focused on the imposition of marketplace values into all aspects of social life, and positivism, as a commitment to universalized truths and standardization, link to and inform child development theories and understandings

of competent care in ECE curricula and policy (Moss, 2017). Thus, neoliberal individualist hierarchies, which are entrenched within child development discourses, reinforce sanist and ableist notions of normative development while placing educators as conduits for children's "typical" development (Davies et al., 2022b).

Where ECEC programs address mental health explicitly, they mostly do so through focusing on children's well-being, using the logics of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR; American Psychiatric Association, 2022). In this context, concern about ECE mental health and well-being emerges mainly in relation to "inclusion" and/or "early intervention" for "special needs" children (OMTCU, 2018). Such framings simplify and negate ECE mental health, especially when discussing the impact of caregiver diagnosis and the care children receive. The profession considers "good mental health" and managing one's emotional expression as prerequisites to be an ECE (Fairchild & Mikuska, 2021), thus positioning madness as antithetical to competence and professionalism.

Normative constructions of mental health frame the ECE profession, shaping the behaviour, expectations, and capacities for self-expression of ECEs. These framings, influenced by sanist assumptions, such as the assumption that educators who experience madness are "unfit" to work with children and families, position educators who experience mental health differences, diagnoses, or encounters with psychiatric systems as potentially dangerous to the imagined public. Sanist thinking flows logically from the prioritization of developmentalism and individualist models of psychology, which treat madness as pathology (Davies, 2023). Gorman and LeFrançois (2017) highlight the difference between efforts to combat stigma, which aids individuals in accessing medicalized services, and structurally analyze sanism, which challenges the binary between mental illness and mental health, arguing that sanism can account "for both discrimination against those perceived as mad and for psychiatric violence, while 'stigma' only accounts for the former" (p. 110). Systems that supposedly promote mental health actively contribute to pathologizing nonnormative ways of being and proliferating diagnoses of mental illness (Burstow, 2015).

For this study, we engaged with participants' narratives to understand their perspectives on the profession's approach to mental health/illness and its vision of an ideal ECE. Using institutional ethnographic methods, we examined the language choices and ideologies operating within these narratives to uncover the power structures that impact the everyday experiences and work of ECE students.

Theoretical frameworks

We situate our analysis within Mad studies and draw on Foucauldian poststructural theories of regulation and governmentality (Foucault, 1977/1995) to interrogate how sanist norms within the ECE profession shape and constrain ECE subjectivity. By bringing Mad studies into conversation with Foucault's work, we highlight how the very construction of the ECE as a subject is itself a regulatory mechanism, producing and reinforcing normative expectations of mental health and professional identity.

Mad studies

One of Mad studies' major aims is to develop "democratic and feasible alternatives to support our understandings of and responses to madness and distress at both individual and societal levels" (LeFrançois et al., 2013, p. ix). While Mad studies critiques psychiatry, it does so with an interrogation of "associated law, public policy, media, and propaganda, and subjects psychiatry's questionable 'treatments,' knowledge production, pedagogy, and academic activities to serious and necessary scrutiny" (LeFrançois et al., 2013, p. xi). Mad studies highlights the importance of putting voices of those who have had diverse lived experiences at the centre of conversations about mental health/illness, highlighting not only (obedient) stories of "recovery" (that tend to get attention from media and

corporate sponsors), but also stories of resistance and resilience (Poole & Grant, 2018).

Mad studies advances collective community activism (Beresford & Russo, 2021), rejecting strictly medical frames and reorienting towards an analysis of madness as inherently political (Beresford, 2020). Such a framework allows for what LeFrançois and Voronka (2022) term “an ethic of unruliness” that “serves to resist normalcy and disrupt the dominant sanist and racist definitions of madness typically used in ‘mental illness’ research whilst calling into question enlightenment notions of rationality” (p. 106). A Mad studies approach engages with and critiques sanist systems and knowledges from the psy-sciences (psychiatry, psychology) that aim to discredit Mad people’s lived experiences and knowledge production (Gorman & LeFrançois, 2017). This study mobilizes Mad studies to interrogate the biomedical and developmentalist logics that essentialize mental illness as a chemical imbalance within the brain and that position rationalist forms of subjecthood as ideal within scientized knowledges.

We draw on Mad studies to critique how developmentalism constructs notions of care that inherently link adult and child subjectivities, reinforcing normative expectations of emotional regulation in ECEs and positioning Mad ECEs as outside of normality and competency. We use *Mad* and *madness* as reclaimed terminology throughout this article to describe those who experience mental distress and differences (LeFrançois et al., 2013). While Mad studies challenges bio-psychiatric discourses, it also opens space for reimagining madness as a generative site of potentiality—for knowing mental difference and distress differently (Gorman & LeFrançois, 2017). Through this frame, we show how care-based fields, including social work, psychotherapy, nursing, and ECE, come to expect trainees to regulate their emotions and psychological states to appear confident and competent in their roles (Davies, 2022, 2023). This expectation, we argue, not only reinforces sanist norms and places the burden of emotion work/management on certain (coded as feminine or racialized) people but also obscures how so-called mad ways of being might serve as an asset rather than an impediment in professional practice.

Docile bodies

A Mad studies frame allows us to trace and analyze sanist expectations underpinning individuals’ preservice ECE training experiences. To understand the larger profession’s discursive regulation of ECE subjectivity, we turn to Foucault’s (1977/1995) concept of docile bodies—how institutions use discourses to train subjects to conform to social norms. Foucault details how modern power operates through disciplinary and hierarchical power dynamics implemented by individuals on themselves and others through institutional mechanisms of control and surveillance that produce them as docile bodies capable of being “subjected, used, transformed, and improved” (p. 136). He describes disciplinary methods as making possible “meticulous control of the operations of the body,” which assures “the constant subjection of its forces” and imposes “a relation of *docility-utility*” (p. 137, emphasis added).

Crucial for our analysis, his concept of *docility-utility* allows us to theorize ECEC as potentially securing trainees’ docile conformity to standards of normality or even of madness, whereby they come to enact normative standards or adopt dominant framings of mental difference/distress as a way of positioning themselves as caring and responsible ECEs. Applying his theory of subject formation to ECEC, we illustrate how institutional relations and dominant discourses position ECEs as targets of regulatory power. By engaging with Foucault’s theory of how individuals learn to subject themselves to disciplinary power as a pathway to inclusion, we interrogate the roles of care, empathy, capability, and safety as mechanisms that, despite their ostensibly positive connotations, may become entangled within governing practices to enforce institutional norms, thereby perpetuating the ontological inferiority and exclusion of ECEs labelled as Mad.

Methods

Approach

This study mobilizes institutional ethnography (IE), a critical sociological method developed by feminist sociologist Dorothy Smith. IE examines the social organization of institutions and disciplines through discourses and practices (Smith, 1987, 1990, 2001, 2005). Intricately linked to standpoint feminist methodologies, IE begins with a “real” problem in everyday life, articulated as a lived disjuncture between what is expected and what is done, which then directs the ethnographer towards a political/institutional examination of how this problematic disjuncture emerges and is reproduced or activated by way of social relations. IE has as its central analytical focus concrete texts, which may include official accounts such as policies, regulations, legislation, or reference books like the DSM-5 (American Psychiatric Association, 2022), but also photographs, websites, television shows, and other nonprint forms. Texts connect the local with the broader world and are activated in various places simultaneously (Adam, 2017). Such texts govern, regulate, and organize social life en masse, and correspondingly are often a site for critical analysis.

IE allows researchers to conceptualize how institutional documents constitute lived realities (Smith, 1987) or, in our case, the daily lives of postsecondary ECE students. This is because IE “reaches beyond what individuals know and experience to discover how the social relations extending beyond individuals and beyond the everyday enter into and organize our lives” (Smith & Griffith 2022, p. 13). IE takes interest in how texts organize people’s daily activities by investigating workers’ “skills, their professional and technical discourse that generalize again across multiple local settings and enable their distinctive work to complement that of other professionals” (Smith & Griffith, 2022, p. 9). IE defines workers and work broadly to encompass how institutional forces and documents, such as provincial early years curricular documents, constitute the lived realities of ECE postsecondary students. In this sense, “texts” refers to the documents that govern and coordinate people’s daily working lives while appearing to be neutral, or “displac[ing] the presence of whoever made them” (Smith & Griffith, 2022, p. 31). We place our analysis of qualitative research with postsecondary ECE students in conversation with Ontario Ministry of Education documents, including *Early Learning for Every Child Today* (Best Start Panel on Early Learning, 2007) and *How Does Learning Happen?* (Ontario Ministry of Education, 2014) embedded within postsecondary early childhood education programs.

Smith (2006) has asserted that society is produced and reproduced by the (often invisible) work people do in their everyday lives. Smith (2005) defined work as anything “people do that takes some effort and time, that they mean to do, that relies on definite resources and is organized to coordinate in some way with the work of others” (p. 46). Returning to our research site and questions, we base our inquiry within the context of the professionalized setting of higher education and expectations placed on preservice ECEs as they *become* oriented to *being* ECE professionals (i.e., how, through their course content and practicum placements, students become oriented to the notion of who an ECEC professional is). We trace and investigate the everyday work practices of ECEs (i.e., care work) as a juncture to interrogate how the undervalued work (of educators) is institutionally coordinated. Investigating ECEC and the experiences of preservice students using an IE framework also makes possible alternate ways of doing ECE work and ECE governance, and hence is an effective method to help the ethnographer locate sites of resistance, rupture, and change. We place IE in conversation with Mad studies methodologies and practices through an open-ended approach that places IE in tension with the anti-method approach of Mad studies, indicating a commitment to Mad praxis while acknowledging the productive benefits of IE as a methodology (Adam et al., 2024). We methodologically think with Mad studies to ask critical questions regarding silencing and erasure while considering madness as an important place of knowledge production (Rodéhn, 2024).

Following Lloyd and Finn (2017), we have bridged Braun and Clarke's (2006) thematic with Foucauldian discourse analysis to create categories based on "the discursive construction of objects and subjects" (Lloyd & Finn, 2017, p. 161). This approach to thematic analysis combines an emphasis on content through uncovering representational understandings of mental health—that is, what students think about mental health—with one that takes seriously how language constitutes objects (e.g., madness, ECE subjectivity). While both representational and social constructionist understandings of language are conventionally understood as incompatible, Braun and Clarke (2022) describe how researchers can employ thematic analysis deductively and inductively, combining data familiarization processes with ideas from existing research and theory. We follow Lloyd and Finn, who draw on Foucault to articulate how "discourses not only construct objects but also subjects" (p. 161). They explain that "discourses make available spaces for particular types of selves to step into and know themselves by, thus positioning subjects (selfhoods) in a particular relation of power" (p. 161). Given this understanding, we take interest in the meanings of ECE as a professional activity and related ideas about who figures as best suited to take up an ECE professional identity, unveiling how such notions connect to larger questions of sanism and professional regulation.

Data collection and analysis

We collected data between September and December 2021 after receiving research ethics approval from the University of Guelph research ethics board (REB# 20-11-022) and Conestoga College research ethics board (REB# 418). We chose to interview students in postsecondary ECE or child studies programs to explore how their perceptions of "competent" and "capable" educators might relate to sanist hierarchies and norms. Using semistructured interviews on the Microsoft Teams platform, each lasting about 60 minutes, we gathered insights from 25 participants who identified as postsecondary ECE or child studies students at the community college or university level, with both institutions located in southern Ontario. The interviews, conducted by the primary investigator or a research assistant, aimed to understand participants' perspectives on mental health and well-being in postsecondary ECEC education. We chose semistructured interviews because we sought out interviewees' descriptions of their lived experiences and their interpretations of the phenomena they described (Brinkmann & Kvale, 2018). Additionally, such interviews center "actual people whose everyday lives and doings are caught up in relations that extend beyond what can be observed from within their experience" (Smith & Griffith, 2022, p. 15).

We analyzed these data with Smith's (2005) IE as a guiding analytic, as noted above. We focused on the standpoint of postsecondary students, considering "the actualities of people's everyday lives and experiences to discover the social as it extends beyond experience" (Smith, 2005, p. 10). Our research team paid attention to different positions and contexts, both local/micro and social/macro (Smith, 2005). We mapped discourses in the interview data to the textual content of governing ECEC documents in Ontario, such as *How Does Learning Happen?* (Ontario Ministry of Education, 2014) and *Early Learning for Every Child Today* (Best Start Expert Panel on Early Learning, 2007), while participants were specifically asked during interviews about their thoughts regarding the description of educators as "capable" from *How Does Learning Happen?* (Ontario Ministry of Education, 2014, p. 7). This mapping helped us to connect the ways mental health discourses are "subject to the regulation of the discourse within which it is framed" (Smith, 2005, p. 17). We thematically organized the data, starting with participants' stories and experiential descriptions (Smith, 2005). Our analysis began with examining participants' experiences as students (e.g., tuition costs, course content) and their understandings of ECE as a profession (e.g., theories taught, ideas of *being* and *becoming* an ECE). We then connected these insights to larger discourses (e.g., construction of the ECE and child, professional ethics) identified within the data and above texts. The research team utilized these three analytics to engage with IE as a methodology (Smith & Griffith, 2022).

This dataset and analysis address larger questions of preservice student identity, expectations of ECE professionals, and negotiating experiences with mental health within the ECE sector. Here we center and analyze one strand of this research: mental health and madness within postsecondary ECE programs. Our document review highlighted an absence of conversations about mental health in ECE, with no affirming content or discussions of mental health in courses. This finding led us to explore if, when, and how mental health is addressed (or not) within postsecondary ECE programs and how this might relate to larger discourses regarding the regulation of early childhood educators' subjectivities.

Results

Our analysis uses a Mad studies critique to explore the imbrication of sanism within constructions of preservice student subjectivities and ECEC professionalism generally in southern Ontario. Theme 1 reflects the ways ECEC construes positive emotions, such as happiness and joy, as essential or expected affectivities for professionals. When ECEs do not conform to these emotional standards, circulating discourses frame these mental or emotional differences as problematic and potentially harmful to children. Theme 2 addresses discourses around normalcy and development, alongside concerns about risk, vulnerability, and harm, such as the risks inherent in deviating from happy and enthusiastic demeanours and labelled as unprofessional. This expectation creates a narrow scope for emotional expression, where departures from the prescribed affectivity are scrutinized and deemed detrimental to the well-being of the children, reinforcing a standard that equates emotional stability with professionalism. Theme 3 concerns the normative construction of professional subjectivity within ECE as an "intact" state of mind, or able-minded and free from mental distress. In this discursive regime, mental wellness becomes a prerequisite for maintaining a professional demeanour, with Mad subjectivities being treated as contrary to the professional ideal. This framing orients to mental wellness as an individualized responsibility and urges ECEs to engage in self-management and self-care as a means to cope with structural inequalities such as the undervaluation of care work and poor working conditions (Davies et al., 2022a). The implicit message is that failing to engage in psychological self-management signals unprofessionalism, further reinforcing that mental wellness is a personal rather than structural issue. The following analysis examines these themes as they relate to the ECE students' mental health and to the regulation of mental health within postsecondary education.

Pedagogical and affective expectations of ECEs

As noted by Langford (2007), the normative or "good" ECE is expected to be caring and naturally happy. Within ECEC, care and caring permeates curriculum, policy, and accreditation texts examined, and the interview data from preservice ECEC students. Throughout this data, preservice students described caring as being warm, empathetic, and displaying "positive emotions" towards children, families, and colleagues. Expressing care and being caring through the use of empathy emerged as an overarching theme in both the examined texts and the interview data. Such notions of care became synonymous with empathy and connected preservice students' narratives of the profession to discourses of happiness and expectations to maintain a state of joy.

ECEC program accreditation standards in Ontario for a college diploma or university bachelor's degree emphasize the importance of "creat[ing] learning contexts that build and maintain caring, responsive relationships and partnerships with children" (OMTCU, 2018, p. 4). Mentions of positive emotions and caring relations with others are further reflected within provincial curriculum documents, including *How Does Learning Happen* (HDLH) and *Early Learning for Every Child Today* (ELECT). HDLH asserts that "evidence from diverse fields of study tells us that children grow in programs where adults are caring and responsive" (Ontario Ministry of Education, 2014, p. 4). HDLH and ELECT assert that ECEs support child development through evoking positive affect; specifically,

both encourage ECEs to link “care” and “responsiveness” to the needs and development of children. This is not to argue that care and responsiveness are not central to the work of ECEs; however, we must problematize how care and responsiveness relate to sanist hierarchies (Davies, 2022, 2023). ELECT further articulates that ECEs must recognize that “care and learning are inseparable concepts. Since all quality early childhood settings provide both care and education, a caring, nurturing environment that supports learning and early development is an essential component of a framework for early learning” (Best Start Expert Panel, 2007, p. 5). Here, ELECT emphasizes the link between child development and the care provided by ECEs, highlighting that environments simultaneously supporting care and learning are essential to successful early childhood education. While acknowledging the significance of developmental milestones and childhood development, we pull from ELECT to thicken our understanding of the professional responsibilities placed on ECEs to create nurturing environments. We also consider how ECEs get excluded from these responsibilities if they are deemed mad or perceived as incapable.

Already we recognize that different forces from ECEC begin to produce acceptable and unacceptable forms of ECE practice. According to the Ontario College of Early Childhood Educators’ (OCECE; 2017) *Code of Ethics and Standards of Practice for Registered Early Childhood Educators*, a competent ECE fosters “positive” and “strong” relationships that “contribute to healthy child development ... necessary for children’s well-being and learning” (p. 8). Here the College of Early Childhood Educators appears to imagine not merely that caring relationships *contribute* to development and learning but that they must be wholly and solely “positive,” and ELECT fleshes out what this means by enjoining ECEs to use “an enthusiastic voice tone [to ensure] that [their] positive message is understood” (Best Start Expert Panel, 2007, p. 28). Moreover, even the *Code of Ethics* frames caring relationships through their connection to children’s development in asserting that “registered early childhood educators (RECEs) understand that strong, positive relationships contribute to healthy child development and are necessary for children’s well-being and learning” (OCECE, 2017, p. 28). Similarly, HDLH emphasizes that educators must “recognize the connection between emotional well-being and social and cognitive development and the importance of focusing on these areas holistically” (Ontario Ministry of Education, 2014, p. 11). These texts position care solely in relation to children’s growth and well-being, giving little attention to the health/wellness of educators themselves. If care is foundational to children’s well-being, it must also be recognized as essential to educators’ well-being. What remains absent from these frameworks is any acknowledgment of the inherent relationality of care—meaning that the well-being of both children and educators is necessary for fostering an inclusive and equitable educational environment.

Notably, HDLH and other provincial ECE documentation emphasize the importance of “authentic” relationships between children and ECEs, stating that “when educators establish positive, authentic, and caring relationships with families and provide a safe, non-judgmental environment for shared learning, everyone benefits” (Ontario Ministry of Education, 2014, p. 31). Critiques of care emphasize specific ways of interacting with children to support their normative development, highlighting the importance of forming positive and authentic relationships. While the documents stress authenticity, which could potentially create space for nonnormative ways of being, the version of authenticity promoted tends to disavow madness and other forms of disruption. ECEC requires ECEs to embody and maintain positive emotions that facilitate children’s development, responsabilizing Mad ECEs to regulate their emotions and perform (what might be) unattainable and unauthentic expressions of joy and ideals of nurturance.

A recent OCECE-endorsed report titled *The Importance of Early Childhood Educator Mental Health and Well-Being* discusses the contradiction between authenticity and emotional regulation, noting that “when educators are consistently expected to display positive emotions and suppress their authentic feelings without having the opportunity to discuss challenges, they can begin to feel alienated in their work” (Ingriselli & Schempp, 2019, p.

3). The Ontario Ministry of Education's HDLH guide similarly notes that

strengthening the capacities of the adults who care for children, building skills such as coping with stressors, self-regulation, and the ability to solve problems, focus attention, and make decisions, families and educators in early years settings can reduce vulnerability for children and for themselves. (Ontario Ministry of Education, 2014, p. 31)

Although the guide acknowledges stressors placed on ECEs, curricular expectations still emphasize children's well-being, development, and growth over that of ECEs. Indeed, HDLH highlights how children's vulnerability puts them "at risk," thus positioning vulnerability as an intersubjective state that only leads to harmful outcomes for children who deviate from expected developmental milestones. While acknowledging the importance of safeguarding child growth/learning and the role of ECEs in this process, the professionalized image of ECEs in ECEC promotes a sanist standard and expectation that over-responsibilizes ECEs to secure and protect their own mental well-being. If ECEs fail to care for themselves in a way that aligns with endorsed recommendations for emotional and mental regulation, they may be further regulated, monitored, and ultimately deemed unfit.

The preservice ECE interviewees emphasized tensions created within the ECEC sector due to pressures to maintain a positive disposition while not feeling supported in maintaining their wellness and mental health. In line with IE, participant narratives align with commonplace expectations and images of ECEs where self-care is encouraged but not built into the everyday operations of ECEC care. For example, participant #31 noted:

We have to always be the happy people for the children to look at and it's not always that way. ... [ECEs should be] allowed to show your real emotions through working with children too, just because it provides a safer space for them and for yourself.

This participant highlighted the importance of *being* happy for children, explaining that children observe educators' behaviours, mannerisms, and speech. Interestingly, while preservice students understand the ECE as a role model (Russell, 2010), they simultaneously critique the image of the ECE, suggesting that it is potentially impossible to attain. For participant #31, showing "real emotions" may support children's overall well-being and learning by providing them with realistic images of adult figures and "safer" spaces to see affect beyond being happy.

Participant #31 underscored the importance of providing real and grounded perspectives on life beyond a one-dimensional conception of the idealized ECE caregiver. Other participants questioned whether they could adopt such a stance, noting that the parents did not always welcome diverse emotions in their children's lives. We wonder with participants if what parents or guardians deem acceptable in ECEC constrains professional expectations of ECEs. Participants shared that due to parental fears and professional expectations to be happy, others surveilled their mood and professional practices, and they expressed that they might face discrimination if they disclosed a mental health diagnosis. Participant #13 noted that

disclosing a mental illness diagnosis would probably not be good—or like beneficial. ... I guess in this situation, I think it could probably lead to stigmatization, and I think there could be a lot of families that would be like, "I don't want that person around my child."

This narrative foregrounds the power of sanism within ECEC, where disclosing a diagnosis could lead to discrimination. Participant #13's concern about sharing a diagnosis stems partly from a fear of parental or guardian concerns about their child's well-being. This prejudice around mental illness informs normative ideas about professional practice within ECEC, influencing discourses about how children should be socialized, develop, and engage in learning. Disclosing mental illness could lead to assumptions that a child might be at risk or that an ECE might be unable to perform their duties effectively.

Such conceptualizations of child-educator relations construct children as inherently “at risk” or vulnerable, particularly to the potential harm that could come from an ECE with a mental illness. This view presumes that children can only receive care from emotionally stable, regulated, and rational ECEs who embody caring subjectivities, as required by the profession. For example, provincial documents like HDLH depict children as being cared for by ECEs who model professional expectations like emotional self-regulation and quick decision making. However, despite professional expectations to engage in self-care, the document also requires ECEs to manage their overall well-being in a low-paying sector with precarious employment while meeting the affective and pedagogical demands of caring for children. Importantly, this is not to produce a binary between “happy” emotions and “mad” emotions, as there are many complexities to consider within the realm of mental wellness and well-being. For example, one can experience heightened mental distress and still perform job duties or be considered capable. However, current conversations regarding mental health and the early years do not provide space for these nuances. Accordingly, ECEs need to have a way to talk about the mental distresses of their work because of the ways their work produces distress and because of the ways that stress is disallowed or managed through individual responsabilization. Moreover, in this context, the expression of “negative” or potentially mad emotions (e.g., anger, sadness) among ECEs is considered to adversely impact child development. Professional and societal assumptions suggest that the potential for madness among ECEs could undermine the education of the child, placing them at risk of not meeting social and emotional developmental expectations.

Professional expectations placed on ECEs are based on the construction of the normative ECE as joyful and happy, a construction that eludes the violent structures in which a majority of ECEs remain caught (e.g., classism, anti-Black and anti-Indigenous racism, and cis-heterosexism). Sanist professionalized expectations cultivated through hierarchical expectations of ECEs for endless emotional and care labour deny the multifaceted personhood of ECEs, a majority of whom are racialized women (Berman et al., 2021). Similarly, preservice students noted the stress of always needing to express positive emotions when working with children and families, including participant #12, who shared a story of parents picking up their children from after-school care:

If an educator isn't having a great day ... then the parents are just like, “Well, that's not right because you should, you should be happy all the time, you work with children, you need to be happy” ... then they [sic] shouldn't have mental illnesses.

As this interlocutor reflects, in line with professional documents, ECEs must navigate an expectation to exude happiness that is reified in interactions with parents who expect them to perform a particular kind of teacher/educator role. Recognizing this expectation as unattainable, the speaker critiques the ritualization and institutionalization of positivity that makes ECEC into a “happiness industry” (Ahmed, 2010; Cabanas & Illouz, 2019). Interestingly, while the participant is enrolled in a preservice ECEC program, they do not see themselves as part of the happiness industry, as they frame their critique through “you” and disavow themselves by using “they.” While this may be a subtle nuance in language, the participant reconciles their critique of ECEC with their professional identity as an ECE, noting that being happy should not be a requirement of ECEs.

Our analysis of participant narratives, alongside professional ECEC documents produced by the province and the ECEC programs, highlights that being happy and displaying positive emotions helps establish positive relationships between children and adults working with them. At the same time, revealing information about one's mental health or diagnosis of mental illness was described as opening the possibility “of backfire, and people to twist things that you said, or like share your information towards others” (Participant #21). Participant #21 noted the potential risk involved in disclosing a mental health diagnosis or self-identifying as Mad. In a sanist society, those who occupy divergent professional positions within ECEC are taught to imagine pathology through risk-oriented frameworks. For participant #21, madness is associated with fear and loss of control over one's own narrative, as

well as potentially disrupting the taken-for-granted image of the joyful, capable, and caring educator.

Mental health risk and capacity to care

The second theme explores the professionalization and regulation of the ECE through discourses of risk management and capacity. We examine how institutional relations exercise covert practices of power over ECEs to ensure their compliance with ECEC professional standards, which additionally entangle with legal, ethical, and developmentalist discourses. Throughout the interviews, participants described the importance of presenting as “capable” out of concern that they might adversely impact children’s development if they showed signs of madness. Within ECEC provincial documents, ECEs are thought to have an impact on children’s well-being and growth, emphasizing the power of the happiness industry and further marginalizing and pathologizing deviations from emotional normalcy. For example, HDLH articulates that “children’s mental health and well-being must be considered within the context of their full environment of relationships. Children are at the greatest risk when the people caring for them are experiencing persistent and severe adversities” (Ontario Ministry of Education, 2014, p. 30). Moreover, educators are encouraged to “take responsibility for their own learning and make decisions about ways to integrate knowledge from theory, research, their own experience” (p. 7), emphasizing the responsabilization of educators to make individual choices in their best interest, meaning that their choices might be connected with their own necessity to self-manage. These sections from HDLH emphasize the potential risk of ECEs who experience persistent adversities to the overall well-being of children in their care, yet the working conditions of ECEs in Ontario, not unlike most locations in the world for early years educators, include low pay, low societal recognition, and persistent overwork. These provincial documents help to establish the expectation that ECEs will exemplify endless joy or else negatively impact children in their care, yet the provincial government’s ongoing structural underfunding of the early years sector creates adversity for ECEs.

The societal and institutional expectation for ECEs to perform joy and happiness suggests that caretakers and educators of young children must be free of “adversities” or at least able to regulate themselves to avoid showing visible signs of distress. The Ontario College of Early Childhood Educators (2017) positions registered early childhood educators (RECEs) as “understand[ing] that strong, positive relationships contribute to healthy child development and [that these are] necessary for children’s well-being and learning” (p. 8). It goes on to argue that “building and maintaining caring and responsive relationships with children, families and colleagues is fundamental to the practice of RECEs” (OCECE, 2017, p. 8). Given that ECEs are required to establish caring relationships with children and families, it is concerning that they receive little support beyond empty directives to care for themselves. Many educators work in public settings where they are underpaid and underresourced yet still expected to be happy and joyful. Without adequate structural and financial support for their labour, there is an expectation for ongoing care and positive feelings without the necessary support to enact such emotions within professional duties. The theme of professional caring expectations also surfaces in the participant data, where ECEs are required to mask or hide any negative feelings or emotional/psychological states.

Some participants noted that being open about mental health diagnoses or struggles with work stress, especially when performing professional expectations of care, happiness, and joy, could raise suspicion about their capacity to work with young children. When asked why ECE mental illness is not discussed in her program, participant #11 shared:

I feel like there’s probably like this stigma on educators—right? And it’s like, “Oh well, educators have to be perfect,” like there’s no way that an educator can’t be perfect [laughter]. ... Like they’re supposed to teach the kids, and if they’re gonna teach the kids, that means there can’t be anything wrong with them, right? Because if you have a mental illness, it’s like there’s something wrong with you.

Participant #21 observed that coworkers, supervisors, and instructors often perceive ECEs facing mental health issues as incapable of doing their job, reflecting that “you’re not able to do the job, just because you’re having mental health or mental illnesses.” This observation highlights the insidiousness of ECEC professional programs and practices that ritualize and normalize the image of the perfect ECE. Yet challenging these professionalized expectations by being open about mental health issues may mean that an ECE comes to be perceived as unnatural or “wrong.” Through IE and participant stories, a discursive analysis of professional ECEC texts, and thematic analysis of preservice students’ perceptions, we surface the seeming impossibility of ECEs achieving perfection in their work lives. Yet, this perfection imperative continues to shape the quotidian expectations placed on them. The institutional strategy fulfills its exclusionary mandate, driving maddened ECEs to self-surveil and refrain from disclosing experiences and diagnoses deemed problematic by ECEC. Critically, it is the contradictions within ECEC professions that madden, not ECE professionals themselves.

Given the ubiquity, uniformity, and rigidity of professional expectations, participants interviewed shared that they often must diminish, hide, withdraw, or mask their mental health diagnosis at work. In considering the impact of disclosing their diagnosis and accommodation needs, participant #13 noted:

It can be hard, because depending on people’s perception of mental illness, like depending on a mental illness, it can sometimes be ... not wanting people with a mental illness to be like interacting with children—like is that safe? Like it could be like really negative stereotypes of like people with mental illness.

This participant suggests that it is not stigma against all diagnoses but specific stigmas against certain types of diagnosis—where some diagnoses are perceived as more dangerous and threatening to families and children—that perhaps shapes and determines responses, and whether such diagnoses or conditions might be considered manageable. However, the assumption that having a mental health diagnosis risks children’s healthy development, well-being, and educational attainment leads to the containment and disavowal of madness. Instead of welcoming difference or anticipating divergence as necessary to children’s development, mental difference is policed within professional boundaries in ECEC, which subjects madness itself to institutional violence and ECEs to further self-surveillance. Amid the internalized regulation and self-management that ECEs learn they must enact, along with the institutionalized normalization of ECEC as a field that regulates and excludes madness, there is little space for madness to be imagined within early childhood education except as pathology and otherness.

Results from the provincial ECEC professionalized accreditation and pedagogical documents in conjunction with participant lived experiences highlight two key points: (a) there is significant effort in ECEC to privilege children’s development and ensure that ECEs care for children often at the expense of their own well-being; and (b) madness is unintelligible within ECEC, with Mad and/or maddened ECEs fearing that their disclosure will incite covert or overt violence and reprisal. Overall, these mechanisms of social control, produced through ECEC professionalization, relegate madness to the margins and shape the ECE subject and the care they provide through gendered, classed, and sanist tropes.

Discussion

The study has significant implications for constructions of “the professional” and “professionalism” within ECEC. Our analysis contributes to several critical conversations regarding the constitution of normative emotional states through the lens of “positive” emotions. First, discourses of normalcy, normal development, and risk/vulnerability/harm frame departures from happy subjectivity as problematic and harmful to children (i.e., unprofessional). Second, professional subjectivity is seen as “intact” subjectivity (able-minded, not ill) while Mad subjectivity is

presented as antithetical to professional identity. And third, mental wellness is framed as an individualized task with an imperative for ECEs to stay positive and engage in individualized self-management/self-care as solutions to structural inequalities such as the economic devaluing of care work, poor working conditions, etc. Refusing to subject oneself to psychological self-management is implicitly framed as unprofessional.

Through analysis of participant accounts, we observed that participants often felt a strong desire to disclose their experiences with madness. However, institutional and discursive norms persisted, pathologizing these experiences and hindering students from openly sharing them. ECEC professional standards and competencies reinforced the notion that madness is contrary to children's normative development and well-being. Although participants infrequently referred to the DSM-5 in interviews, they frequently used terms such as "diagnosing" and "diagnosis" as a necessary precursor to receiving support services—for both students in postsecondary and children in early years settings. Diagnoses were embedded within everyday vernacular, with students frequently referencing diagnostic categories such as anxiety disorder and depression to describe their feelings and experiences. It was only through subjecting themselves to a diagnosis and maintaining that diagnosis as a secret that students could perform the expectations of the ideal ECE.

In theorizing the relationship between disciplinary power and the production of docile bodies, Foucault (1977/1995) argued that "disciplinary coercion establishes ... the constricting link between an increased aptitude and an increased domination" (p. 138). Projecting an idealized image of an ECE professional—as a person who can regulate and contain their emotions while presenting as happy and cheerful—is achieved through the normalization of psychiatric intervention and the simultaneous maintenance of secrecy in that engagement. Postsecondary students understand the performance of care to be enacted through ECEs' ability to self-manage and contain any signs of emotional or mental distress. Consequently, care for children and families becomes a regulatory mechanism enacted discursively and textually.

According to Foucault (1977/1995), forms of political regulation occur through "a multiplicity of often minor processes [that] overlap, repeat, or imitate one another, support one another, distinguish themselves from one another ... converge and gradually produce the blueprint of a general method" (p. 138). While HDLH argues that when "educators establish positive, authentic, and caring relationships with families and provide a safe, non-judgmental environment for shared learning, everyone benefits" (Ontario Ministry of Education, 2014, p. 18), it risks ignoring ECEs' own well-being and belonging. Moreover, students explicitly describe the expectation for ECEs to conceal mental distress. This means that students' engaging with governing ECEC texts such as HDLH and ELECT might conceptualize madness, mental distress, and/or mental difference as inherently pathological. Smith (1999) notes how texts function as powerful apparatuses informing "the standpoint of people's everyday/every-night experiences" (p. 25), meaning that texts are integral to the social relations that shape people's daily lives (Smith, 1999, 2005). How people enact institutional texts is important for considering how students and ECEs navigate and negotiate discourses of mental health within ECEC. Our results reveal how regulatory and professional bodies within ECEC work together to govern the daily emotional work of ECEs. Textual documents like HDLH and ELECT establish a normative trajectory and image for ECEs, orienting them towards the pathologization and regulation of madness. As ECEs engage with these texts, the dominant discourses the texts carry become imbricated in ECEs' everyday work, as well as the governing discursive norms within the sector.

Our analysis emphasizes the need to recognize the strengths of ECEs with experiences with mental distress, suffering, and madness and to critically reexamine how ECEs are governed through current guiding documents in Ontario's early years sector. While we agree that children deserve caring and kind adult figures, we contest how developmental theories and logics are textually deployed to regulate the emotional and mental states of ECEs.

We believe that welcoming ECEs' various experiences of mental difference and distress into the conversation can productively delink inherent sanist assumptions that associate madness with violence, risk, and harm.

Conclusion

Instead of attributing distress solely to individual preservice students and ECE professionals, we need to scrutinize the institutional practices within ECEC that perpetuate and exacerbate maddening encounters and other experiences of madness. Taking madness seriously in ECEC involves considering how the sector might work towards supporting the well-being of *all* educators, children, and families who are involved within its care networks, including acknowledging the deleterious working conditions of the sector and intense demands for emotional and care labour from educators (Barton, 2023). Despite evidence of persistent inequalities in the ECE profession, there is a concerted effort within ECEC to institutionalize and normalize modes of oppression directed at individuals identified as Mad under the guise of facilitating normative child development. However, as highlighted by our participants and echoed in Mad studies scholarship, attempts to shield children from experiences labelled as madness may not effectively promote their well-being. Rather, ongoing emphasis on creating conditions for children's normative or typical development, as defined within the ECEC profession, could inadvertently reinforce existing inequalities and reproduce, rather than address, maddening encounters (Davies, 2022, 2023).

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