

## INTERRUPTING SILENCE – ON THE BOOK *ANTHROPOLOGY OF PSYCHIATRY OF CHILDREN AND ADOLESCENTS*

**Anna Witeska-Młynarczyk (ed.) 2018. *Antropologia psychiatrii dzieci i młodzieży. Wybór tekstów* [Eng. *Anthropology of Psychiatry of Children and Adolescents*]. Warszawa: Oficyna Naukowa, pp. 364, ISBN 978-83-64363-94-8.**

Marta Rakoczy

Institute of Polish Culture, University of Warsaw

“I am leafing through an album by the Canadian painter Peter Doig, when I come across a painting entitled *Blotter*, painted in 1993. It is a snowy winter and a lone young boy is checking the ice on a lake in a forest with his foot, looking down at his reflection” (Witeska Młynarczyk 2018, 7).

The painting, referred to by Anna Witeska-Młynarczyk in the foreword of her book, is an introduction to *Anthropology of Psychiatry of Children and Adolescents*, which, in Poland, is the first cross-sectional presentation of contemporary research straddling the border between new childhood studies and the anthropology of psychiatry. Witeska-Młynarczyk writes:

“The fact that the boy is immersed in the landscape, reflected in the surrounding world and plunges into thoughts about this reflection, seem to illustrate well the main traces of social studies, for which a person is always immersed in something, is always a part of something, whether it be a history, material environment, or interpersonal relations (Witeska-Młynarczyk 2018, 8).

This beginning reveals well the character of the book. On the one hand, it is a review, an interdisciplinary presentation of contemporary social research on the psychiatry of children and adolescents. On the other hand, the book is more than a set of representative texts. It is an original anthology, meaning that it boldly builds its own voice in a world in which the processes of medicalisation and psychiatrisation in the ways young people act and feel have significantly increased.

Mental health – Witeska-Młynarczyk reminds her readers in the introduction – has become a subject of global policy involving international organisations (World Health Organization and The Movement for Mental Health in the World to name but two), expert and patient associations, pharmaceutical companies and insurance companies. The human psyche is no longer simply a subject of discourse or social action. It has

been subordinated to “health technology” (a term coined by China Mills). The latter is a global, relatively coherent system (or, according to some researchers, a “regime”) of values, representations and practices treated as universals. There are practical consequences of this. For example, according to data invoked in the book, the number of prescriptions for antipsychotics to children in the US increased fivefold between 1992 and 2002. The number of diagnoses of a variety of disorders is also growing exponentially, and psychiatric care is being provided to younger and younger children. The increasing use of pharmaceuticals involves minimizing the costs incurred by states in developing standardized, compliant citizens. On a transnational scale, the system discussed by Mills replicates the asymmetry of global politics and economy. The expansion of Western psychiatry in non-Western worlds is accompanied by unequal access to institutions that allow individuals experiencing mental crisis to be helped by means other than pharmacological ones. Expert criticism against the prescription of strong psychotropic drugs to children is still the domain of the global North. The Global South is being embraced by intensive psychiatry trends, which in the absence of resources to support traditional, local forms of mental health maintenance or to create a network of psychotherapeutic centres equates to the intensive promotion of the use of psychotropic drugs.

The indicated global processes are accompanied by the rapid development of neuroscience and bio-medicalisation of psychiatry. Mental phenomena are increasingly considered in terms of phenomena based on the brain and not on the individual. Mental suffering – since the 20<sup>th</sup> century considered in terms of non-normative ways of feeling and action requiring control and regulation by the state and international institutions – has been increasingly transformed into a discourse about the biochemical imbalance of the brain or the poor performance of neurotransmitters. What has disappeared from scientific narratives is what Florian Znaniecki described as a humanistic coefficient resulting in diagnosed people being seen as subjects of certain processes, and not objects of phenomena independent of them, but dependent on the diagnosis, control and actions taken by experts. Consequently, “biomedical epistemologies” may serve to divert public attention from the “objectively difficult conditions” in which individuals live. Focusing on the brain means that questions about the social and not just the biological causes of mental disorders can be overlooked.

However, macro-scale processes are not the main subject of this book. They give important contexts in which individual stories of people leading “epistemic struggles” in order to achieve happiness are placed. This happiness can be understood differently in each case and attempts to achieve it can be made by means of meaning and actions taken in agreement with or contrary to what Mills describes as “the system”. As Witeska-Młynarczyk states, “scientific objects” are the subject of “social interactions”, which means that “they do not only have a historical life on the pages of scientific journals” (Witeska-Młynarczyk 2018, 20). They operate in a dense network of interrelations

between the daily lives of the diagnosed persons, their families, the clinic, the laboratory and the school. It is the school that has become an important place for the first diagnosis on the map of these relationships and for the recognition that a child does not meet the psychological and behavioural “norm”. And as an institution, as well as a network of social practices with a specific, not yet sufficiently recognised role in the discussed phenomena, it demands further reflection beyond the scope of this book. Counteracting – both discursive and practical – negative aspects of the bio-medicalisation and psychiatrisation of children and adolescents entails not only the necessity to change the functioning of widely understood health care organisations but also requires holistic reforms concerning education, including schools.

The emphasis put on “epistemic struggles” makes children and teenagers, as well as their parents, the main characters of the book. These are people whose stories build a broad spectrum of different interactions with psychiatric care and include African-American mothers, cited by Linda Blum, who are often afraid to administer medication to their own children, demanding rights to normality and suggesting that the background to the school’s demands on children is racial. They also include British children diagnosed with ADHD, described by Iliana Singh, who talk about their own emotions (how ADHD interferes with them, but also how it helps), as well as about their friends who help them avoid punishment by holding them back in situations where fights may occur. Included also are teenage mothers from Brazilian districts of poverty, cited by Dominique Béhague, who oppose labelling teenage pregnancies as pathological and who do not accept their stigmatisation and resist those who deny their ability to make informed decisions. Finding inclusion also is anthropologist and social worker, Brenda A. Lefrançois, who observes her own entanglement in social welfare institutions, which once were involved in taking children away from indigenous Canadians, and which are now forcing to psychiatricise people whose behaviour does not fit into the stereotypes of the “proper” behaviour of white middle-class teenagers. Space is also found for John, a person with autism and the son of Chinese immigrants, who understands and can do more than his family thinks, but because of medical advice which suggests bilingualism is a therapeutic obstacle, finds himself to be the only one in the family who does not speak Chinese with his loved ones.

The author’s choice of characters and texts present in the volume gives emphasis to certain methodological tendencies as most justified. These consist of multi-sited research, the problematisation of micro and macro levels, in which not every case proves the reliability or submissiveness of the subjects concerned by the text, and above all, the problematisation of relations separating and linking anthropology on the one hand, and psychiatry and neuroscience on the other. All the texts in the volume place emphasis on showing the protagonists of the story in a complex network of practices involving various agents of social life. These are human and non-human agents (experts and pharmacists, specific people working for a variety of aid institutions and standardised

procedures in which they are involved), institutions (schools, clinics and hospitals) and persons (parents, teachers, classmates – both of the annoying and supportive variety).

The presentation of the local and global dimension of the lives of the characters in the volume is accompanied by a conscious resignation from easy diagnoses based on binary interpretation schemes. The *Anthropology of Psychiatry of Children and Adolescents* distances itself from unequivocally anti-psychiatric tendencies and descriptions of passive individuals opposed to oppressive institutions. Also, it complicates another binarism characteristic of anthropological research, which consists in showing, on the one hand, institutions imposing systemic forms of action on individuals and, on the other hand, causative individuals processing them according to their own goals and ideas. The stories mentioned in the volume are not a simple praise of local causality or an equally simple accusation against the “system”. The self-ethnographic tendencies present in the volume are similarly conceived. The epistemic and professional position of the anthropologist and social worker Brenda Lefrançois belongs neither to the “system” nor to what opposes it. It is neither a protest, nor resistance, nor proof of submissiveness. In this respect it is similar to Mara Buchbinder’s position, who tries to negotiate in a network of tensions between hospital staff and their patients. The world experienced by the protagonists in this volume evokes a view in which the “system” of psychiatric care and institutions associated with it, is a scattered network of different social practices taking place between different agents. In this network, individuals are neither unambiguously causative nor unambiguously submissive. With tools available in the form of narratives and practices and procedures, these individuals create, with differing results, their own biographies, which are not necessarily coherent and not necessarily involved in clearly localized visions of the world. In this network, no anthropologist has an easy position. Anna Witeska-Młynarczyk does not give the floor to the “oppressed”, nor does she speak unequivocally on their behalf. She instead tries to understand the reverbs and silences emanating from different sides and levels of social life whose sources are as difficult to locate as the authentic experiences of the people behind them is, including the youngest.

In Witeska-Młynarczyk’s proposal, resignation from a binary account is entirely consistent and has far-reaching ramifications not only for anthropological methodology, but also for forms of organisation of forms of thinking and scientific activity in general. That is why, among others, the project of cultural neuroscience presented by Suparna Choudhury appears in the volume. It combines anthropology and neuroscience in a way that allow each of them to maintain relative specificity. The cultural neuroscience proposed in this text is expected to dissolve the distinction between nature and nurture, which is intensely analyzed today and which strengthens the gap between the sciences that Dilthey once called explanatory and those he called understanding ones. It is supposed to take into account and revise the cultural entanglements of brain science and also intended to take into account the anthropological dimension of the

process which concerns the development of the “enculturated brain”. The description of the latter, according to Choudhury, could benefit from a synthesis between dictionary definitions, methodologies and theories of hard and soft sciences, as it *de facto* concerns each of them. This is not purely for cognitive reasons as it seems that such an understanding of neuroscience could effectively build new forms of action in a world in which the division between understanding and explaining sciences is no longer based solely on methodological and discursive differences. It is also sanctioned by certain geopolitical processes related to the management of reflectivity and narratives that legitimise or criticise technology, the economy and certain policies. The binary division of sciences can nowadays serve to channel and marginalise resistance to certain phenomena, confining them to the niches of social sciences and humanities which have little influence on these phenomena. The breakdown of this binary approach, in turn, may be a necessary condition for building new social policies aimed at equal opportunities, whose social credibility require new dictionary, new methodology and new disciplinary definitions.

In conclusion, I would like to point out something that deserves separate attention in *Anthropology of Child and Adolescent Psychiatry*. It is a narrative frame that accompanies the texts presented including the already quoted beginning of the introduction and equally moving epilogue. This frame deliberately avoids strictly scientific discourse. The book begins with a story whose pretext is a dense symbolic image, *i.e.* a medium whose power is based on what cannot be finally expressed. And it ends in the same way, with the image of a boy who tries to escape from hospital and who encounters the verbal and physical violence of a nurse, a boy who “does not want to be there” and does not want to be shouted at (Witeska-Młynarczyk 2018, 342). If Hannah Arendt was right about the sign of the crisis of modern times being scholars (for her probably the last instance of critical and ethical reflection), abandoning “telling history”, which according to Arendt, makes it possible to restore meaning to human affairs, which is neither alien nor imposed on them and which permits the giving of both ethical and political meaning – then Witeska-Młynarczyk’s book restores this meaning in a clear way. It is as a result of the stories collected in the book that it is possible to act effectively against the “dehumanization and decontextualisation of psychiatric problems” and to show “that they are close, part of each of us, and that collective and individual human actions can feed and form them in different ways” (Witeska-Młynarczyk 2018, 38). This can be shown because the story, just like the processes and experiences mentioned in the book, is bricolage-like, non-linear and ambiguous, inseparably connected with the storytellers, and especially with what is particularly difficult to talk about.

The anthropology of child and adolescent psychiatry stems from an awareness that “breaking the silence” associated with children, young adults and their problems is particularly difficult, and consequently also requires special genres and textual styles. The dominant dictionaries of scientific representation are entangled in perspectives which

the book fundamentally undermines. These are dictionaries that essentially belong to adults or people who have skills specific to adults. These are associated with social success rather than crisis, with “normality” rather than with what remains external to it. “I think of childhood and youth as unique, that they could be such” – concludes Witeska-Młynarczyk (2018, 342). I think that without reading this book this way of thinking of childhood and youth would be difficult to understand.

*translated by Paweł Kosiorek*

**Author's address**

Marta Rakoczy PhD  
Institute of Polish Culture  
University of Warsaw  
ul. Krakowskie Przedmieście 26/28  
00-927 Warsaw, POLAND  
e-mail: marta.rakoczy@wp.pl  
ORCID: 0000-0002-7967-2939