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The rise of developmental science: Debates on health and humanity - A Special Issue of Social Science and Medicine

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By Francis Mckay

[Shaping the modern child: Genealogies and ethnographies of developmental science](#)

Dominique P. Béhague, Samuel Lézé

Introductory article. No abstract.

[Fertile bodies, immature brains?: A genealogical critique of neuroscientific claims regarding the adolescent brain and of the global fight against adolescent motherhood](#)

Ofra Koffman

This article presents a critique of neuroscientific claims regarding the adolescent brain and the suggestion that adolescent motherhood disrupts the healthy development of the mother and her child. It does so by presenting a genealogical investigation of the conceptualisation of 'adolescence' in Western psychology and the emergence of the problematization of 'adolescent motherhood'. This examination reveals that antecedents to neuroscientific claims regarding adolescent immaturity, impulsivity and instability were articulated by psychologists throughout the first half of the 20th century. However, up until the 1960s there was no problematization of 'adolescent motherhood' per se and adolescent mothers were only discussed as part of the concern with 'unwed mothers'. Exploring the continuities and shifts in assertions regarding adolescence, this article highlights the complex history of some of the notions currently found in neuroscience. In doing so it aims to contribute to a growing body of critical literature questioning the universality of neuroscientific findings.

[Developing gender: The medical treatment of transgender young people](#)

Claudia Castañeda

Situating the contemporary medical treatment of transgender young

people – children and adolescents – in the longer history of engagement between transgender activists and the medical community, this article analyzes the World Professional Association for Transgender Health’s (WPATH) Standards of Care (SOC) concerning the medical treatment of transgender young people. It traces how the SOC both achieves medical treatment for children and adolescents and reinforces a normative gender system by cleaving to a developmental approach. Without rejecting the value of developmentally-based medical treatment for now, it offers some preliminary thoughts on queer theory’s valuation of developmental failure as a potential future alternative to an emergent medico-technological transgender normativity.

[Developmental logics: Brain science, child welfare, and the ethics of engagement in Japan](#)

Kathryn E. Goldfarb

This article explores the unintended consequences of the ways scholars and activists take up the science of child development to critique the Japanese child welfare system. Since World War II, Japan has depended on a system of child welfare institutions (baby homes and children’s homes) to care for state wards. Opponents of institutional care advocate instead for family foster care and adoption, and cite international research on the developmental harms of institutionalizing newborns and young children during the “critical period” of the first few years. The “critical period” is understood as the time during which the caregiving a child receives shapes neurological development and later capacity to build interpersonal relationships. These discourses appear to press compellingly for system reform, the proof resting on seemingly objective knowledge about child development. However, scientific evidence of harm is often mobilized in tandem with arguments that the welfare system is rooted in Japanese culture, suggesting durability and resistance to change. Further, reform efforts that use universalizing child science as “proof” of the need for change are prone to slip into deterministic language that pathologizes the experiences of people who grew up in the system. This article explores the reasons why deterministic models of child development, rather than more open-ended models like neuroplasticity, dominate activist rhetorics. It proposes a concept, “ethics of engagement,” to advocate for attention to multiple scales and domains through which interpersonal ties are experienced and embodied over time. Finally, it suggests the possibility of child welfare reform movements that take seriously the need for caring and transformative relationships throughout life, beyond the first “critical years,” that do not require deterministic logics of permanent delay or damage.

[Infancy, autism, and the emergence of a socially disordered body](#)

Gregory J.S. Hollina, Alison Pilnick

Twenty academic psychologists and neuroscientists, with an interest in autism and based within the United Kingdom, were interviewed between 2012 and 2013 on a variety of topics related to the condition. Within these qualitative interviews researchers often argued that there had been a 'turn to infancy' since the beginning of the 21st century with focus moving away from the high functioning adolescent and towards the pre-diagnostic infant deemed to be 'at risk' of autism. The archetypal research of this type is the 'infant sibs' study whereby infants with an elder sibling already diagnosed with autism are subjected to a range of tests, the results of which are examined only once it becomes apparent whether that infant has autism. It is claimed in this paper that the turn to infancy has been facilitated by two phenomena; the autism epidemic of the 1990s and the emergence of various methodological techniques, largely although not exclusively based within neuroscience, which seek to examine social disorder in the absence of comprehension or engagement on the part of the participant: these are experiments done to participants rather than with them. Interviewees claimed that these novel methods allowed researchers to see a 'real' autism that lay 'behind' methodology. That claim is disputed here and instead it is argued that these emerging methodologies other various phenomena, reorienting the social abnormality believed typical of autism away from language and meaning and towards the body. The paper concludes by suggesting that an attempt to draw comparisons between the symptoms of autism in infant populations and adults with the condition inevitably leads to a somaticisation of autism.

[Risky, early, controversial. Puberty in medical discourses](#)

Donatella Cozzia, Virginie Vinel

This article comes within the compass of a research program (entitled CorAge. Bodily Experiences and AgePassages among 9–13 year-olds (ANR-09-ENFT-017) conducted between 2009 and 2013 about the emergence of a "new" age in life -"preadolescence"- as instanced in France (Alsace, Lorraine) and Italy (Venetia). The impressive amount of references to "early puberty" and "precocious puberty", in a context of feeling of a premature end of childhood, led us to make an in-depth study of this issue: first, through an analysis of international and French and Italian medical journals; second, through interviews with health professionals. Following the thesis of Foucault, we assume that the discourses on puberty timing participate of classifications of the child body drenched with moral representations of childhood, especially on gender and age issue. Our results: the question of whether a secular trend in puberty timing even exists continues to be debated between American and European scientists. Second, the terms "puberty", "precocious puberty", "early puberty" have been used to indicate a variety of puberty markers, increasing confusion. A controversy has focused on early breast development in girls, because this attribute is questioning the order of

ages and gender. Moreover, psychosocial factors presented as accelerating early puberty, do not demonstrate the relation between earliness and risk behavior. The literature, as it is moved by the female precocity, creates a medical category to objectify the complex and flexible process of puberty and invent female child precocity. These differences between American and European scholars and the interviews with French and Italian health professional show a gap between the international literature and practitioners, clinicians and nurses who regularly work with children: they neither find pubertal advancement, nor increase of “true precocious puberty”, although they share concerns about premature feminization of girls (France) or environmental toxicity (Italy) on children.

[How and why should children eat fruit and vegetables? Ethnographic insights into diverse body pedagogies](#)

Michalis Kontopodis

Much recent scholarship in the field of sociology of childhood has analyzed the disciplinary and regulatory strategies for governing children's bodies in the name of “health” and “life” in North/Western Europe, North America, and Australia. These analyses problematize how formal and informal pedagogies are shaped by biomedical knowledge, popular media images, and neoliberal agendas in ways not always for the benefit of the children in question. Little research, however, has explored the body pedagogies developed within grass-roots movements concerned with children's health and well-being; furthermore, little research has explored these topics outside the North American or European space. Following a comparative ethnographic approach, I explore the differences in how and why children eat fruit and vegetables in a) public kindergartens and b) allotment gardens in Berlin, Germany, as well as in c) Landless Workers' settlements in Espírito Santo, Brazil. The qualitative analysis reveals that biopedagogical concerns often intermingle with ecological as well as broader societal issues, depending on the concrete context in question. This, in turn, poses new questions concerning our understandings of “biopower” and “biopolitics.”

[Neural imaginaries and clinical epistemology: Rhetorically mapping the adolescent brain in the clinical encounter](#)

Mara Buchbinder

The social work of brain images has taken center stage in recent theorizing of the intersections between neuroscience and society. However, neuroimaging is only one of the discursive modes through which public representations of neurobiology travel. This article adopts an expanded view toward the social implications of neuroscientific thinking to examine how neural imaginaries are constructed in the absence of visual evidence. Drawing on ethnographic fieldwork conducted over 18 months

(2008–2009) in a United States multidisciplinary pediatric pain clinic, I examine the pragmatic clinical work undertaken to represent ambiguous symptoms in neurobiological form. Focusing on one physician, I illustrate how, by rhetorically mapping the brain as a therapeutic tool, she engaged in a distinctive form of representation that I call neural imagining. In shifting my focus away from the purely material dimensions of brain images, I juxtapose the cultural work of brain scanning technologies with clinical neural imaginaries in which the teenage brain becomes a space of possibility, not to map things as they are, but rather, things as we hope they might be. These neural imaginaries rely upon a distinctive clinical epistemology that privileges the creative work of the imagination over visualization technologies in revealing the truths of the body. By creating a therapeutic space for adolescents to exercise their imaginative faculties and a discursive template for doing so, neural imagining relocates adolescents' agency with respect to epistemologies of bodily knowledge and the role of visualization practices therein. In doing so, it provides a more hopeful alternative to the dominant popular and scientific representations of the teenage brain that view it primarily through the lens of pathology.

["Learning how to deal with feelings differently": Psychotropic medications as vehicles of socialization in adolescence](#)

Suparna Choudhury, Kelly A. McKinney, Laurence J. Kirmayer

Drawing from ethnographic research among clinicians working with adolescents at a hospital psychiatric emergency department and outpatient clinic, and with interviews with adolescent psychiatric patients and their parents, we examine how psychiatric medicines function as socializing agents. Although psychiatric medications are thought to exert their main effects through direct biological action on neural circuitry, in fact, their use mobilizes specific kinds of moral discourse and social positioning that may have profound effects on sense of self, personhood, and psychological development. Specifically, our data reveal how clinical discourse around medications aims to enlist adolescents in becoming responsible, emotionally intelligent selves through learning to manage their medications. Among doctors, adolescents and their families, talk about psychiatric medications intertwines narratives of 'growing up' and 'getting well'. Our analysis of case studies from the clinic thus demonstrates that while psychiatric medications are explicitly designed to influence behavior by acting directly on the brain, they also act to structure adolescents' selves and social worlds through indirect, rather than direct causal pathways to the brain.

[Taking pills for developmental ails in Southern Brazil: The biologization of adolescence?](#)

Dominique P. Béhague

In the late 1990s researchers in Pelotas Southern Brazil began documenting what they considered to be unacceptably high rates of licensed psychotropic use among individuals of all ages, including youth. This came as a surprise, since the vast majority of psychiatrists in Pelotas draw on psychoanalytic theory and approach pharmaceutical use, especially for children and adolescents, in a consciously tempered way. Drawing from a longitudinal ethnographic sub-study, part of a larger 1982 birth cohort study, this paper follows the circuitous trajectories of emergent pharma-patterns among “shantytown” youth over a ten-year period, exploring the thickly layered and often moralized contingencies in which psychodynamic psychiatrists’ intention to resist excessive pharmaceuticalization both succeed and crumble. I juxtapose these trajectories with the growing salience of an “anti-biologizing” explanatory framework that psychiatrists and researchers are using to pre-empt the kind of diagnostics-driven “biopsychiatrization” so prevalent in North America. My analysis suggests that psychiatrists’ use of this framework ironically contributes to their failed attempts to “resist” pharmaceuticalization.

[Physical constraint as psychological holding: Mental-health treatment for difficult and violent adolescents in France](#)

Yannis Gansel, Samuel Lézé

The phrase “Contraindre est thérapeutique”—constraining is therapeutic—underpins the principle of numerous interventions within the field of mental health in France, ranging from traditional psychiatric units to the courthouse to violence management and prevention of dangerousness. The treatment of violence in “difficult and violent adolescents” provides a paradigmatic and revealing example of this tendency. The aim of this article is to understand how the clinical category—*contenir*, or “to contain”—was formed and is used. The perspective taken is that of the political anthropology of mental health and the article combines a genealogical approach of the notion with a multisite ethnographical study (conducted between September 2008 and June 2012 in three facilities for adolescent care). This study will show how “psychological holding” is used to justify “physical constraint” in the treatment of adolescent crisis and violence. Furthermore, we will see how this “dirty work”, delegated to front-line professionals (educators, social workers, nurses), is used within a moral economy of suffering that promotes care and control measures in a population largely from immigrant backgrounds, judged to be both potentially vulnerable and dangerous.

[“What is strange is that we don’t have more children coming to us”: A habitography of child psychiatrists and scholastic pressure in Kolkata, India](#)

Stefan Ecksa, Christine Kupfer

The mental health of Indian school children could be expected to be a major topic of research. More people below 15 years are living in India than in any other country in the world, and India has undergone rapid social, economic, and demographic changes that have greatly increased the pressures on children to do well in school. Yet there is a striking dearth of research in this field. In this article we present the first-ever study focused on child psychiatrists in India. Based on long-term fieldwork and interviews with psychiatrists in the Kolkata metropolitan area, we present a habitography of how psychiatrists experience young people's problems. Child psychiatrists are greatly concerned about the nexus between heightened expectations of educational success and a rise of mental problems among young people. At the same time, they wonder why not many more children are coming to them with school-related complaints. To date, there is not enough research that could either confirm or disconfirm the psychiatrists' analysis of social changes, but some conclusions on the plausibility of their views can be drawn.

AMA citation

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