

Final Panel
SPA
Sunday, April 3, 2011

The theme of the biennial meeting of the Society for Psychological Anthropology, which took place in Santa Monica, CA, on March 31–April 3, 2011, was “Subjects and Their Milieux in Late Modernity: The Relevance of Psychological Anthropology to Contemporary Problems and Issues,” According to the organizers:

Psychological anthropology is the subdiscipline best positioned intellectually and empirically to detail both how large social forces influence individuals and how subjective experience and interpersonal dynamics can transform social institutions. We will focus especially on the relevance of psychological anthropology to problems and issues in the contemporary world – from changing families, workplaces and local communities to religious groups, professions, and transnational institutions like consumer capitalism, world religions, and NGOs.

The final panel, which was organized by Douglas Hollan (UCLA) and Rebecca Lester (Washington University), focused on the challenges and prospects of “engaged psychological anthropology,” from a fieldwork as well as an applied perspective. Both Doug and Rebecca have longstanding professional as well as personal interests in this area. In addition to being anthropologists, Doug is a psychoanalyst and Rebecca is a licensed clinical social worker.

In his opening remarks, Doug said the theme of the conference (as well as the final panel) reflected the growing interest of students and colleagues in anthropology’s relevance or contribution to addressing human problems in the contemporary societies in which many anthropologists live and work. In her opening remarks, Rebecca said she was struck by how “the theme of morality is all over this program,” and that this at least partly reflected attempts to “figure out where our place should be, how we should engage with the questions we ask, what we should or shouldn’t do.”

The panelists included medical and psychological anthropologist Byron Good (Harvard University), cultural psychiatrist Laurence Kirmayer (McGill University), medical and psychological anthropologist Jill Korbin (Case Western Reserve University), and psychological anthropologist Daniel Linger (UCSC, emeritus).

The term “engaged” anthropology covers several different meanings: sharing and support, teaching and public education, social critique, collaboration, advocacy, and activism (Low & Merry, 2010). The panel focused on engagement at various levels with respect to mental illness, including its interrelationship with situational predicaments – natural or man-made disasters, political conflicts, poverty, violence, and other major life stressors.

Rebecca Lester began the discussion by describing the “nuts and bolts” of her professional life as a tenured professor of anthropology and a practicing clinical social worker specializing in trauma, self-harm, eating disorders, and personality disorders. (For example, she sees clients in her academic office. Her current chair, she said, “is very supportive.” As far as he is concerned, the sessions are “extended interviews.”) In an effort to formalize the integration of academic and clinical roles in a wholly transparent manner, she also founded the nonprofit Foundation for Applied Psychiatric Anthropology, which “has a clinical piece, a research piece, and a policy piece.” She said the “main idea was to network people across all these domains.” The nonprofit also allows her to charge lower fees for clinical services.

She said it is important to be utterly transparent in terms of integrating clinical activity with overall research trajectory. In terms of challenges, she said that gender has been an important component; she mentioned that there was “a degree of suspicion” regarding her level of commitment to academia. But overall, she recommended engagement. Psychological anthropology has a unique perspective to bring to a lot of these questions because “we bridge so many different levels of engagement and analysis, from intrapsychic to very broad, structural issues, and we’re interested in how all these things work together,” to a degree not found in other disciplines.

The next panelist, Byron Good, described how he and Mary-Jo DelVecchio Good became deeply involved in psychosocial or mental health intervention programs in Indonesia following the 2004 Indian Ocean tsunami, which killed nearly 160,000 people in Aceh province (located on the northernmost tip of the island of Sumatra), and a subsequent peace agreement between the Indonesian government and a separatist group (the Free Aceh Movement) that brought decades-long conflict in the region to an end. He said that his work in Aceh has had a “profound influence on how I think about what I do.”

Byron then read excerpts from his Marett Memorial Lecture, which he presented at Oxford University last April, to give the audience a sense of why he finds the work so engaging. He described some of the stories related to him by survivors of a number of terrifying military offensives against the Acehnese, in the context of a one-time visit by a mobile mental health team to a village in which his team was conducting an intensive psychosocial survey.

For us, this was the start of a long and deep involvement, in which we took this spontaneous “trauma clinic” as a model for the development of mental health outreach teams, organized by the IOM [the International Organization for Migration], staffed by young Acehnese doctors and nurses, and funded by diverse donors, particularly the World Bank. These teams treated over 2,000 persons in 75 villages. We fought to have IOM and the donors support these teams; we worked closely with them, carried out formal evaluations and wrote reports, met with patients to hear stories of recovery, and have continued to advocate for this model of care, even as donor funds for Aceh have largely disappeared.

Theoretical critiques of PTSD as the medicalization of human suffering have fallen away in the course of his and Mary-Jo’s involvement in intervention programs and mental health care advocacy. Byron said he no longer aspires to the single, unified theory of the subject or subjectivity that he outlined twenty years ago in *Medicine, Rationality and Experience* (Good, 1990, 1991). He now feels that intervention is one of many positions – or valid modes of inquiry – into subjectivity, which remains a major research interest (see, e.g., Biel, Good, & Kleinman, 2007; and Good, Hyde, Pinto, & Good, 2008).

In closing, Byron disagreed strongly with Joel Robbins’s characterization of the lives of persons encountered in the field and this mode of inquiry as belonging to the “suffering slot” in Joel’s plenary lecture on Friday (“Beyond the Suffering Slot: Toward an Anthropology of the Good”). Citing work presented at this conference and elsewhere by Angela Garcia, Terry O’Neill, Tanya Luhrmann, Janis Jenkins, Cheryl Mattingly, and others, he said:

Suggesting that this is a passing phase for anthropology and that we should sort of get over it and move on to the “anthropology of the good” . . . profoundly misrepresents

some of the most important work, not of the last twenty years, but of the last fifty or sixty or seventy years that anthropologists have been engaged in.

The concept of “bearing witness” as “giving voice” to others, he said, is sometimes very useful. He pointed out a second meaning of “witnessing,” as in “witnessing a crime,” noting that in this sense witnessing also makes you – and your colleagues from the society in which you are working – complicit in events or predicaments that we cannot *not* act upon, in some cases placing our colleagues at great risk. Finally, he said that “in my own work, getting deeply involved in trying to change something . . . has dramatically changed how I think about that phenomenon and about my role as an anthropologist.”

The next panelist, medical and psychological anthropologist Jill Korbin, began by noting that psychological anthropology has always been, in one way or another, an “engaged field” but she also described it as an “issue with tensions.” Within psychological anthropology, “the kinds of topics and populations that we choose often force us to be clear, to make lines, to think about what our roles are and how we best use the work that we do and the position that we’re in of being able to learn about other people, their life views and how we best convey that.”

Research, and in particular the great care anthropologists give to elaborating the specific contexts or configurations of people and groups in which various issues play out, is one of the most important things we have to offer, she said. And thus, academic research in her perspective is itself a form of advocacy because it conveys a kind of knowledge that other disciplines may not have access to, with a certain claim to authority and in a manner that is perceived as trustworthy and unbiased. Her question then becomes, how do we put forth the best knowledge in trying to solve the problems that press upon us?

Engagement is not easy, she said, speaking from her perspective as the director of a child research center whose mission is to bridge research practice and policy. “You cannot just push research out. You have to engage communities, doing many of the things that we as anthropologists take for granted.”

Some tensions arise because of anthropology’s longstanding interest in the cultural diversity of childhood experiences and pathways. That is, the topics that we engage in – and try to contextualize – surround children in very difficult circumstances – famine, poverty, disease, societal-level issues, children who are treated differentially, who are abused, or gender discrimination, as well as children who have roles that we don’t generally ascribe to the concept of “childhood” in the West, including child soldiers, laborers, commercial sex workers, and so on. The anthropological project on childhood has been to try and contextualize and think about this. Advocacy in the form of research, in the form of understanding the context, she continued, is one way to both understand and address the very real problems children have. But one of the tensions she encounters is that child advocacy groups often push us the other way. They take the diversity that we’re interested in and push back with a single standard, often based in Western norms but that may have quite a bit of appeal to policy makers looking for single solutions.

Jill Korbin and her colleague Eileen Anderson-Fye are in the final stages of preparing a special issue of Ethos (tentatively scheduled to come out at the end of this year) based on their 2008 Lemelson/SPA Conference "New Directions in Policy-Relevant Research on Adolescence: Perspectives from Psychological Anthropology" that addresses many of the issues discussed at this session.

Cultural psychiatrist Laurence Kirmayer, who followed Jill, approached the topic from a different direction. Clinicians tend to have “the opposite problem, that is, you’re stuck in the thick of things and you look to something like anthropology to give you a little bit of breathing room, and a little bit of critical perspective on a practice that you are deeply embedded in,” one that instills a strong set of biases, including a strong assumption that existing psychological models are a priori universally applicable. He felt his profession lacked the vocabulary with which to articulate and consider other things that were happening. For Laurence, this has played out in a variety of contexts over the past few decades.

Initially, as a psychiatrist in the late seventies and eighties doing consultation-liaison work in a general hospital (starting at UC Davis and then at the Jewish General Hospital in Montreal), he worked with persons experiencing medically unexplained symptoms. The presumption that this represented a form of psychopathology, or “primitive” mode of expression was problematic (to Laurence) because there was no discussion of context. Instead, the problem was simply situated inside some kind of psychodynamic process. Thus, “the whole idea that we could put context back in, and that that would give us psychological insights as well as social and political insights was a very powerful, liberatory idea.” He became convinced that research on context was part of the “absolutely central, intellectual substance of mental health practice” (see, e.g., Kirmayer, 1984 on culture, affect, and somatization; and Kirmayer, 1988 on mind and body as metaphors).

In the late eighties, as a psychiatric consultant for the Inuit in northern Quebec, he said he was struck by the inadequacy of individual-centered accounts for understanding the high prevalence of suicide attempts among young persons. Once again, he felt the need for a language with which to articulate the significance of these events as a social phenomenon, which was having a huge psychological impact, one that would take into consideration the conceptual frames or moral lenses that we use for understanding mental health problems. This work also led to his participation in a number of policy initiatives, to which he contributes an empirical perspective. In the late nineties, he also established a cultural consultation service that augments existing mental health services with a case-oriented approach to look at the social, cultural, contextual dimensions of mental health care.

Finally, Laurence described his more recent involvement in “critical neuroscience,” with a group of scholars and researchers led by Suparna Choudhury of the Max Planck Institute and Jan Slaby of Philipps University Marburg, who share an interest in understanding how neuroscience constructs its objects of study (see, e.g., Choudhury & Slaby, 2011). Critical neuroscience “gets right to the core of where psychiatry tries to locate its power and its claims for truth,” by pointing out how psychiatry is culturally framed not only at the level of diverse human groups but even through the constructs and metaphors that we use to think about the brain.

For Laurence, as an “engaged” clinician, psychological anthropology provides him with the possibility to disengage, that is, to think critically about his profession and then to try to reintroduce context into psychiatric thinking, or to support the efforts of other people in this regard. Such an approach can be destabilizing for the practitioner, however, and it also “creates a lot of political complexity,” he said. He described the transcultural psychiatry program at McGill as “marginal” in the larger context of the university and psychiatry more generally, but, as Rebecca pointed out earlier, interdisciplinary networks across domains are still in their infancy.

The final panelist, Dan Linger, provided an alternative perspective. He described himself as a “metamoral minimalist,” by which he meant he does not hold people strictly to task for obeying their own moral standards, much less his. (He later added that “it all boils down to a complaint

over hypermoralizing one's own or other's work, or insisting that all anthropological work must have a moral aim, or being too quick to accuse people of hypocrisy.”)

In his experience, engaged anthropologists who are trying to “give a voice” to groups they study run into difficulties when, for example, the publicly announced goals or motivations of groups do not accord with members’ underlying concerns or motivations. The anthropologist, who is entrusted with all kinds of information, faces a conflict in terms of what to reveal. In response to a student who had run into this difficulty, Dan said she could be a “propagandist” or a “truth teller,” or some combination of both, but it’s not likely that both aims will fully mesh at the same time.

He described another situation, in which he had an uneasy response to a colleague’s paper, which discussed her work with an Islamic women’s group in the US, who were attempting to counter negative stereotypes. The colleague’s efforts to counter “the other” with a straightforward, or unmediated, presentation of what the women were saying elicited in Dan an uneasy response, which he described as “part admiration” and part “wet blanket realism.” On the one hand, he understood the motivations of the women and the author; on the other, he felt that the work might have downplayed some of the women's doubts, internal conflicts, or questions. “Humanizing stigmatized people doesn’t require sanitizing them, it just means rendering them as complex and recognizable, warts and all,” he said.

His final point was that ethnographic work and representation is, like most human enterprises, a compromise formation between different kinds of aims and perspectives, including (1) the desire to advance a moral agenda; (2) the desire to present a reasonably comprehensive and responsible empirical account (whatever our preconceptions or wishes); (3) the desire to learn something about the world; (4) the desire to enter into a conversation with others; (5) unconscious perspectives and values. Rarely can all these aims and perspectives be reconciled into a single work, especially truth telling and propaganda. But, he said, if the truth-telling aim is compromised – which he considered the most important element in ethnographic accounts – then the other aims, especially advocacy, become vulnerable, with the possibility of compromising the credibility of the profession as a whole.

In the end, the view the panelists put forth – in many cases based on deeply personal stories – stressed the moral need, at times, to respond pragmatically and constructively to the dire human problems encountered in the field without sacrificing commitment to “truth telling.” From a more theoretical perspective, what both Jill and Laurence seemed to value most was anthropology’s elucidation of the contexts in which these predicaments occur, which in itself is a form of engaged practice. But the panel also provided room for some fertile arguments, the subtext of which may be that psychological anthropology since Sapir is at heart more of a dialogue than a soliloquy.

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