Papers on Social Representations
Volume 26, Issue 2, pages 3.1-3.7 (2017)
Peer Reviewed Online Journal
ISSN 1021-5573

[http://psr.iscte-iul.pt/index.php/PSR/index]

Commentary on Jane Robert's paper: Parents, clinicians and the genesis of a contested diagnosis: The development of knowledge surrounding pediatric bipolar disorder in the United States

CLAUDINE PROVENCHER

London School of Economics and Political Science

Since Moscovici first exposed his ideas in *La Psychanalyse, son Image et son Public* (1961/1976), several proponents of the theory of social representations have used health in general, and medical conditions in particular, as perfect examples of areas of contested knowledge (see for instance, Farr and Markova (1995), Gervais and Jovchelovitch (1998), de-Graft-Aikins (2005)). Thus, Jane Roberts's article can be viewed as part of a long tradition of health-related studies, studies that have highlighted the social constructionist dimension of "illnesses" where competing versions of the medical condition under study, each underlined by different forms of knowledge populate the social representational field available to people who want to make sense of an unfamiliar object. As I noted in my examination of the MMR controversy (Provencher, 2008, 2011), health-related beliefs play a fundamental role in our understanding of who we are and how we go about making sense, a point that had already been made by Gervais and Jovchelovitch in their study of the Chinese community in England (1998). This is especially true for the parents of children who have an unknown medical condition, hence the importance of Roberts's examination of how paediatric bipolar disorder (PBD) has been 'made sense of' in the United States these last two decades.

It is worth noting the context in which this study takes place. For instance, in 2009, the National Research Council and Institute of Medicine estimated that between 14% to 20% of children and adolescents had a diagnosable mental illness. In a study published by the NCHS in 2014, 7.5% of children aged between 6 and 17 were found to have used medication for emotional or behavioural difficulties in the previous six months. Indeed, the author highlights on page 6 the way "norms for how children should conduct themselves have led to points of reference against which the medicalization of children takes shape, requiring medication for anything that falls outside of normative boundaries." Paediatric bipolar disorder comes across as a perfect example of "a socially elaborated product of different spheres of expertise coming together" and one that makes clear the need to explore in greater detail "the role uncertainty plays in opening up space for influence" (p.5).

Added to that uncertainty is the new context in which interactions between medical practitioners and patients (or, in this case, parents of patients) take place with “a built-in sense of expectation on behalf of consumers (in this case, parents) that they are entitled to what they pay for”. Indeed, this phenomenon now extends beyond health systems and affects, for instance, the world of higher education. For instance, in a paper published in 2010, Finney and Finney reported an increased number of complaints made by students to universities’ authorities.

Roberts focuses on the collective work done between practitioners and parents in coming up with a PBD diagnosis and examines this work through a dialogical analysis as proposed by Gillespie and Cornish (2010). She does an excellent work exploring the nuances expressed by the clinicians interviewed when explaining the process behind their diagnostic and the roles played by the ‘experiential knowledge’ of parents. Whilst it would have been difficult (and costly) to organise that in the context of a PhD, it would be fascinating, in a further study, to match parents with the specific clinician responsible for the diagnostic of their child and, if possible, to interview them together, as this would allow for an examination of the parents’ attitudes towards health professionals and the power relationships between them and the psychiatrists.

Given more resources, more time should also be spent exploring in greater detail the role of cognitive dissonance in the sense-making process of these practitioners. This is something the author alludes to on pages 8 and 9 when she highlights that “clinicians look to parents to shape their own clinical interpretation by defining what parents report as questionable behaviour at home”, and later when the author discusses the “position of parents as victims” and how their knowledge is used “by professionals in a way that both advances rationale for applying the diagnosis, and removes some responsibility from the clinician through alignment with a parent's direct experience." Building on my findings in the context of the MMR controversy, I would propose that it might make sense to re-categorise the types of knowledge parents used in their interactions with mental health practitioners. Whilst most of it undoubtedly falls in the "experiential knowledge" category, one might also be able to discern elements of scientific knowledge, a result of years and years trying to understand the issues faced by one's child. Some of the parents I interviewed in the context of the MMR controversy did, indeed, know much more about the possible side-effects of the combined MMR vaccine than some of the health professionals I met.

Bringing together the power dimension mentioned above and the ways with which the mental health professionals have had to deal with colleagues opposed to their diagnostic, I would encourage the author to interview those mental health practitioners who disagree with the possibility of paediatric bipolar disorder. The role played by uncertainty and the different shapes it adopts in this controversy could thus be explored in greater detail. Indeed, in a country where litigation seems to be the rule, one cannot but wonder to what extent the diagnosis of paediatric bipolar disorder in children may have been influenced by the risk of litigation affecting the American medical profession.

On a more theoretical front, in this paper, the author seems to assume that accommodation is the only form that polyphasic thinking can take, something which contradicts the detailed typology proposed by Priego-Hernandez in her doctoral thesis (2011) and which does not also consider the possibility of 'cognitive monophasia' as I proposed in my research on the MMR controversy (2008, 2011). A more detailed analysis of the conversations the author had with mental health practitioners and with parents of affected children might unveil different types of polyphasic thinking. It might also reveal the role played by the interplay between omission and commission, that is, the idea that one feels more responsible about a negative outcome if it results from an action as opposed to inaction (Meszaros et al., 1996; Ritov and Baron, 1995). Indeed, this is something the author alludes to on page 9 when she talks about the "threat of blame".

Finally, I would argue with the question asked at the end of this paper, that is, "Is it always advisable to enable forms of non-medical knowledge to shape development of medical understanding?". Like it or not, non-medical knowledge will always influence the development of medical understanding. It might be better to ask how we can understand the dynamics that orchestrate how these different forms of knowledge interact and how to manage them to act in the best interests of the children concerned, children who, as the author points out on page 8, are "rendered almost peripheral in discussion."

REFERENCES

de-Graft Aikins, A. (2005) 'Social representations of diabetes in Ghana: reconstructing self, society and culture'. PhD thesis, Social Psychology Department, London School of Economics.

Finney, T., and Finney, R. (2010) 'Are Students Their Universities' Customers? An Exploratory Study'. *Education and Training, 52*(4): 276–91.

Gervais, M.-C., and Jovchelovitch, S. (1998) ‘Health and identity: the case of the Chinese community in England’. *Social Science Information, 37*(4): 709-729.

Gillespie, A. & Cornish, F. (2016), Intersubjectivity: Towards a dialogical analysis, Journal for the Theory of Social Behaviour, *40*(1): 19-46.

Marková, I., & Farr, Robert M. (1995). *Representations of health, illness and handicap*. Chur: Harwood Academic.

Meszaros, J.R., Asch, D.A., Baron, J., Hershey, J.C., Kunreuther, H., and Schwarz-Buzaglo, J. (1996) ‘Cognitive processes and the decisions of some parents to forego pertussis vaccination for their children’. *Journal of Clinical Epidemiology, 49*(6): 697-703.

Moscovici, S. (1961) *La Psychanalyse: son Image et son Public* (1st ed.). Paris: Presses Universitaires de France.

National Research Council & Institute of Medicine (2009). *Preventing mental, emotional and behavioral disorders among young people*. Washington, DC: National Academy of Sciences.

National Center for Health Statistics (2014). *Use of Medication prescribed for emotional or behavioural difficulties among children aged 6-17 years in the United States, 2011-2012*. NCHS Data Brief No. 148.

Priego Hernández, Jacqueline (2011). *Sexual and reproductive health among indigenous Mexican adolescents: a socio-representational perspective.* PhD thesis, The London School of Economics and Political Science.

Provencher, C. (2008). *Cognitive polyphasia in the MMR controversy : A theoretical and empirical investigation*. PhD thesis, The London School of Economics Political Science.

Provencher, C. (2011) ‘Towards a better understanding of cognitive polyphasia’. *Journal for the Theory of Social Behaviour, 41*(4): 377-395.

DR CLAUDINE PROVENCHER completed her PhD at the LSE under the supervision of Professor George Gaskell. Her thesis examined the hypothesis of cognitive polyphasia in the context of the controversy that surrounded the MMR vaccine in the UK between 1998 and 2005. Subsequent research interests have included the social representations of ageing. After working as a teaching fellow at the LSE, she moved to the field of educational and learning development and is now the Head of LSE LIFE, a centre for the academic, personal and professional development of taught students at the London School of Economics. Email: c.m.provencher@lse.ac.uk