

## Chapter 18

# Grasping the Children's Point of View? An Anthropological Reflection

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. . . children as people to be studied in their own right, and not just as receptacles of adult teaching.

*Charlotte Hardman 1973:87*

How interesting are the chapters of this book for cultural anthropologists and, more specifically for medical anthropologists, especially those who study people's perception and use of pharmaceuticals?<sup>1</sup> Do the various contributions on children, medicines, and culture enrich our theoretical insights, our methodological skills and our ethnographic understanding? Conversely, what critical comments need to be made about these contributions from the viewpoint of cultural and medical anthropology? To me, cultural anthropology is first and foremost the art of understanding others in the context of their culture. Malinowski's admonition of more than 70 years ago still inspires the present generation of anthropologists.

[T]he final goal, of which an Ethnographer should never lose sight . . . is, briefly, to grasp the native's point of view, his relation to life, to realise *his* vision of *his* world. We have to study man, and we must study what concerns him most intimately, that is the hold which life has on him. In each culture, the values are slightly different; people aspire after different aims, follow different impulses, yearn after different forms of happiness. (Malinowski 1961:25)

That art of understanding is a melange of surprise and familiarity. At first sight, the "otherness" is most conspicuous. Anthropologists are fond of describing—and, in a sense, defending—other ways of acting and thinking. According to some critics, they practice exoticism. At second sight, however, anthropologists rather portray the other as familiar to us. By describing the other people's way of life as logical, meaningful, and practical within the context of their own culture, as Evans-Pritchard did for witchcraft beliefs among the Azande, we come to realize that "we" and "they" have common grounds, or, to say it with a paradox, that we are the others. Evans-Pritchard's study, for example, helped Polanyi (1958:286-294) to discover striking parallels between belief in witchcraft and scientific thought. In second instance, therefore, anthropologists contribute to the awareness of pan-humanity in the diversity of cultures (cf. Jackson 1989). In his introduction to a trendsetting anthropological publication Clifford (1986:23) puts it thus:

Ethnography in the service of anthropology once looked out at clearly defined others, defined as primitive, or tribal, or non-Western, or preliterate, or nonhistorical. . . . Now ethnography encounters others in relation to itself, while seeing itself as other.

Before that awareness of commonness is reached, however, the ethnographer needs to delve deeply into the lives of those he wants to describe and understand. Anthropological research includes cerebral as well as emotional involvement.

To study the institutions, customs, and codes or to study the behaviour and mentality without the subjective desire of feeling by what these people live, of realising the substance of their happiness—is, in my opinion, to miss the greatest award which we can hope to obtain from the study of man. (Malinowski 1961:25)

Medical anthropology is a test case of this ambition because it wants to approach and understand the other in his most lonely and inaccessible situation, during sickness and depression.

If understanding "the other" is so fundamental in my concept of anthropology, it will come as no surprise that I was fascinated by

the choice of the "others" in this collection of studies: children. Children have been a widely neglected "tribe" in the work of anthropologists and sociologists (cf. Goodman 1957, Erikson 1965, Hardman 1973, James and Prout 1990, Christensen 1994). Of course, we do have studies *about* children, for example about child-rearing practices in various cultures but ethnographic work which attempts to grasp the child's point of view is extremely rare.

All critiques which in recent years have been launched against the anthropological treatment of "others" (cf. Clifford and Marcus 1986, Dwyer 1987), suit the treatment of children particularly well. The subjects of anthropological research have been objectified, silenced, and reconstructed; their statements have been twisted and alienated. They were regarded as primitives whose words and actions—which usually had been distorted and misunderstood—were perhaps interesting for the collector of *curiosa*, but did not contain much worth to be taken seriously. It is significant that "those primitives" were often likened to children with their preliterate, mistaken and immature concepts. Children provide the proverbial metaphor to characterize the "primitive other" encountered in anthropological fieldwork. Early theories of child psychology lent support to evolutionist views on "primitive people":

Just as the child . . . is ignorant of the course of things and therefore believes in fiction as readily as fact, so the savage, similarly without classified knowledge, feels no incongruity between absurd falsehood and established truth. (Spencer, cited in Hardman 1973: 86)

When Edwin Ardener (1975a, 1975b) described the place of women in ethnographic work as "muted," he borrowed a term from an article about children (Hardman 1973). In a world where adults set the tone, children seem inarticulate and are not listened to.

"What is it that makes a group muted?" We then become aware that it is muted simply because it does not form part of the dominant communicative system of the society. . . .

Why have children been so maltreated by anthropologists? One reason, of course, is that their views are—almost by definition—

regarded as incomplete, not deserving serious attention. Children may take a central value in a culture (in fact, they do in many cultures), not as human beings, but as future human beings. They are near-objects, extremely precious, but mute. Their position is not much different from that of cows in a Nuer village, canoes among Trobriand men, or marbles in a group of Dutch children: cherished, omnipresent, and without words (cf. Ardener 1975a:4).

Another reason is perhaps that the ideas of children do not rouse the interest of adults. The latter may think they know those ideas already since they have been children themselves. Viewing children as incomplete versions of themselves is the ultimate form of "ethnocentrism" and renders any ethnographic attempt meaningless beforehand. Moreover, it is ahistorical; it denies the social and cultural changes which have taken place in the meantime and reduces the lives of children and adults to mere phases in an ever-identical biological cycle.

If a "mature" anthropology of children is indeed so full of pitfalls, it will surprise no one that this book on "Children, Medicines and Culture" roused my interest. It seemed an almost heroic enterprise to give voice to the ideas and experiences of children with respect to feeling sick and taking medicines. I soon discovered that my expectations were misplaced. The book hardly touches upon the views of children. Some authors of the book hastened to explain to me that it had never been their intention to describe the children's world of illness and medicine. As a matter of fact, the funders of the research project preferred that its emphasis would be on quantitative data that could be used to improve the quality of medicine use by children. The anthropological fascination with what children think about medicines, what medicines mean to them, was not shared by those who had to pay the bills. My lamenting about "missed chances" and lack of anthropological empathy should therefore not so much be taken as criticism of those who carried out the research but rather as a complaint about the general low appreciation for the qualitative approach in circles of pharmaceutical research funding. By pointing out what—to my taste—is missing from this collection of articles, I hope to provide an outline of a medical anthropology of children and to elicit interest in such an undertaking.

Ninety percent of the book is a continuation of the tradition of "adultism" or adult-centrism: it contains information *about* children by nonchildren such as parents, particularly mothers, and by teachers, caregivers, and social scientists themselves; it presents the adult perspective of children. Only the chapter by Prout and Christensen is a modest attempt to grasp the children's point of view. Quotations from children have been taken out of context and are counted without much concern about their meanings from the children's perspective. The quantitative treatment of this extremely qualitative material deprives the children from what they had wanted to say. One would have wished more attempts had been made by the writers of this book to become, as it were, child with the children and allowing the reader to enter the world of children—of sick children, to be more precise. The researchers have opted for an easier approach—in the eyes of many a more appropriate one: they discussed the children's practices with the adults.

At the initial stage of the research an interesting approach was suggested: asking children to make a drawing of themselves being sick, and talking with them about that drawing. It looked a promising approach, but its results have not reached the pages of this book. The reason is not given.

Even if the emphasis were quantitative, qualitative data of this kind would have been enlightening, providing context and meaning to the counting of children's practices. Why did the researchers not add a qualitative dimension to their work? Were they unable to grasp the children's views? Did they find the children inarticulate, incoherent, unsuitable, or unreliable informants? Or did the researchers realize that they were unable to become acceptable and "natural" conversation partners for children? Personally I do not think that participant observation with children of one's own culture is more difficult than with adults in another culture.<sup>2</sup>

Do anthropologists—and other social scientists—miss the imagination which is required for an intelligible and empathic description of the children's world? Is it only literary writers who succeed in putting themselves in the situation of children and producing a convincing story, true from the children's point of view?

Or, finally, is the topic of this book, pharmaceuticals, unsuitable for a serious treatment of children's views? After all, pharmaceuti-

cals are overwhelmingly regarded as things to be kept out of the reach of children, like matches. Was the choice of children in this case too farfetched? The fact that in some societies children seem to be rather free in handling certain medicines, as is shown in this book, does not change the general feeling, that medicines are forbidden territory for children.

Let me pick out four examples of children's views which are mentioned in this book and which seem to me worth of a more elaborate anthropological discussion. The first is the observation by Trakas and Botsi (Chapter 9) that children's taste of medicines reflects their feeling during illness. For Swedish and Dutch children, being sick means being pampered and getting special attention. It is a "cozy" period for them. Those positive feelings are reflected in the "sweet taste" of the medicines they take. Conversely, Greek children say they are bored and lonely during sickness and refer to their medicines as "bitter." The medicines thus become metaphors for the entire experience of being ill.

Prout and Christensen (Chapter 3) noticed that children usually did not mention the use of pharmaceuticals when they spoke about their illness. For them, another aspect was much more important—the fact that during that period they enjoyed special care and attention. Illness was first and foremost described in social terms. In an article coauthored by Whyte (Van der Geest and Whyte 1989), I have suggested that pharmaceuticals are means by which sick people liberate themselves from the control by powerful others. Medicines often replace the people who impose themselves upon the patient as healers or counsellors. Escape from that imposition may prove the greatest benefit of pharmaceuticals. If the observation by Prout and Christensen presents a more general trend in the experience of children, this would prove a sharp difference with the experience of adults. In that case, children would rather use the illness as an opportunity which allows them more social dependence and care than they are entitled to in ordinary life. The medicines are not alternatives for that care but rather part of it. That is why they taste sweet.

In the same chapter, Prout and Christensen remark that pharmaceuticals communicate to children the power that adults hold over them. As objects used by adults, forbidden to children, medicines

represent the boundary between child and grown-up. Taking a medicine for the first time, without the interference of an adult, is like crossing that boundary, an act of ritual importance. Christensen, in a personal letter, gave me a vivid example: A seven-year-old boy with a cold was allowed by his mother to apply a nasal spray. His reaction was that he was now as big as his ten-year-old brother. That brother often used an inhaler to treat his asthma.

The fourth observation worthy of more anthropological attention is the role of the thermometer marking the boundary between health and illness. The instrument assumes an air of strict objectivity. The cultural construction of that objectivity passes unnoticed. Its truth is simple and clear because it is able to reduce a complex whole of bodily and emotional sensations to a straightforward figure, in which both adult and child firmly believe. That the thermometer can also be used to cheat is not mentioned. Did the children not tell the researchers?

For children, medicines become symbols of power and adulthood and markers of the transition from childhood to adolescence. Medicines are the child's concretization of feelings experienced during sickness. These may be fascinating insights to the anthropologist interested in symbolic meaning, but they do not seem very relevant to the scientist—social, medical, or pharmaceutical—who is after solutions to practical problems in medicine use. The latter's lack of interest in the symbolic meaning of pharmaceuticals is regrettably misplaced, however. Understanding how children perceive and experience pharmaceuticals can be of immense value for the improvement of medicine use by children.

Undoubtedly, the various studies in this book have enlarged our knowledge about children as consumers of medicines. My criticism has been that this knowledge is predominantly from the perspective of the adult outsider. The children themselves hardly raise their voice and are never given the chance to tell their whole story.

My complaint should be taken as a positive suggestion to put more effort into grasping the children's point of view. Following a good tradition of entering the world of "others" and giving voice to their muted views, anthropologists could make a significant contribution to the social and cultural understanding of pharmaceuticals

by studying children in their own right, not as receptacles of adult teaching.

The rare anthropological studies of children's views and practices suggest that children have an autonomous world which is, however, not entirely incomprehensible to adults (Hardman 1973:95). Children perform without inhibition and with great virtuosity what adults do clumsily and furtively: they follow their imagination. In their games, children do not let themselves be confined to the physical entity of objects and environment. They have a remarkable competence for changing the function of things in their surroundings and subjecting them to the purpose of their games. A carpet becomes a ship, a planet, a boxing ring, or a forest; a table changes into a castle, an airplane, or an island.

The environment has no idiosyncratic meaning at the level of play; the objects, including their own bodies, are at the mercy of the realm of their imagination. (Hardman 1973:95)

In the hands and minds of children, objects are used as playthings, but their function in the play is not based on what they are in themselves, but on the meaning given to them by the child, which could be almost anything. One may assume that medicines in the children's world are subjected to a similar transformation.

Studying the creative, "magical" handling of medicines by children does not confront us with a totally different world, however. Adults too attach meanings to pharmaceuticals which manufacturers, physicians, and pharmacists have never dreamt of. In the spontaneity of the playing child we are likely to discover some of the more hidden and surreptitious practices and concepts of adults. One sometimes learns most about adults by listening to children. The proverbial saying that children (and crazy or drunken people) speak the truth occurs in every language with which I am familiar.

#### NOTES

1. The invitation to write this reflection on anthropology and children reached me while I was preparing for fieldwork among old people in an African community. It seems to me that old and young have some striking similarities. Both are being marginalized and silenced. During my fieldwork I heard many adults refer



to the old as "children." Having completed this reflection I feel I have gained understanding of the old. I thank Pia Christensen, Anita Hardon, and Patricia Bush for their critical comments on an earlier version of this text.

2. Christensen (1993: 490) has the following to say about the delicate role of ethnographer among children:

My aim . . . was not to assume the status of a "child," which from the point of view of children (or other adults), might have been perceived as patronising and insincere. Thus the study was conducted as a constant balancing act between being recognised as an "adult" and avoiding the preconceived ideas, practices and connotations associated with "adulthood." This status as an "other" was inevitably negotiated and renegotiated with both children and adults during the entire process of the study.

In a personal communication she gave me an example. During a holiday camp the children were to choose their mates for a game of soccer. Although the adults (teachers) were excluded from the selection, one team chose her. Apparently she belonged to another category.

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