

# Psychiatrisation of relationality in foster care and carceral enjoyment

Today I want to focus on the psychiatrisation of relationality in foster care.

Last year at this conference Dorothy Roberts spoke powerfully about *family policing* and the carceral logics that structure the foster care system. Roberts' work shows us how this system functions as a state policing apparatus that surveils, regulates, and removes children from families. Especially families marked by poverty and racial marginalization under the guise of protection of children.

Today, I want to stay with how this sociopolitical structure becomes psychically lived and how psychiatrisation structures the relationality between adult professionals and foster care children and youth.

I am speaking as someone who grew up in the foster care system. I grew up in several group homes — all of which were eventually closed down by the government, which happens more often than most imagine. I speak in memory of those I have personally lost, and for the dignity of all foster care children and institutionalised children.

We grow up inside a system we do not have language for. We build a sense of self and reality within structures that most of you can name analytically, but that we experience bodily, relationally, and without explanation.

Every room in the home is an observation room. Any halfwit can have a professional opinion stronger than your claim to reality, especially if it involves something reflecting poorly on them. They are the ones who write history in your journals that will follow you throughout your life. Those of you who have children might imagine this: How easily some of their behaviours could be pathologized if they were placed somewhere without your love — surrounded instead by strangers documenting them each day. Imagine the moments you have privately at home — the worst days, the meltdowns, the grief — circulated week after week in professional reports, passed between caseworkers, psychologists, institutions. Somehow all from within the same gaze. You might imagine your child would react to that. So did we. And we never went home; we just turned 18.

This fracturing does not announce itself as political. It becomes isolated inside us — or reenacted with professionals when we seek help, or when we are again pulled into carceral systems. We become the sign within political analyses and the statistics of failed integration or treatment. We are not seen as speakers, and we are left in a pocket of inevitability that continues on without us having a language for what we go through.

Psychiatrisation describes a process of depoliticising social austerity and violence. Categorising it as individual pathology to destabilise alternative epistemologies of existence, suffering, and possibility of resistance. As put by China Mills *psychiatrisation* can be thought of both as a tool of traditional colonialism, employed to reconfigure resistance from the colonised as individual pathology, and “as a type of colonialism in itself.” The global mental health apparatus and the psy-disciplines materially organise social life, shaping the very conditions under which people can perceive, articulate, and respond to their own and others’ distress within the bounds of intelligibility. I argue there must be an underlying logic and ideology that accounts for what I have seen been done by ordinary people in these systems, and I argue that this relates to psychiatrisation enabling a mode of carceral jouissance or *enjoyment*.

By carceral enjoyment, I am naming the relation between carceral systems and a libidinal economy. When we see a social structuring logic, we also find patterns of enjoyment organised through it. In psychiatrisation, this involves libidinal investments in professional identities that also form communities of entitlement. By rendering institutionalised children intelligible primarily as pathological subjects psychiatrisation authorises forms of observation, control, and mastery that generate an intense relational economy. A surplus population of institutionalised children in state custody is produced through psychiatrisation: cast as a burden, yet made indispensable. It is precisely their pathologised position that generates the demand through which institutions and professionals reproduce their authority, their function, and their income.

There is, as put by Alenka Zupančič, a “cashing in” on repression that produces a spiral of mutual reinforcement. The responses to the systemic contradictions are to subjectivise them in different ways: which means, following Zupančič, that a subject is not the cause of this enjoyment, but a response to it. In this sense psychiatrisation organises a field of socially sanctioned enjoyment that requires subjectivised complicity of the drive: this is where the political economy and the psychic register merge into the psychopolitical.

If we are to speak meaningfully about the trauma of foster care, it requires a sociogenic analysis of psychiatrisation — one that does not quietly depoliticise itself in order to preserve psy-professional coherence.

I will now share some context and four vignettes of my experience in the foster care system and I invite you to stay with what comes up for you.

We were not allowed hugs because we were told it might be “sexual to us”, yet *our* bodies were still weighed and measured and described in our journals and openly discussed in meetings. Children as young as ten had their SSRIs given each night as we sat around the TV like a goodnight ritual. This cannot be granted the innocence of ‘science still emerging.’ The readiness to medicalise involves transgressive decisions that would be difficult to justify were we not already marked for treatment.

One day while I was at school, I was called home and told to pick up a contraceptive implant they had already bought for me. I was to take it to the doctor and have it inserted. I was not sexually active. The decision had already been made. The intervention came not from anything I had done, but from the perceived threat of my body itself — from the imagined excess the mere possibility my enjoyment seemed to represent. Since no protocol demanded the professionals of these transgressive actions, they must have arisen from a structure enabling them and making them seem like necessary responses to children like us.

I had a friend at the group home that shared with me that her contact person came to her once a week and they would have sex. This had been happening for five years and probably provided a sense of intimacy and chosenness that we were not afforded. One can wonder if this was ever a true secret, but one day it became something the institution had to manage. He was not charged for any crime. He was simply hired at another group home. An entire group of professionals have in this sense co-signed the possibility of them having sexual relations with children in their care. I heard several adults problematising they felt she had “tempted them” too, which became the nails in the coffin of disqualifying the victim while simultaneously not denying the crime which was at the same time never punished.

You might then rightly ask what happened to my friend. The warden, not finding any issue with this disavowal, told me he made sure they gave her a diagnosis of ‘borderline personality disorder’ so that she was entitled ‘enough hours of treatment’ after turning 18. The abuse is then positioned as arriving from this excessively sexual child that must now be treated. Many here might be familiar with how this diagnosis has been used to discredit victims of sexual abuse and this psychiatrising action available at the blink of an eye shaped her life through epistemic injustice.

The signifier of ‘borderline’ is potent and capable of ripping open spaces of deserved punishment and an ontology of pathology ready to mutate any sociogenic coordinates of pain and suicide of those marked by it. As I mentioned earlier this does not announce itself as political but arrives viscerally and shapes who we are made to see ourselves as, how we can respond and be responded to, by those meant to care for us.

I will share one last vignette before closing.

I had a contact person in one of the group homes — his name was Dirk. One evening he came to me differently than he ever had before. He stood as if suspended or groundless, two metres of body not making much sense to me or to him, and he asked if I could make dinner. He looked undone, as if he had just walked away from a car crash. I understood immediately that he was no longer speaking from his role. He then said: “*My husband is leaving me. What do I do?*”

The adults rarely shared anything personal. I did not know he was married. Yet he stood there exposed, without the disciplining distance that had structured our relationship for years. I comforted him. I hugged him; against regulations. I told him I would make dinner and that he could go sit with another adult across the street at the neighbouring group home. I made dinner, we ate together, and Dirk drove home. Before leaving he thanked me. I can still recall his exact expression in the doorway, tense with shame, as if he realised the same is not extended to us. A few days later we were gathered and told that he had shot himself when he got home. We were told this without space for response. We were told we could attend the funeral, but that we would sit in the back row. We were explicitly asked not to cry out of respect for the family. As I attended the funeral it became clear this request was not made by the family who were all very kind to us. Yet, we were asked this at another funeral a few months later as well.

Moments like this reveal something about how relational life is organised within these systems. All that is repressed in this intense relationality seems to arrive for the professionals as a threat when we appear as real children—attached, harmed, with rights of our own to define these actions as *actions*. It seems we must be placed as having a discordant mode of enjoyment to the professionals themselves; we are imagined to “get away” with something if we break free of the psychiatrised relationality. In that moment, their carceral enjoyment risks revealing itself as if it is not ordained, but libidinally maintained. The authority of the professional depends on maintaining us as the deviant Other whose need for correction secures their shared symbolic identification. If we are not within ownership of this psychiatrised gaze we are perceived to have stolen; to have tempted; to have gotten too close.

Our attachment, our claims on them as real relational figures, becomes experienced as an improper or excessive enjoyment — something that must be expelled through discipline, pathologisation, or institutional distance.

This cohesion of the professional runs through radical breaking down of our relational boundaries and our boundaries of selfhood through intimate but distant violations like journaling our stories through their words, diagnosing, intervening — strangers knowing you, having power over you and yet never wanting you. These are conditions that structure who we are able to become; yet they are treated as ‘clean environments’ of observation by professionals.

Foster care children are not shielded by the social imaginary of family or kinship; instead, we are shaped through legality and psychiatrisation into a dispossession of relationality, of selfhood, and of the right to name what is being done to us. As if what is done is both ordained and impersonal.

We are made to feel crazy and the symptomatology that arises from growing up in a home where our inner lives were continuously entered, rewritten, and made public becomes the effect that proves the lie.

What appears as individual confusion is structurally organised: the production of a surplus population whose destabilisation becomes necessary for the reproduction of the system itself. The foster care system needs and breeds a child whose access to reality, language, and relational claim has already been weakened for the violence to continue without constantly returning as a crisis for the adults.

The “good institutionalised child” is one who has learned to inhabit psychic intrusion as reality, stabilising these violations by binding them to our psychic need for safety. This is how a psyche is psychiatrised: how a child’s capacity for relation — their very being — is captured and commodified. Psychiatrisation is not merely one more injury done to the child; it is one of the conditions under which carceral enjoyment can become ordinary. In this sense, the psychiatrised child is the site where the contradictions of the foster care system are both enacted and concealed.