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21A.215 Medical Anthropology
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**QUESTIONS ON ROSENHAN, VUCKOVIC, KATZ, and
HAHN (PHYSICIANS AS PATIENTS)**

Oct. 29, 200

1. List as many of the ways you can think of that psychiatric hospitals differ from acute care and rehabilitation hospitals.
2. Rosenhan et al. talk about professional clinicians' *totalizing* discourse—"totalizing" because it does not permit patients to credibly disagree with staff. Rosenhan suggests that experiencing this discourse can lead to "crazy" behavior on the part of patients because they are responding to a bizarre setting. Have you ever felt this way? What other features led to pseudopatients feeling highly stressed? Provide examples of totalizing discourse from the video "Search for Satan."
3. What do Rosenhan et al. say about the effects of a psychiatric hospital's being an *institution* with respect to how pseudopatients were treated?
4. The article by Rosenhan et al. was written in 1973. How have things changed in psychiatric hospitals, according to Luhrmann?
5. Rosenhan et al. complain about the psychiatric assumption that "once a schizophrenic, always a schizophrenic" regardless of behavior change—i.e., they say that although you might be "in remission" you're still "a schizophrenic." What have been the effects of the increased medicalization (biologization) of schizophrenia that has occurred since the article was written, do you think?
6. Are Rosenhan et al. "doctor-bashing?" If not, what is their purpose?
7. Rosenhan et al. comment on the way construction of mental illness occurs during clinical write-ups. What specific examples can you give of such construction taking place? What kinds of literary devices are used? Do you have any examples of this from medical write-ups you've been involved in?
8. Why were fellow patients able to detect the pseudopatients' sanity in the Rosenhan et al. study but the staff was not?
9. What examples of depersonalization (a process that occurs in all total institutions—prisons, monasteries, the army) do Rosenhan et al. give? Why does this occur, i.e., what functions does depersonalization serve?
10. When people join institutions they are often made to undergo "debasement rituals" ("mortification" rituals) as part of their orientation and induction into membership. What examples can you give of such rituals at MIT? What examples in other total institutions you have known? What can we say about hospitals in this regard?

11. Are MIT students “impatient with illness?” What MIT student attitudes have you observed regarding limited time and getting sick?
12. List the possible explanations for why American women use medicine more than men.
13. Vuckovic says that busy women with children tend to downplay illness, which, rather than decrease medicine consumption, actually increases it. Discuss.
14. “...the acknowledgment of illness, and the need for professional care are matters of entitlement” (p. 57). Vuckovic cites studies showing that women do without medical care more often than husbands or children. They were more likely to miss work because of children’s illness than the father. Discuss.
15. Vuckovic cites Frankenberg’s point that “the cultural performance of sickness traditionally includes the power to compel the temporal and spatial presence of significant others” (p. 59). Rephrase this idea without the jargon and discuss.
16. Discuss the idea that medicines are prized not only for their instrumental value but also because they serve as an “idiom of concern” (p. 59).
17. Vuckovic mentions allopathic medicine’s ability to “eliminate downtime caused by illness, behavioral difficulties, or ‘bothersome’ biological functions” (p. 62). Defend this practice. Critique it.
18. What is a ritual, according to Katz? How would you modify this definition?
19. What are the functions of rituals, according to Katz? Are there any others she does not mention? How would you improve on her analysis?
20. Why is it useful to study ritual? Operating room ritual in particular?
21. How is operating room ritual different from most forms of ritual? Why, according to Katz?
22. When does joking occur in the operating room? What is its function?
23. What other settings have operating rooms been compared to? Because of what similarities?
24. What are the similarities between the sacred and the profane, on the one hand, and the clean and the dirty, on the other? Relate this to the operating room, to gross anatomy lab, and to any other domain of medical practice you are familiar with.
25. What is a symbol?
26. Is the bedroom the “most secluded, intimate, and protective area of the home”?

27. What surprised you about Hahn's chapter on physicians as patients?
28. What characterizes the experiences of physicians who become patients, according to Hahn? What kinds of patients do they become?
29. Why should there be a saying that "doctors make the worst patients"? What do the physician-patients offer in the way of an explanation?
30. In Hahn's piece Geiger speaks of finding himself in a "total institution." What were the characteristics of this institution?
31. Geiger speaks of a sequence of "mortification procedures" he experienced while a patient. What were these, and why do they have this label? Compare to the Rosenhan et al. piece
32. Oliver Sacks, cited in Hahn, speaks of the differences between being an "inmate" and being a "person." What were these?
33. What were these ill physicians' fears about being a "crock?" What *is* a "crock" (consult the Gordon article)?
34. The physician-patients sometimes felt a sense of personal failure when the therapy did not work. Why would this happen, do you think?
35. Hahn speaks of Oliver Sacks writing about "two miseries," the second one being "moral"—"associated with the reduced stationless status of a patient." Why would he use the word "moral" as a label?
36. What is "existential trauma?" Which physician-patients experienced this, and how did they describe it?
37. Mullan (in Hahn's piece) searches for an "explanation" of his cancer. In what way are his need for affirmation that this was "a logical outcome of something" and his feelings of guilt reminiscent of discussions we had earlier in the term?
38. Hahn cites Oliver Sacks's comments about being aware that he and his fellow patients were like pariahs, set apart, avoided "like lepers." Why would this happen?
39. Some physician-patients in Hahn's chapter comment on how they became attached to a form of therapy. Why did this happen?
40. In the Hahn piece, when Mullan addresses medical students, he finds them "generally indifferent, except for some students who ask why he is 'down' on medicine, and why he

did not pursue another career if he did not want to be a physician.” These students did not “get” the points he was making. Why not?

41. Hahn discusses Siddha medicine of India as involving much more reciprocity between physician and patient. Describe this interaction.