QUESTIONS ON ROSENHAN, KATZ, HAHN (PHYSICIANS AS PATIENTS) AND PRINGLE

1. List as many of the ways you can think of that psychiatric hospitals differ from acute care and rehabilitation hospitals.

2. Would you like Rosenhan and his colleagues investigating the hospital you're working in? Why or why not?

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., that you might be "in remission" but 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. 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?

12. What is a ritual, according to Katz? How would you modify this definition?

13. What are the functions of rituals, according to Katz? Are there any others she does not mention? How would you improve on her analysis?

14. Why is it useful to study ritual? Operating room ritual?

15. How is operating room ritual different from most forms of ritual? Why, according to Katz?

16. When does joking occur in the operating room? What is its function?

17. What other settings have operating rooms been compared to? Because of what similarities?

18. 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.

19. What is a symbol?

20. Is the bedroom the "most secluded, intimate, and protective area of the home"?

21. What surprised you about Hahn's chapter on physicians as patients?

22. What characterizes the experiences of physicians who become patients, according to Hahn? What kinds of patients do they become?

23. Why should there be a saying that "doctors make the worst patients"? What do the physician-patients offer in the way of an explanation?

24. In Hahn's piece Geiger speaks of finding himself in a "total institution." What were the characteristics of this institution?

25. 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

26. Sacks, cited in Hahn, speaks of the differences between being an "inmate" and being a "person." What were these?

27. What were these ill physicians' fears about being a "crock?" What *is* a "crock" (consult the Gordon article)?

28. The physician-patients sometimes felt a sense of personal failure when the therapy did not work. Why would this happen, do you think?

29. 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?

30. What is "existential trauma?" Which physician-patients experienced this, and how did they describe it?

31. 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? About what topic?

32. In Hahn, Oliver Sacks speaks of being aware that he and his fellow patients were like pariahs, set apart, avoided "like lepers." Why would this happen?

33. Some physician-patients in Hahn's chapter comment on how they became attached to a form of therapy. Why did this happen?

34. 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?

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

36. Pringle talks about surgery being "masculine." Describe all the ways you can think of to confirm this characterization.

37. On p. 70 Pringle says "it is an accurate rendition of the habitus of surgeons…" At the beginning of the chapter Pringle cites an author, Bourdieu, about this concept, using the metaphor of "a fish in water." What is habitus?

38. How is surgery androgynous? (p. 73)

39. Discuss the way in which surgical masks denote status. (pp. 83-84)

40. Pringle found out that in some circles "passing first time round [The Part One, a 3-hour multiple choice exam] is viewed with some suspicion." What does this tell us about how surgery is conceptualized?

41. What surprised you about Pringle's discussion of gender discrimination in the United Kingdom?