

**QUESTIONS ON ROSENHAN, KATZ, BLUMHAGEN
AND HAHN, PHYSICIANS AS PATIENTS**

1. List all the ways 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 does Rosenhan say about the effects of a psychiatric hospital's being an *institution* with respect to how pseudopatients were treated?
4. Rosenhan's article was written in 1973. List the changes in psychiatric hospitals since then, as described by Luhrmann.
5. Rosenhan complains 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 are the effects of the increased medicalization (biologization) of schizophrenia which have occurred since the article was written?
6. Is Rosenhan "doctor-bashing?" If not, what is his purpose?
7. Rosenhan comments on the way construction 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 study but the staff was not?
9. What examples of depersonalization (a process that occurs in all total institutions—prisons, monasteries, the army) did Rosenhan give? Why does this occur—what functions does it 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 talks 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 in surgical units which she doesn't 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? What does the doctor's white coat symbolize, according to Blumhagen?
20. Is the bedroom in fact the “most secluded, intimate, and protective area of the home”?
21. Why don't pediatricians and psychiatrists wear white coats?
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?
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”?
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 is 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.” Did you believe him? Why does this happen, if he is correct?

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 Hahn's 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.