

QUESTIONS ON KLEINMAN 56-120

1. What are some of the ways chronic pain is stigmatized?
2. How is the stigma of chronic pain different from most other kinds of stigma?
3. Why is it easier for Kleinman the researcher to analyze the problems of Howie, Rudolph, and Antigone than it would be for a clinician treating them?
4. If you were to meet these three individuals, how do you think you would react to them?
5. Why, according to Kleinman, is Howie likely to have another surgery?
6. Kleinman states that clinical practice is at fault “in the repeated failure to understand pain and its sources; we are unwilling to take the meanings of pain as seriously as we take its biology.” How will pain sufferers’ lives improve if we take the meanings of pain as seriously as we take its biology?
7. Describe neurasthenia. What would you label someone exhibiting its symptoms today?
8. According to Kleinman: “Neurasthenia...provides the legitimation of a putative physical disease for bodily expressions of personal and social distress that would otherwise go unauthorized, or worse, be labeled emotional problems and mental illness.” How, and how not, do psychosomatic complaints allow legitimation in the West?
9. Kleinman says that Mao stated during the Cultural Revolution that mental illnesses were not so much diseases as they were wrong political thinking. What parallels can you think of for our society?
10. What are the forms psychosomatic illness can take, according to Kleinman?
11. How would you improve the situation of the chronic pain sufferer in the U.S.?
12. Pain behavior is socially disruptive only under certain circumstances. Give three examples. When would pain behavior not be seen as socially disruptive? When is pain not socially disruptive? What is the difference between pain and pain behavior?