

QUESTIONS ON KLEINMAN 121-208

1. Describe what you can remember of an explanatory model you developed during an illness earlier in your life. How did it differ from that of other members of your family? How did it differ (in retrospect, knowing what you now know) from that of your physician?
2. Dr. Blanchard, William Steele's physician, was reluctant to endorse psychotherapy because "The patient is a Pandora's Box; who knows what will happen once the lid is removed?" Is such an attitude ever justified? What conditions must be met for a physician to recommend psychotherapy in a case of chronic illness?
3. William Steele says that he worries about his asthma attacks and "I do all I can to avoid it." Howie, on p. 63, "doesn't respond so much as anticipate. He waits for the pain. He seeks out its earliest sensation. He attempts to 'catch it early,' 'keep it from developing,' 'prevent it from getting worse.'" What are the medical and general values in America that produce this behavior? When is attempting to control an aspect of a chronic illness good, and when is it bad?
4. William Steele's in-laws illustrate two reactions to chronic illness found in present-day America: "he used the symptoms to gain sympathy from and to control his wife and children" (secondary gain) and "God is punishing him for something" (a moral judgment, couched in religious terms). Such responses are very prevalent in explanatory models to explain chronic illness. List all the reasons you can think of to explain this prevalence.
5. Give a description, as best you can based on Kleinman, of Mishler's notion of the "voice of medicine" and "the voice of the life world."
6. Kleinman describes the recording of a medical encounter as a ritual that accomplishes very significant transformations. How is adding to a medical record (or creating one) like the ritual in an operating room? (What is your definition of *ritual*?)
7. "Listen to the patient, he is telling you the diagnosis." How can/does this happen?
8. Kleinman states, "Indeed, I believe a case can be made for describing social sources of illness in order to specify the social changes needed to prevent and treat such life distress." Critique this statement.
9. Kleinman objects to use of the word *noncompliance* in some cases because it "is a moral term indicating patient failure to *follow* the doctor's instructions." In what kinds of situations should we object to use of this word?
10. "With all the odds against him, he had proved that it was possible to get through this strange adventure of life, and to do it in a way that is a tribute to human nature." Do you know someone like Paddy Esposito?

11. Kleinman says he left the psychotherapy group of impaired young people in a state of shock, realizing that he had been inauthentic. What does *inauthentic* mean here? What should he have done? What would you do?
12. Imagine Kleinman speaking to the group of impaired teenagers and young adults about Paddy Esposito. What would have happened if he had said, “The experience when ill need not be self-defeating; it can be—even if it often isn’t—an occasion for growth, a point of departure for something deeper and finer, a model of and for what is good”?
13. “Adversity brings the possibility/opportunity for growth.” Give an example of this happening in your own life, or in the life of someone you know.
14. Kleinman speaks of a *folie à deux* occurring in the case of Julian Davies and his wife with regard to the seriousness of his heart condition. What does he mean?
15. What are your criteria for a “good death?” How do these fit with what you see to be the core American values (or the core values of your culture)? How do these go against them?
16. How can we guard against self-stigmatization? If you came to possess a quality that was stigmatized, what would you do to protect your sense of self-worth?
17. What, according to Kleinman and Linda Alexander, is the “double bind” in medical treatment of chronic illness?
18. What kinds of institutional factors led to the negative experience Kleinman had in the pain center? How would you change the situation?
19. Kleinman states that “illness is not simply a personal experience; it is transactional, communicative, profoundly social...Illness meanings are shared and negotiated.” Do you agree with this statement? If so, list the reasons why biomedicine does not adequately utilize this view of illness.
20. In a footnote, Kleinman discusses factitious illness in terms of kinds of “syndromes of deliberate self-harm.” One kind is “culturally prescribed behavior such as ritual scarification.” Would you call this an illness? A disease?
21. Kleinman discusses Arnie Springer’s illness experience (he thinks he has intestinal cancer) in terms of American values. List as many of these as you can.