

## The Institution(s) of Medicine III

Read: D.P. Gordon: Hospital slang for patients

Luhrmann 84-118

I. Today we focus on *how* we study institutions—describe them, analyze them—and consider some theoretical issues

A. Possible methodologies:

1. Examine the institution itself

a. For example, the institution of American psychiatry

1) **DISCUSS:** what did we learn about Mass General's psychiatry unit from the video "Back from Madness"?

a) How reliable is our information?

b) What are some possible sources of bias in the video?

c) *Always* keep in mind the nature of your sources of information

e) How does the video convey the impression that a balanced, objective, informative picture was being drawn, as opposed to one created by a public relations firm?

f) What are areas you think were not covered because they would produce an unfavorable impression of MGH?

b. The Rosenhan et al. article you will read later on analyzes inpatient psychiatric units from a critical, “outsider” perspective

1) **DISCUSS:** how much analysis of institutions does Luhrmann provide?

2) Luhrmann studied a number of inpatient psychiatric institutions

3) Her main concern is to examine the institution of psychiatry as a whole

2. Second approach: looking at an institution over time

a. Institutions may be studied over time both ethnographically and historically, through archival documents

1) The Fadiman and Farmer books present both present-day and historical material

a) The authors rely on what's called oral history as well—living people's accounts of the past

b) **DISCUSS:** what institutions were analyzed in Fadiman?

2) The video we'll see called "The Lynchburg Story," on compulsory sterilization in Virginia, relies on archives and oral history

3) The video we'll see titled "Simple Courage," on leprosy in Hawai'i in the 19<sup>th</sup> and 20<sup>th</sup> centuries relies on those two and interviews about the present

4) **DISCUSS:** Hahn's methodology of following the internist Barry around

a) What kinds of information can Hahn gather about the institutions of medicine, hospitals, and internal medicine that historians working in archives can't?

b) What are the drawbacks to the kind of “shadowing” research Hahn employs?

3. Third approach: compare several similar institutions

a. Luhrmann does this

4. Fourth: examine the way a given institution relates to, is embedded in, other institutions

a. We’ll see in Farmer a concern with how medicine intersects with politics

b. A film about the first decade of the AIDS epidemic in the US, “And the Band Played On,” shows the inner workings of research science and epidemiology

1) Shows government agencies like the Center for Disease Control trying to get more funding

c. The Davis piece we read on PMS looks at psychiatric and biological research

5. Fifth: cross-cultural comparison: compare institutions that are really not very similar

- a. The Obeyesekere piece: Sri Lanka and the West
  - b. And of course Fadiman is an example of cross-cultural comparison as methodology
  - c. The Payer article we'll read later on looks at medicine in four Western countries
    - 1) Although all four countries subscribe to Western medicine, practices and policies vary from country to country due to cultural differences, albeit slight ones
- 6. Sixth: doing close readings of a society's texts, or careful examination of its rituals, to uncover meanings, values
  - a. Research on the gynecology textbooks I discussed in a previous lecture is an example
  - b. Gordon's close reading of hospital slang employs this approach
  - c. The Katz article "Ritual in the Operating Room" is another example
    - 1) Here the author "reads" the operating room

behavior as if it were a text, looking for symbols, analyzing the behavior as ritual

d All of these “reading” examples are what’s called interpretive analysis

## II. Why study the institution of medicine?

A. First reason is obvious: it is important in itself

B. Second reason: provides a window on the world

1. For example, doctors in the US and Great Britain used to perform cliterodectomies<sup>1</sup>

a. We see these as mistakes. But they aren’t *random* mistakes, and so they are revealing

1) **DISCUSS:** speculate why would physicians ever think that excision of the clitoris would restore a woman to health?

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1 See Elizabeth A. Sheehan, “Victorian clitoridectomy: Isaac Baker Brown and his harmless operative procedure.” In Roger Lancaster & Micaela di Leonardo, *The Gender Sexuality Reader: Culture, History, Political Economy*. New York: Routledge, 1997: 325-334.

- b. Again, you'll miss the point if you see these doctors, as bad, or simply mistaken, and leave it at that

III. Theories concerned with power are necessary for understanding institutions

A. **Ideology**<sup>2</sup>

- 1. A system of meanings and values which are the expression or projection of a particular class interest (one of several possible definitions)

- a. I mentioned the sterilization of over 70,000 people in this country

- b. These programs reveal an ideology

- 1) That inspired a movement: Eugenics

- 2) Very pervasive at the time

- c. **DISCUSS:** why so pervasive, do you think?

- d. What are some examples of 21<sup>st</sup> century behavior driven by

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2 Discussion from Raymond Williams, *Marxism and Literature*. Oxford University Press, 1977.

eugenic ideology?

2. The differences between the sterilization programs and contemporary “eugenic ideologies”:

a. Lynchburg involved clinicians and lawmakers deciding that some people were not fit to be parents

b. And coercively sterilizing them

1) In some cases deceptively

c. Today we have the phenomenon of “designer babies”—egg donation, amniocentesis possibly followed by abortion

d. Differences:

1) Who is making the decision, and the goal

a) Screening couples in order to avoid Tay-Sachs disease among Ashkenazic Jews—incidence has dramatically decreased

2) Nowadays it is parents who decide about egg donation, and whether a fetus is an acceptable one or not

3) Contrasts with explicit eugenics legislation, which works to prevent a population from ever reproducing

4) Whereas today, would-be parents might try again to have a child

e. If enough people engage in this kind of selective behavior, the overall profile of the population might be affected eventually

f. **DISCUSS:** international examples?

1) Sex selection in India and China has had very pronounced effects on the population

2) Singapore's pronatalist policies were founded on explicitly eugenicist principles

a) Ostensibly to encourage highly educated women to reproduce more, and poorly educated women to reproduce less—to improve the gene pool

b) The policies were in fact driven by ethnic nationalist goals:

(1) Highly educated women in Singapore are disproportionately Chinese; poorly educated women are Hindi and Malay<sup>3</sup>

3. **DISCUSS:** other medical examples revealing ideology at work?

a. Why do people buy into an ideology of thinness so thoroughly that it can result in death?

b. Why do women (and men) inject a poison, botox, into their foreheads?

c. **DISCUSS:** examples from your papers?

B. Let's employ Antonio Gramsci's notion of *hegemony* to explore this issue of ideology further

1. It is a more subtle, nuanced concept than the concept of ideology

a. One with greater explanatory power

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3 Geraldine Heng and Janadas Devan: "State fatherhood: The politics of nationalism, sexuality, and race in Singapore," in Roger Lancaster & Micaela di Leonardo, *The Gender Sexuality Reader: Culture, History, Political Economy*. New York: Routledge, 1997: 107-121.

2. “Ideology” can be too static a concept for these kinds of analysis: hegemony is conceived of as a process
  
3. The notion of hegemonic power (hegemony) looks at:
  - a. The way people *choose* to participate in power relations even though they do not seem to be in their best interest
  
  - b. Why do they accept systems of dominance, even fervently believe in them?
    - 1) **DISCUSS**: examples in medicine?
  
4. So if we try to figure out why people inject poison into themselves
  - a. We might discuss the hegemonic position of powerful multinational Big Pharma corporations
    - 1) When they try to sell the drugs and devices they manufacture
  
    - 2) They do market research and figure out how to do it most successfully
  
  - b. If we’re studying pharmaceutical multinational corporations as hegemonic institutions

1) We have to figure out what's in it for the consumers in these exchanges (a successful advertisement inspires a response—the consumer buys the product; this is an exchange)

2) Figure out what are the *benefits*

3) Because if there always are benefits, we can't conclude that these people are simply duped.

4) They're making "reasonable" choices, given their goals, even though we disagree with these choices and consider them disadvantageous to the people making the choices

5. Note that hegemony has to continually be renewed, recreated, defended, and modified

a. And that it is also continually resisted, limited, altered, challenged:

1) Wherever there is hegemony there is *counter-hegemony*—resistance to the power structure, the choices it provides, the choices it encourages

b. **DISCUSS:** examples of counter-hegemony in medicine?

- IV. Another approach: formulate hypotheses about what health care institutions *do*, what they accomplish
  - A. First is the obvious one: when successful they restore sick people to health
  - B. Second: analyze *psychological* processes
    - 1. The D.P. Gordon piece analyzes the psychology of slang
      - a. He says the hypothesis that the function of derogatory language is to release tension is not true—the most seriously ill are not joked about
      - b. Rather, he argues that such slang expresses frustration over care that is given but not needed, not deserved, or not useful (because they're going to die anyway)
    - 2. Favret-Saada suggests that beliefs in witchcraft and the possibility of becoming un-bewitched—restoring the farm to health—has gendered psychological implications
  - C. Third: *social* processes: Gordon: slang helps the group build rapport
    - 1. “...not support the claim that hospital slang for patients is an outlet for personal reactions to illness and suffering, but the group concern of hospital

staff to provide meaningful, useful service”

2. Gordon also suggests the slang helps build distance between individuals, especially the superior to the subordinate
  
3. Possible social *control* processes in therapeutic institutions:
  - a. The nurses and *bomohs* administering to victims of spirit possession in Aiwa Ong’s analysis of a multinational factory in Malaysia
    - 1) Are engaged in a form of social control that serves the company’s economic interests
  
    - 2) This is control, strict control, but not coercion itself
  
  - b. Cliterodectomies can be seen as a form of social control:
    - 1) Attempt to control the behavior of those who underwent surgery
  
    - 2) And, presumably, the behavior of other women who know about the procedure and the symptoms that lead a physician to recommend the surgery

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