THE INSTITUTION(S) OF MEDICINE VII

Read: Rosenhan et al., “On being sane in insane places”

Rhodes: “Dreaming of psychiatric citizenship: A case study of supermax confinement”

Hahn: “Between two worlds: Physicians as patients”

I. The role of ritual and symbolism in institutions

A. Definition of ritual

1. Ritual is often defined in religious terms

   a. “Religion in action”

   b. A patterned act that involves the manipulation of religious symbols

2. But oftentimes this definition is too restricting

3. Examples of secular ritual:

   a. Commencement
b. Executions

1) The film “Dead Man Walking”

2) The title describes part of the ritual—an announcement is made, “dead man walking,” as the man who’s about to be executed walks into the execution chamber

3) Another ritual: a nurse swabs his arm with disinfectant before putting in the needle

c. DISCUSS: MIT examples?

d. DISCUSS: Medical examples?

B. We clearly need definitions of ritual that are not limited to religious practice

1. Here’s one: standardized ceremonies in which expressive, symbolic, mystical, sacred, and nonrational behavior predominates over practical, technical, secular, rational, and scientific behavior

2. But there are problems with definitions like this one, which seem to dismiss ritual as superfluous, irrational, unscientific
3. So, let’s stay with the idea of patterned behavior

4. And then add that rituals require shared understandings about what the behavior consists of, and why it’s done

   a. And add that rituals occur in social situations

   b. If you want to call brushing your teeth a ritual, fine, but that’s not the prototypical ritual

C. What do rituals do?

1. First, they accomplish things

   a. They properly launch a ship, properly execute a man, properly expel a cadet from West Point

   b. Some rituals properly move people from one social status to another

   1) These rituals are called “rites of passage”

   2) Commencement, bar/bat mitzvah, “sweet sixteen” birthday parties, quinceañeras, weddings, funerals, joining the army
2. Second, they also are occasions where members of a society make statements about society

a. About what’s important; about what’s beautiful, what’s moral, etc.

b. Some of the communications are crystal clear

1) “I dub thee Sir Paul McCartney”

c. Some of the communications are sent unconsciously; it is the anthropologist who discovers them

1) Note: hypothesizing about unconscious motives is risky

a) If you’re a social scientist, making claims about what is being said unintentionally is tricky

b) Your evidence is not as strong

c) But it’s very clear that rituals often contain hidden meanings
d) Such unconscious meaning may be psychological or social

e) Example: Gordon’s analysis of hospital slang

(1) Slang use affirms membership in an “in group”

(2) And messages are being sent about the social status of participants

D. Rituals in modern operating rooms are stylized, arbitrary, repetitive and exaggerated forms of behavior

1. What are Katz’s hypotheses about ritual in an operating room?

a. That rituals serve some very practical functions

b. Operating room ritual contributes to the efficiency of a technical, goal-oriented, scientific activity such as surgery, by permitting autonomy of action to the participants and enabling them to function in circumstances of ambiguity

c. Such rituals make salient, and even exaggerate, the boundaries of
categories in a situation of potential confusion

d. Operating room ritual establishes the discontinuous nature of the operating room and its activity from the rest of the hospital and world

e. The ritual permits diffusion of emotions

2. DISCUSS: our conventional notions of ritual; how it is seen to contrast with technical, efficient activity

3. If you envision the operating room being run entirely by machines, you will understand why ritual contributes to efficient operations when humans are doing the work

II. Liminality

A. Katz talks about it

B. “Liminality” refers to “betwixt and between” objects or states—neither “fish nor fowl”

1. Examples: twilight, lungfish; swamps

C. Katz mentions anthropologists Arnold Van Gennep, Mary Douglas, Victor Turner;
they all analyze liminality

1. These 3 authors talk about periods of transitions being seen as special, often dangerous, in all societies

2. There is lots of cross-cultural evidence that people in transition are indeed seen this way, even those that are kind of “permanently” in transition

   a. Such as intersexed people

3. The hypothesis is that we are made nervous by “betwixt and between” cases

   a. Situations in which the classification of objects or people is not clear are also often seen as dangerous or problematic in some way

   b. Such objects or people may be considered

      1) Polluted

      2) Sacred

      3) Possessing special powers
4) Dangerous

4. Anthropologists argue that ritual is so prominent in situations of liminality because the ritual is seen to control the danger

5. Some of the tasks that rituals accomplish are either to strongly mark boundaries, or create them when they aren’t there

   a. Carrying the bride over the threshold makes a *ritual statement* that the threshold (the boundary between outside the house and inside the house) is being crossed

1) Why don’t they both just walk into the house?

2) A classic case of ritual in the context of liminality—the threshold is “betwixt and between”

3) **DISCUSS:** what is the ritual saying?

4) Are the bride and groom aware of the meanings of the ritual they’re engaging in?

III. Medicine and liminality

A. Organ transplants provide occasions for exploring ways societies deal with
liminality

1. “Betwixt and between” again

2. We see cannibalism as horrible

   a. We are appalled even when we learn about cultures prescribing cannibalism where no killing is involved, and where the dead person wanted to be incorporated into his/her descendants

   b. Note that “medicinal cannibalism” has been documented in European medical literature since the first century A.D., mentioned by Pliny the Elder

1) Who spoke about human blood as a cure for epilepsy

   2) Substances from human corpses to treat arthritis, reproductive difficulties, sciatica, warts, skin blemishes

   3) Blood was seen to be most effective when drunk immediately after the death of the person, and blood of those who died violently was seen to be especially potent

   4) In the heyday, human body products were
regular items in any well-stocked pharmacy.

3. If you’re cut open and a part of someone else is put in

   a. **DISCUSS:** How is this not like cannibalism?

   b. Why is it less upsetting than ingesting human tissue?

   c. It’s still not totally OK, as transplant recipients’ comments make clear—you will see with the Sharp book

4. The Christian ritual of communion

   a. Communion involves symbolically or actually (Catholicism—doctrine of transubstantiation) ingesting the body and blood of Jesus Christ

   b. A ritual that *appropriates* the disturbing quality of incorporation of another’s body is making powerful statements

   c. Ingestion of human flesh and blood, but with totally different meanings—this is a blessing, a sacrament, is seen to promote

---

C. Our readings offer examples of liminality

1. Katz’s examples of making strong statements about boundaries—if they seem arbitrary, the liminality hypothesis predicts a greater probability that ritual will be employed

   a. Above the waist, below the waist?

2. Rosenhan et al.: people inside a mental hospital playing the role of patients are by definition insane—no “betwixt and between” possible here

3. All of Dumit’s “new socio-medical disorders” reveal an abundance of classificatory problems, liminality

   a. “Biomental,” for example

4. Hahn’s physicians as patients: probably some of the unfortunate reactions and treatments experienced by these seriously ill physicians

   a. Occur because of the improper boundary-crossing they engaged in