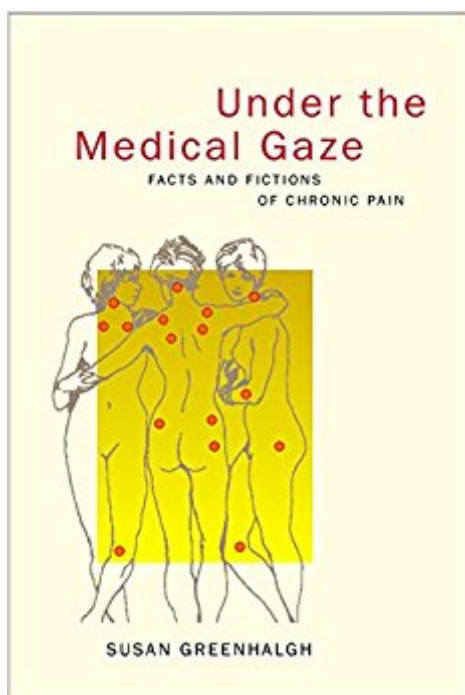


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Under The Medical Gaze: Facts And Fictions Of Chronic Pain



Synopsis

This compelling account of the author's experience with a chronic pain disorder and subsequent interaction with the American health care system goes to the heart of the workings of power and culture in the biomedical domain. It is a medical whodunit full of mysterious misdiagnosis, subtle power plays, and shrewd detective work. Setting a new standard for the practice of autoethnography, Susan Greenhalgh presents a case study of her intense encounter with an enthusiastic young specialist who, through creative interpretation of the diagnostic criteria for a newly emerging chronic disease, became convinced she had a painful, essentially untreatable, lifelong muscle condition called fibromyalgia. Greenhalgh traces the ruinous effects of this diagnosis on her inner world, bodily health, and overall well-being. Under the Medical Gaze serves as a powerful illustration of medicine's power to create and inflict suffering, to define disease and the self, and to manage relationships and lives. Greenhalgh ultimately learns that she had been misdiagnosed and begins the long process of undoing the physical and emotional damage brought about by her nearly catastrophic treatment. In considering how things could go so awry, she embarks on a cogent and powerful analysis of the sociopolitical sources of pain through feminist, cultural, and political understandings of the nature of medical discourse and practice in the United States. She develops fresh arguments about the power of medicine to medicalize our selves and lives, the seductions of medical science, and the deep, psychologically rooted difficulties women patients face in interactions with male physicians. In the end, Under the Medical Gaze goes beyond the critique of biomedicine to probe the social roots of chronic pain and therapeutic alternatives that rely on neither the body-cure of conventional medicine nor the mind-cure of some alternative medicines, but rather a broader set of strategies that address the sociopolitical sources of pain.

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Customer Reviews

Greenhalgh, associate professor of anthropology at the University of California, Irvine, has written an autoethnography (autobiography analyzed through a cultural lens) of the eight months she spent as a patient ("patient S.," as she refers to herself) of "Dr. D.," a highly recommended rheumatologist, who diagnosed her chronic joint pain and sleeplessness as fibromyalgia, a relatively new and still not completely understood medical disorder, which, the author writes, claims more women than men as its victims. Based on the detailed diaries S. kept during her treatment under Dr. D., Greenhalgh describes how his regimen first relieved S.'s anxiety and then drove her into a severe depression. He prescribed an aggressive management plan with drugs that caused serious side effects, including fogginess, headaches and vision loss, and encouraged her to give up swimming, an exercise she greatly enjoyed. The author speculates at length about the role her female identity played in her willingness to accept the forceful and ultimately wrong advice of a male physician who was committed to the veracity of medical science. After a flirtation with alternative treatments, S. sought a second opinion from her original New York rheumatologist ("Dr. K."), a woman, who convinced her that she did not have fibromyalgia and recommended that she stop taking the previously prescribed medication. Afflicted with what was finally diagnosed as an arthritic condition, she is no longer heavily medicated or depressed. As a more straightforward medical memoir, this might have reached the wider audience of patients whom the author wants to reach. In its present form as a scholarly work of anthropology, though it raises provocative and controversial issues, it will mostly attract the attention of physicians and social scientists. Illus. Copyright 2001 Cahners Business Information, Inc. --This text refers to an out of print or unavailable edition of this title.

Greenhalgh (anthropology, Univ. of California, Irvine) convincingly exposes the limitations of the medical profession's "scientific" approach to illness. The author relates her personal experience of being misdiagnosed with fibromyalgia and subjected to a barrage of potentially harmful and addictive drug treatments. She argues that while physicians do not intend to deceive patients or cause harm, their use of the language and trappings of science can cause them and their patients to be blind to the possibility of personal biases and medical errors. She also draws on feminist psychology, theorizing that male physicians often dismiss the concerns of their female patients and

that female patients do not advocate for themselves as they should, reverting instead to the societal expectation of trying to please a man by being "a good patient." Greenhalgh draws from the meticulous diaries she kept while she was under her doctor's care and refers to herself as "S." rather than using the first person. She uses jargon sparingly in hopes that this "cautionary tale" will attract a wide audience, but the ethnographic style might limit its appeal for those outside academia. Recommended for academic libraries. Ximena Chrisagis, Wright State Univ. Libs., Dayton, OH
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This is a very honest book about what can go wrong, with a medical practitioner making a patient much worse, physically and mentally, than before. Honest because the author recounts in detail how she got sucked into what was effectively a web of deception, in spite of some "red flags" she chose to ignore at the beginning. Most people won't talk about something like that, once they realize what occurred -- they don't want to reveal their own naivete, character flaws, and plus it's just stressful to have played the role she did in a clinical relationship, or to have gotten so confused about what was beneficial and what wasn't. Moreover, though all sick patients have strong emotions about their doctors, these are rarely discussed. Yet, such problems are common, making this unusual book valuable and insightful. I'm certain that the doctor she consulted has also adversely affected others and persuaded many who did not suffer from fibromyalgia, that they did. It was a little hard to read because it was painful to read of the problematic manipulations and drug and treatment side-effects. After you read this book, if you want something better to compare it with (and to take the taste of this spoiled relationship out of your mouth), read *Dancing at the River's Edge: A Patient and Her Doctor Negotiate Life with Chronic Illness*. The patient there is also a female academic with interests in feminism, but the doctor-patient relationship in that case is constructive and life-improving.

For those of us suffering with chronic pain there is almost no treatment we won't try or book we won't read. This book, however, was a total waste of time. Instead of calling it "Under the Medical Gaze" she should have titled it "A Whiner's Guide to Complaining as an Art Form". No wonder the author didn't experience much sympathy from the medical profession. This is 2001! Take charge of directing your own health care and pain management. If something doesn't work for you, move on! After a hostile reading of this book, I had to increase my ibuprofen intake just to cover an additional headache instead of the usual chronic pain of fibromyalgia. Boo Hiss!

Susan Greenhalgh has written a fascinating account of how the process of medical diagnosis and treatment can go horribly astray despite the best intentions of both the doctor and the patient. Greenhalgh had suffered for years from a painful arthritic condition. Upon moving to California she found her condition getting much worse. Unsatisfied with the care she was getting from the local rheumatologist, care that addressed the flare-ups of pain but not the cause of the pain, she sought help from a rheumatologist some distance away who had been recommended to her by a friend. At her first visit, this rheumatologist then misdiagnosed her with fibromyalgia, among other conditions. The treatments he then recommended caused side effects, which mimicked fibromyalgia and compounded his initial misdiagnosis. He treated the side effects that included severe headaches, neck and back pain, cognitive difficulties, vision problems and severe depression, as further evidence of fibromyalgia. The result was that Greenhalgh became increasingly sick, with her life and livelihood placed in jeopardy. Her book is an account of the 8 disastrous months she spent in this rheumatologist's care, until she finally realized that she needed to seek another opinion. During her time in treatment she had taken scrupulous notes of all her visits and telephone calls with the doctor as well as the progress of her symptoms. She took these notes to understand and track her treatment, not with the intention of writing a book. They simply reflect the lifelong habits of a conscientious anthropologist. Her book uses these notes as the basis of a careful analysis of the assumptions underlying medical diagnosis, and how these assumptions, along with the rhetoric and practices of medicine, can have disastrous results, especially when applied to chronic pain conditions, rather than acute illnesses. Her analysis, far from simply criticizing the doctor for a combination of misdiagnosis and a disinclination to really hear what she was saying about how she was feeling, also critically analyzes her own role in the relationship. Both she and the doctor were active partners in creating a doctor patient relationship, which worked against the best interests of the patient (and the best interests of the doctor, assuming his intention truly was to help). In becoming aware of how the doctor patient relationship can work against the best interest of patients, patients and doctors can potentially both become active participants in creating doctor patient partnerships that honor the complementary knowledge that doctors and patients can bring to medical encounters. Such doctor patient relationships are counter to the medical discourse, which is the discourse of science, in which the doctor is all knowing and the patient the quiet recipient of that knowledge. Doctors and patients are both socialized to accept this hierarchy of all knowing doctor and all believing patient and both doctor and patient must become aware of the assumptions underpinning that relationship if a more successful model of diagnosis and treatment is to gain hold. Greenhalgh's title "Under the Medical Gaze" comes from Foucault's analysis of the discourses

of western medicine. Such analyses do not result in a simple to read book, but Greenhalgh does an admirable job of eliminating much of the jargon that usually accompanies such analyses. This book is well worth the effort of a careful read, for it goes well beyond describing unsuccessful medical treatment to gaze at what can underlie such medical misses.

Excuse me?? Where are the Facts and Fictions of Chronic Pain? As a sufferer of chronic back pain I thought that this book would provide me with some new options for treatment and pain control. Judging from the excerpts that I read all it is is a story of scaterbrained woman who can't figure out if a medical doctor is doing her any good?? Please - are there really people out there that are really this stupid?

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