Ragging in Medical Colleges

Fawad Kaiser

From Department of Psychiatry, Shifa College of Medicine, Islamabad, Pakistan.

Correspondence: Dr Fawad Kaiser, Consultant Psychiatrist, Shifa International Hospital, Islamabad. Pakistan. Email: fawad_kaiser@hotmail.com (Rawal Med J 2008;33:106-107).

Only last year seven students from medical colleges were suspended for alleged ragging bordering on sexual harassment. Teasing, ducking and ragging in medical colleges is becoming a serious problem in professional institutes. "Teasing" is defined as the mildest form of harassment, irritation or provocation, characterized by persistent petty distractions. "Ducking" may be more severe, and chiefly involves some one having to perform humiliating imitations of animal behavior. "Ragging" is the most severe of the three initiations practices, and it is no accident that it was introduced into subcontinent by the first Sandhurst (a British Military School) recruits to arrive in the country. Although it began mildly enough, it helped relax the new students in an alien atmosphere and helped them form friendships, however it soon evolved into highly torturous practices. Its imposition on new students became established in medical colleges as the right and privilege of the senior students and as necessary punishment for the new ones, who at the same time were granted concessions and protection by their seniors.

Pulling a person by ears, slapping, beating or kicking him, stripping him of clothes and making him indulge in humiliating sexual and other acts, or making him stand naked in the cold for hours are all practices documented.² It is also seen that the new students are treated "like slaves", they are made to complete the senior students work books, polish their shoes, cater to whimsical and non whimsical demands, entertain the senior students, often out of their money, and generally show total submission and humility. In subordination they are punished severely; in one case a "rebel" was severely sexually abused and suffered a serious mental breakdown.³ Indeed, some students abandon their studies and exhibit neurotic symptoms. Severe ragging has been linked directly to hypomania, suicides and at least one death.³ The literature notes that for many students memories of their first day at medical college are extremely painful.⁴

Students from rural areas and medium stream find medical schools, particularly those in city, a cultural shock. The huge textbooks, the English speaking senior students and even the dressing styles scare them. Many students suffer from home sickness and bouts of depression. One of the most important studies on this subject was carried out by the Sociologist Howard Becker at the University of Kansas School of Medicine, who opines that the more homogeneous were the backgrounds of a fraternity's membership, the more structured and cohesive they were as a group and the more social interaction there was between them. It can be argued though, that merely to belong to a highly structured, prestigious group does not necessarily make one conform to demands from an authority that is outside your group. The decisive factor in this case, possibly, is that fraternity

members should also have been coerced both by their culture of origin and chiefly by the fraternity rights, in a way that made them conform more readily to demands set by the college authority in general no matter what the origin of these demands.

Ragging is torture and is clearly not just the reflection of pain. But understanding the social psychology of this act is useful in understanding the behavior of the torturer. So far the psychological factors lean heavily on studies of obedience to authority and of deindividuation and aggression. Posters denouncing ragging should be splashed all over the college and hostel campus. Deans of all medical colleges should form anti-ragging committees comprising of senior students and senior faculty members. Apart from preventing ragging, senior faculty members need to support the parents and organize workshop and seminars on ragging leading onto harassment. Such reforms would lead to transformational change rather than simply symptom suppression.

REFERENCES

- 1. Wiebe C. Medical Student "hazing" is unhealthy and unproductive, Med Gen Med. 2007;9:60.
- 2. Lytle GH,Holmes JE,OlsenMC. Medical student abuse;a review of the literature and experience on one campus.J Okla State MedAssoc1993;86(12):613-5
- 3. BailwinDCJr,Daugherty SR,Eckenfels EJ, Lekas L. The experience of mistreatment nad abuse among medical students.Res Med Educ 1988;27:80-4
 - 4. Pepitone-Arreola-Rockwell F, Rockwell D, Core N. Fifty-two medical students suicides. Am J Psychiatry 1981;138:198-201.
 - 5. Zoccolillo M, Murphy GE, Wetzel RD. Depression among medical students. J Neru Ment Dis 1989;1.38:198-201.
 - 6. Becker, SH. Whose Side Are We On? Social Problems. 1967;14:239-247.
 - 7. Silver HK. Medical Students and medical school. JAMA. 1982;247:309-310.