Diagnosing Psychological Abnormality – On being sane in insane places.

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Rosenhan, D. (1973)

Introduction / Background

The history of mental illness is full of demons, witches, insane asylums and barbaric treatments. In the 17th century people believed that mentally ill persons were possessed by the devil and many were put to death. The insane asylums of the 18th century treated the inmates as no different from animals but in the 19th century a more humane approach appeared. It was suggested that a physical disease caused the symptoms of psychological illness. However, the concept of 'illness' relies on a set of identifiable symptoms that lead to a diagnosis and then to a suitable treatment, but few psychological illnesses have been found to have such a neat physical cause and treatment. Also, when making a diagnosis of a psychological disorder one has to observe the behaviour of a patient, which is not the same as objectively analysing a sample of blood, so can the diagnosis of psychological abnormalities ever be reliable?

Rosenhan's research aim was to test the reliability of diagnoses of psychological abnormality. He tested this by asking, 'What if 'normal' people played the part of mentally ill individuals?' If they acted as if they had a psychological disorder and were diagnosed as ill, this would demonstrate that the diagnosis of psychological illness is not reliable.

What if the normal people behaved 'normally' *but* were observed in a psychiatric hospital? If they were then diagnosed as psychologically abnormal this would suggest that the characteristics that lead to the diagnosis of abnormality reside in the environments/contexts in which observers find them, rather than in the patients themselves.

The three parts of Rosenhan's research

(1) The Field Experiment:

Participants

8 sane people who acted as 'pseudo-patients' (not real). There were 5 men and 3 women of various ages and occupations (graduate student, psychologist, paediatrician, psychiatrist, painter and housewife). Rosenhan was one of the pseudo-patients and the only one who might have been known to hospital staff. No one in the hospitals was informed about the research and the staff and patients in 12 different hospitals were also participants (though they were unaware of this). The 12 hospitals used were located in 5 different states across America.

Procedure

The pseudo-patient called the hospital and asked for an appointment. On arrival (s)he told the admissions officer that (s)he had been hearing voices. When asked what the voices said the pseudo-patient reported that they were often unclear but included the words '**empty**', '**hollow**', and '**thud**' (hearing voices is a symptom of schizophrenia). They described the voice as unfamiliar, but the same sex as themselves. They also pretended to be worried about the meaning of life (simulated 'existential crisis') commenting "Who am I, what's it all for?" Each pseudo-patient also stated the facts of their life as they actually were. None of their life histories were abnormal in any way. All but one of the pseudo-patients were admitted to hospital and once admitted to the psychiatric ward, they continued to behave entirely as normal, though Rosenhan suggests that they may have appeared nervous because they were afraid of being detected as a fraud. The pseudo-patients took part in ward activities and spent their time **making notes about their experience**. They did not know when they would be discharged! One of the conditions of taking part in the study was that they would have to 'get out' by convincing the hospital staff that they were sane.

Results:

When they were released it was with the label 'schizophrenia in remission'. This suggests that the hospital staff had no idea that these were actually normal people. It also indicates that once schizophrenic, always schizophrenic even if it is described as 'in remission' (which means in a state of temporary suspension from the disease).The length of stay ranged from 7 to 52 days (average 19 days). The notes made by nursing staff show that the pseudo-patients were friendly and cooperative, and that they 'exhibited no abnormal indications'. Daily visitors also reported no unusual behaviour, nor did any of the other patients. In fact some of the patients were keenly aware of the sanity of the pseudo-patients and voiced this loudly 'You're not crazy. You're a journalist … You're checking up on the hospital.'

Normal behaviour was misinterpreted and described by staff as abnormal. Two examples:

Writing notes was described as "The patient engaged in writing behaviour"

Arriving early for lunch was described as "oral acquisitive syndrome".

This demonstrates how normal behaviour was distorted to fit in with the diagnosis of abnormality.

(2) A field experiment

Participants were staff in a teaching and research hospital. **Procedure:** The staff had been informed of the results of the first study. They were told that at some time during the next 3 months, one or more pseudo-patients would attempt to be admitted to the hospital. Each member of staff was asked to rate all patients who sought treatment. They should rate the likelihood that this person was a pseudo-patient on a 10-point scale. **Results:** During the 3 months 193 patients were judged on the 10-point scale. None of them were actually pseudo-patients but 41 were confidently judged to be pseudo-patients by at least one staff member, 23 were suspected by at least one psychiatrist, and 19 were suspected by a psychiatrist and a staff member.

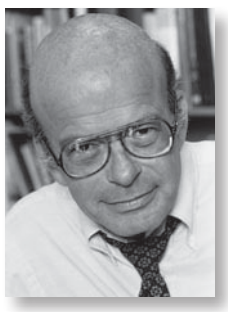
(3) 'Mini experiment'

In four of the original hospitals Rosenhan conducted a 'mini-experiment'. The pseudo-patient approached a staff member with the following question 'Pardon me, Mr./Mrs/Dr. X, could you tell me when I will be presented at the staff meeting?' or 'When am I likely to be discharged?' The pseudo-patient did this as normally as possible. As a control measure a record was also kept of a young lady approaching staff members on a University campus, and asking them six questions. All of the staff members were interrupted during what looked like a purposeful walk to a meeting or class, nevertheless they all stopped and answered all questions and the respondents maintained eye contact with the questioner. In the case of the pseudo-patients only 4% of the psychiatrists and even fewer nurses stopped and answered the question posed by the pseudo-patient and most continued without pausing.

Conclusions

(a) It was possible that doctors were biased towards making 'type-two errors'. A type two error occurs when someone makes a false judgement because they have tried to avoid failing to diagnose a real illness. Doctors are more inclined to call a healthy person sick than a sick person healthy because it is potentially dangerous to release a sick person without treatment (whether they are physically or psychologically ill) so it is better to err on the side of caution. It is worrying that such errors can be made and suggests that diagnoses cannot be very reliable. (b) Diagnostic labels 'stick' and they change the way other people see you. Once we know that someone has once been diagnosed with schizophrenia it alters the way we interpret what they do and say. This is worrying because once a diagnosis is made the label tends to stick even if it was wrong.

Rosenhan concluded that "It is clear that we are unable to distinguish the sane from the insane in psychiatric hospitals". In the first study we are unable to detect 'sanity' and in the follow up study we are unable to detect 'insanity'" …. the diagnosis of psychological abnormality appears not to be reliable.



Prof. David Rosenhan