INSTITUTE OF CURRENT WORLD AFFAIRS

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Looking for Sanity-1

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Dear Mr. Nolte,

"How do you tell if someone's psychotic?" I remember asking a friend who is a psychoanalyst.

"It's easy. I spend five minutes talking with him. If he makes me feel creepy, he's a psychotic."

Most clinical psychologists, psychiatrists, and psychoanalysts would sound more objective. For them, sanity and illness (and the vast variety of illnesses) are real states that they can detect and label the same way an internist detects the presence of a hidden tumor or lesion--by observing a grouping of signs or symptoms from which he infers a disease. But is insanity truly an objective condition? And where do we locate it--in the patient, in his environment, or in the observer himself? These are questions much on some people's minds these days, among them Dr. David Rosenhan, professor of psychology and law at Stanford University and one of the men

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Jeffrey Steingarten is an Institute Fellow looking at the relevance of psychology to law.

who has tried to find an answer. I had a conversation with him awhile ago, and I thought I'd report on his work and the reaction it has received.

Rosenhan is not the first to think it plausible that "psychiatric diagnoses... are in the minds of the observers and not valid summaries of characteristics displayed by the observed," but his way of testing the idea is probably unique. He set out to get normal people admitted to psychiatric hospitals; once they were in, he would observe how long it took the staff to detect their sanity and what methods were used to detect it. "If [their] sanity...were always detected, there would be prima facie evidence that a sane individual can be distinguished from the insane context in which he is found," he wrote in Science magazine.[1] "If, on the other hand, [their] sanity...were never discovered, serious difficulties would arise for those who support traditional modes of psychiatric diagnosis." Rosenhan does not deny the reality of personal anguish, of anxiety and depression, or that some behavior can reliably be labelled deviant given a specific cultural setting. But he is struck by the wealth of conflicting evidence on the reliability of diagnostic labels and on the wide difference among criteria of normality in different cultures. This evidence seems to him to challenge the standard psychiatric view that patients can usefully be categorized on the basis of the symptoms they present.

He selected eight "pseudopatients" (including a housewife, a pediatrician, a painter, a psychiatrist, and three psychologists) with no history of serious psychiatric disorder, and gave them false identities (to avoid either tipping off the staff or saddling the pseudopatients with indelible psychiatric records) and one symptom to present--they all

[1] "On Being Sane In Insane Places", Science, Vol. 179, 19 January 1973, pp. 250-258.

claimed to hear indistinct voices that seemed to be saying the words "empty," "hollow," and "thud." He also selected 12 hospitals--old, new, academic, private, East coast and West, mediocre and well-regarded.

One pseudopatient was assigned to each hospital and presented himself at the admissions office. Apart from the fictional identities and one symptom, the pseudopatients truthfully described their life history and current state of mind. On the basis of one symptom--auditory hallucinations--all were admitted to the psychiatric wards of the hospitals to which they presented themselves. All but one were diagnosed as schizophrenic.

Rosenhan told the pseudopatients that they would be discharged from the hospitals only when they had convinced the staff that they were sane. Upon admission, each of them immediately dropped the feigned symptom and began to act normally. When the staff asked how they felt, they reported that their hallucinations had disappeared. They dutifully followed all instructions (though they flushed all medication down the toilet--a bewildering variety of 2100 pills in all). Nurses reported that all were friendly and cooperative with no abnormal behavior. All kept notebooks in which they recorded their experiences in great detail, and after a short while none attempted to hide their notetaking. Some were understandably nervous at first that they would be detected as sane and publicly exposed by the staff.

None of them was. None was even suspected. When a sufficient period of time had passed without the pseudopatients' exhibiting any bizarre behavior, they were released--with the label "schizophrenia in remission:" not "sane" or "healthy" or even "hallucinations in remission." The average length of their stays was 19 days, with a range of from 7 to 52 days.

Rosenhan feels that if sanity were a meaningful medical concept, the pseudopatients would have been detected by staff members sooner than they were actually released. But instead of detecting sanity, the staffs turned sanity into illness. Once the pseudopatients had been diagnosed as schizophrenics in their admission interviews, they appeared to be schizophrenic to every staff member with whom they came into contact. Their presumably "normal" life histories--which they had reported with complete accuracy--were reinterpreted by staff members to fit with popular theories of the causes of schizophrenia. Doctors averted their eyes when the pseudopatients approached them with question, gave unresponsive answers, and moved quickly on. When the pseudopatients paced back and forth in the wards, bored by the emptiness of their confinement, they were asked if they were nervous. A nurse wrote daily in one pseudopatient's records, "patient engaged in writing behavior" to explain his constant note-taking; she never questioned him about it.

While the diagnostic label "schizophrenia" seemed to acquire a life of its own among the staff of "mental health professionals," it did not affect other patients in the same way. Of the 188 real patients with whom three of the pseudopatients came into contact, 35 said they suspected them to be professors or journalists, and not really sick.

Most of us get unreasonably angry, depressed, or anxious at one time or another--but we are not permanently labelled according to these temporary states. Rosenhan points out that insane people are not always that way: many are for the most part lucid and reasonable, and the bizarre behavior that gave rise to their diagnosis appears only a small fraction of the time. Yet when we label someone, we purport to describe the person himself. And when we label a person on the basis of our impression of a small fraction of his behavior, the

label itself colors the way we see that person all the time--and influences others who share our terminology and the conclusions behind it.

The tendency to "overdiagnose" seems to be reversible, though. In another experiment, when Rosenhan informed the staff of a research and teaching hospital that some pseudopatients would seek admission within three months, 41 out of 193 legitimate patients were identified as pseudopatients with a high degree of certainty by at least one staff member. Over half these mistakes were made by psychiatrists. Were the 41 really "sane", or was the staff simply overzealous to display their powers of discrimination? And how can one rely on diagnostic procedures that are so dramatically affected by the motivations--the emotional states--of the observers?

"How many people...are sane but not recognized as such in our psychiatric institutions?" Rosenhan asks. "How many patients might be 'sane' outside the psychiatric hospital but seem insane inside it--not because craziness resides in them, as it were, but because they are responding to a bizarre setting, one that may be unique to institutions which harbor nether people?"

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David Rosenhan was trained as a clinical psychologist, received psychoanalytic training in New York and practiced psychoanalytically-oriented therapy for a brief period until he became disillusioned by the gap between his patients' insight and the absence of therapeutic gain. He switched his emphasis to experimental psychology, taught at Haverford, Princeton, and Swarthmore Colleges and wrote, among many other things, about the development of moral behavior in children,

particularizing what he considers the incorrectly unitary psychoanalytic concept of the formation of the superego. In 1971 he was given a joint appointment in psychology and law at Stanford. Much of his work[1] concerns the application of experimental and social psychology to legal issues: the persuasion of juries and the way defendants are perceived, the psychology of perception and the rules of evidence, and methods of lie detection.

David Rosenhan does not deny that the "needs for diagnosis and remediation of behavioral and emotional problems are enormous." But he notes that "whenever the ratio of what is known to what needs to be known approaches zero, we tend to invent 'knowledge' and assume that we understand more than we actually do. We seem unable to acknowledge that we simply don't know." Taking off from his startling discovery that fellow patients are much better at detecting sanity than professionals are, he has embarked on two new projects aimed at supplanting some of this invented knowledge. By using several teams of observers in psychiatric wards, he will attempt to find out from patients themselves what craziness actually feels like to them--in contrast to what they are willing to tell a staff psychiatrist whose wide power to grant both sanctions and privileges, Rosenhan feels, prevents patients from conveying their experience of insanity truthfully. Then he will try to devise means for patients in psychiatric wards to do therapy on other patients.

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[1] He also does some behavior therapy with individual patients, especially those who fear flying in airplanes. (He has an arrangement with United Airlines to use their training flights for the final hour of the cure. He rarely requires more than six hours with any patient.) Behavior therapy, he notes, is far more effective for phobias than in helping people with "problems in meaning," a fact that may disappoint some readers.

When Rosenhan reported the results of his pseudo-patient project about a year ago, it provoked a great deal of angry reaction, which I will discuss in my next newsletter.

Sincerely,

Jeff Steingarten

Received in New York on March 19, 1974