


Coverage of Rosenhan's "On Being Sane in Insane Places" in Abnormal Psychology Textbooks

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Abstract

The present study examined 12 abnormal psychology textbooks to determine whether Rosenhan's classic study, "Being sane in insane places," was covered, and if so, the nature of that coverage. Only 50% covered the study, with all describing the study as demonstrating the biasing power of psychiatric labels. Two key aspects of the study (the diagnoses of schizophrenia and their supposed subsequent influence on the hospital staff's perception of the pseudopatients' normal behavior as pathological) were commonly discussed. However, although the study has been heavily criticized, only two texts discussed any criticism of it. Teachers and text authors are urged to become more familiar with the critical literature on this study, and suggestions for class discussions of the study are provided.

Keywords

David Rosenhan, abnormal psychology, textbook analysis, labeling theory

Three studies have analyzed the citation frequency of classic articles in introductory psychology textbooks over the last three decades—Gorenflo and McConnell (1991), Griggs and Jackson (2007), and Griggs and Christopher (2016). An examination of the citation data in these studies for David Rosenhan's (1973) classic study, "On Being Sane in Insane Places," reveals a sizable decline in coverage from inclusion in nearly 80% of the textbooks in the late 1980s (Gorenflo & McConnell) to the present level of only 45% (Griggs & Christopher). Griggs and Christopher attributed this decline to currency bias (the emphasis on currency of referencing in introductory texts) and variance in authors' citation preferences. Although these factors may be contributing to the decline in citation of this study, two other factors, space limitations in introductory texts and the study's questionable scientific merit, may also be involved. Given that space is at a premium in introductory texts, in order to make room for coverage of new research, coverage of some studies, especially older ones, is eliminated (Griggs & Jackson). Introductory textbook authors have only one chapter to cover the topic of mental disorders and very often have to cover therapies in the same chapter.

It is also possible that some textbook authors may have elected to omit the study because of its dubious scientific status. From 1973 to the present, the design of the study and Rosenhan's interpretation of the results have been heavily criticized, raising questions about the study's merit (e.g., Millon, 1975; Ruscio, 2004, 2015; Spitzer, 1975; Spitzer, Lilienfeld, & Miller, 2005; Weiner, 1975; Wolitzky, 1973). In fact, one critic (Spitzer) argued that Rosenhan's study was "pseudoscience

presented as science" and that just as the pseudopatients in the study had been discharged with a diagnosis of "schizophrenia, in remission," a careful examination of the study's methodology, findings, and conclusions led him to a diagnosis of "logic, in remission" (p. 442). Hence, textbook authors familiar with these criticisms may have opted to no longer cover Rosenhan's study. On the other hand, some authors who do cover the study may not be familiar with the criticisms. Because the criticisms of Rosenhan's study likely play a role in both if and how the Rosenhan's study is covered in abnormal psychology textbooks, we will provide brief descriptions of some of the main ones. For more detail, interested teachers should read the articles cited here.

First, Rosenhan (1973, 1975) argued that the diagnosis of schizophrenia on the basis of a single symptom was not appropriate. The symptom of auditory hallucinations in which voices, when discernable, were saying "empty," "hollow," and "thud," was feigned by Rosenhan and seven colleagues. Some of these pseudopatients participated more than once, leading to a total of 12 admissions to psychiatric hospitals. Eleven were admitted with a diagnosis of schizophrenia, and in one case, the

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diagnosis was manic-depressive psychosis (Spitzer, 1975). Critics have argued that the hallucinations were not the only factor present at the time of admission that played a role in the diagnoses (Millon, 1975; Weiner, 1975). They point out that Rosenhan used this particular hallucination because of its existential nature to reflect concerns among patients about the “meaningless of one’s life” (see Rosenhan, 1973, p. 251). According to Rosenhan (1973), it is as if the patient is saying “My life is empty and hollow” (p. 251). Thus, these existential hallucinations paired with some of the pseudopatients’ concomitant nervousness and anxiety during the admissions process (Rosenhan, 1973) and the fact that the pseudopatients were voluntarily seeking admission (which indicates that they were emotionally upset by the hallucinations) all likely would have led to the conclusion that the pseudopatients were misinterpreting reality (hallucinating) and were emotionally disturbed, making schizophrenia a plausible diagnosis.

Second, after being admitted, patients no longer reported experiencing auditory hallucinations and behaved normally, yet this normal behavior, according to Rosenhan (1973), was interpreted by the hospital staff as abnormal because they had been labeled schizophrenic. Support for this conclusion, however, rests on anecdotes taken from staff observations of pseudopatients (Ruscio, 2004). For example, Rosenhan claimed that some psychiatric nurses apparently interpreted the note-taking of some pseudopatients as pathological. However, Rosenhan reported that a nurse who did so noted that “patient engages in writing behavior.” It was Rosenhan (1973) who then provided a hypothetical line of reasoning for the nurse to justify the notation

Given that the patient is in the hospital, he must be psychologically disturbed. And, given that he is disturbed, continuous writing must be a behavioral manifestation of that disturbance, perhaps a subset of the compulsive behaviors that are sometimes correlated with schizophrenia. (p. 253)

However, as Ruscio (2004, 2015) pointed out, the nursing staff did not specifically refer to any such pathology; Rosenhan did this.

That patients were held in the hospital for such an extended period of time was evidence, according to Rosenhan (1973), that the doctors and staff were unable to recognize normal behavior because of the distorting influence of the diagnostic label. This point too has been challenged by critics. Weiner (1975) noted that the average length of stay was only 19 days and that if the stay of one pseudopatient (an outlying data point of 53 days) was removed, the average stay would be only 16 days. Weiner suggested that this average length of stay was not unreasonable considering the seriousness of the symptomology and that improvement upon admittance would not be unexpected. Additionally, Millon (1975) noted that it is not difficult to imagine that a diagnostician would exercise caution in such a situation, being more comfortable with keeping a patient reporting a serious and persistent symptom (auditory hallucinations) than with releasing the patient too early.

All but one of the pseudopatients were released with the diagnosis of schizophrenia, in remission, and one with the diagnosis of manic depression, in remission (Spitzer, 1975). Rosenhan (1973) interpreted the “in remission” label as an obligatory addendum to a patient’s diagnosis upon discharge rather than as evidence of the staff’s recognition of a patient’s sanity. According to Rosenhan (1973), the discharge diagnoses comprised further evidence that “Having once been labeled schizophrenic, there is nothing the pseudopatient can do to overcome the tag. The tag profoundly colors others’ perceptions of him and his behavior” (p. 253). Spitzer (1976), however, collected data from a review of psychiatric hospital records that indicated that these in remission discharge diagnoses were rarely given to those with schizophrenia upon discharge at the time of the Rosenhan’s study. Spitzer further argued that the assignment of this same diagnosis across very different hospital settings and different patients testifies to the reliability of the diagnosis and thus that the admission diagnoses appear *not* to have impacted their perceptions of the pseudopatients’ behavior because these discharge diagnoses indicate that the patients’ normal behavior had been perceived; hence, the in remission diagnosis.

Finally, Rosenhan’s (1973) study, along with studies by Temerlin (1968) and Langer and Abelson (1974), is the most frequently cited in support of labeling theory (Ruscio, 2004). However, labeling theory research, including these prominent studies, has been plagued by methodological flaws, such as questionable ecological validity and demand characteristics, and has produced equivocal results (see Ruscio, 2004, for a review). This has led Lilienfeld, Lynn, Ruscio, and Beyerstein (2010) to conclude that the notion that psychiatric labels harm people by stigmatizing them is a myth.

We had two purposes for the present study. The first was to examine the frequency of coverage of the Rosenhan’s study in abnormal psychology textbooks. We used abnormal psychology textbooks because the space constraints on topic coverage are not as pressing in these texts as in introductory texts. In introductory texts, only one chapter is devoted to abnormal psychology, and often both disorders and therapies have to be covered in a singular chapter. In abnormal psychology texts, the entire text is devoted to these topics, disorders, and therapies. Thus, the frequency of coverage of this study may be greater in abnormal psychology texts versus the frequency in introductory texts. The second purpose was to examine the nature of the coverage of the Rosenhan’s study, specifically with respect to the discussion of the critical points of disagreement between Rosenhan and his critics. We expect that the criticisms will be discussed because the authors of abnormal psychology texts are experts in this area and thus would likely be conversant with the criticisms. It should be noted, however, that coverage of the myriad criticisms of both Milgram’s obedience study and Zimbardo’s Stanford prison experiment was very limited in social psychology textbooks (Griggs & Whitehead, 2014, 2015a, and 2015b), and the authors of those texts are experts in social psychology. Hence, it is definitely

possible that the abnormal psychology textbook authors are aware of the many criticisms but choose not to cover them.

Method

The abnormal psychology textbooks in the text sample were located through a search of CourseSmart[®], an online textbook evaluation service. The search resulted in a sample of 12 abnormal psychology textbooks, and the latest edition of each was used (copyright dates ranged from 2012 to 2016). We used “Rosenhan” and “labeling theory” as search criteria to locate coverage of the Rosenhan’s study in the sampled texts.

The categories that we used in the coverage content analysis emerged from our examination of Rosenhan (1973, 1975) and the critical literature on the Rosenhan’s study to determine the main points of disagreement. Specifically, we examined coverage of the following issues: the diagnoses of schizophrenia and schizophrenia in remission, the length of hospital stay, the hospital staff’s interpretation of normal behavior as pathological, the staff’s failure to detect the pseudopatients as phony, and the biasing power of labels (i.e., labeling theory) interpretation of the study. Additionally, we examined the extent to which criticisms of the study and alternative explanations of the results were covered. Citations of any specific critical article were noted.

Results

Six of the twelve abnormal psychology textbooks (50%) did not cover the Rosenhan’s study. One of the six did include a citation of Rosenhan (1973) with respect to labeling theory but did not provide any description of the study. Although four of the six textbooks that covered the study noted that the pseudopatients received the diagnosis of schizophrenia, only two specifically mentioned that the diagnosis was made on the basis of only one symptom. Only two of the six textbooks referred to the diagnosis of schizophrenia in remission at discharge, one of which failed to interpret this diagnosis as supportive of Rosenhan’s conclusions or as evidence of the ability of the staff to recognize normal behavior. The other text noted that in remission implied that patients were symptom free, which was very different from the diagnosis of schizophrenia. Half of the six textbooks noted the length of stay among pseudopatients. Four of the six texts noted that the staff at the psychiatric hospital interpreted the normal behavior of patients (e.g., note-taking behavior) as pathological. All but one text alluded to the staff’s failure to recognize normal behavior, and two texts specifically noted the failure to identify the patients as phony. All six texts framed the study in terms of the damaging effects of labels.

With respect to the inclusion of criticisms of Rosenhan’s study, only two of the six textbooks mentioned criticism associated with the study, both questioning it on ethical grounds. One of the two texts did not elaborate on additional criticisms, whereas the other framed the study as controversial, asking readers to judge the study’s appropriateness based on its flaws. The authors noted that the discharge of patients with

schizophrenia in remission meant they were symptom-free, that staff members had no reason to doubt the veracity of the pseudopatients’ claims, and that the study lacked outcome measures that could be analyzed. None of the textbooks cited an article critical of the Rosenhan’s study.

Discussion

The present results suggest that the frequency of coverage of the Rosenhan’s study in abnormal psychology textbooks (50%) parallels the rate of coverage in current introductory psychology textbooks (45%; Griggs & Christopher, 2016). Although space constraints and currency bias may account for the lack of coverage, one would expect these factors to play a more significant role in the coverage decisions of introductory textbook authors with limited space to devote to a specialty area such as abnormal psychology. Thus, alternatively, the lack of coverage in abnormal psychology textbooks may reflect recognition on the part of authors that the Rosenhan’s study has been effectively rebuked by critics and thus should not be covered.

Coverage of the criticisms of Rosenhan’s study was notably absent from the textbooks that covered the study. Perhaps most striking was the infrequent inclusion (in only one text) of the alternative interpretation of the schizophrenia in remission diagnosis upon discharge offered by Spitzer (1975). Several authors (Ruscio, 2004, 2015; Spitzer, 1975, 1976; Spitzer et al., 2005; Weiner, 1975) have argued that this rarely used diagnosis was evidence that the staff *did* recognize the normal behavior of the pseudopatients, contrary to Rosenhan’s interpretation. There are several plausible explanations for the absence of criticism in the textbooks. It may be the case that textbook authors are not aware of the criticisms or, though aware of them, believe these criticisms have been adequately redressed (e.g., Rosenhan, 1975). It may also be that the shortcomings of the study are considered less important than the edifying message of the stigmatizing effect of labels (which ironically, Lilienfeld, Lynn, Ruscio, & Beyerstein, 2010, have shown to be a myth). This would be consistent with the “storyline explanation” proposed by Griggs and Whitehead (2014) who, attempting to account for the limited coverage of criticisms of the Stanford prison experiment in social psychology textbooks, suggested that inclusion of these criticisms may detract from an otherwise compelling and concise story regardless of its questionable value, including that the criticisms risks confusion and a loss of student interest. The lack of coverage of these criticisms also may lead teachers not to be aware of them and thus not cover them in their classes. Bartels, Milovich, and Moussier (2016) found that if social psychology textbook authors did not cover the criticisms of the Stanford prison experiment, teachers tended not to cover them in the courses.

Although it is understandable that textbook authors would elect to omit the study based on the substantial criticism it has received, we recommend that both textbook authors and teachers who discuss the Rosenhan’s study but are not familiar with these criticisms become conversant with them and incorporate

them into their texts and lectures, respectively. Regardless of the type of coverage that the Rosenhan's study receives in the textbooks they have adopted, psychology teachers could utilize the study as an engaging introduction to research methods. For example, they could ask students how the psychiatric staff's ability to distinguish normal from abnormal could have been better addressed. As an example of a more appropriate test, Weiner (1975, p. 440) proposed the following:

Take 20 diagnosed schizophrenics and 20 matched normals and place them together in a mental hospital. Then have observers classify the individuals into sane or insane groups on the basis of their observations. It would not take a sophisticated diagnostician to obtain highly significant hit rates. And the greater the amount of observation, the more accurate the identifications probably would be.

It may also be useful to have students consider the quality of the supportive evidence. As Ruscio (2015) noted, Rosenhan's conclusion rests on "anecdotes drawn from a wealth of observational data" (p. 2497). Spitzer (1976) is a good resource to use for this discussion.

Exploring the Rosenhan's study from a methodological standpoint offers an opportunity to develop skills addressed in the American Psychological Association (2013) scientific critical inquiry and critical thinking undergraduate learning outcomes. Students could benefit from considering the importance of controlled comparisons in experimental research (Outcome 2.4b) and the potential impact of the experimenter's value system, as well as the historical context of the study (Outcome 2.5a). Likewise, the study is an excellent vehicle for exploring experimenter effects (e.g., Millon, 1975). While the extent to which the Rosenhan's study is covered in the classroom is an open question, instructors not familiar with the aforementioned critical literature on Rosenhan's study and labeling theory are encouraged to review it and consider incorporating it into their classes.

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