Rosenhan Pseudopatient Study

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One of the best-known studies in clinical psychology is described in Rosenhan's (1973a) classic paper "On being sane in insane places." Usually discussed in the context of diagnostic reliability and validity, labeling theory, the stigma of mental illness, or the unsatisfactory conditions then prevalent in mental hospitals, this work was cited 867 times in the Web of Science by the end of 2012. In this original and highly provocative study, eight mentally healthy individuals—including Rosenhan himself—requested admission at mental hospitals based on a complaint of distressing auditory hallucinations. Specifically, they reported hearing the words "empty," "hollow," or "thud." Some of the participants visited more than one hospital, for a total of 12 "pseudopatient" experiences. In each instance, the pseudopatient was admitted to the hospital and diagnosed with a mental disorder. Schizophrenia was diagnosed 11 times and manic depression once.

Once admitted, each pseudopatient stopped faking any symptoms. Though they took extensive notes to record their observations, pseudopatients were instructed to act in an otherwise normal fashion and to respond honestly to questions so that the research team could determine whether hospital staff would discover their "sanity" and release them. Rosenhan (1973a) reported that staff members—especially the senior staff—spent relatively little time with patients and engaged in unethical and abusive behaviors, raising serious concerns about administrative procedures and staff conduct. After an average stay of 19 days, each pseudopatient was discharged with his or her original diagnosis reclassified as "in remission."

Selecting from the observations recorded by the pseudopatients, Rosenhan (1973a) drew some rather strong conclusions. For example, he asserted that "psychiatric diagnoses … carry with them personal, legal, and social stigmas" (p. 252). He wrote that "the data speak to the massive role of labeling in psychiatric assessment. 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" (pp. 252–253). Beginning with the premise that "the sane are not 'sane' all the time … the insane are not always insane," Rosenhan argued that "it makes no sense to label ourselves permanently depressed on the basis of an occasional depression" (p. 254). In a rather bleak extrapolation beyond the pseudopatients' direct experiences, Rosenhan surmised that "the label sticks, a mask of inadequacy forever" (p. 257). The final sentence unifies the paper by implying that diagnostic labels led to the abusive practices observed by the pseudopatients: "In a more benign environment, one that was less attached to global diagnosis, [the staff's] behaviors and judgments might have been more benign and effective" (p. 257).

Beginning with a series of letters published in the April 27, 1973, issue of *Science*, continuing in a 1975 special section of the *Journal of Abnormal Psychology*, and culminating in an elaborated critique by Spitzer (1976) in the *Archives of General Psychiatry*, commentators argued that Rosenhan had used faulty methodology, ignored pertinent data, and reached erroneous conclusions. For example, Rosenhan based assertions on anecdotes drawn from a wealth of observational data rather than making more appropriate comparative judgments (e.g., he concluded that bias alone led one staff member to perceive

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one patient as having a history of emotional ambivalence in close relationships); relied on speculations or presumed consensus of expert opinion to support strong empirical claims (e.g., "the view has grown that psychological categorization of mental illness is useless at best and downright harmful, misleading, and pejorative at worst"; Rosenhan, 1973a, p. 251, no citations provided); made questionable inferences about others' perceptions without independent corroboration (e.g., discussed nurses' ostensibly label-biased perception of psychopathology solely on the grounds of their factual observation that "patient engaged in writing behavior"); and appealed to hypothetical counterfactuals without supplying or citing supportive evidence (e.g., in the case of emotional ambivalence noted above, stating that "an entirely different meaning would have been ascribed if it were known that the man was 'normal'"; Rosenhan, 1973a, p. 253).

Spitzer (1976) emphasized that the pseudopatients' discharge diagnoses—recall that 11 were diagnosed with "schizophrenia, in remission" and one with "manic depression, in remission"—posed a serious threat to Rosenhan's (1973a) central conclusions. For starters, the fact that mental health professionals working in widely varying settings and evaluating different pseudopatients nonetheless achieved such impressive agreement in their initial diagnoses undermines the claim that diagnoses are unreliable. Spitzer also collected data suggesting that an "in remission" classification was used only rarely when patients were discharged from psychiatric hospitals. Given this contextual information, the uniform application of such an unusual diagnostic qualifier demonstrates how attentive professionals were to the pseudopatients' behaviors. In other words, the initial diagnoses of psychosis appear not to have unduly clouded diagnosticians' subsequent judgments, for in every case the staff correctly observed the absence of signs or symptoms of psychopathology prior to discharge. Thus, Spitzer concludes that Rosenhan's own report shows that important clinical decisions were based on pseudopatients' behaviors exhibited throughout hospitalization, and not merely their initial diagnoses.

Ruscio (2004) considered the broader context of Rosenhan's (1973a) attack on diagnoses, including his recommendation that practitioners replace them with purely behavioral descriptions. In addition to arguing that mere behavioral description represents a scientific step backward, he noted that:

> Rosenhan (1973b, p. 1647) supposed that the question "How might you feel if your colleagues believed you were a paranoid schizophrenic?" rhetorically demonstrated that the stigmatizing effects of labels are experientially obvious, that they cannot be denied. With Spitzer (1976), one might fairly question whether "the answer to his hypothetical question would be any different if put solely in behavioral terms without a diagnostic label—'how might you feel if your colleagues believed that you had an unshakable but utterly false conviction that everybody was out to harm you?'" (p. 465). Diagnostic labels and the behaviors that they denote are likely to prompt similar reactions, foiling a simple substitution of one for the other. (Ruscio, 2004, p. 15)

An extensive literature on errors and biases in clinical decision making exists, its origins predate Rosenhan's work, and it is not clear what the pseudopatient study adds to this literature. Whereas unprofessional and even abusive practices had been documented in mental hospitals, the more novel aspects of Rosenhan's report on the allegedly biasing effects of labels are supported weakly, at best.

Nonetheless, nearly 40 years after its initial publication, the Rosenhan pseudopatient study continues to exert an impact on clinical psychology. It is frequently cited by textbook authors and in the scholarly literature, including 867 citations in the Web of Science by the end of 2012. Rosenhan's (1973a) methods and conclusions usually are portrayed favorably, and no paper critical of this work has been cited more than 42 times. The pseudopatient study itself has been cited 171 times within the past 10 years alone, and it was included in a controversial, contemporary work of creative nonfiction. In Chapter˜3 of Slater's

(2004) book *Opening Skinner's Box: Great Psychological Experiments of the Twentieth Century*, she not only discussed the pseudopatient study, but also claimed to have repeated it. Though the culprit in her narrative was an alleged "zeal to prescribe" medications that motivated practitioners to find a suitable diagnosis that would justify this, Slater's chronicle essentially endorses Rosenhan's critique of diagnoses as invalid. In a most unusual twist, when a team of researchers published a study challenging Slater's conclusions (Spitzer, Lilienfeld, & Miller, 2005), her response indicated that she had not actually conducted a study (Slater, 2005). Whether or not Slater's narrative can reasonably be interpreted as suggesting to readers that she did in fact repeat Rosenhan's pseudopatient study has been disputed (Lilienfeld, Spitzer, & Miller, 2005; Slater, 2005). In any event, the fact that a self-described "psychologist and author" ranked the pseudopatient study among the greatest psychological experiments of the twentieth century speaks volumes about its enduring appeal to a wide audience.

SEE ALSO: Errors/Biases in Clinical Decision Making; Labeling Theory; Science versus Pseudoscience; Spitzer, Robert (b. 1932); Syndrome, Disorder, and Disease

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