

## Rosenhan critique 1

From his first thought-provoking sentence to his final statement, David Rosenhan's article *On Being Sane in Insane Places* is considered an important piece of literature in the history of psychology. Rosenhan's article questions whether individuals are truly insane or just labeled as such due to their environment. Despite this article first being published in 1973, it still carries much significance in today's psychology society.

Perhaps the endurance of Rosenhan's article is in part due to one of his major claims. The focus of Rosenhan's first claim centers on the individual characteristics such as: unexplained depression, anxiety, mood instability or an inability to interact with others, which are commonly used for psychiatric diagnoses. According to Rosenhan, these characteristics do not accurately classify sanity or insanity, but are only highlighted in some individuals as a result of the environments or situations in which they are observed (Rosenhan, 1973). In an effort to test this claim, Rosenhan's pseudopatients, "people who do not have, and have never suffered, symptoms of serious psychiatric disorders" (Rosenhan, 1973, p. 251), are admitted to psychiatric hospitals and subjected to the same treatment that actual psychiatric patients must face. Throughout their hospital stays, the pseudopatients keep detailed notes and refrain from any behaviors that may be classified as "insane." Upon their departures from the hospitals, all of the pseudopatients are diagnosed as have mental illnesses in remission.

From the details and reports gleaned from this study, Rosenhan then proceeds to suggest his second claim that mentally ill patients are devalued based on their diagnosis. According to Rosenhan, "the overwhelming sense of powerlessness which invades the individual as he is continually exposed to the depersonalization of the psychiatric hospital" (Rosenhan, 1973, p. 179) is a key consequence of the poor treatment the

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mentally ill receive. As society continues to support the stigmas, of “fear, hostility, aloofness, suspicion, and dread,” often placed on patients who suffer from mental illness, it perpetuates the behaviors considered critical for a psychiatric diagnosis (Rosenhan, 1973, p.179).

Quite obviously, much is at stake if Rosenhan’s major claim is considered to be true. Persons experiencing any suspected psychiatric symptoms would need to undergo evaluation in a variety of conditions and locations. If some symptoms were only present in a specific environment, psychiatrists would need to determine if the displayed symptoms were actually severe enough for diagnosis. From there, a distinction would need to be made as to what is severe enough for diagnosis. This in itself would be a difficult task due to the different ways that each location or condition may affect an individual. No longer would a clear-cut set of criteria be sufficient for diagnosis, which could prove to be useful in personalizing the treatment each patient would receive.

Believing that Rosenhan’s claim is true would alter the way society currently thinks about mental disorders. While they may be hesitant to admit it, the majority of society blames a mentally ill patient for his or her own diagnosis. Society often believes that a patient’s mental or physical history largely contributes to a psychiatric illness and diagnosis. Rosenhan’s conclusion regarding the influence of environment on mental illness diagnoses would impact change in society’s opinions on mental illness. Based on Rosenhan’s conclusion, a patient’s environment would need to be thoroughly assessed to accurately determine mental status. Of course the DSM-IV would also need to be altered to accommodate the change in diagnosis criteria. A list of symptoms would no longer be an adequate tool for diagnosis. For example, a patient may need to be observed in several

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settings before any mental illness diagnosis can be made. During these observations, the observer may learn alternate methods of treatment. This may include limiting the exposure to specific environments known to induce psychotic behaviors in the patient. In an effort to validate these claims and implications, it is important to examine the strengths and weaknesses of Rosenhan's study.

As with many other studies, the strengths and weaknesses of Rosenhan's can be discovered by exploring his methodology. Recognizing the strengths and weaknesses of a study allows the reader to evaluate the appropriateness of the methodology used and the accuracy of the conclusion. Rosenhan's study makes use of qualitative observation, which is carried out by his pseudopatients. Rosenhan does his best to include both male and female participants, a variety of professional backgrounds, and a range of hospital settings, which all come together to form a strength of the study. By including diversity in the study, Rosenhan is able to generalize the results of the study to better fit other populations. Since the pseudopatients were all actively involved in each individual study, participant observation is the specific approach used by Rosenhan. Using participant observation allowed Rosenhan to obtain very specific and practical information that gave strength to his argument. For instance, the pseudopatients witnessed many instances of staff mistreatment of the patients. Not a single pseudopatient recorded any staff member attributing behaviors to anything besides a patient's insanity. For instance, a pseudopatient pacing the hallway constituted nervousness instead of the boredom it actually represented (Rosenhan, 1973, p. 253).

On the other hand, the fact that the other patients and staff were unaware of being monitored leads to some ethical issues. The pseudopatients did not provide the staff and

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patients with informed consent, which is one of the most important rules in data collection and research. Failure to do so may have jeopardized the validity of Rosenhan's article. Conducting covert observations "lays the researcher open to charges of being a spy or a voyeur" (Barker, Pistrang, & Elliott, 2002, p. 125). In addition, the observer may witness illegal or immoral acts, which they may or may not feel obligated to report. This puts the observer in a position where he must choose to sacrifice his data or ignore the act (Barker, Pistrang, & Elliott, 2002). Either way, it is important to acknowledge the weaknesses associated with covert observation.

A second weakness involves the quality of Rosenhan's data, which may be considered questionable. All of these biases could include a deep feeling of hostility or affection towards the staff. Such feelings the observations are based on pseudopatient reports, which may contain some observer biases. Hypothetically these biases could materialize in the pseudopatient's field notes thereby jeopardizing the results of the study.

Since the article is based on individual accounts, it is also impossible to replicate Rosenhan's findings, which is the third weakness (Barker, Pistrang, Elliott, 2002). Replications of a study's results are crucial to determining the reliability and validity of that study. If another researcher is able to recreate similar situations and gain the same results, more credence can be lent to the original researcher and his conclusion.

The strengths of Rosenhan's study can help to lend credence to the conclusions he reached in his article. Using covert participant observation allowed Rosenhan to better understand patient life in a psychiatric hospital. From there Rosenhan was able to conclude, "the hospital itself imposes a special environment in which the meanings of behavior can be misunderstood" (Rosenhan, 1973, p. 257). Knowing that Rosenhan

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conducted studies with pseudopatients that experienced this type of situation helps society to understand and believe his conclusion. Although the possibility of observer bias is important, it often lacks the power necessary to make people question the results of this study. As a result, Rosenhan makes a strong conclusion based on the personal accounts collected from his study.

Due to Rosenhan's claims and conclusion, this study has been very influential in the practice and study of psychology. Rosenhan's use of participant observation lent a high level of credence to this study. The fact that he used all types of people made it easy for society to link onto the idea that the environment can influence a mental illness diagnosis. Rosenhan made sure to describe the pseudopatients as mentally healthy people, which made them seem more like average citizens. From there, society was able to grasp the concept of the study and relate to it. As with any intriguing news, society passes the information around and causes a stir therefore making the study a huge influence. In the psychological world, the study could have had major influence on the diagnosis of patients. Suddenly the idea that environment may play a role in psychiatric behaviors could have some psychiatrists second-guessing their diagnoses. As for the psychiatric hospitals, the conclusions that Rosenhan draws are particularly influential. The suggestion that the staff ignored or abused the patients is especially concerning and probably caused at least temporary adjustments to patient care. Hopefully the hospitals went so far as to provide the patients with some autonomy and power during their hospital stays. Although these changes may have been unrealistic for the long-term, Rosenhan's article helped to implement the idea the change was necessary.

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Rosenhan's claim that psychiatric behaviors are affected by environment has been a topic of discussion for many years. Everyone is always questioning the reliability of mental health diagnoses and Rosenhan gives fuel to this fire with his provocative article. With the use of pseudopatients and actual psychiatric hospitals, Rosenhan brought to life the inside details of psychiatry that few people get to witness. This exclusivity gives Rosenhan's article an edge in society and makes it hard to ignore his controversial claims.

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## Resources

Barker, C., Pistrang, N., & Elliot, R. (2002). *Research methods in clinical psychology: An introduction for students and practitioners*. West Sussex, England: John Wiley & Sons, Ltd.

Rosenhan, D. (1973). On being sane in insane places. *Science*, 179, 250-258.