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Rosenhan experiment

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The main building of [St Elizabeths Hospital](#) (2006), located in [Washington, D.C.](#), now boarded up and abandoned, was one of the sites of the Rosenhan experiment

The **Rosenhan experiment** was a [famous experiment](#) done in order to determine the validity of [psychiatric diagnosis](#), conducted by [psychologist David Rosenhan](#) (November 22, 1929 – February 6, 2012), a Stanford University Professor, and published by the journal *[Science](#)* in 1973 under the title “**On being sane in insane places**”.^{[1][2]} The study is considered an important and influential criticism of psychiatric diagnosis.^[3]

Rosenhan’s study was done in two parts. The first part involved the use of healthy associates or “pseudopatients” (three women and five men) who briefly feigned auditory [hallucinations](#) in an attempt to gain admission to 12 different [psychiatric hospitals](#) in five different States in various locations in the [United States](#). All were

admitted and diagnosed with psychiatric disorders. After admission, the pseudopatients acted normally and told staff that they felt fine and had not experienced any more hallucinations. All were forced to admit to having a mental illness and agree to take [antipsychotic](#) drugs as a condition of their release. The average time that the patients spent in the hospital was 19 days. All but one were diagnosed with schizophrenia "in remission" before their release. The second part of his study involved an offended hospital administration challenging Rosenhan to send pseudopatients to its facility, whom its staff would then detect. Rosenhan agreed and in the following weeks out of 193 new patients the staff identified 41 as potential pseudopatients, with 19 of these receiving suspicion from at least 1 psychiatrist and 1 other staff member. In fact, Rosenhan had sent no one to the hospital.

The study concluded "it is clear that we cannot distinguish the sane from the insane in psychiatric hospitals" and also illustrated the dangers of [dehumanization](#) and labeling in psychiatric institutions. It suggested that the use of community mental health facilities which concentrated on specific problems and behaviors rather than psychiatric labels might be a solution and recommended education to make psychiatric workers more aware of the social psychology of their facilities. However, the study has been critiqued and accused of being pseudoscience presented as science.^[4]

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The pseudopatient experiment[\[edit\]](#)

Rosenhan himself and seven mentally healthy associates, called "pseudopatients", attempted to gain admission to [psychiatric hospitals](#) by calling for an appointment and feigning [auditory hallucinations](#). The hospital staffs were not informed of the experiment. The pseudopatients included a psychology graduate student in his twenties, three psychologists, a pediatrician, a psychiatrist, a painter and a housewife. None had a history of mental illness. Pseudopatients used pseudonyms, and those who worked in the mental health field were given false jobs in a different sector to avoid invoking any special treatment or scrutiny. Apart from giving false names and employment details, further biographical details were truthfully reported.

During their initial psychiatric [assessment](#), they claimed to be hearing voices of the same sex as the patient which were often unclear, but which seemed to pronounce the words "empty", "hollow", "thud" and nothing else. These words were chosen as they vaguely suggest some sort of [existential crisis](#) and for the lack of any published literature referencing them as [psychotic](#) symptoms. No other psychiatric symptoms were claimed. If admitted, the pseudopatients were instructed to "act normally", reporting that they felt fine and no longer heard voices. [Hospital records](#) obtained after the experiment indicate that all pseudopatients were characterized as friendly and cooperative by staff.

All were admitted, to 12 different psychiatric hospitals across the United States, including rundown and underfunded public hospitals in rural areas, urban university-run hospitals with excellent reputations, and one expensive private hospital. Though presented with identical symptoms, 7 were diagnosed with [schizophrenia](#) at public hospitals, and one with [manic-depressive psychosis](#), a more optimistic diagnosis with better clinical outcomes, at the private hospital. Their stays ranged from 7 to 52 days, and the average was 19 days. All were discharged with a diagnosis of schizophrenia "in remission", which Rosenhan takes as evidence that mental illness is perceived as an irreversible condition creating a lifelong [stigma](#) rather than a curable illness.

Despite constantly and openly taking extensive notes on the behavior of the staff and other patients, none of the pseudopatients were identified as impostors by the hospital staff, although many of the other psychiatric patients seemed to be able to correctly identify them as impostors. In the first three hospitalizations, 35 of the total of 118 patients expressed a suspicion that the pseudopatients were sane, with

some suggesting that the patients were researchers or journalists investigating the hospital.

Hospital notes indicated that staff interpreted much of the pseudopatients' [behavior](#) in terms of mental illness. For example, one nurse labeled the note-taking of one pseudopatient as "writing behavior" and considered it [pathological](#). The patients' normal biographies were recast in hospital records along the lines of what was expected of schizophrenics by the then-dominant theories of its [etiology](#).

The experiment required the pseudopatients to get out of the hospital on their own by getting the hospital to release them, though a lawyer was retained to be on call for emergencies when it became clear that the pseudopatients would not ever be voluntarily released on short notice. Once admitted and diagnosed, the pseudopatients were not able to obtain their release until they agreed with the psychiatrists that they were mentally ill and began taking [antipsychotic](#) medications, which they flushed down the toilet. No staff member noticed that the pseudopatients were flushing their medication down the toilets and did not report patients doing this.

Rosenhan and the other pseudopatients reported an overwhelming sense of [dehumanization](#), severe invasion of privacy, and boredom while hospitalized. Their possessions were searched randomly, and they were sometimes observed while using the toilet. They reported that though the staff seemed to be well-meaning, they generally objectified and dehumanized the patients, often discussing patients at length in their presence as though they were not there, and avoiding direct interaction with patients except as strictly necessary to perform official duties. Some attendants were prone to [verbal](#) and [physical abuse of patients](#) when other staff were not present. A group of bored patients waiting outside the cafeteria for lunch early were said by a doctor to his students to be experiencing "oral-acquisitive" psychiatric symptoms. Contact with doctors averaged 6.8 minutes per day.

"I told friends, I told my family: 'I can get out when I can get out. That's all. I'll be there for a couple of days and I'll get out.' Nobody knew I'd be there for two *months* ... The only way out was to point out that they're [the psychiatrists] correct. They had said I was insane, 'I *am* insane; but I am getting better.' That was an affirmation of their view of me." — David Rosenhan in the [BBC](#) program "[The Trap](#)".^[5]

The non-existent impostor experiment[[edit](#)]

For this experiment, Rosenhan used a well-known research and teaching hospital, whose staff had heard of the results of the initial study but claimed that similar errors could not be made at their institution. Rosenhan arranged with them that during a three-month period, one or more pseudopatients would attempt to gain admission and the staff would rate every incoming patient as to the likelihood they were an impostor. Out of 193 patients, 41 were considered to be impostors and a further 42 were considered suspect. In reality, Rosenhan had sent no pseudopatients and all patients suspected as impostors by the hospital staff were ordinary patients. This led to a conclusion that "any diagnostic process that lends itself too readily to massive errors of this sort cannot be a very reliable one".

There was also a significant reduction in the number of admissions to the hospital suggesting that psychiatrists had been overadmitting before the non experiment was conducted.

Impact and controversy[[edit](#)]

Rosenhan published his findings in [Science](#), criticizing the reliability of psychiatric diagnosis and the disempowering and demeaning nature of patient care experienced by the associates in the study. His article generated an explosion of controversy.^{[citation needed](#)}

Many defended psychiatry, arguing that as psychiatric diagnosis relies largely on the patient's report of their experiences, faking their presence no more demonstrates problems with psychiatric diagnosis than lying about other medical symptoms. In this vein, psychiatrist [Robert Spitzer](#) quoted Kety in a 1975 criticism of Rosenhan's study ^{:[4](#)}

If I were to drink a quart of blood and, concealing what I had done, come to the emergency room of any hospital vomiting blood, the behavior of the staff would be quite predictable. If they labeled and treated me as having a bleeding peptic ulcer, I doubt that I could argue convincingly that medical science does not know how to diagnose that condition.

Rosenhan replied that if they continue thinking that you still have an ulcer during x weeks despite having no other symptoms of ulcer, that makes for a big problem.^[citation needed]

Kety also argued that psychiatrists should not necessarily be expected to assume that a patient is pretending to have mental illness, thus the study lacked realism.^[6] Rosenhan called this the "experimenter effect" or "expectation bias", something indicative of the problems he uncovered rather than a problem in his methodology.^[7]

The experiment "accelerated the movement to reform mental institutions and to [deinstitutionalize](#) as many mental patients as possible".^[8]

Related experiments[[edit](#)]

[American investigative journalist Nellie Bly](#) feigned symptoms of mental illness to gain admission to a [lunatic asylum](#) in 1887 and report on the terrible conditions therein. The results were published as [Ten Days in a Mad-House](#).

In 1968 [Maurice K. Temerlin](#) split 25 psychiatrists into two groups and had them listen to an actor portraying a character of normal mental health. One group was told that the actor "was a very interesting man because he looked neurotic, but actually was quite psychotic" while the other was told nothing. Sixty percent of the former group diagnosed psychoses, most often schizophrenia, while none of the control group did so.^[9]

In 1988, Loring and Powell gave 290 psychiatrists a transcript of a patient interview and told half of them that the patient was black and the other half white; they concluded of the results that "clinicians appear to ascribe violence, suspiciousness, and dangerousness to black clients even though the case studies are the same as the case studies for the white clients".^[10]

Psychologist and writer [Lauren Slater](#) may have conducted an experiment very similar to Rosenhan's for her 2004 book *Opening Skinner's Box*.^[3] She claims to have presented herself at 9 different psychiatric emergency rooms with auditory hallucinations, resulting in being diagnosed "almost every time" with psychotic depression. However, when challenged to provide evidence of actually conducting her experiment, she could not.^[11]

In 2008, the [BBC's Horizon](#) science program performed a somewhat related experiment over two episodes entitled "How Mad Are You?". The experiment involved ten subjects, five living with previously-diagnosed mental health conditions, and five with no such diagnosis. They were observed by three experts in mental health diagnoses and their challenge was to identify the five with mental health problems solely from their behaviour, without speaking to the subjects or learning anything of their histories.^[12] The experts correctly diagnosed two of the ten patients, misdiagnosed one patient, and incorrectly identified two healthy patients as having mental health problems. Unlike the other experiments listed here, however, the aim of this experiment was not to criticise the diagnostic process, but to minimise stigma of the mentally ill. It aimed to illustrate that people with a previous diagnosis of a mental illness could live normal lives with their health problems not obvious to observers from their behaviour. ^[13]