Capstone Project

Being Sane in Insane Places: Investigating the Issues in Involuntary Hospitalization Through the Lens of Psychiatric Patients

Background

The Rosenhan experiment was conducted by an American psychologist named David Rosenhan in the 1970's, during the time of the anti-psychiatry movement. His colleagues, students, and friends most of whom were involved in the field of psychology or psychiatry participated as pseudopatients in 12 different psychiatric hospitals across five states for the study. They were instructed to pretend and report having auditory hallucinations in order to be diagnosed with a mental illness and gain admission to the psychiatric ward. Once admitted, they acted as "normal" as possible, reported that their symptoms have diminished, and asked the staff if they could be discharged. However, the study found that the hospitals kept the pseudopatients for an average of 19 days although showing no signs of mental illness. Once released from the hospital, most pseudopatients left with the diagnosis of "schizophrenia in remission" (Rosenhan, 1973).

This was an important and alarming study in the field of psychiatry, as it has supported the labeling theory of mental illness (Murphy, 1976) by showing that psychiatric labels are used by others to assign value or status on the mentally ill. Inspired by Professor Rosemarie Garland-Thomson's use of case narratives or stories to contribute to the "knowledge-making" of Disability Studies, my research on the other hand focuses on investigating how admission procedures and conditions in psychiatric hospitals have changed since the Rosenhan experiment, as well as analyzing the growing use of coercive measures in psychiatric treatment by reviewing

narratives recorded by patients who have been involuntarily hospitalized in the recent years. I contend that the process by which a person with mental illness is involuntarily hospitalized has been more strict since the Rosenhan experiment (Rosenhan, 1973; Pan, 2013) due to the deinstitutionalization movement; however, conditions in the hospitals have remained appalling (Rosenhan, 1973; Gray, 2003). Furthermore, I argue that the expanding use of coercive psychiatric measures including forced medication in psychiatric hospitals lead to negative attitudes in psychiatric patients, similar to the pseudopatients' experience of powerlessness and depersonalization from the Rosenhan study (Rosenhan, 1973; Gray, 2003; Ewbank, 2001).

With the ever growing awareness on mental health, I believe my senior capstone will truly be impactful in the field of Disability Studies as it exposes patients' experiences in psychiatry from a first person perspective. This is essential as outsiders will be able to truly understand the experiences psychiatric patients go through instead of hearing from other sources. More importantly, by reviewing the changes in the mental health enterprise and emphasizing deinstitutionalization, my hope is that the Disability Studies will give further acknowledgement to this issue in service of those dealing with mental illness without a psychiatric bed nor proper psychiatric care. My project continues to challenge the validity of the medical model of disability by highlighting how the politics behind psychiatric hospitalization further debilitates those who experience madness, sadness, anxiety, and trauma.