

# A LINE ON LIFE

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## Sticky Labels \*

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From this recent holiday season, you might think that the title refers to labels for mailing packages. Unfortunately, the title relates to labels stuck on people. Many of us are very careless when we label others as "crazy" or "stupid." Many times these labels stick, strongly affecting the lives of others. The classic research in the 1970s by Dr. David Rosenhan, a Stanford psychologist, illustrates this.

To discover how accurate hospitals were in distinguishing between people, Rosenhan and his associates had themselves voluntarily admitted as **pseudo-patients** ("pseudo-" means false). To gain entrance to mental hospitals, they only faked one symptom – hearing voices that said "hollow" and "thud." With only this complaint, all twelve were admitted, eleven with the diagnostic label of "schizophrenia."

After being admitted, these pseudo-patients acted completely normal while on the ward. However – even though they spent 1-7 weeks in the hospital – *none* of the pseudo-patients was ever recognized by the *hospital staff* as a phony patient. In contrast, *other patients* were not as easily fooled. It was not unusual for one of the real patients to say to one of the pseudo-patients, "You're not crazy; you're checking up on the hospital!" or "You're a journalist."

Regardless of the quality of the hospital, being labeled as a patient has severe effects on the treatment of patients. When pseudo-patients tried to talk to staff, they were ignored or responded to with fear or hostility. Some received very strange replies. One pseudo-patient approached a psychiatrist and politely asked if he might gain ground privileges. The doctor's reply was, "Good morning, Dave. How are you today?"

Essentially patients are treated as **nonpersons**. For example, a nurse unbuttoned her uniform to adjust her bra in front of a room full of male patients. She was not being sexy – she just did not consider these patients as men! Often patients would be discussed by the staff, while the patient was standing nearby. It was as if the patients were invisible.

Whatever the patient did was assumed to be part of their labeled "craziness." This was best illustrated by Rosenhan's note taking. At first, Rosenhan began taking notes by carefully jotting things down on a small piece of paper hidden in his hand. He learned quickly that hiding his note taking was unnecessary. He was soon walking around with a clipboard and notepads, recording observations and collecting data. No one questioned his behavior. Nobody asked to see what he was writing. (After being released, Rosenhan found that his actions were on the hospital records as "compulsive writing behavior.") In other words, because pseudo-patients were seen in the **context** of a mental ward – and because they had been **labeled** schizophrenic – anything they did was seen as a symptom of their "illness."

Once you have been labeled as mentally ill – even if it was an accidental commitment – how could you ever convince anyone that you were normal? It would be useless to say, "Look, this is all a mistake. I'm not crazy. You've got to let me out." The response might be "Have you had these paranoid delusions for a long time?"

As you might imagine, mental health professionals found Rosenhan's data hard to believe. To further demonstrate, researchers warned staff at another hospital that one or more pseudo-patients were going to try to be admitted in the next 3 months. Thus alerted, the staff at this hospital tried to identify fake incoming patients. Among 193 candidates, 41 were labeled as fakes by at least one staff member, and 19 more were labeled as "suspicious." Again this demonstrated the effects of labeling – but this time in reverse – since Rosenhan never sent *any* patients, fake or otherwise, to this hospital!

As a final note to this study, all of the normal people who served in the original study were discharged with the label of "*schizophrenic in remission*." In other words, they are still considered schizophrenic, but they are "*temporarily free of symptoms*." The label stayed with them – even after they had left the hospital.

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**It is acceptable to label behavior,  
but it can be dangerous to label people.**

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The important message for professionals and nonprofessionals alike is that **labels can be dangerous**. When people are labeled by themselves or others – whatever the label might be – they tend to restrict themselves to the role indicated by the label. This is why many psychologists tell parents to label behavior – but don't label the children who engage in the behavior.

Some parents affectionately label a child as the "*little devil*" or "*little angel*" of the family – with no awareness of the potential harm. Boys labeled as "*devils*" often believe that they have to live up to that image by getting into trouble all of the time. Just as the "*devil*" is destined for trouble, the "*angel*" assumes a need to be "*perfect*." Any blemish on this picture of perfection can be viewed as a reason for rejection or not being loved. (After all, wasn't Lucifer – a fallen angel – sent to Hell?)

The next time your child misbehaves, it is fine to call the behavior "*bad*" or unacceptable, but don't make the child feel that way. Watch out for those "*sticky labels*."

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\* Adapted from Dennis Coon's *Introduction to Psychology: Exploration and Application*, West, 1986, pages 521-522