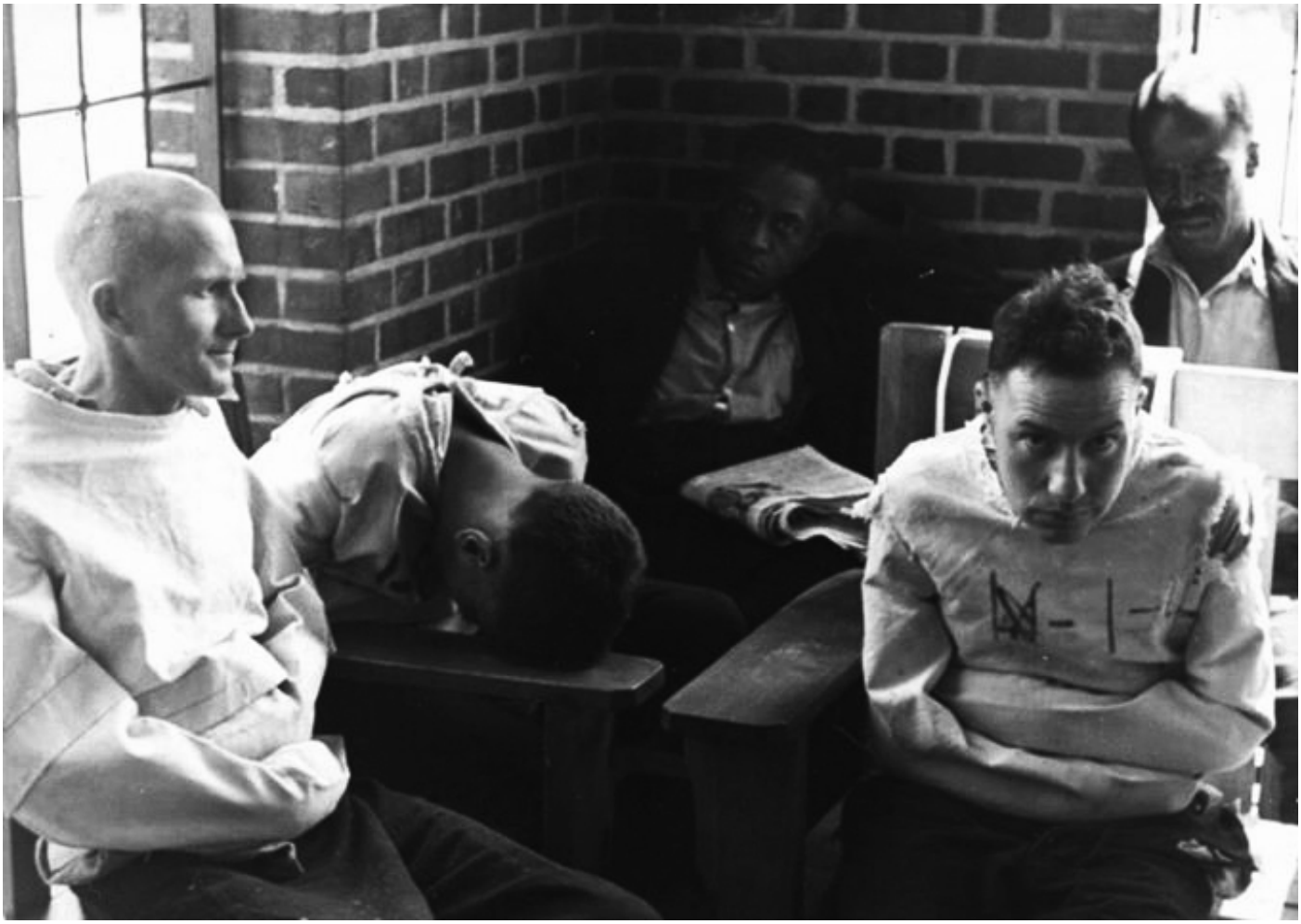

The Rosenhan Experiment

by

Tim Benjamin

after David L. Rosenhan

John Thaw Studio Theatre, Martin Harris Centre, Manchester
5.15pm Monday 28th October, 2013

Rosenhan The Patient	}	Robert Ogden
Director		Tim Benjamin
Music Director		Ektoras Tartanis
Design Consultant		Lara Booth
Stage Manager		James Claxton
Clarinet		Peter Rogers
Violins	{	Luke Coomber Clemence Hazael-Massieux
Viola		Benoît Morel
Violoncello		Alistair Howes
Contrabass		David Johnson

About The Opera

The "Rosenhan Experiment" was a famous investigation into the validity of psychiatric diagnosis conducted by David Rosenhan in 1972. It was published in the journal *Science* in 1973 under the title "On Being Sane In Insane Places".

Rosenhan's study consisted of two parts. The first involved the use of healthy associates or "pseudopatients", who briefly simulated auditory hallucinations in an attempt to gain admission to psychiatric hospitals in the United States. The second involved asking staff at a psychiatric hospital to detect non-existent "fake" patients. In the first case hospital staff failed to detect a single pseudopatient, in the second the staff falsely detected large numbers of genuine patients as impostors. The study is considered an important and influential critique of psychiatric diagnosis.

The study concluded, "It is clear that we cannot distinguish the sane from the insane in psychiatric hospitals", and also illustrated the dangers of depersonalisation within psychiatric institutions. It recommended the use of community mental health facilities that concentrated on specific problems and behaviours rather than psychiatric labels, and also recommended education to make psychiatric workers more aware of the social psychology of their facilities.

My work *The Rosenhan Experiment* (2008) takes as a starting point Rosenhan's famous paper: all the words in this piece are taken directly from the paper, which in order to form a workable libretto I have abridged and occasionally modified (for clarity in performance rather than change in meaning).

The solo countertenor is required to act the parts of Rosenhan and one of his patients, and to speak as well as to sing. Whenever he speaks, his voice is that of Rosenhan, and whenever he sings the voice is "The Patient".

Musically, I have treated both parts differently, to highlight the sharp difference between the two. Although he is the only named character, Rosenhan represents the institution, the impersonal, and the "inhuman". The Patient is the complete opposite: he is not named; he represents the institutionalised, the depersonalised, but also the "human". We discover aspects of The Patient's life and his experiences, whereas we discover little about Rosenhan except through his sharp and often witty prose. The soloist, then, is effectively required to portray a split personality, which is reflected in the staging.

Rosenhan's experiment gives us pause to reflect on the true nature of "insanity". Are the insane merely those unfortunate souls that society has confined to the asylum? Is everyone not in an asylum therefore sane?

Psychiatric diagnosis and treatment has moved on significantly since Rosenhan's seminal paper, but in today's increasingly bizarre and depersonalised world, one can well imagine insisting "no, really, I am not mad!" to incredulous strangers. On the other hand, are we becoming a society in which everyone is "mad" — or at least suffering from some newly-contrived "mental illness", the treatment for which is the latest wonder-pill from Big Pharma?

Tim Benjamin

About The Composer

Tim Benjamin studied composition with the late Steve Martland, with Anthony Gilbert at the Royal Northern College of Music (graduating with a first class degree), and with Robert Saxton at Oxford University where he earned a doctorate (*Economics of New Music*, 2008).

Tim is becoming well-known as a composer of opera; his works include *Emily* (the critically acclaimed world premiere production ran in West Yorkshire in 2013), *The Corley Conspiracy* (commissioned by and first performed at the 2007 London Design Festival), *Le Gâteau d'Anniversaire* (commissioned by CNIPAL and first performed at Opéra de Marseille), *Mrs Lazarus* (first performed at the Southbank Centre, London), and *A Dream of England* (first performed at Wigmore Hall, London). His one-act chamber opera *The Rosenhan Experiment*, previously performed in London (Purcell Room) in 2008 and later on tour in the South-West, will tour again in a fresh production with a new orchestration during 2013-2014.

Tim won the BBC Young Musician of the Year Composer's Award in 1993, at the age of 17, with his work *Antagony*, very practically scored for two large wind bands, amplified strings, and six percussionists, yet somehow brilliantly performed by the London Sinfonietta under Martyn Brabbins and broadcast on national radio and TV. He also won the Stephen Oliver Trust's Prize for Contemporary Opera, for his first opera *The Bridge*, which was produced twice: in Manchester at the Royal Northern College of Music (ISCM 1998) and in London at the Covent Garden Festival.

Tim lives in Todmorden, West Yorkshire, and apart from composing he plays trombone, piano, organ and viola, teaches music theory, climbs mountains, and makes computers do things for people.

Most of Tim Benjamin's music is freely available to download under the Creative Commons license at his website: http://www.timbenjamin.com

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Libretto

A countertenor takes two parts, ROSENHAN and a PATIENT; the former is spoken, the latter sung.
The stage is split: Rosenhan's office, and a psychiatric ward.

Scene I: How Shall We Know Them?

ROSENHAN: If sanity and insanity exist, how shall we know them?
The question is neither capricious nor itself insane.
As early as 1934, Benedict suggested that normality and abnormality are not universal.
Some behaviors are deviant or odd.
Murder is deviant.
So, too, are hallucinations.
Can the sane be distinguished from the insane?

Scene II: The Experiment

ROSENHAN: This article describes an experiment.
Eight sane people gained secret admission to different hospitals.
After calling for an appointment, the patient arrived at the hospital admissions office complaining that he had been hearing voices.

PATIENT: They were often unclear, but they would say "empty," "hollow," and "thud."
The voices were unfamiliar.

ROSENHAN: The choice of these symptoms was occasioned by their apparent similarity to existential symptoms. Such symptoms are alleged to arise from painful concerns about the perceived meaninglessness of one's life. It is as if the hallucinating person were saying:—

PATIENT: —"My life is empty and hollow."

ROSENHAN: Beyond alleging the symptoms and falsifying name and employment, no further alterations of circumstances were made. The significant events of the patient's life history were presented as they had actually occurred. Relationships with parents and siblings, with spouse and children, with people at work and in school, were described as they were or had been.—

PATIENT: —Frustrations and upsets were described along with joys and satisfactions.

ROSENHAN: These facts are important to remember.
Immediately upon admission to the psychiatric ward, the patient ceased simulating any symptoms of abnormality.

PATIENT: Their shared fear was that they would be immediately exposed as frauds and greatly embarrassed.

ROSENHAN: Their nervousness, then, was quite appropriate to the novelty of the hospital setting, and it abated rapidly. The patient behaved on the ward as he "normally" behaved, he spoke to patients and staff as he might ordinarily.

PATIENT: Good morning, Doctor.
Good morning, Nurse.

When turning pages during the performance, please do so as quietly as possible.

ROSENHAN: Beyond such activities as were available to him — and there is uncommonly little to do on a psychiatric ward — he spent his time writing down his observations. Initially these notes were written "secretly", but as it soon became clear that no one much cared, they were subsequently written on standard tablets of paper in such public places as the dayroom.

PATIENT: No secret was made of these activities.

ROSENHAN: Very much as a true psychiatric patient, he entered the hospital with no foreknowledge of when he would be discharged. Each had to get out by his own devices, essentially by convincing the staff that he was sane.

PATIENT: The stresses associated with hospitalization were considerable; all but one desired to be discharged almost immediately.

ROSENHAN: They were, therefore, motivated not only to behave sanely, but to be paragons of cooperation. That their behavior was in no way disruptive is confirmed by nursing reports, which uniformly indicate that patients were—

PATIENT: —"friendly"
"cooperative"
"exhibited no abnormal indications"

Scene III: The Normal Are Not Detectably Sane

ROSENHAN: Earlier, I indicated that there were no changes in the patient's personal history and current status beyond those of name, employment, and where necessary, vocation. Otherwise, a truthful description of personal history and circumstances was offered.

PATIENT: Those circumstances were not psychotic.

ROSENHAN: How were they made consonant with the diagnosis modified in such a way as to bring them into accord with the circumstances of the patient's life, as described by him?

PATIENT: During early childhood, he had had a close relationship with his mother, but was rather remote from his father—

ROSENHAN: —This white 39-year-old male ... manifests a long history of considerable ambivalence in close relationships, which begins in early childhood.—

PATIENT: As a teenager, and later, his father became a close friend, while his relationship with his mother cooled.—

ROSENHAN: —A warm relationship with his mother cools during adolescence. A distant relationship with his father becomes very intense.—

PATIENT: —His present relationship with his wife was characteristically close and warm.—

ROSENHAN: —Affective stability is absent.—

PATIENT: —Apart from occasional angry exchanges, friction was minimal.—

ROSENHAN: —His attempts to control emotionality with his wife and children are punctuated by angry outbursts.—

PATIENT: —He has several good friends.—

ROSENHAN: —One senses considerable ambivalence embedded in those relationships also.

ROSENHAN: The facts of the case were unintentionally distorted by the staff to achieve consistency with a popular theory of the dynamics of a schizophrenic reaction. An entirely different meaning would have been ascribed if it were known that the man was "normal".

All 'patients' took extensive notes publicly:—
Under ordinary circumstances, such behaviour would have raised questions in the minds of observers, and elaborate precautions were taken.

PATIENT: But our precautions proved needless.
What kind of medication am I receiving? –

ROSENHAN: "You needn't write it," he was told gently.

PATIENT: —"If you have trouble remembering, just ask me again".

ROSENHAN: How was their writing interpreted? Nursing records indicate that the writing was seen as symptomatic of their condition.

PATIENT: "Patient engaged in writing behaviour".

When turning pages during the performance, please do so as quietly as possible.

ROSENHAN: Given that the patient is in this hospital, he must be psychologically disturbed. And given that he is disturbed, continuous writing must be behavioral manifestation of that disturbance, perhaps schizophrenia.

One characteristic of psychiatric diagnosis is that it locates the sources of aberration within the individual and rarely within the stimuli that surrounds him. Consequently, behaviours that are stimulated by the environment are commonly misattributed to the patient's disorder.

One kindly nurse found one of the patients pacing the long hospital corridors.

PATIENT: "Nervous, Mr. X?"

ROSENHAN: —she asked.—

PATIENT: —"No, bored".

Scene IV: The Experience of Psychiatric Hospitalization

ROSENHAN: The term "mental illness" is of recent origin. While their treatment has improved, it is doubtful that people really regard the mentally ill in the same way that they view the physically ill.
A broken leg is something one recovers from, but mental illness allegedly endures forever.

PATIENT: A broken leg does not threaten the observer, but a crazy schizophrenic?

ROSENHAN: There is by now a host of evidence that attitudes toward the mentally ill are characterized by fear, hostility, aloofness suspicion, and dread.
The mentally ill are society's lepers.
Consider the structure of the typical psychiatric hospital.
Staff and patients are strictly segregated; the professional staff in their glassed quarters, which our patients came to call "the cage".
The staff seldom emerge; they keep to themselves, almost as if the disorder that afflicts their charges is somehow catching.

PATIENT: Amount of time spent by attendants outside the cage: 11.3 percent.
Range: 3 to 52 percent.
Average time day-nurses outside the cage: 11.5 times per shift.
Range: 4 to 39 times.
Evening and night nurses: 9.4 times per shift.
Range: 4 to 41 times.
Physicians on ward: 6.7 times per day.
Range: 1 to 17 times.
Average daily contact with psychiatrists and psychologists: 6.8 minutes.
Range: 3.9 to 25.1 minutes.

ROSENHAN: It has long been known that the amount of time a person spends with you can be an index of your significance to him. If he initiates and maintains eye contact, there is reason to believe that he is considering your requests and needs.
In our study, the patients approached staff members with a request, something like this: –

PATIENT: —Pardon me, Dr X, could you tell me when I am likely to be discharged?
Could you tell me, Mrs Z, when I will be presented at the staff meeting?

ROSENHAN: While the content of the question varied according to the target and the patient's current needs, it was always a courteous and relevant request for information. Remember that the behaviour of our patients was neither bizarre or disruptive. One could indeed engage in good conversation with them.

PATIENT: Most commonly, there was a brief response, while on the move, with head averted – or no response at all.

ROSENHAN: These encounters between patient and staff frequently took the following bizarre form:—

PATIENT: —Pardon me, Dr. X. Could you tell me when I will be eligible for grounds privileges?—

ROSENHAN: —Good morning, Dave. How are you today?

PATIENT: And he moves off without waiting for a response.

When turning pages during the performance, please do so as quietly as possible.

ROSENHAN: Eye contact and verbal contact reflect concern and individuation; their absence, avoidance and depersonalization.
I have records of patients who were beaten by staff for the sin of having initiated verbal contact; for example, one patient was beaten for approaching an attendant and telling him,—

PATIENT: —"I like you".

ROSENHAN: Tempers were often short. A patient who had not heard a call for medication would be roundly excoriated, and the morning attendants would often wake patients with:—

PATIENT: —"Wake up, you motherfuckers, out of bed!"

ROSENHAN: Abusive behavior terminated quite abruptly when other staff members were known to be coming.

PATIENT: Staff are credible witnesses; patients are not.

ROSENHAN: Powerlessness was evident everywhere.

Scene V: Summary And Conclusions

ROSENHAN: It is clear that we cannot distinguish the sane from the insane in psychiatric hospitals.

Despite their public "show" of sanity, our patients were never detected. Each was discharged with a diagnosis of schizophrenia "in remission". There are no indications in hospital records that the patient's status was suspect. Once labelled schizophrenic, the patient was stuck with that label. If he was to be discharged, he must naturally be "in remission", but he was not sane, nor had he ever been sane.

Whenever the ratio of what is known to what needs to be known approaches zero, we tend to invent "knowledge" and assume that we understand more than we actually do. We seem unable to acknowledge that we simply don't know. We continue to label patients "schizophrenic", "manic-depressive", and "insane", as if in those words we capture the essence of understanding.

How many people, one wonders, are sane but not recognized as such in our psychiatric institutions?

How many have been needlessly stripped of their privileges of citizenship, from the right to vote and drive to that of handling their own accounts?

How many have feigned insanity in order to avoid the criminal consequences of their behavior?

A diagnosis of cancer found to be in error is cause for celebration. But psychiatric diagnoses are rarely found to be in error. The label sticks, a mark of inadequacy forever.

David L. Rosenhan, "On Being Sane in Insane Places";
Science, Volume 179, January 1973.

First performed at the Purcell Room, Queen Elizabeth Hall, Southbank Centre, London, on 25th May 2008.
Robert Ogden performed the part of Rosenhan / A Patient, directed by Arne Muus, with John Reid at the piano.