TOPIC 7

Deviance and Social Control

WHEN SOCIOLOGISTS EXAMINE DEVIANCE, IT IS UNDERSTOOD as a cultural universal—all societies have some form of deviance. Since it is an ever-present part of social groups, there are many ways to explain it (theories) and many different examples of it (research). Norms, or rules that guide behavior, are an important reference for understanding deviance, which is a violation of societal or group norms. Upon closer examination, however, it is not just rule violation that determines deviance; it is just as important to know who made the rules and who enforces them. Social control, institutions and agencies in large societies that attempt to create order, is exercised by the police, courts, and corrections, for example. On a smaller scale, when a group has its rules (norms) violated, it can exercise informal controls on group members through disapproval or ostracism. Students of sociology are often drawn to the discipline because it provides a glimpse of life that is hidden from the view of people who live lives of greater conformity. It should be obvious, however, that the most conforming person still engages in some deviance, and the most deviant person is conforming in most circumstances.

Deviant activity in any society and the careers of deviant persons are very diverse. Of course, crime and delinquency are violations of formal norms or laws, but there are many other types of rules for behavior that don't reach the threshold of legal infractions. What about behaviors like mental illness, alcohol use/abuse, extreme facial and body disfigurations, certain eating disordered persons, non-working,

homeless populations, and so on? Some would find these circumstances to be most "deviant"; others may not. Since it is left to "local standards" to determine what is pornographic, where is pornography in the list of deviant activities? Because of the diversity of such activities and the responses of different people to such activities and persons, there is no way to create a list of deviant behaviors that apply to any society at any point in time. Sometimes deviance occurs in reputable organizations like corporations, religion, and the government. Even police departments and lawyers can engage in deviance. Deviance cuts across all persons and structures in society.

Deviance is also relative—changeable. Time alone can change deviance, even a short span of time like a few years or a decade. Terrorism, a recent realization in America, was redefined in a matter of a few days. Different settings can lead to different definitions of deviance. Midtown Manhattan, New York, has activities and behaviors tolerated that would never be excused in many other towns and cities across the United States. So, rural and urban settings seem to have their relative definitions of deviance. Situations, too, redefine deviance. Taking a human life on the streets of our communities might be murder and punishable by the death of the perpetrator. If you are given a government-issue uniform and rifle and deployed to another country to fight, taking human lives in this situation would be called patriotism and the "perpetrators" might become heroes. There is enormous importance in who defines deviance for a society or group, so much so that sociology can view the definition as more important than the act itself. If we are to fully understand deviance in a society, we must know that it is "relative," and that defining and enforcing the rules and laws can tell much about social life in this culture.

The first of the three articles on the deviance topic is by DeAnn K. Gauthier and Craig J. Forsyth; their article examines the behavior of a set of "groupies," the rodeo circuit's "buckle bunnies." Women, in this case, desire the companionship of men who compete for prize money in different events. The second article is by A. Ayres Boswell and Joan Z. Spade, who look at "rape culture" as an artifact of the fraternity organization and activities on college campuses. Their research identifies some of the variables responsible for safe and unsafe environments for women. Violence is a topic that must be addressed as a masculine gender issue, of which this is one example. The third and final article is by D. L. Rosenhan, a professional

psychologist, who, with some colleagues, admitted himself to a mental institution and used this personal experience to examine "sanity in insane places." This article shows how researchers can "go native" and discover how social control maintains definitions of deviance and controls the behaviors of its residents—insane or not.

19 READING

DEANN K. GAUTHIER AND CRAIG J. FORSYTH

Buckle Bunnies
Groupies of the Rodeo Circuit

Introduction

The rodeo attracts many people who want to see the epitome of the Old West when roping calves and taming wild horses was part of everyday life on the ranch. Fans play an important part in the rodeo cowboy's life on the road. Among these fans are women who those around the rodeo circuit call "buckle bunnies." They are essentially cowboy groupies, who purposefully seek encounters with contestants who have proven successful in their particular rodeo event(s) (Carroll 1985; Morris 1993; Stern and Stern 1992). An easy identification system exists whereby bunnies can quickly locate their "winners" via his wearing of the winning belt buckle—hence the term "buckle bunny." These women come into contact with the cowboys at the rodeo, or in the hotels and bars where the cowboys stay. Once identified, bunnies offer the cowboys many different things, such as a ride to a rodeo, a place to sleep, a shower, or many times, just sex. There is little research on buckle bunnies, but literature does exist on rock star groupies and high profile sports groupies.

Methodology

Data for this study were gathered through interviews and observation. Subjects were identified by a key informant. Additional subjects were identified via snowball sampling, in which each subject suggests other

subjects (Babbie 1998). The Internet also provided data about the rodeo. Interviews were conducted at the homes of rodeo cowboys, at rodeos, and bars and hotels. Thirty-eight interviews were conducted with individuals who currently compete on the rodeo circuit at the college, amateur, or professional levels. Seven interviews were conducted with former professional cowboys. Eight wives of rodeo cowboys were also interviewed. Twelve single women who follow the rodeo and one rodeo promoter were also interviewed. The data presented here are part of a larger occupational study of the rodeo cowboy. The intent of this article is to describe the interaction between buckle bunnies and rodeo cowboys.

Groupies

"Groupie" is a term usually used to refer to a young woman who follows rock groups around on tours. The popular San Francisco-based group of the 1960s, The Grateful Dead, attracted a large contingent of traveling fans numbering in the thousands from all over the world. These fans were given the name "Deadheads." Being a Deadhead was a master status in the eyes of the Grateful Dead. Deadheads traveled at their own expense to see the band and they invested a great deal of time and money into their traveling. . . .

The groupie subculture also surrounds professional athletics, with each sport having specific names for these women (Elson 1991). Baseball players refer to these girls as "Annies" and hockey players call them "puck bunnies." The girls who follow athletes around and wait for them at bars or hotels all want to become an "acquaintance" of the athlete. Many athletes find these women very appealing because "it is easy sex" with no expectations following the encounter. These women make themselves readily available to the athletes. . . .

Groupies who follow athletes can be innocent teenagers who just want to catch a glimpse of their favorite star (Oller 1998), but most are between the ages of 18 and 25. They are seeking money, attention, and status from being associated with high-profile athletes. These women rarely approach the athletes on the court or field. They often become acquainted with the hotels where the teams are staying or the popular after-game hang-outs. Many of the same people are seen from town to town and they are very straightforward about their intentions (Elson 1991; Oller 1998).

Buckle Bunnies

As the wife of one cowboy commented:

> *There's a lot of them [buckle bunnies] . . . at the bigger rodeos. If you were in one certain area for a while . . . you'd see a lot of the same groupies. It's just like in any sport. You have it in professional football. Girls who like athletes. [In] hockey [they] call them puck bunnies. I guess it is the ruggedness of a cowboy that they like.*

Bunnies come from a variety of backgrounds, but the majority have some family association with the rodeo. In the past, bunnies wore a distinct style of revealing Western attire. This is still true in some cases, depending on the location of the rodeo.

> *It all depends on where you go. The ones down in the circuit I was in . . . wore the tightest pants they could get in, the latest style Western shirts . . . Roper boots and a buckle. Most of the time it was a buckle from some cowboy.*

Several cowboys stated that these girls are getting away from the Western attire. As one steer wrestler stated:

> *Not a lot of people dress the rodeo part unless they're at the rodeo. A lot of the girls are doing the same thing. They're wearing Levi's, Girbaud's, Guess, something like that. They don't look the part they used to, but you can still pick them out pretty easy.*

Today, "picking them out" seems to depend in large part on the bunnies' lack of attire: "real skimpy shirts," "tank tops," "slutty," or as one interviewee put it, "They wear clothes so you can see their boobs."

Motivations behind bunny behavior seem multifaceted. One primary motivation is the atmosphere of excitement surrounding the rodeo and the cowboys. Bunnies admit to being physically attracted to cowboys in general, although looks are not the main motivation. One interviewee said:

> *I'm attracted to them, but they have to be successful in their event.*

. . . Buckle bunnies are likely to frequent the host hotel of the major rodeos. The host hotels usually send out papers so the contestants will know where to stay for these rodeos, including the Cheyenne Frontier Days, Denver, Houston, Fort Worth, and the National Finals Rodeo. The buckle bunnies usually find out the host hotel and try to get rooms there so they can be near the cowboys.

The most common place for the cowboys to encounter buckle bunnies is in a nightclub after the rodeo. This is where the majority of the buckle bunnies seek out the participants. Buckle bunnies surround the participants, waiting for them to sign an autograph, take a picture with them or to see if they can get the attention of a cowboy, each hoping she might be the favored girl of the night. As one cowboy wife notes:

> *If they have a beer garden, they're there . . . a hospitality room at the hotel . . . they're there. They're everywhere the guys are socializing at.*

Many times the buckle bunnies flirt with cowboys to let them know that they are interested. One cowboy told us:

> *The girls kind of flirt with you, buy you a drink and they talk about rodeo. All of a sudden they pop the question on you. Who you here with? Are you going home with anybody? Do you mind if I come home with you?*

Some buckle bunnies are overt and direct about their intentions:

> *I've seen them ask guys if they've got a motel, or should they get one, or would they like to go back to their motel room. Some of them get off on doing guys in their campers . . . truck . . . horse trailers.*

Buckle bunnies usually do not expect anything more than sex from the rodeo participants and vice versa. The majority of cowboys on the circuit are married; therefore it is even more understood by the buckle bunnies that nothing is to be expected.

> *A lot of guys are married out there that they chase after . . . being with somebody who's married or just being with somebody who's going to be there for one night. They don't expect nothing from them.*

A wife of a cowboy described the code of secrecy that surrounds sex with buckle bunnies on the road.

> *[There is] a lot of infidelity on the road. Most of the time the guys would never let on about it. That was between them. You hope somebody would tell you if it were your husband, [but] what happens on the road stays on the road. It doesn't come back home.*

Even though the cowboys enjoy the company of the buckle bunnies, many of them stated that there are negative connotations associated with them. For instance, several cowboys called these girls "whores" or "sluts." Some cowboys labeled buckle bunnies, "cut queens." . . .

As far as the sexual encounters go, these range from relatively mild flirtations to open exhibitionism. One bunny illustrates the mild form of pursuit:

> *I meet cowboys at the local country bar. If I see a new bird in town I make it my business to find out who they are, buy them a drink and make them feel welcome. If they don't show an interest, I don't bother with them.*

On the other hand, pursuit may be more intense, as these cowboys state:

> *In Calgary, everything was different. Sex was out in the open, so to speak. The girls love cowboys and they aren't afraid to walk up to you and just ask you if you wanted to go to their hotel room or yours. They just cut to the chase and said what they wanted.*

And finally, bunnies may be so enthralled with the chase that they become exhibitionists. One typical cowboy story goes as follows:

> *In Fort Worth, [a bunny wanted] oral sex in the bar. She asked, I obliged her. She told everybody to turn around and put their backs to us. She dropped to her knees. They had two girls on the dance floor who watched. She did it and then went on about her business. I went home with her that night later on. Somebody do that at the bar, you think I'm gonna let her go home by herself? What you think she gonna do by herself? The guys cheered me on. They were high-fiving me.*

. . . The typical cowboy perception of the buckle bunny and who she is and what she represents is stated as follows:

> *A buckle bunny . . . she's been . . . rode hard and put up wet a couple times.*

The cowboys recognize that bunnies want to be able to say that they had sex with a real cowboy and, as a consequence, they expect the cowboys are the nontraditional gatekeepers of sex. Traditionally, women have been recognized as sexual game players (Ronai and Ellis 2000), but the situation seems to be somewhat reversed on the rodeo circuits. Women are seeking to acquire the "best" cowboy, whose sexual "conquest" will be viewed as a form of status attainment. One cowboy points this out by saying:

> *It's a status thing for the girls . . . like being with a movie star. They brag about it.*

The Rating System

To determine the "best" among cowboys, there are many ways that buckle bunnies are able to rate the rodeo participants in terms of desirability. The most obvious way is through the type of event in which the cowboy participates. Several cowboys felt that many of the buckle bunnies rated them in terms of their events.

> *Some of them, all they like are bull riders, some of them, all they like are steer wrestlers.*

Most of the buckle bunnies stated that they prefer rough stock riders to timed event participants. The popularity of bull riders may be because of the publicity given to this particular event. This is the only rodeo event that has its own professional rodeos set aside from the Professional Rodeo Cowboys Association (PRCA). The Professional Bullriders Association (PBR) sanctions their own bull riding events. Bull riding is considered by spectators and cowboys to be the most exciting and challenging rodeo event. . . .

Image and recognizability play important roles in the ranking of cowboy desirability.

> *[Bull riding's] the most challenging event. That's who [bunnies] see on TV. They know them by face and name. That's what they want. It's always been like that.*

Another way the buckle bunnies rate cowboys is using the various rodeo rankings. Buckle bunnies find rodeo participants who have excelled in their events more desirable than those who have not. As one wife stated:

> *Rank and standing has something to do with who the buckle bunnies choose to be with. The ones that make more money are obviously better known because they're at the top of the rankings and they're more popular. To be with a world champion or the guy who won the Salinas Rodeo or Cheyenne is a prestigious thing.*

Cowboys are aware of this use of ranking by the bunnies:

> *The girls inquire about your ranking or how much money you've made, but they know. They probably get the Pro Rodeo Sports News and get on the Internet to check out what's going on. Most of them keep up with the standings. They're interested in the status of a cowboy.*

. . . Some groups of buckle bunnies have created point systems to keep track of the cowboys with whom they have been intimate. In one such system, points were given in order of prestige of the cowboy's achievements.

> *[One] group of girls had a point system. Sex had to be involved to get the points. If you had your PRCA card it was one point. If you made it to the finals it was two points. Won the world, it was three points. At the end of the year, whoever had the most points accumulated out of the group, it's like eight or 10 of them, the losers had to pay the one with the most points trip to the finals, plus their own way out there.*

Although success in the event is important to the buckle bunnies, it seems to be more an issue of status than an issue of money. . . . Jackets are also marks of status. Rodeo participants who have been to the national finals usually wear their NFR jackets wherever they go.

> *They give each contestant a jacket and it has their number and their name and everything on it in Las Vegas at the national finals. The night I got there, [my husband] had won the round and they gave him a buckle, so that night afterward we were sitting down at the bar. Several girls came up to him, even while I was there and they propositioned him. They see that jacket.*
>
> *I don't care who you are, if you show up at the NFR and you're not a contestant, you don't have a shot [with the bunnies]. If they can't get the jacket, they'll go after somebody else.*
>
> *. . . they want the jacket. . . .*

The Social Transaction

Many times, the buckle bunnies allow the cowboys to stay in their hotel rooms or at their homes so the cowboys do not have to spend another night in the truck or on the road. Cowboys often do not rent rooms of their own because they don't have enough money or because the hotel doesn't accommodate a horse trailer. Some cowboys offer to buy the women dinner if they allow them to sleep in their room and take a hot shower. If one of the guys in a group would find a woman to go home with, all of the cowboys traveling with him would follow to partake of a shower and place to sleep.

Many of the participants travel constantly and rarely go home. When they do get to stay in the same place for four or five days, they want to have fun. Buckle bunnies assist greatly in this goal.

I was at a rodeo in Oklahoma. We didn't have any place to stay, so any time one of the guys in the car would get a girl and no one else would, we would follow them to their house and that's a shower, maybe breakfast and we'd sleep. We were real young, just pro and we weren't winning hardly any money. Five days without a shower. We were scrungy. And, we went to their home and we were all sitting in the living room. I was kind of getting scared, there were three of us sitting down, and my buddy was with that other girl and there was two of them and she said, "Well, there's a couch right there," and I said, "I'll sleep on the floor," and she said, "No, you have a place to sleep in here with me." I ended up sleeping in the bed with her. The daughter was in the other room with my friend. The mother and daughter, she raised to be a buckle bunny. The next morning we got up and had pancakes and eggs. She handed me a paper with her number on it. . . .

Discussion and Conclusions

Several factors make the behavior of buckle bunnies deviant: having sex with married men, having sex in public, women initiating the sexual encounters, having sex with too many people, and the overt and utilitarian rating of sexual partners. None of these are crimes, but all fall under the heading of sins or poor taste (Smith and Pollack 2000). . . .

Subcultures are, indeed, difficult for outsiders to understand. Norms of a subculture can be an antithesis to the conventional, but it is the material from which identities are constructed. The identities of the buckle bunnies emphasize a relation of unattachment, a dislocation from the confinements of work and committed relationships, and a genuine experiment with free time. It delineates the buckle bunny from others, and assists her with finding companionship with like-minded peers, enabling her to construct an identity from the symbols found in the rodeo subculture. Subculture reinforces meaningful statements about one's position relative to others. The subculture is composed of a variety of purists, those who do not quite fit in, and rebels. The attraction of the rodeo subculture is its hedonistic escape from the conventional. It offers a place to have fun and explore and expand both the traditional concepts of masculinity and femininity, but also modern roles regarding sexual pursuit. Traditional ideology maintains hegemony; it is a male-dominated culture. But what has been negotiated is a fetished image that is a twist on traditional sex roles. The new images

consist of males, still dominant in a subculture that glorifies males and masculinity, but also now in possession of a role traditionally reserved for women as a group—the gatekeepers of sex. Alternatively, women are free to pursue sexually, a role traditionally denied them as adult women in mainstream U.S. culture. If one feels like a maverick, the scripts composed in this subculture are highly attractive.

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STUDY QUESTIONS

1. What are the gender patterns in the "buckle bunnies" relationships to the cowboys?
2. Why are the "buckle bunnies" considered deviant?

READING 20

A. AYRES BOSWELL AND JOAN Z. SPADE

Fraternities and Collegiate Rape Culture

Date rape and acquaintance rape on college campuses are topics of concern to both researchers and college administrators. Some estimate that 60 to 80 percent of rapes are date or acquaintance rape (Koss, Dinero, Seibel, and Cox 1988). Further, 1 out of 4 college women say they were raped or experienced an attempted rape, and 1 out of 12 college men say they forced a woman to have sexual intercourse against her will (Koss, Gidycz, and Wisniewski 1985).

Although considerable attention focuses on the incidence of rape, we know relatively little about the context or the *rape culture* surrounding date and acquaintance rape. Rape culture is a set of values and beliefs that provide an environment conducive to rape (Buchwald, Fletcher, & Roth 1993; Herman 1984). The term applies to a generic culture surrounding and promoting rape, not the specific settings in which rape is likely to occur. We believe that the specific settings also are important in defining relationships between men and women.

Some have argued that fraternities are places where rape is likely to occur on college campuses (Martin and Hummer 1989; O'Sullivan 1993; Sanday 1990) and that the students most likely to accept rape myths and be more sexually aggressive are more likely to live in fraternities and sororities, consume higher doses of alcohol and drugs, and place a higher value on social life at college (Gwartney-Gibbs and Stockard 1989; Kalof and Cargill 1991). Others suggest that sexual aggression is learned in settings such as fraternities and is not part of predispositions or preexisting attitudes (Boeringer, Shehan, and Akers 1991). To prevent further

incidences of rape on college campuses, we need to understand what it is about fraternities in particular and college life in general that may contribute to the maintenance of a rape culture on college campuses.

Our approach is to identify the social contexts that link fraternities to campus rape and promote a rape culture. Instead of assuming that all fraternities provide an environment conducive to rape, we compare the interactions of men and women at fraternities identified on campus as being especially *dangerous* places for women, where the likelihood of rape is high, to those seen as *safer* places, where the perceived probability of rape occurring is lower. Prior to collecting data for our study, we found that most women students identified some fraternities as having more sexually aggressive members and a higher probability of rape. These women also considered other fraternities as relatively safe houses, where a woman could go and get drunk if she wanted to and feel secure that the fraternity men would not take advantage of her. We compared parties at houses identified as high-risk and low-risk houses as well as at two local bars frequented by college students. Our analysis provides an opportunity to examine situations and contexts that hinder or facilitate positive social relations between undergraduate men and women.

The abusive attitudes toward women that some fraternities perpetuate exist within a general culture where rape is intertwined in traditional gender scripts. Men are viewed as initiators of sex and women as either passive partners or active resisters, preventing men from touching their bodies (LaPlante, McCormick, and Brannigan 1980). Rape culture is based on the assumptions that men are aggressive and dominant whereas women are passive and acquiescent (Buchwald et al. 1993; Herman 1984). What occurs on college campuses is an extension of the portrayal of domination and aggression of men over women that exemplifies the double standard of sexual behavior in U.S. society (Barthel 1988; Kimmel 1993).

Sexually active men are positively reinforced by being referred to as "studs," whereas women who are sexually active or report enjoying sex are derogatorily labeled as "sluts" (Herman 1984; O'Sullivan 1993). These gender scripts are embodied in rape myths and stereotypes such as "She really wanted it; she just said no because she didn't want me to think she was a bad girl" (Burke, Stets, and Pirog-Good 1989; Jenkins and Dambrot 1987; Lisak and Roth 1988; Malamuth 1986; Muehlenhard and Linton 1987; Peterson and Franzese 1987). Because men's sexuality is seen as more natural, acceptable, and uncontrollable than women's sexuality, many men and women excuse acquaintance rape by affirming that men cannot control their natural urges (Miller and Marshall 1987).

Whereas some researchers explain these attitudes toward sexuality and rape using an individual or a psychological interpretation, we argue that rape has a social basis, one in which both men and women create and recreate masculine and feminine identities and relations. Based on the assumption that rape is part of the social construction of gender, we examine how men and women "do gender" on a college campus (West and Zimmerman 1987). We focus on fraternities because they have been identified as settings that encourage rape (Sanday 1990). By comparing fraternities that are viewed by women as places where there is a high risk of rape to those where women believe there is a low risk of rape as well as two local commercial bars, we seek to identify characteristics that make some social settings more likely places for the occurrence of rape.

Method

We observed social interactions between men and women at a private coeducational school in which a high percentage (49.4 percent) of students affiliate with Greek organizations. The university has an undergraduate population of approximately 4,500 students, just more than one third of whom are women; the students are primarily from upper-middle-class families. The school, which admitted only men until 1971, is highly competitive academically.

We used a variety of data collection approaches: observations of interactions between men and women at fraternity parties and bars, formal interviews, and informal conversations. The first author, a former undergraduate at this school and a graduate student at the time of the study, collected the data. She knew about the social life at the school and had established rapport and trust between herself and undergraduate students as a teaching assistant in a human sexuality course.

The process of identifying high- and low-risk fraternity houses followed Hunter's (1953) reputational approach. In our study, 40 women students identified fraternities that they considered to be high risk, or to have more sexually aggressive members and higher incidence of rape, as well as fraternities that they considered to be safe houses. The women represented all four years of undergraduate college and different living groups (sororities, residence halls, and off-campus housing). Observations focused on the four fraternities named most often by these women as high-risk houses and the four identified as low-risk houses. . . .

In addition, 50 individuals were interviewed including men from the selected fraternities, women who attended those parties, men not affiliated with fraternities, and self-identified rape victims known to the first author. The first author approached men and women by telephone or on campus and asked them to participate in interviews. The interviews included open-ended questions about gender relations on campus, attitudes about date rape, and their own experiences on campus. . . .

Results

The Settings

Fraternity Parties

We observed several differences in the quality of the interaction of men and women at parties at high-risk fraternities compared to those at low-risk houses. A typical party at a low-risk house included an equal number of women and men. The social atmosphere was friendly, with considerable interaction between women and men. Men and women danced in groups and in couples, with many of the couples kissing and displaying affection toward each other. Brothers explained that, because many of the men in these houses had girlfriends, it was normal to see couples kissing on the dance floor. Coed groups engaged in conversations at many of these houses, with women and men engaging in friendly exchanges, giving the impression that they knew each other well. Almost no cursing and yelling was observed at parties in low-risk houses; when pushing occurred, the participants apologized. Respect for women extended to the women's bathrooms, which were clean and well supplied.

At high-risk houses, parties typically had skewed gender ratios, sometimes involving more men and other times involving more women. Gender segregation also was evident at these parties, with the men on one side of a room or in the bar drinking while women gathered in another area. Men treated women differently in the high-risk houses. The women's bathrooms in the high-risk houses were filthy, including clogged toilets and vomit in the sinks. When a brother was told of the mess in the bathroom at a high-risk house, he replied, "Good, maybe some of these beer wenches will leave so there will be more beer for us."

Men attending parties at high-risk houses treated women less respectfully, engaging in jokes, conversations, and behaviors that

degraded women. Men made a display of assessing women's bodies and rated them with thumbs up or thumbs down for the other men in the sight of the women. One man attending a party at a high-risk fraternity said to another, "Did you know that this week is Women's Awareness Week? I guess that means we get to abuse them more this week." Men behaved more crudely at parties at high-risk houses. At one party, a brother dropped his pants, including his underwear, while dancing in front of several women. Another brother slid across the dance floor completely naked.

The atmosphere at parties in high-risk fraternities was less friendly overall. With the exception of greetings, men and women rarely smiled or laughed and spoke to each other less often than was the case at parties in low-risk houses. The few one-on-one conversations between women and men appeared to be strictly flirtatious (lots of eye contact, touching, and very close talking). It was rare to see a group of men and women together talking. Men were openly hostile, which made the high-risk parties seem almost threatening at times. For example, there was a lot of touching, pushing, profanity, and name calling, some done by women.

Students at parties at the high-risk houses seemed self-conscious and aware of the presence of members of the opposite sex, an awareness that was sexually charged. Dancing early in the evening was usually between women. Close to midnight, the sex ratio began to balance out with the arrival of more men or more women. Couples began to dance together but in a sexual way (close dancing with lots of pelvic thrusts). Men tried to pick up women using lines such as "Want to see my fish tank?" and "Let's go upstairs so that we can talk; I can't hear what you're saying in here."

Although many of the same people who attended high-risk parties also attended low-risk parties, their behavior changed as they moved from setting to setting. Group norms differed across contexts as well. At a party that was held jointly at a low-risk house with a high-risk fraternity, the ambience was that of a party at a high-risk fraternity with heavier drinking, less dancing, and fewer conversations between women and men. The men from both high- and low-risk fraternities were very aggressive; a fight broke out, and there was pushing and shoving on the dance floor and in general.

As others have found, fraternity brothers at high-risk houses on this campus told about routinely discussing their sexual exploits at breakfast the morning after parties and sometimes at house meetings (cf. Martin

and Hummer 1989; O'Sullivan 1993; Sanday 1990). During these sessions, the brothers we interviewed said that men bragged about what they did the night before with stories of sexual conquests often told by the same men, usually sophomores. The women involved in these exploits were women they did not know or knew but did not respect, or *faceless victims.* Men usually treated girlfriends with respect and did not talk about them in these storytelling sessions. Men from low-risk houses, however, did not describe similar sessions in their houses. . . .

Gender Relations

Relations between women and men are shaped by the contexts in which they meet and interact. As is the case on other college campuses, *hooking up* has replaced dating on this campus, and fraternities are places where many students hook up. Hooking up is a loosely applied term on college campuses that had different meanings for men and women on this campus.

Most men defined hooking up similarly. One man said it was something that happens

> *when you are really drunk and meet up with a woman you sort of know, or possibly don't know at all and don't care about. You go home with her with the intention of getting as much sexual, physical pleasure as she'll give you, which can range anywhere from kissing to intercourse, without any strings attached.*

The exception to this rule is when men hook up with women they admire. Men said they are less likely to press for sexual activity with someone they know and like because they want the relationship to continue and be based on respect.

Women's version of hooking up differed. Women said they hook up only with men they cared about and described hooking up as kissing and petting but not sexual intercourse. Many women said that hooking up was disappointing because they wanted longer-term relationships. First-year women students realized quickly that hook-ups were usually one-night stands with no strings attached, but many continued to hook up because they had few opportunities to develop relationships with men on campus. One first-year woman said that "70 percent of hook-ups never talk again and try to avoid one another, 26 percent may actually hear from them or talk to them again, and 4 percent may actually go on a date, which can lead to a relationship." Another first-year woman said, "It was fun in the beginning. You get a lot of attention and

kiss a lot of boys and think this is what college is about, but it gets tiresome fast."

Whereas first-year women get tired of the hook-up scene early on, many men do not become bored with it until their junior or senior year. As one upperclassman said, "The whole game of hooking up became really meaningless and tiresome for me during my second semester of my sophomore year, but most of my friends didn't get bored with it until the following year."

In contrast to hooking up, students also described monogamous relationships with steady partners. Some type of commitment was expected, but most people did not anticipate marriage. The term *seeing each other* was applied when people were sexually involved but free to date other people. This type of relationship involved less commitment than did one of boyfriend/girlfriend but was not considered to be a hook-up. . . .

Some fraternity brothers pressure each other to limit their time with and commitment to their girlfriends. One senior man said, "The hill [fraternities] and girlfriends don't mix." A brother described a constant battle between girlfriends and brothers over who the guy is going out with for the night, with the brothers usually winning. Brothers teased men with girlfriends with remarks such as "whipped" or "where's the ball and chain?" A brother from a high-risk house said that few brothers at his house had girlfriends; some did, but it was uncommon. One man said that from the minute he was a pledge he knew he would probably never have a girlfriend on this campus because "it was just not the norm in my house. No one has girlfriends; the guys have too much fun with [each other]."

The pressure on men to limit their commitment to girlfriends, however, was not true of all fraternities or of all men on campus. Couples attended low-risk fraternity parties together, and men in the low-risk houses went out on dates more often. A man in one low-risk house said that about 70 percent of the members of his house were involved in relationships with women, including the pledges (who were sophomores).

Treatment of Women

. . . Men said that, when together in groups with other men, they sensed a pressure to be disrespectful toward women. A first-year man's perception of the treatment of women was that "they are treated with

more respect to their faces, but behind closed doors, with a group of men present, respect for women is not an issue." One senior man stated, "In general, college-aged men don't treat women their age with respect because 90 percent of them think of women as merely a means to sex." Women reinforced this perception. A first-year woman stated, "Men here are more interested in hooking up and drinking beer than they are in getting to know women as real people." Another woman said, "Men here use and abuse women."

Characteristic of rape culture, a double standard of sexual behavior for men versus women was prevalent on this campus. As one Greek senior man stated, "Women who sleep around are sluts and get bad reputations; men who do are champions and get a pat on the back from their brothers." Women also supported a double standard for sexual behavior by criticizing sexually active women. A first-year woman spoke out against women who are sexually active: "I think some girls here make it difficult for the men to respect women as a whole."

One concrete example of demeaning sexually active women on this campus is the "walk of shame." Fraternity brothers come out on the porches of their houses the night after parties and heckle women walking by. It is assumed that these women spent the night at fraternity houses and that the men they were with did not care enough about them to drive them home. Although sororities now reside in former fraternity houses, this practice continues and sometimes the victims of hecklings are sorority women on their way to study in the library. . . .

Fraternity men most often mistreated women they did not know personally. Men and women alike reported incidents in which brothers observed other brothers having sex with unknown women or women they knew only casually. A sophomore woman's experience exemplifies this anonymous state: "I don't mind if 10 guys were watching or it was videotaped. That's expected on this campus. It's the fact that he didn't apologize or even offer to drive me home that really upset me." Descriptions of sexual encounters involved the satisfaction of men by nameless women. A brother in a high-risk fraternity described a similar occurrence:

> *A brother of mine was hooking up upstairs with an unattractive woman who had been pursuing him all night. He told some brothers to go outside the window and watch. Well, one thing led to another and they were almost completely naked when the woman noticed the brothers outside. She was then unwilling to go any further, so the*

brother went outside and yelled at the other brothers and then closed the shades. I don't know if he scored or not, because the woman was pretty upset. But he did win the award for hooking up with the ugliest chick that weekend. . . .

Discussion and Conclusion

These findings describe the physical and normative aspects of one college campus as they relate to attitudes about and relations between men and women. Our findings suggest that an explanation emphasizing rape culture also must focus on those characteristics of the social setting that play a role in defining heterosexual relationships on college campuses (Kalof and Cargill 1991). The degradation of women as portrayed in rape culture was not found in all fraternities on this campus. Both group norms and individual behavior changed as students went from one place to another. Although individual men are the ones who rape, we found that some settings are more likely places for rape than are others. Our findings suggest that rape cannot be seen only as an isolated act and blamed on individual behavior and proclivities, whether it be alcohol consumption or attitudes. We also must consider characteristics of the settings that promote the behaviors that reinforce a rape culture.

Relations between women and men at parties in low-risk fraternities varied considerably from those in high-risk houses. Peer pressure and situational norms influenced women as well as men. Although many men in high- and low-risk houses shared similar views and attitudes about the Greek system, women on this campus, and date rape, their behaviors at fraternity parties were quite different.

Women who are at highest risk of rape are women whom fraternity brothers did not know. These women are faceless victims, nameless acquaintances—not friends. Men said their responsibility to such persons and the level of guilt they feel later if the hook-ups end in sexual intercourse are much lower if they hook up with women they do not know. In high-risk houses, brothers treated women as subordinates and kept them at a distance. Men in high-risk houses actively discouraged ongoing heterosexual relationships, routinely degraded women, and participated more fully in the hook-up scene; thus, the probability that women would become faceless victims was higher in these houses. The flirtatious nature of the parties indicated that women go to these

parties looking for available men, but finding boyfriends or relationships was difficult at parties in high-risk houses. However, in the low-risk houses, where more men had long-term relationships, the women were not strangers and were less likely to become faceless victims. . . .

Although this research provides some clues to gender relations on college campuses, it raises many questions. Why do men and women participate in activities that support a rape culture when they see its injustices? What would happen if alcohol were not controlled by groups of men who admit that they disrespect women when they get together? What can be done to give men and women on college campuses more opportunities to interact responsibly and get to know each other better? These questions should be studied on other campuses with a focus on the social settings in which the incidence of rape and the attitudes that support a rape culture exist. Fraternities are social contexts that may or may not foster a rape culture. . . .

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STUDY QUESTIONS

1. List the characteristics of the social settings where women are at risk and where they are safe.
2. What is meant by "rape culture," and how is this "culture" supported by men?

21 READING

D. L. ROSENHAN

On Being Sane in Insane Places

If sanity and insanity exist, how shall we know them?

The question is neither capricious nor itself insane. However much we may be personally convinced that we can tell the normal from the abnormal, the evidence is simply not compelling. It is commonplace, for example, to read about murder trials wherein eminent psychiatrists for the defense are contradicted by equally eminent psychiatrists for the prosecution on the matter of the defendant's sanity. More generally, there are a great deal of conflicting data on the reliability, utility, and meaning of such terms as "sanity," "insanity," "mental illness," and "schizophrenia" (1). Finally, as early as 1934, Benedict suggested that normality and abnormality are not universal (2). What is viewed as normal in one culture may be seen as quite aberrant in another. Thus, notions of normality and abnormality may not be quite as accurate as people believe they are.

To raise questions regarding normality and abnormality is in no way to question the fact that some behaviors are deviant or odd. Murder is deviant. So, too, are hallucinations. Nor does raising such questions deny the existence of the personal anguish that is often associated with "mental illness." Anxiety and depression exist. Psychological suffering exists. But normality and abnormality, sanity and insanity, and the diagnoses that flow from them may be less substantive than many believe them to be.

At its heart, the question of whether the sane can be distinguished from the insane (and whether degrees of insanity can be distinguished from each other) is a simple matter: do the salient characteristics that lead to diagnoses reside in the patients themselves or in the environments

and contexts in which observers find them? From Bleuler, through Kretchmer, through the formulators of the recently revised *Diagnostic and Statistical Manual* of the American Psychiatric Association, the belief has been strong that patients present symptoms, that those symptoms can be categorized, and, implicitly, that the sane are distinguishable from the insane. More recently, however, this belief has been questioned. Based in part on theoretical and anthropological considerations, but also on philosophical, legal, and therapeutic ones, the view has grown that psychological categorization of mental illness is useless at best and downright harmful, misleading, and pejorative at worst. Psychiatric diagnoses, in this view, are in the minds of the observers and are not valid summaries of characteristics displayed by the observed (*3–5*).

Gains can be made in deciding which of these is more nearly accurate by getting normal people (that is, people who do not have, and have never suffered, symptoms of serious psychiatric disorders) admitted to psychiatric hospitals and then determining whether they were discovered to be sane and, if so, how. If the sanity of such pseudopatients were always detected, there would be prima facie evidence that a sane individual can be distinguished from the insane context in which he is found. Normality (and presumably abnormality) is distinct enough that it can be recognized wherever it occurs, for it is carried within the person. If, on the other hand, the sanity of the pseudopatients were never discovered, serious difficulties would arise for those who support traditional modes of psychiatric diagnosis. Given that the hospital staff was not incompetent, that the pseudopatient had been behaving as sanely as he had been outside of the hospital, and that it had never been previously suggested that he belonged in a psychiatric hospital, such an unlikely outcome would support the view that psychiatric diagnosis betrays little about the patient but much about the environment in which an observer finds him.

This article describes such an experiment. Eight sane people gained secret admission to 12 different hospitals (*6*). Their diagnostic experiences constitute the data of the first part of this article; the remainder is devoted to a description of their experiences in psychiatric institutions. Too few psychiatrists and psychologists, even those who have worked in such hospitals, know what the experience is like. They rarely talk about it with former patients, perhaps because they distrust information coming from the previously insane. Those who have worked in psychiatric hospitals are likely to have adapted so thoroughly to the settings that they are insensitive to the impact of that experience. And while there have been occasional reports of researchers who submitted

themselves to psychiatric hospitalization (7), these researchers have commonly remained in the hospitals for short periods of time, often with the knowledge of the hospital staff. It is difficult to know the extent to which they were treated like patients or like research colleagues. Nevertheless, their reports about the inside of the psychiatric hospital have been valuable. This article extends those efforts.

Pseudopatients and Their Settings

The eight pseudopatients were a varied group. One was a psychology graduate student in his 20's. The remaining seven were older and "established." Among them were three psychologists, a pediatrician, a psychiatrist, a painter, and a housewife. Three pseudopatients were women, five were men. All of them employed pseudonyms, lest their alleged diagnoses embarrass them later. Those who were in mental health professions alleged another occupation in order to avoid the special attentions that might be accorded by staff, as a matter of courtesy or caution, to ailing colleagues (*8*). With the exception of myself (I was the first pseudopatient and my presence was known to the hospital administrator and chief psychologist and, so far as I can tell, to them alone), the presence of pseudopatients and the nature of the research program was not known to the hospital staffs (9).

The settings were similarly varied. In order to generalize the findings, admission into a variety of hospitals was sought. The 12 hospitals in the sample were located in five different states on the East and West coasts. Some were old and shabby, some were quite new. Some were research-oriented, others not. Some had good staff-patient ratios, others were quite understaffed. Only one was a strictly private hospital. All of the others were supported by state or federal funds or, in one instance, by university funds.

After calling the hospital for an appointment, the pseudopatient arrived at the admissions office complaining that he had been hearing voices. Asked what the voices said, he replied that they were often unclear, but as far as he could tell they said "empty," "hollow," and "thud." The voices were unfamiliar and were of the same sex as the pseudopatient. 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,

"My life is empty and hollow." The choice of these symptoms was also determined by the *absence* of a single report of existential psychoses in the literature.

Beyond alleging the symptoms and falsifying name, vocation, and employment, no further alterations of person, history, or circumstances were made. The significant events of the pseudopatient'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, consistent with the aforementioned exceptions, were described as they were or had been. Frustrations and upsets were described along with joys and satisfactions. These facts are important to remember. If anything, they strongly biased the subsequent results in favor of detecting sanity, since none of their histories or current behaviors were seriously pathological in any way.

Immediately upon admission to the psychiatric ward, the pseudopatient ceased simulating *any* symptoms of abnormality. In some cases, there was a brief period of mild nervousness and anxiety, since none of the pseudopatients really believed that they would be admitted so easily. Indeed, their shared fear was that they would be immediately exposed as frauds and greatly embarrassed. Moreover, many of them had never visited a psychiatric ward; even those who had, nevertheless had some genuine fears about what might happen to them. Their nervousness, then, was quite appropriate to the novelty of the hospital setting, and it abated rapidly.

Apart from that short-lived nervousness, the pseudopatient behaved on the ward as he "normally" behaved. The pseudopatient spoke to patients and staff as he might ordinarily. Because there is uncommonly little to do on a psychiatric ward, he attempted to engage others in conversation. When asked by staff how he was feeling, he indicated that he was fine, that he no longer experienced symptoms. He responded to instructions from attendants, to calls for medication (which was not swallowed), and to dining-hall instructions. Beyond such activities as were available to him on the admissions ward, he spent his time writing down his observations about the ward, its patients, and the staff. 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. No secret was made of these activities.

The pseudopatient, very much as a true psychiatric patient, entered a hospital with no foreknowledge of when he would be discharged.

Each was told that he would have to get out by his own devices, essentially by convincing the staff that he was sane. The psychological stresses associated with hospitalization were considerable, and all but one of the pseudopatients desired to be discharged almost immediately after being admitted. 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 have been obtained on most of the patients. These reports uniformly indicate that the patients were "friendly," "cooperative," and "exhibited no abnormal indications."

The Normal Are Not Detectably Sane

Despite their public "show" of sanity, the pseudopatients were never detected. Admitted, except in one case, with a diagnosis of schizophrenia (*10*), each was discharged with a diagnosis of schizophrenia "in remission." The label "in remission" should in no way be dismissed as a formality, for at no time during any hospitalization had any question been raised about any pseudopatient's simulation. Nor are there any indications in the hospital records that the pseudopatient's status was suspect. Rather, the evidence is strong that, once labeled schizophrenic, the pseudopatient was stuck with that label. If the pseudopatient was to be discharged, he must naturally be "in remission"; but he was not sane, nor, in the institution's view, had he ever been sane.

The uniform failure to recognize sanity cannot be attributed to the quality of the hospitals, for, although there were considerable variations among them, several are considered excellent. Nor can it be alleged that there was simply not enough time to observe the pseudopatients. Length of hospitalization ranged from 7 to 52 days, with an average of 19 days. The pseudopatients were not, in fact, carefully observed, but this failure clearly speaks more to traditions within psychiatric hospitals than to lack of opportunity.

Finally, it cannot be said that the failure to recognize the pseudopatients' sanity was due to the fact that they were not behaving sanely. While there was clearly some tension present in all of them, their daily visitors could detect no serious behavioral consequences—nor, indeed, could other patients. It was quite common for the patients to "detect" the pseudopatients' sanity. During the first three hospitalizations, when accurate counts were kept, 35 of a total of 118 patients on the admissions

ward voiced their suspicions, some vigorously. "You're not crazy. You're a journalist, or a professor [referring to the continual note-taking]. You're checking up on the hospital." While most of the patients were reassured by the pseudopatient's insistence that he had been sick before he came in but was fine now, some continued to believe that the pseudopatient was sane throughout his hospitalization (11). The fact that the patients often recognized normality when staff did not raises important questions.

Failure to detect sanity during the course of hospitalization may be due to the fact that physicians operate with a strong bias toward what statisticians call the type 2 error (5). This is to say that physicians are more inclined to call a healthy person sick (a false positive, type 2) than a sick person healthy (a false negative, type 1). The reasons for this are not hard to find: it is clearly more dangerous to misdiagnose illness than health. Better to err on the side of caution, to suspect illness even among the healthy.

But what holds for medicine does not hold equally well for psychiatry. Medical illnesses, while unfortunate, are not commonly pejorative. Psychiatric diagnoses, on the contrary, carry with them personal, legal, and social stigmas (12). It was therefore important to see whether the tendency toward diagnosing the sane insane could be reversed. The following experiment was arranged at a research and teaching hospital whose staff had heard these findings but doubted that such an error could occur in their hospital. The staff was informed that at some time during the following 3 months, one or more pseudopatients would attempt to be admitted into the psychiatric hospital. Each staff member was asked to rate each patient who presented himself at admissions or on the ward according to the likelihood that the patient was a pseudopatient. A 10-point scale was used, with a 1 and 2 reflecting high confidence that the patient was a pseudopatient.

Judgments were obtained on 193 patients who were admitted for psychiatric treatment. All staff who had had sustained contact with or primary responsibility for the patient—attendants, nurses, psychiatrists, physicians, and psychologists—were asked to make judgments. Forty-one patients were alleged, with high confidence, to be pseudopatients by at least one member of the staff. Twenty-three were considered suspect by at least one psychiatrist. Nineteen were suspected by one psychiatrist *and* one other staff member. Actually, no genuine pseudopatient (at least from my group) presented himself during this period.

The experiment is instructive. It indicates that the tendency to designate sane people as insane can be reversed when the stakes (in this case, prestige and diagnostic acumen) are high. But what can be said of the 19 people who were suspected of being "sane" by one psychiatrist and another staff member? Were these people truly "sane," or was it rather the case that in the course of avoiding the type 2 error the staff tended to make more errors of the first sort—calling the crazy "sane"? There is no way of knowing. But one thing is certain: any diagnostic process that lends itself so readily to massive errors of this sort cannot be a very reliable one.

The Stickiness of Psychodiagnostic Labels

Beyond the tendency to call the healthy sick—a tendency that accounts better for diagnostic behavior on admission than it does for such behavior after a lengthy period of exposure—the data speak to the massive role of labeling in psychiatric assessment. Having once been labeled schizophrenic, there is nothing the pseudopatient can do to overcome the tag. The tag profoundly colors others' perceptions of him and his behavior.

From one viewpoint, these data are hardly surprising, for it has long been known that elements are given meaning by the context in which they occur. Gestalt psychology made this point vigorously, and Asch (*13*) demonstrated that there are "central" personality traits (such as "warm" versus "cold") which are so powerful that they markedly color the meaning of other information in forming an impression of a given personality (*14*). "Insane," "schizophrenic," "manic-depressive," and "crazy" are probably among the most powerful of such central traits. Once a person is designated abnormal, all of his other behaviors and characteristics are colored by that label. Indeed, that label is so powerful that many of the pseudopatients' normal behaviors were overlooked entirely or profoundly misinterpreted. Some examples may clarify this issue.

Earlier I indicated that there were no changes in the pseudopatients' personal history and current status beyond those of name, employment, and, where necessary, vocation. Otherwise, a veridical description of personal history and circumstances was offered. Those circumstances were not psychotic. How were they made consonant with the diagnosis of psychosis? Or were those diagnoses modified in such a way as to

bring them into accord with the circumstances of the pseudopatient's life, as described by him?

As far as I can determine, diagnoses were in no way affected by the relative health of the circumstances of a pseudopatient's life. Rather, the reverse occurred: the perception of his circumstances was shaped entirely by the diagnosis. A clear example of such translation is found in the case of a pseudopatient who had had a close relationship with his mother but was rather remote from his father during his early childhood. During adolescence and beyond, however, his father became a close friend, while his relationship with his mother cooled. His present relationship with his wife was characteristically close and warm. Apart from occasional angry exchanges, friction was minimal. The children had rarely been spanked. Surely there is nothing especially pathological about such a history. Indeed, many readers may see a similar pattern in their own experiences, with no markedly deleterious consequences. Observe, however, how such a history was translated in the psychopathological context, this from the case summary prepared after the patient was discharged.

> *This white 39-year-old male . . . manifests a long history of considerable ambivalence in close relationships, which begins in early childhood. A warm relationship with his mother cools during his adolescence. A distant relationship to his father is described as becoming very intense. Affective stability is absent. His attempts to control emotionality with his wife and children are punctuated by angry outbursts and, in the case of the children, spankings. And while he says that he has several good friends, one senses considerable ambivalence embedded in those relationships also. . . .*

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 (*15*). Nothing of an ambivalent nature had been described in relations with parents, spouse, or friends. To the extent that ambivalence could be inferred, it was probably not greater than is found in all human relationships. It is true the pseudopatient's relationships with his parents changed over time, but in the ordinary context that would hardly be remarkable—indeed, it might very well be expected. Clearly, the meaning ascribed to his verbalizations (that is, ambivalence, affective instability) was determined by the diagnosis: schizophrenia. An entirely different meaning would have been ascribed if it were known that the man was "normal."

All pseudopatients took extensive notes publicly. Under ordinary circumstances, such behavior would have raised questions in the minds of observers, as, in fact, it did among patients. Indeed, it seemed so certain that the notes would elicit suspicion that elaborate precautions were taken to remove them from the ward each day. But the precautions proved needless. The closest any staff member came to questioning these notes occurred when one pseudopatient asked his physician what kind of medication he was receiving and began to write down the response. "You needn't write it," he was told gently. "If you have trouble remembering, just ask me again."

If no questions were asked of the pseudopatients, how was their writing interpreted? Nursing records for three patients indicate that the writing was seen as an aspect of their pathological behavior. "Patient engages in writing behavior" was the daily nursing comment on one of the pseudopatients who was never questioned about his writing. Given that the patient is in the hospital, he must be psychologically disturbed. And given that he is disturbed, continuous writing must be a behavioral manifestation of that disturbance, perhaps a subset of the compulsive behaviors that are sometimes correlated with schizophrenia.

One tacit characteristic of psychiatric diagnosis is that it locates the sources of aberration within the individual and only rarely within the complex of stimuli that surrounds him. Consequently, behaviors that are stimulated by the environment are commonly misattributed to the patient's disorder. For example, one kindly nurse found a pseudopatient pacing the long hospital corridors. "Nervous, Mr. X?" she asked. "No, bored," he said.

The notes kept by pseudopatients are full of patient behaviors that were misinterpreted by well-intentioned staff. Often enough, a patient would go "berserk" because he had, wittingly or unwittingly, been mistreated by, say, an attendant. A nurse coming upon the scene would rarely inquire even cursorily into the environmental stimuli of the patient's behavior. Rather, she assumed that his upset derived from his pathology, not from his present interactions with other staff members. Occasionally, the staff might assume that the patient's family (especially when they had recently visited) or other patients had stimulated the outburst. But never were the staff found to assume that one of themselves or the structure of the hospital had anything to do with a patient's behavior. One psychiatrist pointed to a group of patients who were sitting outside the cafeteria entrance half an hour before lunchtime. To a group of young residents he indicated that such

behavior was characteristic of the oral-acquisitive nature of the syndrome. It seemed not to occur to him that there were very few things to anticipate in a psychiatric hospital besides eating.

A psychiatric label has a life and an influence of its own. Once the impression has been formed that the patient is schizophrenic, the expectation is that he will continue to be schizophrenic. When a sufficient amount of time has passed, during which the patient has done nothing bizarre, he is considered to be in remission and available for discharge. But the label endures beyond discharge, with the unconfirmed expectation that he will behave as a schizophrenic again. Such labels, conferred by mental health professionals, are as influential on the patient as they are on his relatives and friends, and it should not surprise anyone that the diagnosis acts on all of them as a self-fulfilling prophecy. Eventually, the patient himself accepts the diagnosis, with all of its surplus meanings and expectations, and behaves accordingly (*5*).

The inferences to be made from these matters are quite simple. Much as Zigler and Phillips have demonstrated that there is enormous overlap in the symptoms presented by patients who have been variously diagnosed (*16*), so there is enormous overlap in the behaviors of the sane and the insane. The sane are not "sane" all of the time. We lose our tempers "for no good reason." We are occasionally depressed or anxious, again for no good reason. And we may find it difficult to get along with one or another person—again for no reason that we can specify. Similarly, the insane are not always insane. Indeed, it was the impression of the pseudopatients while living with them that they were sane for long periods of time—that the bizarre behaviors upon which their diagnoses were allegedly predicated constituted only a small fraction of their total behavior. If it makes no sense to label ourselves permanently depressed on the basis of an occasional depression, then it takes better evidence than is presently available to label all patients insane or schizophrenic on the basis of bizarre behaviors or cognitions. It seems more useful, as Mischel (*17*) has pointed out, to limit our discussions to *behaviors,* the stimuli that provoke them, and their correlates.

It is not known why powerful impressions of personality traits, such as "crazy" or "insane," arise. Conceivably, when the origins of and stimuli that give rise to a behavior are remote or unknown, or when the behavior strikes us as immutable, trait labels regarding the *behaver* arise. When, on the other hand, the origins and stimuli are known and available, discourse is limited to the behavior itself. Thus, I may hallucinate because

I am sleeping, or I may hallucinate because I have ingested a peculiar drug. These are termed sleep-induced hallucinations, or dreams, and drug-induced hallucinations, respectively. But when the stimuli to my hallucinations are unknown, that is called craziness, or schizophrenia—as if that inference were somehow as illuminating as the others. . . .

The Consequences of Labeling and Depersonalization

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. The needs for diagnosis and remediation of behavioral and emotional problems are enormous. But rather than acknowledge that we are just embarking on understanding, we continue to label patients "schizophrenic," "manic-depressive," and "insane," as if in those words we had captured the essence of understanding. The facts of the matter are that we have known for a long time that diagnoses are often not useful or reliable, but we have nevertheless continued to use them. We now know that we cannot distinguish insanity from sanity. It is depressing to consider how that information will be used.

Not merely depressing, but frightening. 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, and, conversely, how many would rather stand trial than live interminably in a psychiatric hospital—but are wrongly thought to be mentally ill? How many have been stigmatized by well-intentioned, but nevertheless erroneous, diagnoses? On the last point, recall again that a "type 2 error" in psychiatric diagnosis does not have the same consequences it does in medical diagnosis. A diagnosis of cancer that has been 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.

Finally, how many patients might be "sane" outside the psychiatric hospital but seem insane in it—not because craziness resides in them, as it were, but because they are responding to a bizarre setting, one that

may be unique to institutions which harbor nether people? Goffman (4) calls the process of socialization to such institutions "mortification"—an apt metaphor that includes the processes of depersonalization that have been described here. And while it is impossible to know whether the pseudopatients' responses to these processes are characteristic of all inmates—they were, after all, not real patients—it is difficult to believe that these processes of socialization to a psychiatric hospital provide useful attitudes or habits of response for living in the "real world."

Summary and Conclusions

It is clear that we cannot distinguish the sane from the insane in psychiatric hospitals. The hospital itself imposes a special environment in which the meanings of behavior can easily be misunderstood. The consequences to patients hospitalized in such an environment—the powerlessness, depersonalization, segregation, mortification, and self-labeling—seem undoubtedly countertherapeutic. . . .

I and the other pseudopatients in the psychiatric setting had distinctly negative reactions. We do not pretend to describe the subjective experiences of true patients. Theirs may be different from ours, particularly with the passage of time and the necessary process of adaptation to one's environment. But we can and do speak to the relatively more objective indices of treatment within the hospital. It could be a mistake, and a very unfortunate one, to consider that what happened to us derived from malice or stupidity on the part of the staff. Quite the contrary, our overwhelming impression of them was of people who really cared, who were committed and who were uncommonly intelligent. Where they failed, as they sometimes did painfully, it would be more accurate to attribute those failures to the environment in which they, too, found themselves than to personal callousness. Their perceptions and behavior were controlled by the situation, rather than being motivated by a malicious disposition. In a more benign environment, one that was less attached to global diagnosis, their behaviors and judgments might have been more benign and effective.

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6. Data from a ninth pseudopatient are not incorporated in this report because, although his sanity went undetected, he falsified aspects of his personal history, including his marital status and parental relationships. His experimental behaviors therefore were not identical to those of the other pseudopatients.
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8. Beyond the personal difficulties that the pseudopatient is likely to experience in the hospital, there are legal and social ones that, combined, require considerable attention before entry. For example, once admitted to a psychiatric institution, it is difficult, if not impossible, to be discharged on short notice, state law to the contrary notwithstanding. I was not sensitive to these difficulties at the outset of the project, nor to the personal and situational emergencies that can arise, but later a writ of habeas corpus was prepared for each of the entering pseudopatients and an attorney was kept "on call" during every hospitalization. I am grateful to John Kaplan and Robert Bartels for legal advice and assistance in these matters.
9. However distasteful such concealment is, it was a necessary first step to examining these questions. Without concealment, there would have been no way to know how valid these experiences were; nor was there any way of knowing whether whatever detections occurred were a tribute to the diagnostic acumen of the staff or to the hospital's rumor network. Obviously, since my concerns are general ones that cut across individual hospitals and staffs, I have respected their anonymity and have eliminated clues that might lead to their identification.
10. Interestingly, of the 12 admissions, 11 were diagnosed as schizophrenic and one, with an identical symptomatology, as manic-depressive psychosis. This diagnosis has a more favorable prognosis, and it was given by the only private hospital in our sample. On the relations between social class and psychiatric diagnosis, see A. deB. Hollingshead and F. C. Redlich, *Social Class and Mental Illness: A Community Study* (Wiley, New York, 1958).
11. It is possible, of course, that patients have quite broad latitudes in diagnosis and therefore are inclined to call many people sane, even those whose behavior is patently aberrant. However, although we have no hard data on this matter, it was our distinct impression that this was not the case. In many instances, patients not only singled us out for attention, but came to imitate our behaviors and styles.
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15. For an example of a similar self-fulfilling prophecy, in this instance dealing with the "central" trait of intelligence, see R. Rosenthal and L. Jacobson, *Pygmalion in the Classroom* (Holt, Rinehart & Winston, New York, 1968).
16. E. Zigler and L. Phillips, *J. Abnorm. Soc. Psychol.* 63, 69 (1961). See also R. K. Freudenberg and J. P. Robertson, *A.M.A. Arch. Neurol. Psychiatr.* 76, 14 (1956).
17. W. Mischel, *Personality and Assessment* (Wiley, New York, 1968).

STUDY QUESTIONS

1. Rosenhan and his colleagues faked their way into a mental institution with symptoms. Why was this so easy?
2. If a person really was mistakenly sent to a mental hospital, what processes discussed in the article would keep them from getting out?