

A SYLLABUS FOR ENGLISH 346K,
WRITING IN DIFFERENT DISIPLINES:
SOCIAL AND BEHAVIORAL SCIENCES

FALL 1982

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I. WRITING ACROSS THE CURRICULUM AND THE ORIGIN OF E346K

In the past five years, many colleges and universities in the United States, both public and private, have adopted writing-across--the-curriculum programs. This trend has brought certain fundamental changes in the ways writing is taught in these institutions. Instead of being concentrated in the freshman year, writing instruction extends throughout the four years of undergraduate education. Instead of being the responsibility of one department, writing instruction is recognized to be the responsibility of the academic community at large. And instead of being taught outside a student's major field of study, writing instruction occurs within a student's major.

The changes in the way writing is taught, in turn, reflect changing perceptions of the uses of writing. In addition to being a means of communication--the traditional focus of college writing courses--writing takes on two other important functions.

First, writing in a discipline becomes closely associated with learning in that discipline. Writing becomes a way of discovering ideas. A developing text has a life of its own, leading students to new ideas and connections. Writing forces students to analyze their ideas critically. Through a process of writing, reflecting, and rewriting, a student's ideas can evolve. It makes students active rather than passive learners of a subject. It even gives them a sense that they are participating in a discipline, that they too share in the scholarly activity of a field.

Second, writing becomes a way of defining values and beliefs. The act of writing has a moral, ethical, and philosophical dimension beyond the communication of knowledge. Members of an individual discipline have not only the responsibility to communicate with members of their own discipline, but also to persuade the public of the value of their discipline.

These changing perceptions of college writing in part underlie the efforts of the English department and the College of Liberal Arts to develop a new course, E346K--Writing in Different Disciplines, at the University of Texas at Austin. On February 16, 1981, a proposal approved by the College of Liberal Arts was submitted to the University Council at the University of Texas at Austin to transfer the second required freshman composition course to the junior or senior year, making the writing in that course relevant to a student's major discipline. The proposal cited the success of writing-across-the-curriculum programs at other colleges and universities, noting that teachers of junior-level writing courses in these programs "almost universally praise the greater maturity of the themes, the better organization of the material, and the more noticeable motivation of the students."

Discussions in the University Council emphasized that college graduates should be able to do the kinds of writing appropriate to their discipline and that they should be able to write for the educated general reader. In the meeting of the University Council on

March 23, 1981, Professor James Kinneavy argued that the purpose of the new junior-level requirement "is to force the whole University populus to speak the language of the general reader. It also forces members of the English Department . . . to talk to the [faculty] members of the University. I see [this requirement] as a strong force to unify intellectually, at the level of language, the whole University community."

On April 20, 1981, the University Council approved the College of Liberal Arts' proposal for a required junior-level writing course.

II. E346K--SOCIAL AND BEHAVIORAL SCIENCES

The proposal approved by the University Council specifies that E346K will be offered under four topics: Writing in the Arts and Humanities, Writing in the Social and Behavioral Sciences, Writing in the Natural Sciences, and Writing in Business. The Social and Behavioral Sciences version of E346K (referred to subsequently as E346K-SBS) is designed to serve students from three colleges and two schools. A list of majors and the number of juniors enrolled in those majors during Fall Semester 1981 is given below:

Juniors Majoring in Social and Behavioral Sciences by College, Fall Semester 1981

College/School	Number of Juniors
COLLEGE OF COMMUNICATION	
Advertising	248
Journalism	271
Radio-TV-Film	294
Speech Communication	123
COLLEGE OF EDUCATION	
Undetermined	18
Secondary Education (All)	206
Elementary Education	177
Kindergarten Education	29
Special Education	70
Bilingual Education	7
Reading Education	14
Teachers of Young Children	5
Educational & Youth Serving Agencies	10
COLLEGE OF LIBERAL ARTS	
American Studies	15
Anthropology	24
Archaeological Studies	6

Architectural Studies	3
Asian Studies	4
Economics	67
Ethnic Studies	1
Geography	14
Government	197
History	82
Latin American Studies	8
Linguistics	7
Middle Eastern Studies	1
Oriental and African Languages and Literatures	6
Psychology	236
Sociology	41
SCHOOL OF ARCHITECTURE	
Architecture	66
Architecture/Architectural Engineering	11
SCHOOL OF SOCIAL WORK	
Social Work	56

During the 1980-1981 academic year, individual course proposals for three of the four topics for E346K were written by subcommittees of the E346K committee. Members of the subcommittee for E346K-SBS were Horace Newcomb (Chair), Joseph Slate, and Lester Faigley. In the description for the proposed course, the subcommittee noted that while "certain subject matter areas may vary from section to section," the "primary emphasis is on writing practice, on rhetorical strategy rather than on the disciplinary theories involved in the various subject matter areas." The subcommittee recommended that students "model their own writing on high quality examples of writing in the various disciplines" and that students should write "for the educated nonspecialist."

The subcommittee's rationale for E346K-SBS reflects the diversity among the disciplines included under the heading of "Social and Behavioral Sciences":

Writing is different across disciplines because of what practitioners of the disciplines believe about what they know, how they know it, and how it can best be presented to their audience. Students involved in advanced study of various disciplines may accept most of these distinctions, may already have internalized the assumptions in their field of study. They may or may not be aware of how those assumptions relate to writing.

The subcommittee decided that the best way to demonstrate to students how assumptions in a discipline relate to writing in that discipline is to expose them "to different viewpoints among the disciplines on similar subject matters." From discovering

how different patterns of thinking produce different patterns of writing, . . . students should become more self-conscious about their own writing, about how their own approach to fundamental human questions relates to others, and about what knowledge and expectations an educated nonspecialist is likely to hold.

The committee concluded that "these insights, along with continuous attention to the traditional concerns of effective writing, should lead to better writing."

The subcommittee selected, as a general text for the course, Elaine Maimon and others', *Writing in the Arts and Sciences* (Winthrop, 1981). The Maimon text was observed to have certain limitations stemming from the fact that it was designed for a university-wide course rather than a course focusing on the social and behavioral

sciences. In spite of these limitations, it seems better suited for the proposed course than any other writing text that we examined. It was the only text we could find that attempts to demonstrate that differences in writing among the disciplines reflect different ways of thinking particular to each discipline. Furthermore, the Maimon text emphasizes the processes of writing. Each chapter on a specific kind of writing contains subsections on getting started, on writing the first draft, and on revising.

The best alternative to the Maimon text that we found is Joseph Williams' **Style: Ten Lessons in Clarity and Grace** (Scott Foresman, 1981). Williams' book differs considerably from the Maimon text in scope and purpose. Williams' book contains superb discussions of several aspects of prose style, incorporating a number of insights from contemporary research in linguistics and discourse analysis. The Williams text lacks material on a library paper; however, the General Libraries staff has prepared library guides for each of the E346K versions (see Appendix). For instructors who are willing to do the necessary work to adapt it to the course, the Williams' text might be an ideal choice.

The committee also presented a list of readings among different disciplines in the social and behavioral sciences on a common subject. These readings are listed in Section IV. 2 below.

III. WRITING IN E346K-SBS

The students for E346K-SBS come from a wide range of academic disciplines, represented by nine departments, four centers, and three interdisciplinary programs in the College of Liberal Arts, five departments and four centers in the College of Education, four departments in the College of Communication, and the Schools of Architecture and Social Work. No single syllabus can pretend to address the writing needs of students in each of these departments and programs. This section sets out a general plan for E346-SBS to which specific contents can be adapted.

III. 1. WRITING FOR DIFFERENT AUDIENCES AND PURPOSES

Classroom writing is frequently criticized for taking place in a rhetorical vacuum. The only audience for classroom writing that many students know is the teacher, a person who often seems more interested in marking their errors than in understanding what they write. Purposes for classroom writing are in many instances poorly defined. Students see little function for writing other than demonstrating what they know about a subject.

Writing in the world outside the classroom, on the other hand, usually has a clearly defined purpose and audience. Writers know why they are writing and whom they are writing to. In a study of the importance of writing after college, I found that college-trained people who write frequently on the job often have a developed

awareness of the specific requirements entailed in writing for varied audiences and purposes. For example, a meteorologist who now works primarily as a hydrology consultant at an engineering firm in Austin told me about the writing that he and his associates do:

We write about a wide range of subject matters. Some things are familiar to a lay audience. Most people can understand a study about floods. They can understand a study that defines a 100-year flood plain. They can imagine, say, water covering a street familiar to them. But other subjects are very difficult to communicate. We work with three-dimensional models of water currents, for example, that are based on very recondite hydrolic movements. We also have a wide audience range. Some of our reports are read by citizen groups. Sometimes we write for a client who has a technical problem of some sort and is only interested in what to do about it. And sometimes we write for audiences with high technical expertise like the Army Corps of Engineers. Audiences like the Army Corps expect a report to be written in a scientific journal style, and they may even want the data so they can re-analyze it. A lot of times the audience is mixed. A regulatory agency may know little about the subject of one of our reports, but they may have a technically trained person on their staff who does. In any case, we must understand what it is that the client wants, and we must be aware of what he knows about the subject. We must convince clients that we know what we're doing. We depend on return business and word-of-mouth reputation, and we must make a good impression the first time. Much of the professional reputation of this company rides on how we present ourselves in our technical reports.

One of the goals of E346K-SBS is to develop an awareness that a successful written text must accommodate the needs of subject matter, audience, and the personal image that the writer wishes to project. Consequently, students in E346K-SBS should have the opportunity to write essays for different purposes and audiences. They should be able to write essays with the aim of informing an audience about the subject matter in their discipline and essays with the aim of changing

the attitudes or beliefs of their audience or bringing that audience to perform some kind of action. Audiences for these essays should include, at different times, persons who know more about the subject than the writer (such as a specialist in their discipline), persons whose knowledge is about the same as the writer's, and persons whose knowledge is less than the writer's. For persuasive writing tasks, students should have the opportunity to write for both those who would favor and those who would oppose the position the writer is advocating.

In addition, students should have the opportunity to analyze and evaluate their ideas, to explore new ideas, and define their own values and beliefs--the goals set out at the beginning of this syllabus. If E346K-SBS is going to offer students the opportunities to write extensively for different purposes and audiences, then some writing will likely have to be in forms other than "themes." For this reason, instructors may want to use some combination of papers and a journal.

III. 2. PAPER ASSIGNMENTS

The subcommittee for the Social and Behavioral Sciences variant

¹ Elizabeth Harris includes a detailed discussion of discourse purposes for technical writing in the Course Resource Book for E317: Technical Writing. Harris bases her discussion on the taxonomy of purposes presented in James Kinneavy's *A Theory of Discourse* (1971; Norton, 1980).

of E346K specified a writing requirement for the course of four to six short essays (approximately 600 to 800 words) and at least one longer paper. The subcommittee conceived the longer paper as involving significant library research.

Persuasive essays. In accord with the overall design of E346K, at least one of the shorter essays should be a persuasive essay addressed to the educated nonspecialist. Although **Writing in the Arts and Sciences** does not contain a chapter specifically devoted to persuasive writing, it does contain a chapter on "contemplative writing" which the authors define "as lying on a continuum between expressive writing, which emphasizes the capacity to express your feelings on a topic, and research writing, which tests your ability to seek out information and put it together in some coherent order" (p. 177). In spite of the fuzzy discourse theory at the beginning of the chapter, the material on "contemplative writing" deals primarily with persuasion.

For the other shorter papers, at least one should be a case-study paper and another a report of findings. These two types of essays are predominant in the social sciences. A chapter in **Writing in the Arts and Sciences** is devoted to each.

Case studies. Chapter 10, "The Case-Study Paper," begins by pointing out that teachers, social workers, political scientists, psychologists, sociologists, and anthropologists all write case-study

papers. The Maimon text sets out four general steps for case-study papers. The writer must first decide what to observe, then describe the relevant behavior with a minimum of subjectivity. Next the writer must classify details into logical groupings and, finally, apply relevant theoretical concepts to the categories that have been created.

The strengths and potential weaknesses of case studies as a research method can be best illustrated by examples. A fine short example of a case study, taken from Carl Klockars, **The Professional Fence** (Macmillan, 1974), appears on pp. 240-241 in **Writing in the Arts and Sciences**. Klockars' book is a revised version of his doctoral dissertation in criminology. Klockars became interested in the fact that very little was known about "fences," the people who buy and sell stolen goods. Fences are "middlemen" between criminals and the public--the "wholesalers" of stolen goods. Klockars found a fence who was willing to be interviewed, and he took detailed notes over a two-year period. His book on this single case was read by many people outside of his discipline.

Because case studies are often rich in detail, they are usually more interesting to read than reports of quantitative research. The problem is that scientists are usually more interested in the general than in the particular. Criminologists want to know more about fences as a part of a criminal system than about a particular fence. As a consequence, the writer of a case study must demonstrate that the

particular case is in some ways both typical and significant. Case studies must not only record behavior of individuals and groups in great detail, they must also record with great accuracy. Section V. 1. below contains an essay by a psychologist who sharply criticizes staff members in mental institutions for inaccurate case studies.

The beginning of Chapter 10 in the Maimon text gives several examples of case-study assignments. In a writing-in-the-disciplines course at Harvard University, Richard Marius has students attend a funeral as a case-study assignment. Additional examples of case-study assignments are at the end of section V. 2. below.

Reports of research. A second type of essay common to the social sciences is the report of research. In most of the social sciences, these essays follow a standard four-part format of introduction, methodology, results, and discussion. Chapter 11 in **Writing in the Arts and Sciences** treats each of these typical sections of a report of research.

Because in the social sciences, theories are meant to apply to many different people in different situations, the notion of generality is extremely important. Case studies often give insights into particular phenomena, but researchers seek general explanations that connect many different phenomena. Many scientists tend to distrust individual subjective observations. For example, in Rosenhan's article "On Being Sane in Insane Places" included in

section V. 1. above, the author blames the subjectivity of mental hospital staff members for causing their failure to recognize the pseudopatients. He quotes case studies that interpret "normal" behavior as abnormal as evidence for his claim.

Empirical research in the social sciences is a process of thinking about a problem and discovering some way to solve that problem. A social scientist begins by identifying some problem, often poorly defined in the initial stages of thinking. Exploration of the problem leads the researcher formulate a hypothesis--a statement of a relationship among two or more variables. A researcher finds some measure that will serve as a test of the hypothesis. The researcher must generate or locate a source of data that may reveal the pattern of relationships that the researcher has hypothesized. The data are then analyzed by various statistical methods to learn if the patterns predicted can indeed be discerned.

At its best, quantitative research in the social sciences combines the careful observations of case-study research with the robustness of multiple observations of the same phenomena. The problem many people have with quantitative research is that they see numbers as the **subject** of the research instead of as tools for answering certain questions. The appearance of reports of quantitative research, with complicated tables and graphs, often reinforces this impression.

A course such as E346K cannot pretend to teach the principles of sound quantitative research. It can, however, teach students how to present quantitative data clearly and how to use data for support. A good discussion on how to use effectively charts, tables, and graphs is in **Writing in the Social Sciences**, pp. 242-251.

Library research papers. Library research is treated in three general chapters in **Writing in the Arts and Sciences** (4, 5, and 6) and in one chapter devoted to the social sciences (9). The staff of the General Libraries has also prepared a research guide for writing in the social and behavioral sciences. This guide is included as an Appendix to this document. More information on library support services for E346K-SBS can be obtained from John Koppersmith (471-3813) or Ann Neville (471-5222).

Writing in the Arts and Sciences and the library guide both outline procedures for library research. Instructors will probably want to begin early in the semester acquainting students with library resources in the social and behavioral sciences. For example, on pages 74 and 75 of **Writing in the Arts and Sciences** is a description of citation indexes and an explanation of their usefulness. Instructors can devise short assignments to make students familiar with valuable sources. The next step is to have students select a preliminary topic and read about that topic. Both **Writing in the Arts and Sciences** and the library guide devote considerable attention to background research. By midterm or shortly thereafter, students

should have written a research proposal, which, according to the library guide, should state the topic, explain its significance, and list at least five sources, evaluating at least two of them. If a draft of the library research paper is due long enough before the end of the semester, students will have the opportunity to revise their papers with the help of their instructor and classmates.

III. 3. JOURNALS

One of the ways writing-across-the-curriculum programs attempt to teach writing as a mode of learning and writing as a value-forming activity is through journal writing. **Writing in the Arts and Sciences** contains a short section on journal writing (pp. 20-22). Much fuller discussion of how a journal can be used in a course such as E346K is in Toby Fulwiler's "The Personal Connection: Journal Writing across the Curriculum" (**Language Connections: Writing and Reading across the Curriculum**, eds. Fulwiler and Art Young [NCTE, 1982], pp. 15-31). Fulwiler begins with the premise that journal writing "can be both a formal rigorous assignment and, at the same time, a place for students to practice imaginative and speculative thinking." Fulwiler sees journals as having something in common with both diaries and class notebooks, where ideas important to the writer are discussed in the first person and where the subject matter comes from topics in the course. The journal should encourage students to explore and extend ideas discussed in the course.

Fulwiler outlines several kinds of assignments using journals:

(1) **Starting class.** Students can write for five minutes on a topic related to the subject of the particular class. For example, students could react to a particular reading or attempt to define an important term such as "culture." A few entries could then be read to begin class discussion.

(2) **Summarizing.** The last five minutes of the class can be used for journal writing. Entries written at the end of class could ask students to synthesize what has been discussed in the particular class. Students can also explore relationships among other topics discussed in the course.

(3) **Focusing.** Students write on a topic that the teacher has just introduced. This exercise allows students (and their teacher) to find out how much they know about a subject that is going to be discussed. It also helps to demonstrate why a particular issue in the social sciences might be important to them.

(4) **Problem solving.** Students can attempt to solve problems using a journal. Mathematics teachers have gained insights into how students solve problems by asking them to record their thinking in journals. One way to get students to identify kinds of reasoning particular to their major discipline is to have them describe how they solve problems in classes in their major.

(5) **Homework.** Homework can take the form of response to a

particular issue written in a journal. Again, these entries can be used as the basis for class discussion. Students can also react to assigned readings in their journal.

(6) **Progress reports.** Periodically, journals can be checked as an evaluation of students' progress in the course. Students can also be asked to evaluate themselves, analyzing what they have learned thus far in the course.

(7) **Personal entries.** Students can be directed to write on moral and ethical issues concerning the social sciences. Entries on such questions as "Do you think all new taxes should be subject to public vote in a referendum election?" would require students to explore their own beliefs and values. Some topics can come from the students themselves. Journals have long been used as a medium for self-examination.

Teachers sometimes avoid assigning journals because they believe them to be difficult to grade. Teachers also wonder if they should read what students write in journals since journals are, in many respects, "private writing." Neither problem is as great as it first appears. Most students want their journals read; they want to know that their teacher considers their ideas seriously. More important, the teacher learns much about the students--how they react to ideas, how their ideas develop, what causes them difficulty, how their writing is improving. Grading is usually handled in one of two

methods. In one scheme a certain quantity of writing is rewarded with a certain grade--150 pages is an "A," 115 a "B," and so on. The other method is to make the journal a course requirement, without which a student can make no more than a "C" in the course. In either method teachers do not comment on student writing in the usual ways--such as marking punctuation errors and making critical comments. Usually teachers respond to journals as a person and not as an evaluator, giving favorable general comments on ideas.

IV. POSSIBLE READINGS FOR E346K-SBS

Readings for E346K-SBS could be selected according to various criteria. Three general possibilities are outlined below.

IV. 1. READINGS IN A PARTICULAR SUBJECT AREA

Some sections of E346-SBS or an equivalent course may have students in a single major or in related majors. In such cases, the content for the course can be drawn from the students' major discipline. In selecting the readings for the course, the instructor should attempt to find material written for different purposes and audiences. One way is to find examples from a single author that are addressed to different audiences, such as an article in a professional journal and an article in a popular magazine. Another way would be to find reports of the same research study written for different audiences (see V. 1. below).

IV. 2. INTERDISCIPLINARY READINGS ON A PARTICULAR TOPIC

The Social and Behavioral Sciences subcommittee for E346K, which met during the spring of 1981, attempted to find readings for the proposed course that would focus on a particular subject of common interest to all disciplines in the social and behavioral sciences. Such readings would demonstrate that writers in the various social science disciplines approach a subject from different perspectives with different questions in mind. The subcommittee found very few existing readers that span the social science disciplines. One such

reader that examines problems of cities from the differing perspectives of history, sociology, government, economics, education, and psychology is Victor Flicker and Herbert Graves, eds. **Social Science and Urban Crisis** 2nd ed. (Macmillan, 1978). The committee recommended additional readings in anthropology and linguistics. The proposed readings listed below suggest how E346K-SBS might be organized around a particular subject area:

HISTORY

- Flicker & Graves, **Social Science and Urban Crisis**
 "The Nature and Rise of Cities" Thomlinson
 "The Emergence of Metropolis" Glaab & Brown
 "The City in Recent History" Gordon
 "Recent Distortions of Classical Models of Urban Structure" Hoyt

ANTHROPOLOGY

Handouts

- "The Cultural Role of Cities" Redfield & Singer
 "The Meaning of Urban in Urban Studies and Urban Anthropology" Eames & Goode
 "The Culture of Poverty: A Misapplication of Anthropology to Contemporary Issues" Eames & Goode
 "The City: Suggestions for the Investigation of Human Behavior in the Urban Environment" Park
 "Magic, Sorcery and Football Among the Urban Zulu: A Case of Reinterpretation under Acculturation" Scotch
 "The Yoruba: An Urban People?" Lloyd

SOCIOLOGY

- Flickler & Graves, **Social Science and Urban Crisis**
 "Poverty Purifies Society" Spencer
 "The Pre-Industrial City" Sjoberg
 "The Emerging City" Greer
 "New Communities" Weaver
 "Crime and Social Conditions" Rice
 "Watts: The Revolt and After" McCord & Howard

"The Free City" Hayworth
 "Three Poverties" Harrington
 "The Rejects" Harrington
 "Beyond the Melting Pot" Glazer & Moynihan
 "Ethnic Pressures" Jacobs
 "Cubans in Our Midst" HEW Report

GOVERNMENT

Flickler & Graves, **Social Science and Urban Crisis**
 "The Crisis is Political" Douglass
 "The Mayor as Chief Executive" Lockhard
 "A Big City Mayor Speaks Out" Federal hearing
 "Increasing Federal Aid to States and Cities"
 Heller & Peckman
 "Welfare Problems of the Cities" Naparstek
 & Martin

ECONOMICS

Flickler & Graves, **Social Science and Urban Crisis**
 "The American Poor" OEO
 "The Merchant and the Low-Income Consumer"
 Caplovitz
 "Local Taxation Problems" Goodall
 "Federal Government and State-Local Finances"
 Baker
 "A Trillion Dollars to Save the Cities?"
 U.S. News
 "The City of Columbia" Rouse
 "The Costs of Unemployment" Senate Committee

EDUCATION

Flickler & Graves, **Social Science and Urban Crisis**
 "The First Semester in a Slum School" Smiley &
 Miller
 "School Dropouts" Norton

PSYCHOLOGY

Flickler & Graves, **Social Science and Urban Crisis**
 "Violence: Innate or Learned?" Time
 "Study of the Sickness Called Apathy" Rosenthal
 "The Invisible Wall" Clark
 "The Social World of the Urban Slum Child" Keller

LINGUISTICS

Handout

Selections from **Sociolinguistic Patterns**, Labov

Another possible anthology that contains essays predominantly from the social sciences grouped around several topics is Lawrence Behrens and Leonard J. Rosen's, **Writing and Reading Across the Curriculum** (Little, Brown, 1982). Topics include the Presidency, morality and the movies, the Great Depression, fairy tales, obedience to authority, computers, death and dying, the role of women, political language, nuclear war, and theories of personality. If this anthology were selected, the instructor would likely want to use supplemental readings as well.

IV. 3. SUPPLEMENTAL READINGS

Some teachers of E346K-SBS will prefer to have students read books instead of collections of essays. The following list suggests the range of recent titles in the social sciences addressed to the general reader.

Angell, Roger. **The Summer Game** (Popular Library, 1973). Is baseball a social science? Probably not. It's one of the fine arts. See also Angell's **Late Innings: A Baseball Companion**, which describes, among other subjects, the labor conflicts that led to the 1981 strike. (Maybe baseball is now a social science.)

Bettelheim, Bruno. **The Uses of Enchantment: The Meaning and Importance of Fairy Tales** (Knopf, 1976). An attempt to understand fairy tales and a defense against their critics who would discard them as lessons in cruelty

and violence.

- Boden, Margaret. **Jean Piaget** (Viking, 1980). Popularization of Piaget's ideas. Might be contrasted to a more scholarly treatment, such as Flavell's.
- Bruner, Jerome. **The Process of Education** (Harvard University Press, 1965). An cognitive approach to learning that examines the relationship of the structure of knowledge to the development of reasoning.
- Chase, Allan. **The Legacy of Malthus: The Social Costs of the New Scientific Realism** (Knopf, 1977). Argues against claims of biological origins for social problems.
- Coffey, Thomas M. **The Long Thirst: Prohibition in America, 1920-1933** (Norton, 1975). Often funny account of the Noble Experiment.
- Coles, Robert. **Children of Crisis: A Study of Courage and Fear** (Little, Brown, 1967); **Migrants, Mountaineers, Sharecroppers** (Little, Brown, 1972); **The South Goes North** (Little, Brown, 1972). Studies of America's poor.
- Cremin, Lawrence. **Traditions of American Education** (Basic Books, 1977). A short history of education in the U. S.
- Critchfield, Richard. **Villages** (Anchor/Doubleday, 1981). Lives of people in 20 Latin American, Asian, and African villages.
- Deloria, Vine. **Custer Died for Your Sins** (Macmillan, 1969). An American Indian on American history.
- Ephron, Nora. **Crazy Salad** (Knopf, 1975). A collection of 25 essays, most which concern women and the seventies.
- Flavell, John. **Cognitive Development** (Prentice-Hall, 1977). Introduction to principles of cognitive growth.
- Flexner, Stuart Berg. **I Hear American Talking** (van Nostrand Reinhold, 1976). Where American words and phrases came from.
- Fussell, Paul. **The Great War and Modern Memory** (Oxford University Press, 1975). The influence of World War I on the twentieth century.
- Geertz, Clifford. **The Interpretation of Cultures** (Basic Books, 1973). An interdisciplinary effort to define the concept of culture and to apply that definition.

- Giglioli, Pier Paolo (Ed.). **Language and Social Context** (Penguin, 1972). Classic essays in sociolinguistics.
- Goffman, Erving. **Forms of Talk** (University of Pennsylvania Press, 1981). A study of oral discourse.
- Goldberger, Paul. **The Skyscraper** (Knopf, 1981). A history of the skyscraper.
- Gropius, Walter. **The Scope of Total Architecture** (1943; Collier, 1962). The founder of the Bauhaus School attempts to merge art and industry.
- Halberstam, David. **The Powers That Be** (Knopf, 1979). About the people who own the L.A. Times, The Washington Post, Time Inc., and CBS.
- Hoffman, Donald. **Frank Lloyd Wright's Fallingwater: The House and Its History** (Dover, 1978). Short book on Wright's most famous house.
- Hostetler, John A. **Hutterite Society** (Johns Hopkins, 1975). The oldest Western communal society.
- Houts, Paul L. (Ed.). **The Myth of Measurability** (Hart, 1977). A collection of essays on the validity and politics of IQ tests.
- Hymes, Dell (Ed.). **Reinventing Anthropology** (Vintage, 1969). Sixteen anthropologists talk about their discipline.
- Johanson, Donald C. and Maitland A. Edey. **Lucy: The Beginnings of Humankind** (Simon & Schuster, 1981). The discovery of our oldest two-legged ancestor.
- Mack, John E. **A Prince of Our Disorder** (Little, Brown, 1975). Biography of T. E. Lawrence.
- Matthiessen, Peter. **Sand Rivers** (Viking, 1981). An account of a journey into the Selous Game Reserve in Southern Tanzania.
- McCullough, David. **The Path Between the Seas: The Creation of the Panama Canal, 1870-1914** (Simon & Schuster, 1977). Winner of several awards.
- McFeely, William. **Grant** (Norton, 1981). Biography of the general and President.
- McLuhan, Marshall. **Understanding Media: The Extentions of Man** (McGraw-Hill, 1964). McLuhan is no longer faddish,

but his examination of how communications technology affects people remains timely.

- McPhee, John. **Coming into the Country** (Bantam, 1979).
Three essays on the Alaska wilderness. Might be used with Joe McGinniss' **Going to Extremes** (Plume, 1980), which contains equally fine essays on Alaska's cities and towns.
- Myerhoff, Barbara. **Number Our Days** (Dutton, 1979).
An anthropologist writes about a senior citizens' center in California.
- Morris, Charles R. **The Cost of Good Intentions** (Norton, 1980).
Decisions that led to New York City's financial collapse.
- Nimmo, Dan and James E. Combs. **Subliminal Politics: Myths and Mythmakers in America** (Prentice-Hall, 1980).
A study of political mythology.
- Nisbet, Robert. **Sociology as an Art Form** (Oxford, 1976).
A short book that argues art and science are reconcilable.
- Pakenham, Thomas. **The Boer War** (Random House, 1979).
The precursor to guerrilla wars of the twentieth century.
- Rawls, John. **A Theory of Justice** (Harvard University Press, 1972).
A renewed argument for the social contract as the basis of justice. Probably too difficult.
- Sale, Kirkpatrick. **Human Scale** (Coward, McCann, 1980).
Bigger is not better.
- Scarf, Maggie. **Body, Mind, Behavior** (New Republic, 1976).
A journalist writes about the behavioral sciences. Could be contrasted to scholarly accounts.
- Shostak, Marjorie. **Nisa: The Life and Words of a !Kung Woman** (Harvard University Press, 1981).
The life of a Kalahari woman described by an anthropologist.
- Silberman, Charles E. **Criminal Violence, Criminal Justice** (Random House, 1978).
An unblinking analysis of crime and the criminal justice system.
- Speer, Albert. **Inside the Third Reich** (Macmillan, 1970).
A tale of ambition. Worth analyzing for the questions that Speer doesn't ask about his involvement with the Nazis.

- Solzhenitsyn, Alexander. **The Gulag Archipelago** (Harper, Vol. 1, 1972; Vol. 2, 1975; Vol. 3, 1978).
The terror of the Soviet system as seen from within.
- Tanner, Nancy Makepeace. **On Becoming Human** (Cambridge University Press, 1981). Reinterprets the role of women in hunter and gatherer societies.
- Thurow, Lester C. **The Zero-Sum Society** (Penguin, 1980).
U.S. economy in the 1980's.
- Toffler, Alvin. **The Third Wave** (Bantam, 1980).
In spite of its futurism cant, a perceptive discussion of the impact of contemporary technology.
- Toland, John. **The Rising Sun: The Decline and Fall of the Japanese Empire, 1936-1945** (Random House, 1970).
Popular history from the Japanese point of view.
- Tuchman, Barbara. **A Distant Mirror: The Calamitous Fourteenth Century** (Knopf, 1978). Plagues, wars, famines, revolts, crime, bad government, schism, and the beginning of the Renaissance.
- Watt, Richard M. **Bitter Glory: Poland and Its Fate** (Simon & Schuster, 1979). A short, unhappy life.
- Wilford, John Noble. **The Mapmakers** (Knopf, 1981).
Cartography from ancient Egypt to outer space.
- Williams, T. Harry. **Huey Long** (Knopf, 1969). The man behind the legend.
- Wilson, Edmund. **Apologies to the Iroquois** (Vintage, 1959).
About American Indian structural steelworkers.

V. SAMPLE UNITS AND A SYLLABUS FOR E346K-SBS

Below are two examples of how readings in E346K-SBS might lead to writing assignments. The first example gives a general illustration of how different audiences affect writing in the social sciences. The second example is from the syllabus presented in V. 3.

V. I. AUDIENCES FOR THE SOCIAL SCIENCES

This section contains four reports of a psychological experiment, all addressed to general readers with differing degrees of knowledge about the subject. This experiment, conducted by David Rosenhan, a Stanford University psychologist, and his associates, was designed to test whether mental illness, like physical illness, could be diagnosed accurately regardless of the situation. Rosenhan and seven other volunteers gained admission to twelve mental hospitals by complaining of auditory hallucinations. After being admitted, the pseudopatients behaved normally. In none of the twelve hospitals were the pseudopatients recognized by hospital staff members. Much of the data gathered by Rosenhan, however, focused on **why** the staff members were unable to make the proper diagnoses. He presents strong quantitative and anecdotal data on the powerlessness and depersonalization of mental patients. The first article in this section is Rosenhan's own account of his experiment from **Science**, a periodical containing articles by scientists for persons educated in the sciences, though

not necessarily in the writer's own discipline.² The remaining three articles are based on the Rosenhan article. These articles appeared in *Scientific American* (228 [March 1973], 46-47), *Saturday Review of the Sciences* (1 [March 1973], 55-56), and *Newsweek* (81 [January 29, 1973], 46-47).

In comparing the different versions of Rosenhan's experiments, several points can be made about writing for different audiences. The first concerns how each article establishes the **context** for the experiment. This process involves relating new knowledge to what the audience is likely to know or believe to be true. Rosenhan begins the article in *Science* by asking a question: "If insanity and sanity exist, how shall we know them?" He answers his question in the next paragraph: "However much we may be personally convinced that we can tell the normal from the abnormal, the evidence is simply not compelling," and he alludes to the long scholarly debate over the meaning of terms such as "insanity" and "sanity" in footnote 1, which contains nine references, some of which are summaries of research. The following sentence in paragraph 4 shows Rosenhan's awareness that he is entering a scholarly debate: "From Bleuler through Kretschmer, through the formulators of the recently revised **Diagnostic and**

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D. L. Rosenhan, "On Being Sane in Insane Places," *Science*, 179 (January 19, 1973), 250-258. I am grateful to Barbara Nodine, Department of Psychology, Beaver College, who suggested this comparison and contributed to this discussion.

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 can be distinguished from the insane." Bleuler and Kretschmer are not identified either in the text or in a footnote. Even though Rosenhan's audience is the general scientific community, he expects readers to know the significance of the work of Bleuler and Kretschmer. The **Scientific American** article also alludes to a tradition of scholarship on sanity and insanity. But the examples cited in the article (Thomas S. Szasz's **The Myth of Mental Illness** and R. D. Laing's **The Divided Self**) are works addressed to general readers and not to psychologists and psychiatrists. The **Saturday Review** article dispenses with an introduction, beginning with an account of the experiment. **Newsweek**, on the other hand, tries to relate the significance of Rosenhan's experiment to the lives of a very broad readership. It begins: "The plight of the normal person who finds himself committed to a mental institution and unable to convince anyone that he is not insane is a standard plot for horror fiction. But . . . Rosenhan . . . reported such a nightmare in real life."

The articles also differ considerably in organization. Essays in the social sciences which report results of experiments typically contain four sections: Introduction, Methods, Results, and Discussion. Often these four sections are so labelled. The Introduction explains the importance of the experiment to previous theory and research. The Methods section describes the subjects,

settings, procedures, and ways of analyzing data. The Results section tells what happened in the experiment. The Discussion section comments on the results, explaining the significance of the findings in the context of existing research and the implications for future research. These sections are clearly indicated in the Rosenhan essay. Notice that they can also be identified in the other three articles, but they are not nearly so well delineated. The *Newsweek* article follows roughly the same order, mixing results and discussion. The *Scientific American* article most thoroughly intermingles these four components.

Another prominent difference between the articles is in style. The Rosenhan article in *Science* is directed toward scientists outside Rosenhan's discipline, and there is not a preponderance of psychological jargon. But Rosenhan does write in a scientifically objective style. Remember that Rosenhan was a subject in his own experiment and notice how he refers to that role. In the first two-thirds of the essay, Rosenhan consistently refers to himself in the third person. In paragraph 12, for example, Rosenhan writes "Apart from that short-lived nervousness [upon admission], the pseudopatient behaved on the ward as he 'normally' behaved" instead of "After we entered the hospital, my volunteers and I reverted to our 'normal' behavior." But in paragraph 51, Rosenhan changes to the first person to express his outrage over conditions in mental hospitals: "The data I have presented do not do justice to the rich daily encounters that grew up around matters of depersonalization and

avoidance. . . . During my own experience, for example, one patient was beaten in the presence of other patients for having approached an attendant and told him, 'I like you.'" **Saturday Review** and **Scientific American** discuss Rosenhan in the third-person, but **Newsweek** interviewed Rosenhan, allowing some of the details of the experiment to be told in the first person (e.g., "I couldn't believe we wouldn't be found out"). The articles likewise differ in their use of metaphor. **Newsweek** compares Rosenhan's experiment to horror fiction (paragraph 1) and describes the patients as being in a "Catch-22 paradox." **Saturday Review** uses a more high-brow literary allusion, calling the study a "unique experiment in Kafka-tripping." Rosenhan's essay, on the other hand, is relatively free of conscious metaphor until he begins to discuss the depersonalization of patients. Rosenhan takes on an advocacy stance, claiming that patients are treated as "social lepers" and pleading for more sensitivity to patients' "Catch 22 position."

On Being Sane in Insane Places

D. L. Rosenhan

- 1 If sanity and insanity exist, how shall we know them?
- 2 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 con-

tradicted 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.

- 3 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

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may be less substantive than many believe them to be.

4 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 Kretschmer, 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).

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

7 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).

8 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.

9 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.

10 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.

11 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 nov-

elty of the hospital setting, and it abated rapidly.

12 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.

13 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

14 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.

15 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.

16 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.

17 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.

18 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.

19 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.

20 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

21 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 pseudopatient's 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 experi-

ences, 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 com-

ment 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).

31 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.

32 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 *behavior* 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 Experience of Psychiatric Hospitalization

33 The term "mental illness" is of recent origin. It was coined by people who were humane in their inclinations and who wanted very much to raise the station of (and the public's sympathies toward) the psychologically disturbed from that of witches and "crazies" to one that was akin to the physically ill. And they were at least partially successful, for the treatment of the mentally ill *has* improved considerably over the years. But while 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 (18). A broken leg does not threaten the observer, but a crazy schizophrenic? There is by now a host of evidence that attitudes toward the mentally ill are characterized by fear, hostility, aloofness, suspicion, and dread (19). The mentally ill are society's lepers.

34 That such attitudes infect the general population is perhaps not surprising, only upsetting. But that they affect the professionals—attendants, nurses, physicians, psychologists, and social workers—who treat and deal with the mentally ill is more disconcerting, both because such attitudes are self-evidently pernicious and because they are unwitting. Most mental health professionals would insist that they are sympathetic toward the mentally ill, that they are neither avoidant nor hostile. But it is more likely that an exquisite ambivalence characterizes their relations with psychiatric patients, such that their avowed impulses are only part of their entire attitude. Negative attitudes are there too and can easily be detected. Such attitudes should not surprise us. They are the natural offspring of the labels patients wear and the places in which they are found.

35 Consider the structure of the typical psychiatric hospital. Staff and patients are strictly segregated. Staff have their own living space, including their dining facilities, bathrooms, and assembly places. The glassed quarters that contain the professional staff, which the pseudopatients came to call "the cage," sit out on every dayroom. The staff emerge primarily for caretaking purposes—to give medication, to conduct a therapy or group meeting, to instruct or reprimand a patient. Otherwise, staff

keep to themselves, almost as if the disorder that afflicts their charges is somehow catching.

36 So much is patient-staff segregation the rule that, for four public hospitals in which an attempt was made to measure the degree to which staff and patients mingle, it was necessary to use "time out of the staff cage" as the operational measure. While it was not the case that all time spent out of the cage was spent mingling with patients (attendants, for example, would occasionally emerge to watch television in the dayroom), it was the only way in which one could gather reliable data on time for measuring.

37 The average amount of time spent by attendants outside of the cage was 11.3 percent (range, 3 to 52 percent). This figure does not represent only time spent mingling with patients, but also includes time spent on such chores as folding laundry, supervising patients while they shave, directing ward clean-up, and sending patients to off-ward activities. It was the relatively rare attendant who spent time talking with patients or playing games with them. It proved impossible to obtain a "percent mingling time" for nurses, since the amount of time they spent out of the cage was too brief. Rather, we counted instances of emergence from the cage. On the average, daytime nurses emerged from the cage 11.5 times per shift, including instances when they left the ward entirely (range, 4 to 39 times). Late afternoon and night nurses were even less available, emerging on the average 9.4 times per shift (range, 4 to 41 times). Data on early morning nurses, who arrived usually after midnight and departed at 8 a.m., are not available because patients were asleep during most of this period.

38 Physicians, especially psychiatrists, were even less available. They were rarely seen on the wards. Quite commonly, they would be seen only when they arrived and departed, with the remaining time being spent in their offices or in the cage. On the average, physicians emerged on the ward 6.7 times per day (range, 1 to 17 times). It proved difficult to make an accurate estimate in this regard, since physicians often maintained hours that allowed them to come and go at different times.

39 The hierarchical organization of the psychiatric hospital has been commented on before (20), but the latent meaning of that kind of organization is worth noting again. Those with the

Table 1. Self-initiated contact by pseudopatients with psychiatrists and nurses and attendants, compared to contact with other groups.

Contact	Psychiatric hospitals		University campus (nonmedical)	University medical center		
	(1) Psychiatrists	(2) Nurses and attendants	(3) Faculty	Physicians		
				(4) "Looking for a psychiatrist"	(5) "Looking for an internist"	(6) No additional comment
Responses						
Moves on, head averted (%)	71	88	0	0	0	0
Makes eye contact (%)	23	10	0	11	0	0
Pauses and chats (%)	2	2	0	11	0	10
Stops and talks (%)	4	0.5	100	78	100	90
Mean number of questions answered (out of 6)	*	*	6	3.8	4.8	4.5
Respondents (No.)	13	47	14	18	15	10
Attempts (No.)	185	1283	14	18	15	10

* Not applicable.

most power have least to do with patients, and those with the least power are most involved with them. Recall, however, that the acquisition of role-appropriate behaviors occurs mainly through the observation of others, with the most powerful having the most influence. Consequently, it is understandable that attendants not only spend more time with patients than do any other members of the staff—that is required by their station in the hierarchy—but also, insofar as they learn from their superiors' behavior, spend as little time with patients as they can. Attendants are seen mainly in the cage, which is where the models, the action, and the power are.

40 I turn now to a different set of studies, these dealing with staff response to patient-initiated contact. 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. If he pauses to chat or actually stops and talks, there is added reason to infer that he is individuating you. In four hospitals, the pseudopatient approached the staff member with a request which took the following form: "Pardon me, Mr. [or Dr. or Mrs.] X, could you tell me when I will be eligible for grounds privileges?" (or "... when I will be presented at the staff meeting?" or "... when I am likely to be discharged?"). While the content of the question varied according to the appropriateness of the target and the pseudopatient's (apparent) current needs the form was always a courteous and relevant request for information. Care was taken never to approach a particular member of the staff more than once a day, lest the staff member become suspicious or ir-

ritated. In examining these data, remember that the behavior of the pseudopatients was neither bizarre nor disruptive. One could indeed engage in good conversation with them.

41 The data for these experiments are shown in Table 1, separately for physicians (column 1) and for nurses and attendants (column 2). Minor differences between these four institutions were overwhelmed by the degree to which staff avoided continuing contacts that patients had initiated. By far, their most common response consisted of either a brief response to the question, offered while they were "on the move" and with head averted, or no response at all.

42 The encounter frequently took the following bizarre form: (pseudopatient) "Pardon me, Dr. X. Could you tell me when I am eligible for grounds privileges?" (physician) "Good morning, Dave. How are you today?" (Moves off without waiting for a response.)

43 It is instructive to compare these data with data recently obtained at Stanford University. It has been alleged that large and eminent universities are characterized by faculty who are so busy that they have no time for students. For this comparison, a young lady approached individual faculty members who seemed to be walking purposefully to some meeting or teaching engagement and asked them the following six questions.

44 1) "Pardon me, could you direct me to Encina Hall?" (at the medical school: "... to the Clinical Research Center?").

45 2) "Do you know where Fish Annex is?" (there is no Fish Annex at Stanford).

46 3) "Do you teach here?"

47 4) "How does one apply for admission to the college?" (at the medical

school: "... to the medical school?").

48 5) "Is it difficult to get in?"

49 6) "Is there financial aid?"

Without exception, as can be seen in Table 1 (column 3), all of the questions were answered. No matter how rushed they were, all respondents not only maintained eye contact, but stopped to talk. Indeed, many of the respondents went out of their way to direct or take the questioner to the office she was seeking, to try to locate "Fish Annex," or to discuss with her the possibilities of being admitted to the university.

50 Similar data, also shown in Table 1 (columns 4, 5, and 6), were obtained in the hospital. Here too, the young lady came prepared with six questions. After the first question, however, she remarked to 18 of her respondents (column 4), "I'm looking for a psychiatrist," and to 15 others (column 5), "I'm looking for an internist." Ten other respondents received no inserted comment (column 6). The general degree of cooperative responses is considerably higher for these university groups than it was for pseudopatients in psychiatric hospitals. Even so, differences are apparent within the medical school setting. Once having indicated that she was looking for a psychiatrist, the degree of cooperation elicited was less than when she sought an internist.

Powerlessness and Depersonalization

51 Eye contact and verbal contact reflect concern and individuation; their absence, avoidance and depersonalization. The data I have presented do not do justice to the rich daily encounters that grew up around matters of depersonalization and avoidance. I have records of patients who were beaten by staff for the sin of having initiated ver-

bal contact. During my own experience, for example, one patient was beaten in the presence of other patients for having approached an attendant and told him, "I like you." Occasionally, punishment meted out to patients for misdemeanors seemed so excessive that it could not be justified by the most radical interpretations of psychiatric canon. Nevertheless, they appeared to go unquestioned. Tempers were often short. A patient who had not heard a call for medication would be roundly excoriated, and the morning attendants would

52 Neither anecdotal nor "hard" data can convey the overwhelming sense of powerlessness which invades the individual as he is continually exposed to the depersonalization of the psychiatric hospital. It hardly matters which psychiatric hospital—the excellent public ones and the very plush private hospital were better than the rural and shabby ones in this regard, but, again, the features that psychiatric hospitals had in common overwhelmed by far their apparent differences.

53 Powerlessness was evident everywhere. The patient is deprived of many of his legal rights by dint of his psychiatric commitment (21). He is shorn of credibility by virtue of his psychiatric label. His freedom of movement is restricted. He cannot initiate contact with the staff, but may only respond to such overtures as they make. Personal privacy is minimal. Patient quarters and possessions can be entered and examined by any staff member, for whatever reason. His personal history and anguish is available to any staff member (often including the "grey lady" and "candy stripper" volunteer) who chooses to read his folder, regardless of their therapeutic relationship to him. His personal hygiene and waste evacuation are often monitored. The water closets may have no doors.

54 At times, depersonalization reached such proportions that pseudopatients had the sense that they were invisible, or at least unworthy of account. Upon being admitted, I and other pseudopatients took the initial physical examinations in a semipublic room, where staff members went about their own business as if we were not there.

55 On the ward, attendants delivered verbal and occasionally serious physical abuse to patients in the presence of other observing patients, some of whom (the pseudopatients) were writing it all

down. Abusive behavior, on the other hand, terminated quite abruptly when other staff members were known to be coming. Staff are credible witnesses. Patients are not.

56 A nurse unbuttoned her uniform to adjust her brassiere in the presence of an entire ward of viewing men. One did not have the sense that she was being seductive. Rather, she didn't notice us. A group of staff persons might point to a patient in the dayroom and discuss him animatedly, as if he were not there.

57 One illuminating instance of depersonalization and invisibility occurred with regard to medications. All told, the pseudopatients were administered nearly 2100 pills, including Elavil, Stelazine, Compazine, and Thorazine, to name but a few. (That such a variety of medications should have been administered to patients presenting identical symptoms is itself worthy of note.) Only two were swallowed. The rest were either pocketed or deposited in the toilet. The pseudopatients were not alone in this. Although I have no precise records on how many patients rejected their medications, the pseudopatients frequently found the medications of other patients in the toilet before they deposited their own. As long as they were cooperative, their behavior and the pseudopatients' own in this matter, as in other important matters, went unnoticed throughout.

58 Reactions to such depersonalization among pseudopatients were intense. Although they had come to the hospital as participant observers and were fully aware that they did not "belong," they nevertheless found themselves caught up in and fighting the process of depersonalization. Some examples: a graduate student in psychology asked his wife to bring his textbooks to the hospital so he could "catch up on his homework"—this despite the elaborate precautions taken to conceal his professional association. The same student, who had trained for quite some time to get into the hospital, and who had looked forward to the experience, "remembered" some drag races that he had wanted to see on the weekend and insisted that he be discharged by that time. Another pseudopatient attempted a romance with a nurse. Subsequently, he informed the staff that he was applying for admission to graduate school in psychology and was very likely to be admitted, since a graduate professor was one of his regular hospital visitors. The same person began to engage in

psychotherapy with other patients—all of this as a way of becoming a person in an impersonal environment.

The Sources of Depersonalization

59 What are the origins of depersonalization? I have already mentioned two. First are attitudes held by all of us toward the mentally ill—including those who treat them—attitudes characterized by fear, distrust, and horrible expectations on the one hand, and benevolent intentions on the other. Our ambivalence leads, in this instance as in others, to avoidance.

60 Second, and not entirely separate, the hierarchical structure of the psychiatric hospital facilitates depersonalization. Those who are at the top have least to do with patients, and their behavior inspires the rest of the staff. Average daily contact with psychiatrists, psychologists, residents, and physicians combined ranged from 3.9 to 25.1 minutes, with an overall mean of 6.8 (six pseudopatients over a total of 129 days of hospitalization). Included in this average are time spent in the admissions interview, ward meetings in the presence of a senior staff member, group and individual psychotherapy contacts, case presentation conferences, and discharge meetings. Clearly, patients do not spend much time in interpersonal contact with doctoral staff. And doctoral staff serve as models for nurses and attendants.

61 There are probably other sources. Psychiatric installations are presently in serious financial straits. Staff shortages are pervasive, staff time at a premium. Something has to give, and that something is patient contact. Yet, while financial stresses are realities, too much can be made of them. I have the impression that the psychological forces that result in depersonalization are much stronger than the fiscal ones and that the addition of more staff would not correspondingly improve patient care in this regard. The incidence of staff meetings and the enormous amount of record-keeping on patients, for example, have not been as substantially reduced as has patient contact. Priorities exist, even during hard times. Patient contact is not a significant priority in the traditional psychiatric hospital, and fiscal pressures do not account for this. Avoidance and depersonalization may.

62 Heavy reliance upon psychotropic

medication tacitly contributes to depersonalization by convincing staff that treatment is indeed being conducted and that further patient contact may not be necessary. Even here, however, caution needs to be exercised in understanding the role of psychotropic drugs. If patients were powerful rather than powerless, if they were viewed as interesting individuals rather than diagnostic entities, if they were socially significant rather than social lepers, if their anguish truly and wholly compelled our sympathies and concerns, would we not seek contact with them, despite the availability of medications? Perhaps for the pleasure of it all?

The Consequences of Labeling and Depersonalization

63 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.

64 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.

65 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

66 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 counter-therapeutic.

67 I do not, even now, understand this problem well enough to perceive solutions. But two matters seem to have some promise. The first concerns the proliferation of community mental health facilities, of crisis intervention centers, of the human potential movement, and of behavior therapies that, for all of their own problems, tend to avoid psychiatric labels, to focus on specific problems and behaviors, and to retain the individual in a relatively non-pejorative environment. Clearly, to the extent that we refrain from sending the distressed to insane places, our impressions of them are less likely to be distorted. (The risk of distorted perceptions, it seems to me, is always present, since we are much more sensitive to an individual's behaviors and verbalizations than we are to the subtle con-

textual stimuli that often promote them. At issue here is a matter of magnitude. And, as I have shown, the magnitude of distortion is exceedingly high in the extreme context that is a psychiatric hospital.)

68 The second matter that might prove promising speaks to the need to increase the sensitivity of mental health workers and researchers to the *Catch 22* position of psychiatric patients. Simply reading materials in this area will be of help to some such workers and researchers. For others, directly experiencing the impact of psychiatric hospitalization will be of enormous use. Clearly, further research into the social psychology of such total institutions will both facilitate treatment and deepen understanding.

69 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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 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 the 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).
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 22. I thank W. Mischel, E. Orne, and M. S. Rosenhan for comments on an earlier draft of this manuscript.

The Sane and the Insane

It has been known for some time that the traditional modes of psychiatric diagnosis of mental illness are not very reliable. Some members of the psychiatric profession (such as Thomas S. Szasz in his book *The Myth of Mental Illness* and R. D. Laing in *The Divided Self*) have challenged the entire concept of mental illness on philosophical, legal and therapeutic grounds, alleging that the term is useless, misleading and harmful to the patient. A new attack on the assumption that psychiatrists can distinguish the sane from the insane comes out of an experimental project conducted by David L. Rosenhan, professor of psychology and of law at Stanford University. Rosenhan and seven other volunteer subjects sought admission as patients to 12 mental hospitals by stating that they had been hearing "hollow voices." All the subjects easily gained admission (11 as being schizophrenic and one as being manic-depressive). None knew how long it would take to get discharged. The length of hospitalization ranged from seven to 52 days. Even though the pseudopatients stopped simulating any symptoms of abnormality immediately on admission, hospital staff members did not discover or apparently even suspect

that they had entered the hospital under false pretenses.

"It is clear," writes Rosenhan in *Science*, "that we cannot distinguish the sane from the insane in psychiatric hospitals. How many people, one wonders, are sane but not recognized as such in our psychiatric institutions?"

The pseudopatients did not go entirely undetected. In every case, Rosenhan says, a considerable fraction of the patients in the hospital detected that the pseudopatient was somehow different. Some voiced their suspicions vigorously: "You're not crazy. You're a journalist, or a professor. You're checking up on the hospital." For the first three pseudopatients 35 of 188 real patients in the admissions wards recognized them as being pseudopatients even though no staff member did.

The volunteers used pseudonyms, and those who were members of the mental health professions gave another occupation. Otherwise their life history was given factually. Three of the pseudopatients were psychologists; the others were a pediatrician, a graduate student in psychology, a psychiatrist, an artist and a housewife. Five were men and three were women.

Sane Insane Sane Insane Sane Insane Sane Insane Sane Insane

David Rosenhan and his seven colleagues followed identical experimental routines. Each would voluntarily make an appointment with a mental hospital admissions office, and each would tell the same story:

They were hearing voices, unclear voices, that seemed to be saying words like "empty," "hollow," and "thud."

That's all; no other symptoms—just the words. But for the admitting psychiatrists in twelve hospitals the words were quite enough. They were, in the jargon, auditory hallucinations, reflecting painful concerns about the perceived meaninglessness of life.

The volunteers offered no further untruths beyond false names; all stuck scrupulously to the facts of their true life histories. Yet seven of the volunteers, including Rosenhan, found themselves tagged with the same diagnosis—schizophrenia. The eighth was diagnosed as a victim of manic-depressive psychosis.

The diagnoses stuck. The eight pseudopatients, duly admitted to mental wards, were incarcerated for between seven and fifty-two days before being released. Average confinement time was nineteen days. Not a single initial diagnosis was questioned by any staff member in any hospital. Not a single pseudopatient was released as cured—"in remission" was the uniform final diagnosis. They behaved calmly, but that did not seem to matter. During their hospitalization the pseudopatients were given a total of nearly 2,100 tranquilizer pills. (They threw the pills away in the toilets—as did many real patients—unobserved by staff.) Therapy was minimal; the pseudopatients received a total of 6.8 minutes of contact a day from psychiatrists, psychologists, residents, and physicians.

David Rosenhan, the leader of this unique experiment in Kafka-tripping, is a professor of psychology at Stanford University. His colleagues (all, like himself, at least presumably sane) were a varied lot: a psychiatrist, a housewife, a painter, a pediatrician, two more psychologists, and a psychology graduate student. Their experiment was admittedly without controls, but it revealed much about the nature of psychiatric diagnosis as self-fulfilling prophecy, about the unchallengeable fixity of the diagnostic label, and about the despairing, painful powerlessness and depersonalization that afflict the so-

called insane in mental hospitals.

Rosenhan recently published the results of his three-year research effort in *Science*, the journal of the American Association for the Advancement of Science. "It is clear," he wrote, "that we cannot distinguish the sane from the insane in psychiatric hospitals. 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? 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."

The psychologist's indictment did not surprise leaders in the mental health profession. "Temperate, reasonable, and accurate" was how the article was described by Dr. James M. Stubblebine, California's mental health chief, who is now taking over all the state's health care programs. Aided by far-reaching new legislation, Stubblebine is phasing out virtually all of California's big state hospitals in favor of community mental health programs.

"Too many mental health professionals focus excessively on symptoms without examining their patients as human beings," Stubblebine said. "We don't need to confine people, even when they do display symptoms; we don't have to infantilize them. Instead, we should help them deal with reality outside of institutions."

Rosenhan's detailed report was filled with incidents that underscored his conclusions.

11 On diagnosis as prophecy: The pseudopatients kept careful notes each day. Nurses and doctors ignored the note taking, except for some who saw it as proof of insane compulsiveness. "Patient engages in writing behavior" was one daily comment in a nursing chart. (Patients, the supposedly insane ones, were sharper in their diagnosis of what was amiss. Thirty-five said such things to the note takers as, "You're not crazy. You're a journalist or a professor. You're checking up on the hospital.") Said Rosenhan: "A psychiatric label has a life and an influence all its own. Once the impression has been formed that the patient is schizophrenic, the expectation is that he will continue to be schizophrenic. . . . Indeed, the label is so powerful that many of the

pseudopatients' normal behaviors were overlooked entirely or profoundly misinterpreted."

12 On depersonalization: The pseudopatients recorded nearly 1,500 instances when they approached staff with perfectly reasonable questions. Nurses and attendants moved hurriedly away, eyes averted, 88 per cent of the time. Psychiatrists ignored the questioners 71 per cent of the time. One pseudopatient asked, "Pardon me, Dr. X, but could you tell me when I am eligible for grounds privileges?" The doctor's bizarre response was "Good morning,

Dave, how are you today?" And he rushed off, without waiting for "Dave" to answer.

13 On Powerlessness: "Come on, you m-----f-----rs, out of bed!" was the morning call of attendants on one ward, and no patient dared demand respect. On another ward Rosenhan himself testified he saw a patient beaten for approaching an attendant and saying nothing worse than "I like you." Abuse was common in some hospitals. "Neither anecdotal nor 'hard' data can convey the overwhelming sense of powerlessness which invades the individual as he is continually exposed to the depersonalization of the psychiatric hospital," Rosenhan commented.

When the experiments were complete, Rosenhan informed the hospitals involved of what he had been up to. Skeptics in one hospital insisted that the records of false diagnosis could not possibly be true. So Rosenhan told the hospital's psychiatric staff he would send them one or more pseudopatients. The staff took extra care in screening, and of the next 193 admissions 41 patients were alleged "with high confidence" to be pseudopatients. But they weren't; not one of the patients suspected as "sane" was a member of the experimental team, Rosenhan revealed later. Were they therefore "insane"?

15 There is no doubt that mental illness is anguishing, that psychological pain can be profound. But Rosenhan asks the crucial question: "If sanity and insanity exist, how shall we know them?"

DAVID PERLMAN

Sanity in Bedlam

1 The plight of the normal person who finds himself committed to a mental institution and unable to convince anyone he is not insane is a standard plot for horror fiction. But in a remarkable study last week, Dr. David L. Rosenhan, professor of psychology and law at Stanford University, and seven associates reported just such a nightmare in real life. To find out how well psychiatric professionals can distinguish the normal from the sick, they had themselves committed to mental institutions. Their experiment, reported in the journal *Science*, clearly showed that once inside the hospital walls, everyone is judged insane.

2 The "pseudopatients," five men and three women, included three psychologists, a pediatrician, a psychiatrist, a painter and a housewife, all of whom were certifiably sane. In the course of the three-year study, the volunteers spent an average of nineteen days in a dozen institutions, private and public, in New York, California, Pennsylvania, Oregon and Delaware. Each pseudopatient told admitting doctors that he kept hearing voices that said words like "empty," "hollow" and "void," suggesting that the patient found his life meaningless and futile. But beyond falsifying their names and occupations, all the volunteers described their life histories as they actually were. In so doing, they gave the doctors every chance to discern the truth. "I couldn't believe we wouldn't be found

out," Rosenhan told NEWSWEEK's Gerald Lubenow. But they weren't. At eleven hospitals the pseudopatients were promptly diagnosed as schizophrenic and, at the twelfth, as manic-depressive.

3 As soon as they had gained admission, the volunteers studiously resumed normal behavior. They denied hearing voices and worked hard to convince staff members that they ought to be released.

But such efforts were to no avail; doctors and nurses interpreted everything the pseudopatients did in terms of the original diagnosis. When some of the volunteers went about taking notes, the hospital staff made such entries in their records as "patient engages in writing behavior." The only people who realized that the experimenters were normal were some of the patients. "You're not crazy," said one patient. "You're a journalist or a professor. You're checking up on the hospital."

4 **Crazy:** During a psychiatric interview, a pseudopatient noted that he was closer to his mother as a small child, but as he grew up, became more attached to his father. Although this was a perfectly normal alteration of identity figures, it was taken by the psychiatrist as evidence of "unstable relationships in childhood." The hospital, Rosenhan concluded, distorts the perception of behavior. "In a psychiatric hospital," he says, "the place is more important than the person. If you're a patient you must be crazy."

5 Rosenhan and his colleagues were not exposed to the squalor and degradation of any modern snake pits, but they did witness incidents of abuse and brutality. One patient was beaten for approaching an attendant and saying "I like you."

6 All this, the Stanford psychologist points out, is part of a pervasive depersonalization and helplessness that afflicts patients in a mental hospital. The experimenters found much additional evidence that the staff didn't regard the patients as people, or even in some cases, acknowledge that they existed. On one occasion,

a nurse casually opened her blouse to adjust her brassiere in the midst of a ward full of men. "One did not have the sense she was being seductive," said Rosenhan. "She just didn't notice us."

7 From their fellow patients, the volunteers quickly learned that they were caught up in a kind of Catch-22 paradox. "Never tell a doctor that you're well," said one patient. "He won't believe you. That's called a 'flight into health.' Tell him you're still sick, but you're feeling a lot better. That's called insight." "You've got to be sick and acknowledge that you're sick," says Rosenhan, "to be considered well enough to be released."

8 As it was, it took up to 52 days for the volunteers to get out of the hospital, even though most had been admitted voluntarily and the law in many states makes discharge mandatory on request in such instances on 72 hours' notice. Three of the volunteers finally walked out of the hospital. The other nine were ultimately discharged, but with the stigma of the diagnosis "schizophrenia in remission."

9 Rosenhan bears no ill will against the doctors and nurses who run the institutions he and his associates saw. The staffers' behavior and perceptions, he feels, were controlled by the situation, not by personal malice or stupidity. Perhaps, he hopes, alternate forms of therapy, such as community mental health centers and crisis intervention will increasingly replace the hospital in the treatment of mental illness.

Essay ideas. A general topic that can be adapted in many ways is to have students rewrite a published essay or an essay of their own for a different audience. For example, students can rewrite a paper that they have written in an advanced class in their discipline for a different audience (e.g., high-school seniors).

Journal ideas. As a regular practice, students should analyze the readership for particular pieces of writing. In their journals students can answer questions such as: What assumptions does the writer make about the reader's education? The reader's familiarity with the subject matter? The reader's personal interests and motivation?

Journals are also good places to practice adjusting a text to meet the needs of different audiences. As an in-class exercise early in the semester, students can be given some subject on which they are to take a stance. First, students can write two paragraphs on that topic for their own benefit. Next they can write two paragraphs to a close friend, then to their teacher, then to a large, unspecified audience, and finally as a public letter to a political figure. After they finish writing these five short tasks, ask students to analyze changes in tone, style, and structure that accompany each change of audience.

Throughout the semester have students look for examples in their discipline of articles written for different audiences on the same

subject. For example, have them examine the scholarly work of a psychologist who has published an article in **Psychology Today** and so on. Students can then analyze stylistic and other differences between the articles just as they did in their own writing.

V. 2. A SAMPLE UNIT FROM A COURSE ON VIOLENCE

One topic of interest to several of the social sciences is violence. An E346K-SBS course with readings on the topic of violence would allow students to write about questions important to the quality of their lives. A syllabus for this course is presented in the next section. The material below could come in the unit on the history of violence in America. In the study of group violence, vigilantism and lynching are especially important because these forms of violence, with their mob-like and riotous character, are prominent in the history of American violence.

In section III. 2. above, examples of case study assignments using direct observation were presented. The present unit is intended to lead to case studies papers requiring historical research. This

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unit deals with lynching. Because the history of lynching is not well known, this section describes lynching in some detail.

Lynching takes its name from two eighteenth-century Virginians, William Lynch, who with his neighbors drew up the first **Lynch Law**, and Charles Lynch, a justice of the peace who used unconventional methods to intimidate Tories. Until the time of the Civil War, **lynching** usually referred to tarring and feathering or horsewhipping and was directed against those suspected of various criminal acts. After the Civil War, **lynching** came to mean unlawful public executions. Lynchings were used primarily to intimidate and control black people.

The statistics on lynching demonstrate that lynching after the Civil War has primarily been a device of racial terror, not a means of punishing wrong-doers. Many of our images of lynchings come from Western movies, but, in fact, only 8% of recorded lynchings occurred in Western States. According to records kept by the Tuskegee

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Sources for this unit include: Richard Maxwell Brown, **Strain of Violence: Historical Studies of American Violence and Vigilantism** (Oxford University Press, 1975); J. Paul Mitchell, ed., **Race Riots in Black and White** (Prentice-Hall, 1970); Arthur F. Raper, **The Tragedy of Lynching** (1933; Arno Press, 1969); Frank Shay, **Judge Lynch: His First Hundred Years** (1933; Patterson Smith, 1969); Walter White, **Rope and Faggot: A Biography of Judge Lynch** (Knopf, 1929); Robert L. Zangrando, **The NAACP Crusade Against Lynching, 1909-1950** (Temple University Press, 1980). I thank John Barber, Department of History, Ball State University, for suggesting this topic, and David Snow, Department of Sociology, University of Texas at Austin, for helping me to develop the course syllabus presented in V. 3.

Institute, between 1882 and 1946, there were 4,716 recorded lynchings of white and black people. Of these, 3,905 or 83% occurred in the old Confederacy, and 3,245 of the victims were black. The numbers of lynchings gradually declined after the 1890's, but there were still 648 black people lynched from 1916-1946 (compared to 63 white people lynched during the same period). Contrary to myth, less than a fifth of the people lynched were accused of rape.

Another image we have of lynchings in the South is that they were done at night by hooded Ku Klux Klansmen. While some blacks died under these circumstances, many lynchings occurred in daylight in a carnival atmosphere. Families often came as a group with a picnic dinner. And after the killing was finished, people carried away souvenirs such as pieces of ropes or chains or even flesh.

Accounts of lynching are relatively easy to find in newspapers of the period, probably because sensational news sold newspapers then as now. The following account of a lynching in Leavenworth, Kansas is quoted by Mitchell from **The Denver Republican**, January 16, 1901. The article is titled "Fred Alexander Dies at the Stake":

Then again a sledge hammer was called into action and in five minutes the heavy lock had been broken off. A fierce yell, the yell of a beast brought to bay, issued from the cell. Outside the tension was so great that strong men filled the room with hysterical laughter.

Outside the crowd was yelling in a manner never before heard in the city of Leavenworth.

Inside the cell rushed those who were nearest the door.

The mob issued in and after a moment emerged dragging the fiend by the coat collar. He had been struck several times over the head with a hammer, but was still conscious.

Men fought to get at him. These infuriated humans struck savagely at him and hit only his captors, who guarded him well.

"Don't hurt him," they cried.

"We'll burn him," was the response.

Outside the stockade the crowd surged. Alexander and his captors were surrounded by a solid wall of human flesh. Across Third Street and up the hill into the court house yard they dragged him. There they stopped.

"Confess before we harm you," said they.

"I have nothing to confess," cried Alexander. "I am innocent. I am dying for what another man did. I see lots of my friends here. They know I did not do it. If I had been guilty, I would have said so at the penitentiary and would have stayed there for life."

"The warden told me so. The policemen told me so. Would not I have told them if I was guilty?"

He did not know the town was bent on lynching, that all minds were made up that he had committed a crime that could only be avenged with his blood.

"You lie," they cried, and one huge fellow filled more with the lust for blood than with the feelings of a human, struck him in the forehead with his fist three times. This seemed not to have the slightest effect on the negro. He was turning white.

When he had finished talking, a move was made for a large

cottonwood tree in the northeast corner of the courthouse yard. He was backed up against it, and a chain was hunted for. One could not be found, and while they waited Alexander was given another chance to confess.

"My God, men," he cried in his agony, "I have told you that I'm innocent, I can't tell you anymore. I didn't do it."

"He lies! Burn him!" cried the mob.

"Take him to where he committed the murder," suggested one.

The suggestion met with instant approval, and the crowd, carrying the negro and his captors started for Fourth Street. There were many wagons standing about and into one they threw him. As soon as his guards got in, the wagon was started for the vicinity of Lawrence Avenue and Spruce Street. The exact spot where the murdered girl was found was located by the leaders of the crowd, and there a semi-circle was formed.

Alexander was brought up in a wagon with a dozen men. The wagon was stopped in front of the ravine and surrounded by the crowd, the leader of the men who had Alexander called for silence.

The roar ceased and Alexander was shoved forward for the crowd to gaze at. A howl went up which was quickly hushed as the prisoner raised his shackled hands and began to speak.

Twice he started to speak but the crowd drowned his trembling voice.

"You're going to kill me whatever I say," he said, "but you men are wrong. I want to tell you right now you've got the wrong man. I did not do that and some day you men will run up against the man who did. I know it ain't no use to say no, for you're going to kill me, but I did not do it."

The men standing beside him shoved Alexander from the wagon and the roar of the crowd drowned every other sound. He was quickly dragged down the embankment to the pile of wood, with his hands still shackled, and there bound to the stake.

Long before the wagon containing the doomed man arrived at the place a crowd gathered. Determined men, as they approached, carried rails and boards. Several seized railroad irons and carried them to the ravine. The spot chosen for the stake was the exact one on which Pearl Forbes' body was found the morning of November 7.

The first think done was to plant the railroad iron upright in the mud. This was made fast to cross irons firmly bound to the upright iron with wire. Around the improvised stage, boards and wood was piled. To this the man was dragged and chained in a standing position to the upright railroad iron. Coal oil was then poured over him and the match touched him.

Before the match was applied John Forbes, the father of the murdered girl, stepped up to Alexander and said:

"Are you guilty of murdering my daughter?"

"I don't know what you have me here for," said the doomed man.

"Gentlemen, you have got lots of time," said Alexander. "You are burning an innocent man. You took advantage of me. You gave me no show. Can I see my mother?"

A man in the crowd called for the mother of the negro, but she was not in the crowd. He then said:

"Will you let me shake hands with all of my friends?"

"You have no friends in this crowd, you damned beast," said one of the men in charge of the negro.

"If you have anything to say, do so in a hurry."

Another man then stepped up and said to Alexander, "Make your peace with your God, nigger, for you will surely die."

Coal oil was then applied for the second time, and while it was being done Alexander called to friends in the crowd and

bade them good-by.

He did not seem to realize that he was to be burned at the stake and talked rationally until John Forbes, the father of the murdered girl, lighted the match.

Again Alexander was asked to make a confession, but the negro replied that he had nothing to say.

As the flames leaped about him, Alexander turned ghastly pale and then for the first time realized that his death was near. He clasped his hands together and began to swing to and fro, while the crowd yelled.

In less than five minutes he was hanging limp and lifeless by the chains that bound him.

As soon as the crowd saw that life was extinct, it began to slowly disperse. There were hundreds of the more morbid, however, who stayed to the last.

From 6 to 8 o'clock there was a continuous stream of people going to the scene of the burning. These were persons who had been unable to get away from their work in the afternoon, but were determined not to miss the awful spectacle.

When the fire had died down sufficiently to allow the crowd to approach what remained of Alexander, there was a wild scramble to obtain relics. Bits of charred flesh, scraps of wood--everything that could possibly serve as a souvenir, was seized on with morbid avidity by the eager people.

According to records of lynchings kept by Tuskegee Institute, for the period from 1882-1968, the five states where the most lynching have occurred are: Mississippi, 591; Georgia, 531; Texas, 493; Louisiana, 391; and Alabama, 347. The Tuskegee statistics, however, apparently do not include lynchings of Indians, Mexican-Americans and Mexicans, and certain other nonblack minorities. Substantial numbers

of people of Mexican descent were lynched during periods of border conflict between the United States and Mexico. For example, ten Mexicans were lynched for robbing a train at Brownsville in 1915, and a dozen Mexicans were lynched in a two week period at San Benito in 1916. Consequently, Texas may have had more lynchings than any other state.

Near the time of the Civil War, lynchings in Texas, as in other states, became increasingly motivated by racial hatred. Blacks were accused of setting a fire which ravaged downtown Dallas on July 8, 1860. On July 24, 1860, a vigilance committee hanged three blacks and whipped 70 to 80 others. A similar fire in Henderson on August 5 led to two more lynchings of blacks. The lynchings of 1860 were few in comparison to the campaign against Union sympathizers in four north Texas counties in 1862. Brown estimates the number of people illegally executed in Cooke, Wise, Denton, and Grayson counties to be as high as 171. In October of 1862, 40 people were hung in Gainesville and two others shot.

But racial violence is only part of the story of lynchings in Texas. From the Civil War to 1900, lynchings were a part of violence associated with vigilantism. Brown describes lynchings in Comanche County as an example of the turbulent years of the 1870's and 1880's. The Hazell Dell area was the site of several lynchings in the 1870's. In one especially brutal lynching, an accused horsethief, James Mackey, was dragged from his house and hanged. When his wife tried to

cut him down, one of the vigilantes shot her through the head. On October 20, 1872, three prisoners being escorted to adjacent Erath County were lynched six miles outside the town of Comanche. Five days later a mob stormed the Erath county jail in Stephenville, taking three prisoners accused of stealing horses. One was killed during capture and two were hanged later in Comanche County. The killing of deputy sheriff Charles Webb by John Wesley Hardin in 1874 sparked more lynchings. Hardin left town, but vigilantes lynched his brother Joe and two cousins, Tom and Bud Dixon, on June 4, 1874. Following the lynchings associated with cattle rustling, horse thieving, and John Wesley Hardin in the 1870's, Comanche County turned on its black residents in the 1880's. On July 26, 1886, Tom McNeel, a black man accused of murder, was lynched on the spot where he allegedly committed his crime. After the lynching, vigilantes notified some 40 to 50 blacks in Comanche County that they had until August 6 to leave the county. In spite of the protests of a few white citizens, all blacks were expelled from Comanche County. For the next 60 years, no blacks lived in the county.

Lynchings persisted in Texas through the first half of the twentieth century. In May 1930 there were two particularly violent incidents in north Texas. On Saturday, May 3, 1930, a black man, George Hughes, went to the home of his white employer in Sherman, Texas, to ask for \$6.00 wages due him. His employer was not home, and his wife sent him away. Hughes later returned with a shotgun, demanding his money. Shortly afterwards, Hughes was captured and

accused of assaulting the woman. Exaggerated reports of the incident quickly spread through Sherman. Hughes' trial was set for Friday, May 9--the earliest possible date under Texas law. On Friday morning, a large crowd gathered at the Grayson County Courthouse in Sherman. Spectators were banned from the courtroom. By eleven o'clock jury selection was completed and the trial began, but around noon the mob stormed the courtroom demanding that they be given the prisoner. Texas Rangers cleared the courtroom using tear gas. About one o'clock the mob again came into the courthouse and were driven back with birdshot and tear gas. At that time, Texas rangers advised the judge that the trial could not be continued without bloodshed and that a change of venue should be considered.

While the judge was in conference, the mob set fire to the courthouse and stopped efforts to put out the fire by slashing fire hoses. According to newspaper reports, the crowd sang "Happy Days Are Here Again" while the courthouse burned. Hughes was given the choice of fleeing through the mob or remaining in the district clerk's vault. Hughes chose the latter. The courthouse was gutted by late afternoon. Groups of militiamen arrived from Dennison and Dallas to guard what was left of the courthouse, but these troops were routed by the crowd and fled. After the militiamen were driven from the square, the mob wandered into the smoldering remains of the courthouse and attempted to open the steel vault. They cut through the walls with an acetylene torch and blew the door from its hinges with explosives. Hughes was found dead, his head crushed by fragments from the explosion. It is

uncertain whether he was baked alive or killed by the blast.

Hughes' body was then dragged to the black business district of Sherman, where it was mutilated and burned. Black businesses were also looted and burned, as were the residences of black people. Only when 200 additional militiamen arrived from Dallas at four o'clock in the morning did the burning and looting cease.

One week after the killing of George Hughes, a black sharecropper, Sam Johnson, was accused of murdering his employer at Honey Grove, Fannin County, fifty miles east of Sherman. Like the Sherman incident, a wage dispute initiated the violence. Johnson was surrounded in his cabin and shot to death. Johnson's body was chained to a car and drug around the town. Then it was hung upside down in front of a black church, soaked with gasoline, and burned before a crowd estimated at 2,000 people.

Essay ideas. Several kinds of case-study writing assignments could be given with the above unit. One assignment could ask students to describe a lynching. This assignment would go beyond the incident itself. If the lynching was racially motivated, students would be asked to find information concerning race relations at the time of the lynching. They would also assess editorial reactions to the lynching in newspapers of the time. For example, the Sherman Democrat condemned the actions of of the mob. On the day following the burning of the courthouse, the editor wrote: "Sherman's name has been

dishonored by the people of her own county. It will take a generation to outlive the stain on her honor, if it can ever be done." The Democrat published articles daily on Sherman's 'Black Friday,' and when fourteen men were indicted for their part in the lynching, the Democrat published their pictures on the front page. (Of these fourteen, two were brought to trial, convicted, and given sentences of two years in prison.) Students can use the excellent Texas newspaper collection in the Barker Texas History Center to locate information. Students can also gather demographic and economic data on particular communities where lynchings have occurred using various sources.

Another kind of assignment would look at the causes of lynchings. In the first four decades of the twentieth century, a great deal was written about lynchings, both pro and con. Blacks and whites opposed to lynchings realized that they were unlikely to prevent lynchings with existing laws and systems of justice. Indeed, people were convicted of crimes related to lynchings in fewer than 1% of the lynching cases. Instead, blacks and whites attempted to bring public pressure against lynchings. One of the key leaders was Walter White, whose public career with the NAACP spanned from 1918 to 1955. The campaign for public opinion brought a reaction from those in the South. For example, Winfield H. Collins wrote a book titled **The Truth about Lynching and the Negro in the South** published in 1918. Collins' book vehemently defends lynching. He writes that after the abolition of slavery

a great part of the Negroes almost ran wild--for they were

free, but did not understand how to use their freedom. So, lazy, worthless, robbing, murdering gangs of them when prowling through the South. For it is as natural for the Negro to sit in idleness, or shoot crap, to go on marauding expeditions or connive at insurrections, as it is for the white man to establish courts, collect libraries, and found schools. (p. 41)

Collins continues in the same vein throughout the book:

Further comment on lynching is unnecessary--unless indirectly: the Negro, child of Africa, but lately removed from the jungle, because of the necessity of the habitat of his origin, has had developed in him by nature, possibly, stronger sexual passion than is to be found in any other race. But he is infinitely lacking in the high mental, moral, and emotional qualities that are especially characteristic of the Anglo-Saxon, and it is a grievous mistake to attribute such high qualities to him. When proper restraint is removed from the Negro he gets beyond bounds. The Anglo-Saxon, indeed, or members of that race, has a way of meeting extraordinary conditions with extraordinary means--hence lynching in order to hold in check the Negro in the South. (p. 58)

The Negro is a creature that lives in the present and even postponement of punishment robs it of much of its force. The law sanctions personal self-defense. The white man in lynching a Negro does it as an indirect act of self-defense against the Negro criminal as a race. (p. 71)

Such extraordinary statements of racism are not difficult to find in periodicals and books of the late nineteenth and early twentieth century. These statements can be analyzed to understand the beliefs of those who tacitly, and sometimes openly, supported lynchings.

They also underscore the heroism of those such as Walter White, a black who personally investigated lynchings in the deep South. In August 1919, John R. Shillady, a white social worker who had been made executive secretary of the NAACP in 1918, attempted to meet with the

governor of Texas, William Hobby, at the capitol to discuss the prevention of lynching. Hobby refused to talk with Shillady, sending him instead to the acting attorney general. After the interview, Shillady was detained and seriously beaten by several persons including a county judge. Hobby publicly condoned the beating, and the NAACP could find no lawyer in the state of Texas willing to handle the controversial case.

Case studies could also be written about various bills introduced in Congress to prevent lynchings. In 1922, 1937, and 1940, antilynching bills were passed by the House of Representatives only to die in the Senate by filibuster. It was not until a series of five civil rights measures were passed from 1957-1968 that lynching came under federal law.

Journal ideas. Besides recording their reactions to accounts of lynchings, students could react to various explanations of the phenomenon of lynchings. Some of the more important are John Dollard, *Caste and Class in a Southern Town* (Doubleday, 1949); Gunnar Myrdal, *An American Dilemma* (McGraw-Hill, 1964); Pete Daniel, *The Shadow of Slavery: Peonage in the South, 1901-1969* (University of Illinois Press, 1972); Neil J. Smelser, *Theory of Collective Behavior* (Free Press, 1963); Brown, *Strains of Violence*, and *White, Rope and Faggot*.

V. 3. A SAMPLE SYLLABUS

The following syllabus contains readings focused on the subject

of violence. This subject is of interest to most persons in the social and behavioral sciences. In the broader perspective, violence affects all of us. This course examines questions such as: Is the United States more violent than other countries? How widespread is violence in families? What causes large-scale acts of violence such as the recent massacre in Lebanon? Is violence a part of culture? Is it learned or is it part of our genetic make-up?

The point of raising these questions is to examine how members of the various disciplines in the social sciences study some of the most troublesome problems which we as a society face. The four major content texts for the course take different approaches to the study of violence, reflecting the perspectives of different disciplines. These texts are: Ashley Montagu's **The Nature of Human Agression** (Oxford, 1976), which challenges the theory that humans are instinctive killers; Graeme Newman's **Understanding Violence** (Lippincott, 1979), which provides a general survey on national, group, and criminal violence; Richard Rubenstein's **The Cunning of History** (Harper, 1975), which reinterprets the meaning of the Holocaust in the context of the most violent century in history; and Jan Schreiber's **The Ultimate Weapon** (Morrow, 1978), which probes the psychological, social, and political aspects of terrorism.

The schedule provides for six papers--three written in-class and three written out-of-class. The out-of-class papers are designed to be from 600 to 1500 words in length. Two involve library research,

and all three are required to be revised.

The out-of-class papers have informative purposes. Two of the three in-class papers are persuasive. These two papers come at the end of the course when students have had a chance to digest some of the many theories and approaches to the study of violence presented in the course.

Students will make one short oral presentation using charts, graphs, or tables. (Professionals in the social sciences frequently are called upon to make such presentations.) In addition, students will keep a journal for the first ten weeks of the course, allowing them the opportunity to write expressively and from personal experience on the subject of violence.

SCHEDULE SPRING 1983

- ** What you should read for class
- >> What you should write or hand in

- JAN 18 INTRODUCTION--A DEFINITION OF VIOLENCE
- JAN 20 WAYS OF WRITING AND REASONS FOR WRITING
 - ** Maimon, Chapters 1 & 2
 - >> In-class Journal writing
- JAN 25 POLITICAL VIOLENCE
 - ** Newman, Chapter 1
- JAN 27 TERRORISM
 - ** Schreiber, Chapters 1-4
 - THE CASE STUDY
 - ** Maimon, Chapter 10
- FE 1 TERRORISM
 - ** Schreiber, Chapter 5-Epilogue

- FEB 3 >> Paper 1 Due (Analysis of an incident of terrorism)
Peer editing in class
- FEB 8 HOW TO REVISE
- FEB 10 LARGE SCALE ACTS OF VIOLENCE
** Rubenstein, Chapters 1-3
>> Journal Due
- FEB 15 LARGE SCALE ACTS OF VIOLENCE
** Rubenstein, Chapters 4-6
>> Revision of Paper 1 Due
- FEB 17 >> Paper 2 Due (In-class paper analyzing
large-scale acts of violence)
- FEB 22 VIOLENCE IN AMERICAN HISTORY
** Newman, Chapter 2
- FEB 24 LIBRARY RESEARCH
** Maimon, Chapters 4, 5, & 9
- MAR 1 REGIONAL VIOLENCE--VIOLENCE IN TEXAS
** Newman, Chapter 3
- MAR 3 >> Research Proposal Due for Paper 3
CONFERENCES
- MAR 8 HOW TO ORGANIZE A PAPER
- MAR 10 DISCUSSION OF CASES
>> Paper 3 Due (A case study of a violent incident
in Texas)
- SPRING BREAK
- MAR 22 PATTERNS AND TRENDS IN CRIMINAL VIOLENCE
** Newman, Chapters 4 & 5
- MAR 24 Attend lecture
>> Journal writing
- MAR 29 VIOLENCE IN THE FAMILY
** Newman, Chapter 6
- MAR 31 MOBS, RIOTS, AND GANGS
** Newman, Chapter 8
>> Journal Due
- APR 5 RAPE AND ROBBERY
** Newman, Chapter 9

- APR 7 REPORTING RESULTS OF RESEARCH
** Maimon, Chapter 11
- APR 12 Guest speaker
- APR 14 >> Paper 4 Due (Report of quantitative research on
patterns and trends in violence)
>> Oral presentations using charts, graphs, and tables
- APR 19 >> Oral presentations using charts, graphs, and tables
- APR 21 CONTEXTS FOR VIOLENCE
** Newman, Chapter 7
- APR 26 PERSUADING A READER
** Maimon, Chapter 8
>> Revision of Paper 4 Due
- APR 28 >> Paper 5 Due (In-class argumentative paper on an aspect
of violence in popular culture)
- MAY 2 THE NATURE OF HUMAN VIOLENCE
** Montagu, Chapters 1-6
- MAY 4 THE NATURE OF HUMAN VIOLENCE
** Montagu, Chapters 7-12
- FINAL EXAMINATION PERIOD
>> Paper 6 Due (In-class persuasive paper on the
causes of human violence)

AN ENDING NOTE

I have attempted to suggest some of the ways E346K--Writing in the Social and Behavioral Sciences might take shape. Other syllabi will be developed by those who teach the course, and I will be glad to collect and distribute those syllabi. I would also be grateful for comments concerning the present syllabus and suggestions for additions or alternatives.

APPENDIX

SOCIAL AND BEHAVIORAL SCIENCES RESEARCH GUIDE FOR JUNIOR LEVEL WRITING COURSE

SPRING 1983

THE GENERAL LIBRARIES
THE UNIVERSITY OF TEXAS AT AUSTIN

The ability to gather, evaluate, and communicate information is an essential skill in all areas of the social sciences. The research assignment in this course is designed to develop your skills in these areas. The research strategy that you follow to complete this assignment is a process that you can use successfully in other tasks, both in school and in your career. The strategy takes you from the general to the specific, from older materials to recent developments. As you go through this process, you will become familiar with both the library that contains the information you need and the standard sources basic to your subject field.

Though your research will probably begin in the Perry-Castañeda Library (PCL), you may find that the most important resources for your topic are in other libraries or collections on campus. To find the specific sources you'll need, use a Selected Reference Sources bibliography (available free of charge in PCL and General Libraries branches) or ask a librarian for help.

Your Assignment

1. Choose a preliminary topic--a significant problem or issue in your subject field--and discuss it with your instructor.
 2. Following the steps outlined below, read some background information on your topic, narrow or modify the topic as needed, and gather a list of relevant sources from bibliographies and indexes.
 3. Prepare a research proposal, not more than five pages long, that states your topic, explains why it is significant, lists at least five information sources (books and articles, for example) that you plan to use in your final paper, and evaluates and compares two of these sources.
 4. After reviewing the proposal with your instructor, go on to complete your research and reading and prepare your final paper.
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GET ORGANIZED

Successful research requires a certain amount of record-keeping. You will examine a variety of materials for their content and keep a record of them, so that you and your reader can find them later. A note-taking system that serves both purposes is explained below.

Keeping
a
Record

Bibliography cards: Index cards on which you record the information you'll need to cite the item in your paper. For books, a complete citation includes author/editor, title, publisher, and place date of publication. For articles, note the author, article title, magazine/journal title, volume number, date, and page numbers. For government documents, technical reports, etc., include the complete name of the issuing agency or group.

Note cards: Larger cards or sheets on which you record notes or quotations for later use. Be sure to mark all quoted material clearly, and to write a short reference ("Hamsun, p. 72") at the top of each note card, so you know who gets credit in the footnote.

Style manual: Your instructor will tell you the appropriate style manual (a reference book giving correct form for footnotes and bibliography entries) for your field.

PLAN YOUR TIME

You will probably spend about 5-10 hours doing the library research needed for your research proposal. In-depth reading requires additional time. Schedule a certain block of time for each major step. When the need arises, give yourself a break. Take time out to think about the information you have found and about the value of the materials you're using. If necessary, jot down a few notes or talk your project over with someone else.

CHOOSE A PRELIMINARY TOPIC

Consider this assignment as a kind of experiment: you're testing a topic to see whether there is sufficient literature and what that literature has to say. Your preliminary topic may not be the same as your final topic; generally, researchers narrow their focus as they go along.

A good topic has several characteristics:

1. It is significant - people in the field generally know about it and material has been written about it.

2. It is interesting - it may be a unique theory, a discovery that is startling in its implications, or controversial, but it is never predictable, dull, or "old news" to the world at large.
3. It is particular - it focuses on an issue, major implications, important concepts or consequences; it does not attempt to present a history or survey of a subject. The focus of the topic you choose to research provides you with a basis for selecting some information sources and ignoring others.

One of the best ways to narrow a topic is through background reading, described in the next step.

Result	A statement of your preliminary topic. Discuss the topic with your instructor before going any further.
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FIND BACKGROUND INFORMATION

Background sources are used to give you an understanding of the context of your chosen topic, a basic knowledge of the commonly accepted facts about the subject, an idea of major ongoing controversies, and an increased vocabulary of key terms to use in your later research. Besides providing factual information, these sources often contain bibliographies of essential works on the general topic that you can use as you begin building your own working bibliography. General and specialized encyclopedias and handbooks are good background sources for most topics.

When using these sources, expect to find articles that are broader than your topic. These slightly broader articles may include references to what you want. Check the index at the back of multi-volume encyclopedias to find references that relate to your topic.

If you can't locate any background information, you may have a problem with the topic you've selected. Your topic may be too recent to be covered in well-established encyclopedias, or it may embody a radically new approach to existing knowledge, or, just possibly, it may not be a "researchable" topic. Talk to a librarian before you spend any more time on research. The time you spend on solving the problem now will save you many frustrating and unproductive hours later.

The information you find in background sources helps you to narrow your topic as you react to what you read by identifying issues, asking questions, and developing specific interests. Here is an example of how a preliminary topic might be narrowed:

PRELIMINARY TOPIC

NARROWED TOPIC

FINAL TOPIC
(Keep an open mind!)

The aged in
America

the impact of
"senior citizens"
on the political
process.

The Gray Panthers
have organized the elderly
into an effective politi-
cal force. How does the
recent election in Florida
demonstrate the impact the
growing elderly population
can have on social services?

Result

A statement of your narrowed topic and some general notes
on basic facts, issues, controversies, etc.

A list of key terms that describe your topic.

Bibliography cards listing the background sources you've
used, plus any items cited in their bibliographies that
you'd like to see.

FIND WHAT'S BEEN PUBLISHED

One of the most efficient ways to identify published material on a topic is to use the bibliographies that skilled researchers have already prepared. Such bibliographies are selective and list only significant sources; many provide annotations that describe each source. If you find a bibliography related to your topic, you will not have to spend so much time locating and scanning materials to see if they are useful. Use retrospective bibliographies or guides to the literature (described in the appropriate Selected Reference Sources list) to find lists of good sources on your topic.

You can also use the Public Catalog in PCL, as well as individual card catalogs in the branch libraries, to search for items on your topic. The PCL catalog, which lists items in all parts of the General Libraries, has two sections: Name/Title (for persons) and Subject (for concepts). The Library of Congress Subject Headings books, located near the catalog, tell what headings to use for a given topic. When you look in the catalog itself, be alert for any subdivisions of your subject that may make it easier to find specific kinds of books (such as bibliographies) or books dealing with specific time periods or places. For more information about the card catalog, use the flip-chart on "How to Use the Public Catalog" or ask at the Information Desk.

Result Relevant items, recorded on bibliography cards.

 A refined list of useful key terms.

UPDATE YOUR INFORMATION

In the previous step, you used bibliographies that cover items published up to a certain date. The next step is to check sources that come out regularly and cover current literature. Indexes enable you to identify material that has appeared in magazines, journals, and other periodicals. Some indexes include abstracts, or summaries of the articles, that will help you to decide which articles are most useful for your topic. Use indexes to find information that is more recent than the material you have already identified. Indexes and other sources that lead you to recent materials are listed on the library handout.

Many indexes are now also available in computerized form and can be searched online by librarians who are subject specialists. There is normally a charge for this type of search, averaging \$10-\$20. For this assignment, such a cost may not be appropriate. However, for theses and other extensive projects, and for searches on very complex or very new topics, a computer search can be an effective alternative. See the brochure on Computerized Information Services available at the Information Desk in PCL for more information.

Result Recent, relevant articles on your topic, listed on bibliography cards.

LOCATE SPECIFIC ITEMS

At this stage of your research, you need to examine the items that you have listed to find out more about your subject and to determine which ones you will read.

If you are working in PCL, use the Name/Title section of the Public Catalog to locate books. The handout, "How to Find a Periodical in PCL," explains how to use this catalog to locate periodicals. If you are working in a branch library or special collection, look for signs, displays, or handouts describing how to locate materials. If you want to see an item that doesn't seem to fit into these categories, or if you can't find what you want, ask a librarian for help.

The library collections at UT/Austin include more than 4-1/2 million volumes, but your research may have turned up some items that are not available here on campus. If this happens, and you feel the item is very important to your project, and if you have a few weeks' lead time, ask a librarian about interlibrary loan service; we may be able to borrow the item you want from another library.

After you locate specific items, read the sources that seem to be the most useful. Take notes. Review the information you have collected so far, and plan your next step.

Result Content notes on several sources that discuss your topic in detail.

PREPARE YOUR RESEARCH PROPOSAL

People in academic, business, and professional careers often prepare proposals to secure approval, time, or funding for projects they would like to carry out. While the means of presentation may vary, the heart of such a proposal is essentially what you have just done: an analysis of a topic and a survey of relevant information. In preparing your research proposal, imagine your audience to be a person or group who know something about your subject field in general, but not very much about your topic. Your objective is to persuade your audience to agree that the topic is significant and that the research you have done on it demonstrates that you will be able to complete your research project successfully.

Result A research proposal, not more than five pages long, that:

1. States your topic.
2. Explains why it is significant.
3. Lists at least five information sources of various kinds (books, articles, etc.) that you plan to use in your final paper. Use the appropriate style manual for form.
4. Evaluates and compares two of these sources in detail. Consider such questions as: Why are they relevant? What kinds of information do they give? Do they cover recent knowledge or give an historical perspective? Are they reports of the writers' own research or someone else's? Do they cite other useful items? Do the authors' qualifications, or the places the items were published, suggest authoritative knowledge?

COMPLETE YOUR RESEARCH PROJECT

Your next step is to prepare a finished research paper according to the guidelines furnished by your instructor.

After reviewing your research proposal with the instructor, you may want to make changes in topic, approach, type of sources used, etc. If the working bibliography you have assembled so far is sufficient, you can proceed to locate more of the items and read them in depth. If you need to search for more literature, check additional bibliographies and indexes. Ask a librarian for help if the steps outlined in this worksheet don't result in enough useful material.

At any time during your research, you may need to find specific facts: definitions, statistics, dates, formulas, biographical data, etc. There are literally thousands of reference books to help you do this. Some of these are listed in the Selected Reference Sources bibliographies. Also remember that the library's information specialists will help you to search for whatever information you need.

Result

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1. Explores and explains a significant issue or concept in the social sciences;
 2. Is clearly focused;
 3. Addresses a defined audience of informed, but not expert, readers;
 4. Draws information from a variety of sources;
 5. Is documented in the style appropriate to the field.
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