



## Give a dog a bad name – the sticking power of labels

'Give a dog a bad name and hang him.' Once we have labelled someone, our – and even their – expectations of their behaviour from then on seem to be almost wholly determined by that label. This can work in a good way. For instance, children who are struggling to learn, if labelled as 'gifted' or 'advanced', can begin to find themselves 'fitting the label' (see 'Teaching Tale' from <http://www.uncommon-knowledge.co.uk/newsletters/hypnotherapy.pdf> )

If we label someone as 'difficult', or 'competent', or 'manipulative', or 'decent', and if that label is stamped hard, then we can bend any future observations of the behaviour that person exhibits to fit the label. And sometimes we have to do quite a lot of bending in order to excuse ourselves the effort of updating first impressions. What's more, labelling can happen in an instant – and stick. I learned this through a rather bizarre personal experience.

### A true – and very personal – story

Years ago, on my very first day working on a psychiatric ward, the shift was drawing to a close. We were waiting for a psychiatrist to turn up to our 'handover' meeting – a time when the incoming staff are briefed by the outgoing staff about new patients or general considerations on the ward. As we waited, there was a knock on the door. I opened it to a man in casual dress. I automatically assumed (and therefore of course labelled him in my mind) that he was a relative of one of our patients. I confidently and cheerfully (but authoritatively) told him he must wait in the visitors' room until we had finished our handover meeting – idiot that I am/was (it's OK, that label is non-adhesive)!

He tried to protest, but I was having none of it and he meekly wandered off to read a magazine in the visitors' room. I explained to the other staff that a patient's relative was waiting and I was assured that our meeting would be short once Dr X turned up and we could get on with it. After twenty minutes waiting around, a nurse got up and went to look for Dr X. He found the psychiatrist waiting in the visitors' waiting room.

When I realised the identity of the man I had labelled and treated as a visitor, I was embarrassed and bemused. He had acted in a way that I *expected* him to act because of my wrong impression. The peculiar thing was that, after this incident, I noticed this man always spoke to me, a person of considerably lower status in the hospital than him, with deference and respect. It was as if my first internal labelling of him – as someone over whom I had some kind of benign authority – had stuck with *him*. After this initial meeting he would ask my permission, or defer to me when talking.

Of course, not everyone would respond like this, but the tendrils of labelling stretch deeper into life than many of us realise. This can be useful to a certain extent, but when 'experts' dish out the labels, the results can be catastrophic. What if you are, in fact, perfectly sane but the professionals around you think they 'know' that you are insane?

### Locked up sane – the power of 'thud'

In the early 1970s the researcher David Rosenhan (1) decided to test how effectively fully qualified psychiatrists could distinguish between the sane and the insane based on an initial

diagnosis. He and eight other volunteers faked their way into various mental institutions. The problem wasn't getting in; it was getting out.

The aim of this research was to see whether the psychiatrists would see through the act, or whether they would interpret *any* behaviour through the lens of the label (to completely mix my metaphors). Would an 'insane' label determine that the professionals now saw evidence for insanity even in quite sane behaviour?

Our view of the world is always warped by the biased lens we use – *the danger is that we assume that 'professionals' are immune to this.*

The nine experimenters all presented themselves at the outpatients departments at the same time on the same day in October 1972. The *only* symptom that all nine were to say they experienced was that they all had heard a voice that said: 'Thud'. They had had no other symptoms, felt perfectly happy and were instructed to 'behave normally at all times'. All were locked up in their various institutions. All of them quickly reported that the 'voice' no longer bothered them and they felt fine. All were reassured they would be released once they were 'better'.

No one saw the normality and health of these 'patients' in front of them – all, or almost all, only saw the label 'insane' and 'paranoid schizophrenic'. All the experimenters were fed a plentiful and regular supply of anti-psychotic pills and all managed to spit them out in the bathrooms. Fascinatingly, it was the other patients who spotted that Roshenan was a fake even while the professionals remained oblivious. When the nine experimenters were eventually released (and remember, all of them had only reported one symptom and reported *no other distress*), Rosenhan found that the mean average stay had been 19 days and the longest before release had been 52 days – just for reporting having heard the word 'thud'. No symptoms were reported by any of them after admission. Of course, if every one treats you as if you are crazy, then you may begin to feel as if you are. But all the experimenters reported they had just behaved as normally as possible during their internment. OK, so this was thirty five years ago – would it happen now?

The writer Lauren Slater (2) did her own informal research in a bid to semi-replicate the Rosenhan research decades later. She found that she was uniformly prescribed (sometimes very powerful) anti-depressant and anti-psychotic medication as befits our 'chemical age'. Again, the only symptom she had reported to the professionals was that she had heard the word 'thud', but she felt fine and happy.

What we tell people about ourselves and what others say about us can form hard-to-remove labels – which is exactly the reason celebrities are so keen to employ the services of public relations experts. They are always at risk of negative labelling engendered by the popular press.

It's dangerously easy to label oneself as a 'type'. This can, through time, become a self-imposed psychological straitjacket preventing us from doing things which contradict our self-assigned label. For example, if I see myself as 'fragile', 'alcoholic', 'depressive', or 'stupid', it will be that much harder for me to behave in ways that go against these labels. But if I can see these states as something my 'essential self' merely passes through, then I have the potential to change.

While for some it can be a relief to 'finally know what is wrong with me' – the label can meet the need for certainty, identity or even a kind of status – it's important to understand that labelling determines behaviour as much as the other way about.

So labels are powerful. Once we see a child of average ability as 'clever' that child may actually become cleverer – especially if we are their teacher. Keep an open mind, think carefully about how you describe yourself to others, and remember – one 'thud' does not an insane person make.

## Notes

- (1) 'On being sane in insane places' – Science Magazine, circa 1973.
- (2) Lauren Slater – *Opening Skinner's Box*, W W Norton & Co Ltd, 2005

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