The main application of this study is in the development of new antipsychotic drugs - improved dopaminergic drugs that have fewer side-effects based on a better understanding of dopamine pathways and new atypical drugs that affect other neurotransmitters like serotonin and glutamate – extremely beneficial for individuals not benefitting from current medication.

Most of the evidence was based on people with schizo during acute episodes or people in remission. However, people with chronic schizophrenia may respond differently to drugs when they are between episodes. WEAKNESS BECAUSE...conclusions may not be fully generalisable to all phases of the disorder and so credibility is limited to an extent– research needs to consider all the phases of the disorder so better/firmer conclusions can be made.

One of the main research methods used was PET and SPECT scans to look at neurotransmitter functioning. This raises questions about the validity of the findings. Scanning is stressful and can affect ‘normal’ functioning, also an artificial setting/experience so we cannot be sure that results haven’t been affected by this.

Meta-analysis so secondary data used = research and validity of research itself can be brought into question. Difficult to ascertain how reliable or valid the original research was and so therefore basing conclusions using such studies can be problematic and mean credibility is limited. For example, Carlsson cited Laruelle et al. which was unpublished at the time and therefore hadn't been peer-reviewed.

it’s difficult to generalise from animals to humans because identifying psychotic behaviour in animals is a matter of interpretation (issues with subjectivity) whereas in humans can tell you that they are hallucinating and symptoms can clearly be identified by clinicians. These sorts of tests will never be as valid as using humans. Also, even Carlsson himself suggested that if there are now ambiguous results when making claims about excess dopamine – undermines use of animals when discussing schizophrenia in animals.

Study carried out before 2000 – over 2 decades ago. Study may be time-locked if research has advanced since then and therefore may not be representative of scientific ideas today. HOWEVER, over time Carlsson’s ideas have been modified rather than refuted = not time-locked = Credible/Reliable.
Aim

• To find out if 8 sane people who gained admission into 12 different hospitals would be ‘found out’ as sane, therefore testing the reliability of mental health diagnosis. (Can the sane be distinguished from the insane?)
• Further aim was to find out what the experience of being in such an institution was like – seeing how patients were treated by staff and by each other.

IV & DV

• Participant observation, not an experiment, so there is no IV or DV.

Sample

• The participants were the staff and patients in 12 psychiatric hospitals (mental asylums) in the United States.
• The hospitals were in 5 different states, on the East and West coasts of the country.

Procedure

• 8 pseudopatients (3 females & 5 males) phoned up for an appointment at a psychiatric hospital.
• They arrived at the admissions complaining of the same symptom. They said they heard a voice, which was unfamiliar and the same sex as themselves, it was often unclear, but it said words like “hollow”, “thud” & “empty”, terms not normally linked to schizophrenia.
• They gave false names and occupations to the hospitals, but all other information provided was true e.g. General ups and downs of life.
• Once admitted they behaved normally and reported no further symptoms.
• As soon as they were admitted, they requested to be discharged. They secretly disposed of any medication they were given but otherwise they were friendly and polite and did everything that was asked of them - Rosenhan instructed them to be “paragons of cooperation”.
• They kept notes on their experiences at first covertly but later openly
• Four of the pseudo-patients carried out an observation on the way the staff treated inpatients

Findings

• Of 8 pseudopatients, 7 were given a diagnosis of schizophrenia and one person was given a diagnosis of manic depression
• The average stay was 19 days though the range was from 7 up to 52
• At discharge the pseudo-patients were given a diagnosis of schizophrenia in remission