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Through the Looking Glass

A Psychological Perspective

of the Tuskegee Syphilis Study

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Abstract

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NE OF THE MOST INFAMOUS MEDICAL STUDIES OF ALL TIME, the Tuskegee study on untreated sphilis lasted for over 40 years. When news of it finally broke, the medical personnel involved were seen as outrageously malicious people, void of any humanity. This article investigates the evolution of the study from a psychological standpoint, viewing the actions of the doctors and nurses as responses to the “power of situation.” It raises the idea that all human beings can be manipulated by their environments to commit atrocities and, thus, there is need for ethical guidelines to be emplaced as safeguards.

Introduction

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tomach-turning callousness.” “An act of genocide.” “A disgrace to the American concept of justice and humanity.”1 These sentiments reverberated throughout the country when news of the Tuskegee study on untreated syphilis broke in 1972. For 40 years, the Public Health Service had followed 400 black syphilitics in Macon County, Alabama without offering treatment in hopes of better understanding the progression of the disease. These men were never told that they had syphilis and, furthermore, had no idea that they were part of an ongoing medical study. Not only were they never treated, but they were also subjected to painful spinal punctures and eventually taken to autopsy.2 As the horrific details of the study were exposed, people were shocked that such a study could have ever been initiated and, moreover, carried on for so many decades. Why hadn’t anyone put a stop to it? Were the doctors and nurses involved truly void of any human compassion?

The Power of Situation

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n response to such questions, it becomes easy to point accusatory fingers at the doctors and nurses in the study. From this perspective, the key players who ran the study, Dr. Clark, Dr. Vonderlehr, and Nurse Rivers, are seen as callous people, “bad apples” of the human race; and the study itself is considered a rare instance of “evilness.” However, a closer look suggests that another force may have been at work – the psychological “power of situation.”3 In an environment that was conducive to exploiting the darker sides of human nature, the doctors and nurses were easily influenced by their situations, making it easy to commit such atrocities. In this light, they are no longer seen as perverse perpetrators of evil, but rather as regular human beings who fell to the circumstances of their environment. The evolution of the Tuskegee Syphilis Study can instead be understood through the psychological theories of dehumanization, conformity, and the pyramid of choice. While dehumanization explains the study’s initiation, conformity and the pyramid of choice account for its longevity. Together, these three concepts help account for the manifestation of the power of situation in the Tuskegee study.

Dehumanization and the Initiation of the Study

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he first of these theories, dehumanization, occurs when we see ourselves as more human or civilized than another group of people. This group becomes an “out group,” denied of human essence and perceived to be beneath the standards of humane treatment. Once we accept such labeling, we start to treat members of the out group as objects and things rather than dignified individuals.4 In our minds, we have taken away their humanity and thus their rights as fellow human beings. Under such mindsets, even the most normal people can commit horrific atrocities. Examples of this are rampant throughout history; in the Rape of Nanking, the Chinese women were seen as “insects” and “cockroaches”; while during the Holocaust, Jews were depicted by Nazi’s as “vermin” and “rats.”5 Clearly, the soldiers of these events were instilled with the propaganda that labeled their victims as less than human.

Outside of the military world and in a controlled laboratory setting, the psychologiest Albert Bandura demonstrated the power of dehumanization in an experiment on the effects of labeling.6 Subjects, average college students, were assigned supervising jobs that involved punishing supervisees (non-subjects) with electrical shocks when they made bad decisions. The electrical shocks ranged in intensity, and the supervisees were characterized as “animalistic and rotten,” “neutral,” or “nice and perceptive.”7 The goal was to see the level to which these labels would influence the “supervisors” (subjects) in administering punishments. The results were clear – subjects shocked supervisees dehumanized by the “animalistic” label with the highest intensity while those with the “nice” label were given the lowest shock.7 The stereotypic labeling played a deciding role in how human the subjects saw their supervisees, and this in turn influenced how cruelly they treated them. The subjects were not innately cruel, but when placed in a situation where groups of people were labeled, dehumanization readily influenced their actions.

 Dehumanization no doubt also influenced the actions of the doctors throughout the Tuskegee Study, starting from its inception. The setting of white, educated doctors studying impoverished, illiterate blacks was infinitely conducive to dehumanization. Upon the discovery of Macon County, Dr. Clark, the head investigator of the study, referred to black syphilitics living there as “an unparalleled opportunity,”8 a “gold mine of discovery,”9 and a “ready-made situation.”10 From the beginning, he saw the socially and economically disadvantaged blacks as less than human, as subjects ready to be studied rather than human beings in pain and in need of treatment. This labeling of the blacks put aside any moral discomforts Clark may have ever had with his study. Accordingly, when selecting subjects for the study, Clark referred to the blacks as “clinical material” and wrote that “the average negro has had as many penile sores as rabbits have offspring.”11 In calling the blacks “material,” Clark related them to objects rather than to people; and in comparing the blacks to rabbits, Clark saw himself to be more “human” than his subjects, as he would never compare himself to a rabbit. To no surprise, Clark’s dehumanizing attitude towards the blacks furthered his willingness to physically hurt the subjects.

 This physical pain came in the form of lumbar punctures in the spring of 1933.12 Conducted under the guise of a “special treatment,”13 the punctures were a traumatic experience for the blacks. One man recalled, “It knocked me out … I thought I wasn’t going to make it. I fainted, I fainted, you know. Just paralyzed for a day or two. Just couldn’t do nothing.”14 Another man 40 years later said “That’s my trouble. I never have got over that shit.”15 In having already dehumanized the subjects, Dr. Clark could no longer relate to them or see himself in their position. Consequently, his decision to administer the shots came without shame. Just as the supervisors in the Bandura study found it easier to shock dehumanized supervisees at higher intensities, the doctors in the Tuskegee Study found it easier to perform spinal punctures on their dehumanized subjects. For both the supervisors and doctors, viewing others in a derogatory light allowed them to administer pain to people who were actually still human beings. Facilitated by dehumanization, the doctors in the Tuskegee Study were able to take the first step towards committing further atrocities.

Conformity and the Continuation of the Study

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hile dehumanization played an important role in the initiation of the Tuskegee Study, it was conformity that led to the longevity of the study. Human nature gravitates towards agreeing with group norms due to the need to feel accepted; it is always easier to go along with the majority. This need to conform arises out of informational needs and normative needs.16 Informational needs are the needs we have to seek information, knowledge, and views to help us make decisions in situations that are unfamiliar. Normative needs are the needs we have to be accepted and belong to a group; others are more accepting of us when we agree with them. These two needs were effectively demonstrated by social psychologist Solomon Asch’s experiment on visual perception. Subjects were given three cards with lines of different lengths drawn on them and told to choose the line that was the same length as the standard comparison line. Placed in a group with seven other people who were actually confederates in the experiment, the subject would experience pressure to conform when the seven others gave wrong answers.17 In this foreign setting of being seated among strangers in a laboratory, the subjects experienced both informative needs to orient themselves in their new environment and normative needs to be accepted by the group of people around them. It was a battle for the subject – to either go along with everyone else’s answers, or to stick with the answer the subject himself believed to be correct. The results were telling – the subjects conformed to the group norm 70 % of the time, and there was a clear discomfort in disagreeing with the group norm.17

 These ideas of conformity due to informational and normative needs were present throughout the Tuskegee study, helping it achieve its matchless longevity. During the 1930s, medical doctors were highly respected by the public. Even more prestigious than them, however, were the scientific investigators, experts at the forefront of discovery who alone knew how and what research was to be conducted.18 In these circumstances, the doctors and nurses working under Drs. Clark and Vonderlehr were likely in complete awe of them, never daring to question their authority. Just as the subjects in Asch’s study had informational needs to orient themselves in the new laboratory setting, these doctors and nurses also had informational needs to orient themselves in the new world of research. Since Clark and Vonderlehr were considered experts in the research world, they became the people to whom the doctors and nurses turned for guidance. For example, a doctor who was brought in halfway through the study to perform autopsies admitted that he had “merely followed the instructions from Dr. Vonderlehr,” explaining that he had not been “in on the early discussions of the study.”19 This doctor’s informational needs in the novel environment of the Tuskegee study overrode his thoughts of questioning the ethics of the study. It is likely most of the doctors who joined the study acted similarly, conforming to established institution of studying subjects through questionable means and allowing the study to continue on without resistance.

In addition to informational needs, normative needs also played a role in the high levels of conformity throughout the study. In Macon County, the local physicians who agreed to help bring syphilitic patients to the doctors for autopsies were small town doctors isolated from the larger medical world. They were flattered to be invited to participate in such a major experiment and hoped to become part of the elitist “in group” of research investigators. With the study being presented to them effectively in the format of mini-seminars, the local physicians felt that they were being treated as equals and colleagues.20 This was especially successful in convincing the physicians to help because the physicians were meeting their normative needs of being accepted by those around them. Just as the subjects in the Asch study conformed out of a need to be accepted by the other “subjects” (really confederates), the local physicians conformed to Dr. Vonderlehr’s expectations out of a need to be accepted by the society of medical researchers. Dr. Heller, who conducted the seminars, even characterized the local physicians as “very cooperative” and recalled that “there were no philosophical discussions at all.”21 The normative needs were so important to the local physicians that they never thought to question the ethics of the study. Consequently, with the support of the local physicians and no one there to challenge its morality, the Tuskegee study was able to continue on for many years.

The Pyramid of Choice and Nurse Rivers

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s important as the doctors and local physicians were to the longevity of the Tuskegee study, Nurse Rivers was the ultimate connection between the subjects and doctors that allowed the study to last its forty years. Throughout the study, Nurse Rivers was the constant presence who encouraged the blacks to seek “check-ups” with the study doctors. Entrapped by the pyramid of choice, Nurse Rivers became further and further entrenched in the study. The pyramid of choice starts out with small points of ambiguous decision-making. The costs and benefits of choices at this point are uncertain, but once a choice is made, we feel the urge to justify its worthiness. As more and more choices are made, we make our way down the pyramid, justifying the decisions made at each step. Finally, at the bottom of the pyramid, there is no turning back and we have become drastically different people. The gradualness of the decision making steps combined with the constant reinforcement of self-justification distorts our reality. Since we have spent so much time justifying our choices, we no longer have the ability to see our errors. The longer and harder we work for something, the more we say that something is worthwhile, permitting us to come to peace within ourselves.22

The pyramid of choice and its effects were confirmed by Stanley Milgram’s famous electrical shock experiment. Subjects were sternly told by an experimenter to deliver shocks to other volunteer subjects in gradual increments from 10 volts all the way to 450 volts, which was marked as XXX DANGER. The results were surprising – 64% of subjects shocked their fellow participants to the maximum voltage.23 In an analysis of these results, the subjects’ behavior can be explained by the gradualness of the task – delivering shocks in small increments led the subjects slowly down the pyramid of choice. Each time the subjects pressed a shock lever, they justified that small step and committed themselves to the next. 24 This eventually brought the subjects from the initial gray area at the top of the pyramid, to the point of no return at the very bottom.

 In the Tuskegee study, Nurse Rivers can be seen as a victim of the pyramid of choice who was gradually entrapped into the study until there was no exit. At the start of the study, Nurse Rivers’ role was to simply help out the doctors and encourage prospective subjects to join the study.25 She was a good nurse, and her dedication to washing and cleaning supplies was highly praised, especially Dr. Vonderlehr, who described her as “untiring.”26 Before long, Nurse Rivers had earned the title of research assistant, and part of her job became assisting with the lumbar punctures. Even as she saw the pains that the blacks suffered from the procedure, Nurse Rivers reminded herself that her duty as a nurse was to always follow the doctors’ instructions.27 By this time, the subjects had become part of a social club known as “Miss Rivers’ Lodge”28 and Nurse Rivers was irrevocably tied to the study. She was the essential connection between the physicians and the subjects, and even referred to herself as the “cushion”29 between the two groups. When Dr. Vonderlehr pushed the study into autopsies, Nurse Rivers at first referred to them as “crude,” saying that she felt “squeamish” and “wasn’t sold on autopsy.”30 However, she worked hard to overcome her personal distaste for autopsies in order to keep her appearance of professionalism, and soon her distaste vanished completely. She even joked about the autopsies with a doctor, telling him “If you mess up that body, you won’t get another.”31

 Throughout the experiment, Nurse Rivers invested so much of herself in the study that she could never question its ethics or face the reality of what she was involved in. Along each step of the way down the pyramid of choice, she used her duties as a good, obedient nurse to justify her actions and even managed to convince herself that the men in the study were “privileged” to be receiving such “health care.”32 The study became so important to Nurse Rivers that one doctor observed, “for her the Study has become a way of life.”33 Like the subjects in the Milgram study, the gradual increments of the steps made it easier for Nurse Rivers to eventually go all the way to the autopsies. If she had been hired with the immediate job of helping with autopsies, it is likely that she would have quit within the first few days. However, since she went from recruiting subjects to diagnosing them to lumbar punctures and finally to autopsies, her ethical compass was gradually disoriented and she never felt the full force of the study’s immorality. Slowly but surely, Nurse Rivers made her way down the pyramid of choice, securing the study’s success in continuing for forty years. Without her bridging the gap between doctors and subjects, many of the blacks would have quit the study earlier on.

Reflections on the Study

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hese psychological explanations for the initiation and longevity of the Tuskegee Study extend to draw light on the power of the situation. The doctors and nurses involved, including Drs. Clark and Vonderlehr and Nurse Rivers were not evil people with cruel intentions; they were simply in a world that engendered the expression of typical psychological tendencies. From dehumanization to conformity to the pyramid of choice, these medical personnel were subjects of their own environment. With no outside source to censor their actions, there was never any resistance to counter their human tendencies. The psychological ideas developed to explain the events of the Tuskegee study do not exonerate the doctors and nurses of all guilt, but rather bring awareness to the need for safeguards. Since all are capable of succumbing to situational forces, formal guidelines, such as the *Belmont Report*34 (established in response to the Tuskegee study) must be put into place as checkpoints. With these guidelines, clear limits can be established and researchers have a standard on which they can evaluate their work. Without such guidelines, even the most morally sound institutions, such as the Public Health Service, can commit horrific atrocities under suitable conditions. As appalling as the Tuskegee Study was, it will always be an unforgettable reminder of the power of situation and the need for formal ethical guidelines. Out of destruction and despair, hope comes in the form of construction and prevention.

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Endnotes

1. James H. Jones, *Bad Blood* (New York: The Free Press, 1993), 11-12.

2. Jones, *Bad Blood*, 1-15.

3. Phillip G. Zimbardo, *The Lucifer Effect: Understanding how good people turn evil*. (New York: Random House, 2007), 260.

4. Zimbardo, *Lucifer Effect*, 307-13.

5. Zimbardo, *Lucifer Effect*, 307-8.

6. Zimbardo, *Lucifer Effect*, 308-11.

7. Zimbardo, *Lucifer Effect*, 308-9.

8. Jones, *Bad Blood*, 91.

9. Jones, *Bad Blood*, 122.

10. Jones, *Bad Blood*, 92.

11. Jones, *Bad Blood*, 105

12. Jones, *Bad Blood*, 113-31.

13. Jones, *Bad Blood*, 127.

14. Jones, *Bad Blood*, 128.

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16. Zimbardo, *Lucifer Effect*, 260-6.

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18. Jones, *Bad Blood*, 96-9.

19. Jones, *Bad Blood*, 141.

20. Jones, *Bad Blood*, 132-150.

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22. Carol Tavris and Elliot Aronson, *Mistakes Were Made (but not by me)* (Orlando, Harvest

Books, 2007), 32-9.

23. Stanley Milgram, “Behavioral Study of Obedience,” *Journal of Abnormal and Social Psychology* 67, no.4 (1963): 371, doi:10.1037/h0040525

24. Tavris and Aronson, *Mistakes Were Made*, 36-7.

25. Jones, *Bad Blood*, 108-12.

26. Jones, *Bad Blood*, 116.

27. Jones, *Bad Blood*, 151-70.

28. Jones, *Bad Blood*, 6.

29. Jones, *Bad Blood*, 157.

30. Jones, *Bad Blood*, 151.

31. Jones, *Bad Blood*, 153

32. Jones, *Bad Blood*, 164.

33. Jones, *Bad Blood*, 160.

34. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, *The Belmont Report: Ethical principles and guidelines for the protection of human subjects of research* (Washington, DC: U.S. Government Printing Office, 1979).

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