W(h)ither Psychiatry

A takedown of the most cited study in the history of psychiatry.

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In January 1973, the prestigious journal Science published an article entitled “On Being Sane in Insane Places,” by David Rosenhan, a Professor of Psychology at Stanford University. The study detailed the experiences of eight “pseudopatients,” including Rosenhan, who faked hearing voices that said “thud, empty, hollow,” and were admitted into psychiatric hospitals. Although they manifested no other abnormal behavior, seven were diagnosed as schizophrenic and one as manic depressive. All eight were kept in the hospital for stays ranging from seven to fifty-two days.

Clinicians, Rosenhan concluded, viewed admitted patients through the prism of presumed mental illness. Their diagnoses were neither reliable nor useful. Psychiatrists could not distinguish between sanity and insanity. Mental hospitals were halls of horror.

One of the most cited papers in psychiatric history, featured in newspapers, radio and television shows, included in most introductory psychology textbooks, “On Being Sane in Insane Places” buttressed radical critiques of mental health diagnosis, treatment and institutions by, among others, Thomas Szasz (*The Myth of Mental Illness*), R.D. Laing (*Self and Others*), Michel Foucault (*Madness and Civilization*), Erving Goffman (*Asylums*), and Ken Kesey (*One Flew Over the Cuckoo’s Nest*). The “sword plunged into the heart of psychiatry” spawned support for
a bio-centric model of mental illness, patients’ rights, and de-institutionalization. Between 1963 and 1983, the total resident population of state and county mental hospitals dropped from 504,600 to 132,164.

The author of *Brain on Fire*, a harrowing account of her struggle with autoimmune encephalitis, which was misdiagnosed as *schizophrenia*, putting her a step away from confinement in a psychiatric ward, Susannah Cahalan had viewed David Rosenhan as a hero. Until she discovered that “*On Being Sane in Insane Places*” contained flaws, falsehoods, and fabrications.

Cahalan is an indefatigable investigative journalist. And *The Great Pretender* reads like a detective novel. Much to her credit, Cahalan also provides an accessible, informative primer on hot-button issues in mental health in the United States, including: the impact of de-institutionalization; the research revolution in neurochemistry; attempts in DSM (*Diagnostic and Statistical Manual of Mental Disorders*) III, IV, and 5 to standardize diagnoses and distinguish between the physical and mental, the organic and functional; the pros and cons of “criterionating”; the track record of medications; the shortage of mental health personnel; and experiments with community-based care.

That said, *The Great Pretender* is often at war with itself. The book’s “explosive” revelation is that Rosenhan “invented knowledge.” He cooked data; he did not include in his study his conversations with hospital psychiatrists about suicidal thoughts and putting copper over his ears to silence the voices; and, Cahalan believes, six of his eight undercover agents may not have existed.

Nonetheless, Cahalan still maintains that Rosenhan’s principal conclusions – the role of context in diagnosis; the defects and dangers of psychiatry; the alienating and appalling conditions of mental hospitals – are valid. When Cahalan asserts, with Chief Bromden in *One Flew Over the Cuckoo’s Nest*, that “It’s truth even if it didn’t happen,” she leaves us wondering why she has spent so much time taking a dead man down.

Nor is it always clear where Cahalan’s analysis of mental illness, psychiatry, and hospitalization is headed. She understands, of course, that the situation “is complicated” and is wary of easy fixes. And she urges clinicians to treat the patient, not the illness.
Beyond these widely accepted precepts, Cahalan tends to hedge her bets. Most reasonable doctors, she writes, “acknowledge the limitations of drugs,” but hastens to add that “drugs help many people lead full and meaningful lives. It would be folly to discount their worth.”

Cahalan reminds us that Antonio Egas Moniz received the Nobel Prize in 1949 for his work on frontal lobotomies (the barbaric procedure used to “cure” Rosemary Kennedy, John F. Kennedy’s sister), and admits that at present there is “scant consensus” on the etiology and pathophysiology of schizophrenia and other mental illnesses, only to associate herself with the excitement surrounding neuroscience and new technologies.

Determined, somehow, to restore the faith in medicine, healers, diagnoses, and institutions that Rosenhan (and, we’d add, she) “helped shatter,” Cahalan declares that hope and optimism are essential. “I believe that we will unravel the mysteries of the mind,” she concludes. “I also believe that the puzzle is too complex for the human mind to grasp. I am aware of all the arrogance, incompetence and failure, but still believe that psychiatry – and the whole of medicine – will one day be deserving of my faith.”

But almost certainly not now, when we identify symptoms of mental illness without knowledge of underlying causes. And, as Cahalan also recognizes, we cannot “sit back, fold our hands, and wait for the future to solve our problems” while so many people “are languishing on the streets, hidden in the general population, or behind bars, neglected by all of us.”