

Below the Line: Misrepresented Sources in the Rosenhan Hoax

Abstract

Though footnotes may seem like technicalities in the sciences, work in these disciplines is by no means independent of textual sources. How often are sources checked? In the unique case of D. L. Rosenhan's celebrated—and as we now know, fabricated—study 'On Being Sane in Insane Places', a review of any of several listed sources (or even an ordinarily attentive reading of the text itself) would have suggested strongly that something was not right. Had readers examined Rosenhan's sources with ordinary care, so many misrepresentations would have been uncovered that the credibility of his entire performance would have come into question. In the absence of due diligence, serious abuses can, and in this instance did, go undetected for decades. Regardless of the presumption that the humanities are tied to pre-existing texts as the sciences are not, the evaluation of published work will require the scrutiny of sources as long as sources are used.

Visible But Ignored

Shadowing the medical and psychiatric literature is a body of information of unknown magnitude consisting of clinical-trial data withheld from publication.[1] Necessarily, this dark matter is invisible to readers of the literature. However, certain information seems to possess a degree of invisibility despite being part of the literature itself: footnotes. After all, it is not an article's sources but its findings, in particular its novel or striking findings, that solicit interest. A long train of footnotes at the end of an article strikes us as tiresome, like a parade that lasts so long that the spectators go home.

To the impatient reader, footnotes in a discipline like medicine or psychiatry are at once a tedious formality and a distraction from the page, and attaching importance to them may seem like a great stir over very little, in the tradition of the private war between Gibbon and a sniping critic over 383 references in two chapters of his *Decline and Fall of the Roman Empire*.^[2] But neglect has its costs. As a result of the general disinclination to look into footnotes, an article can sit squarely in the spotlight for years on end without irregularities in its use of source material attracting notice. Almost a half century elapsed before two investigators discovered a slew of misreported data in the article generally recognized as the foundation of the immense literature on the placebo effect, Beecher's 'The Powerful Placebo'.^[3] A unique beneficiary of the inattention to footnotes is D. L. Rosenhan's famous exposé of incompetence and outright inhumanity in American psychiatric hospitals, 'On Being Sane in Insane Places' (1973), to which a series of references is attached like a certificate of authenticity. The certificate seems to have been accepted at face value. Not even Rosenhan's critics caught on to his distortion of cited sources, beginning in the very first footnote.

Misrepresentations

Rosenhan's stunning article appeared at a critical hour in the history of American psychiatry. Not only was the reigning psychodynamic model under strong challenge, not only was the American Psychiatric Association (APA) locked in a civil war over the diagnosis of homosexuality,^[4] but the profession suffered attacks on its legitimacy and credibility at the

hands of persuasive critics. Of these attacks, Rosenhan's article, published in no less a journal than *Science*, stands out as certainly the most dramatic and potentially the most devastating. Ironically enough, its sheer dangerousness made it politically useful to the figure who would soon lead the APA's effort to construct a new diagnostic system (to be known as DSM-III): Robert Spitzer. Spitzer's successor Allen Frances once remarked that if not for 'On Being Sane in Insane Places', Spitzer 'could never have done what he did with DSM-III',^[5] implying that the existential threat to psychiatry posed by Rosenhan gave Spitzer what he needed to rally the APA behind the cause of diagnostic reform.

An immediate cause célèbre, 'On Being Sane in Insane Places' recounts an experiment in which eight sane individuals, including the author, presented at twelve psychiatric hospitals, claiming to have heard voices say improbable things like 'Thud'. Diagnosed as suffering from schizophrenia in every case but one, they were held an average of 19 days despite giving no sign of abnormality, and were treated with the utmost contempt. Such was the malign power of the diagnostic label attached to the pseudo-patients (as Rosenhan calls them) that it poisoned the perception and judgement of all concerned and *remained* attached for no other reason than that it was applied in the first place. In Rosenhan's telling, the real insanity lies in the institution of the psychiatric hospital; hence the paper's title. How odd, then, that he would have us believe that 'the administrator and the chief psychologist' of one of these madhouses colluded with him when he got himself admitted^[6]—a detail that mirrors the 1952 report of an anthropologist who indeed smuggled himself into a psychiatric hospital with the knowledge of 'two members of the senior staff,^[7] albeit not with the intention of hoaxing and shaming the institution.

It turns out that the Rosenhan hoax really was a hoax. In 2019 an investigator who obtained Rosenhan's notes and tracked down every lead concluded that no such study as the one he reported ever took place. (Though Rosenhan did sham his way into Haverford State Hospital in Pennsylvania under a false name, he told the doctor more than a thin story about hearing voices: he alleged that he was 'sensitive to radio signals and could hear what people are thinking' and that he put copper over his ears for his own protection, all of which makes the diagnosis of schizophrenia much less casual than it appears in his paper.)[8] By 2019, of course, Rosenhan's study had been legendary for so long that its falsehoods had become, for many, conventional wisdom. But the honesty of 'Insane Places' could and should have been questioned at the time. While few besides Spitzer seem to have suspected that Rosenhan's report was a fabrication, anyone who read it with ordinary care should have been able to see that something was not right.

Though the study protocol supposedly had the pseudos 'cease simulating *any* symptoms of abnormality' upon admission, in Rosenhan's account they exhibited no outward symptoms in the first place. They heard voices, but neither their speech nor behaviour was at all disordered. The symptom of hearing voices was well chosen as it accounts almost credibly for the reported fact that each and every pseudo was admitted, even though public hospitals at the time actually admitted only about 40% of voluntary patients, as documented by a source identified by Rosenhan as critical of his point of view;[9] and all hospitals but one in the Rosenhan study were supposedly public. On the other hand, the normality of the pseudos' speech and behaviour at the hospital door destroys Rosenhan's claim that the institutions failed in every instance to register a clear and obvious change of demeanour once the volunteers were

admitted. No change of demeanour occurred. The argument of 'Insane Places' falls to the ground upon an ordinarily careful reading of its text.

If psychiatric hospitals were as wedded to their preconceptions as Rosenhan and other exponents of labeling theory contend, it's a wonder the volunteers were discharged in less than three weeks, on average. Possibly Rosenhan wanted to convey the experience of the many patients in such hospitals whose stay was brief, a group that actually made up the majority at the time.[10] But precisely because their stay was brief, the pseudos in 'Insane Places' simply do not have time to incur the worst of the alleged effects of labeling.

According to Rosenhan, the ultimate harm of diagnostic labels such as those supposedly applied to the pseudos is that the patient *over time* comes to internalize them and even live them out. As he says, 'Eventually, the patient himself accepts the diagnosis, with all of its surplus meanings and expectations, and behaves accordingly'. Not once in 'Insane Places' is this ominous process borne out. Not the pseudo-patient held for 52 days, not one of the seven or eight discharged with a diagnosis of 'schizophrenia in remission' (as if the disease were dangling over their heads, ready to strike at any time), not even the long-term patients among whom the pseudos were housed are ever shown acting out the disorder they have been labeled with. Just as the actual behaviour of the pseudos does not support the argument that the staff's perception was distorted by the label affixed to them, so the behaviour of one and all fails to illustrate the power of labels over patients themselves.

On what, then, does Rosenhan rest the audacious claim that a diagnosis once imposed becomes the patient's fate? On one of the cardinal works of the anti-psychiatry movement, Scheff's *Being Mentally Ill*.

The sentence ‘Eventually, the patient himself accepts the diagnosis, with all of its surplus meanings and expectations, and behaves accordingly’ is footnoted, with the following reference:

T. J. Scheff, *Being Mentally Ill: A Sociological Theory* (Aldine, Chicago, 1966)

Note the subtitle. Rosenhan validates what he presents as a statement of fact by referring to a theory. But a theory can’t validate a statement of fact, still less such an expansive claim as that a psychiatric label will inevitably realise itself at the patient’s expense. Evidently Rosenhan didn’t really see the need to verify the theory of labeling, since as we now know he never actually conducted the study recounted in the pages of *Science*.

The reader who advances beyond the subtitle of Scheff’s monograph will find that after discussing the power of psychiatric labels to shape behaviour, colour the patient’s self-conception, and lock in deviations from the norm, the author progressively qualifies his claims until little is left—certainly not enough to serve as a foundation for a principle of inevitability. Thus, on p. 101 of the edition of *Being Mentally Ill* cited by Rosenhan, in the Conclusion of the study’s central chapter, Scheff concedes that ‘many of the hypotheses suggested are largely unverified’, and on p. 152 he summarizes the state of the evidence as follows: ‘There is some evidence that too hasty exposure to psychiatric treatment may convince the patient that he is “sick,” prolonging what might have been an otherwise transitory episode’. One qualifier is piled on another: ‘some’; ‘too hasty’; ‘may’; ‘might have been’. Far from supporting the law that the label inevitably crushes the patient, Scheff’s evidence is too weak to support anything.

If it's possible to dilute even further a claim already so attenuated, Scheff does just that in his monograph's Conclusion. Writing of himself in the third person, he encapsulates his case for the labeling theory as follows:

Acknowledging that the evidence was far from complete, both in amount and quality, the author concluded that the existing state of evidence favored this sociological theory, perhaps only slightly . . . Obviously the author is predisposed to accept the theory, and may not have been sufficiently impartial in his selection and evaluation of the evidence. Other investigators, more objective than the author, might review the state of evidence and come to a contrary conclusion.[11]

As if conscience-stricken, Scheff concludes the case for his theory with a sort of apology for the theory itself. Reviewing *Being Mentally Ill* in 1968, Rosenhan noted that it propounds 'a theory in terms of nine testable propositions', neglected to note the state of the evidence, and praised the author for 'preferring the modest to the flamboyant statement'.[12] In 'Insane Places' Rosenhan prefers the flamboyant to the modest, conceals Scheff's qualifiers and disclaimers, cites his theory as if it had the status of a law, and reports his own study as a confirmation of the theory even though it bears out not at all the baleful effect of diagnosis on patients, no matter whether they are held indefinitely in an 'insane' institution or have a suggestive diagnosis like 'schizophrenia in remission' impending over them like an ill omen. Scheff squared the circle in 1974 by holding up the Rosenhan study as strong corroboration of his theory of the social origin of mental illness.[13]

Scouting fraud in 'Insane Places', Spitzer answered the allegation of wholesale misdiagnosis with a study of his own, refusing to conceal the identity of the hospitals he put to the test and implicitly challenging Rosenhan—in a footnote—to do the same.[14] Once Spitzer came into possession of medical records proving the dishonesty of Rosenhan's anonymized account of his own admission into Haverford State Hospital (see Cahalan 2019), he could have exposed Rosenhan at any time. For reasons of his own he kept the secret. But just as anyone who reads 'Insane Places' with ordinary care can see that it does not support its own allegation that the unnamed hospitals failed to notice an obvious change in the pseudo-patients' behaviour upon admission, so any reader who follows up on Rosenhan's citation of Scheff catches on to his opportunistic use of the latter's text. The evidence in this instance is not confidential but in the public domain.

Nor does Rosenhan confine his unscrupulous handling of source material to Scheff. He abuses sources right and left—so many that it's a wonder that none of the cited authors seem to have cried foul.

In defense of the proposition that the mentally ill are 'society's lepers', Rosenhan cites a 1970 article by Sarbin and Mancuso which, as it happens, strongly implies that the allegedly intolerant general public would see no reason to hospitalize someone who behaves as innocuously as the pseudo-patients in 'Insane Places'. 'The survey data have shown repeatedly that only persons who exhibit the most exaggerated deviations will be regarded as mentally ill, and even when this is done, the general public only infrequently makes the recommendation that such persons be hospitalized'.[15] So much for the notion that society demands the sequestration of the mentally ill in the psychiatric equivalent of a leper colony. Another of

Rosenhan's cited sources disputes the cliché of public abhorrence of the mentally ill, reporting that 50% of respondents 'could imagine themselves falling in love with someone who had been mentally ill', 81% 'wouldn't hesitate to work with someone who had been mentally ill', 85% agreed that 'people who have some kinds of mental illness can be taken care of at home', and 60% agreed that 'people who have been in a state mental hospital are no more likely to commit crimes than people who have never been in a state mental hospital'. [16] Predicated as they are on the impermanence of mental illness ('someone who had been mentally ill'), several of these responses belie Rosenhan's contention that the public believes mental illness 'endures forever'. Doubly suspect is Rosenhan's suggestion that just as, or perhaps even because, the public allows its response to the mentally ill to be dictated by their label, so do those in charge of mental hospitals.

In connection with the issue of the arbitrariness of psychiatric categories, Rosenhan cites, among other sources, an article by Derek Phillips that has nothing to do with that topic and does not even mention psychiatric diagnosis. [17] After making the provocative claim that diagnosed psychiatric patients are condemned to live out their label, Rosenhan returns to the theme of arbitrariness, referring to an article by Zigler and Leslie Phillips said to demonstrate that 'there is an enormous overlap in the symptoms presented by patients who have been variously diagnosed': a point which, in turn, has nothing to do with the topic of noxious diagnoses. Rosenhan does not note that the article in question ('Psychiatric Diagnosis: A Critique') censures the excesses of labeling theory, in particular the indiscriminate rejection of psychiatric categories. [18] In direct opposition to Rosenhan, the authors *defend* the principle of psychiatric classification. They do not consider the diagnosis of schizophrenia (for example) a

meaningless but highly prejudicial tag, as in 'Insane Places'; on the contrary, they observe that by carefully delineating symptoms one can distinguish 'those schizophrenics with good prognosis' from 'those with poor prognosis'. It is hard to know why Rosenhan mentions Zigler and Phillips other than to project an appearance of scholarship or perhaps make a tactical retreat from a sensational claim about the power of labels for which he can offer no support even in a piece of fiction.

However, by mentioning Zigler and Phillips as if they somehow corroborated his polemic, Rosenhan opens himself to the charge of using sources dishonestly. It is not just that he obscures the authors' thoughtful analysis of psychiatric classification. The fact is that the same authors, in the same year, in the same journal offer evidence against the inflammatory thesis that labels themselves dictate the outcome of cases. They do so by showing a correlation between clinical outcome and maturity or social competence.[19] Rosenhan's non-mention of the latter article, even as he misleadingly cites its companion, exemplifies the dishonest handling of sources in 'Insane Places'—a practice that should have called his article into question decades before he was exposed as an academic trickster.

Following the publication of 'Insane Places', Rosenhan went on to test the limits of audacity by toying with an identified source. In a retrospective comment on the controversy he incited, he notes that he and his confederates were not the first to study a psychiatric hospital covertly from within. In what now looks like a private joke, he writes,

More than two decades earlier, Caudill (1958; Caudill, Redlich, Gilmore, & Brody, 1952), had spent considerable time in a psychiatric hospital simulating a florid pattern of

symptomology throughout. He was consumed with guilt over deceiving his colleagues and his report of his experiences was an excruciating warning to subsequent scientific generations that such elaborate deceptions can have enormous personal consequences.[20]

As brief as it is, this statement abounds with misrepresentations and concealments. In the investigation reported in the 1952 article, Caudill spent two months undercover in a psychiatric hospital with the permission of two administrators, unlike all of Rosenhan's supposed confederates. (While Rosenhan could have answered his critics by reiterating that he too had authorization for impersonating a patient, something evidently deterred him from repeating this rather bold lie.) Caudill did not simulate his way through the door. His intent was not to expose the insanity of the institution but to learn about the patients' behaviour with one another, especially their group dynamics. According to the circumstantial account given in the 1952 article, inside the hospital Caudill exhibited no florid symptoms, unless playing bridge falls into that category. Dissatisfied with the results of this covert exercise, Caudill undertook a lengthier study in 1952-53 in propria persona, not as a pseudo-patient. Though he did come to feel that the price of conducting undercover research was 'too high',[21] he did not suggest that anyone following in his footsteps should take care to fake only a single symptom (as Rosenhan purports), still less that someone brave enough to shoulder an enormous burden of guilt can reveal the inner workings of a psychiatric hospital as no one else can.

Due Diligence

While a reader confronted with a lengthy list of references may scarcely know where to begin, a good place to start might be the first entry. The first footnote in 'Insane Places' attaches to the statement, '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"'. The note itself refers the reader to two comprehensive reviews, one published in 1967, one in 1971, neither of which mentions sanity or insanity.[22]

Readers might also investigate evidentiary support for an article's more ambitious claims. In support of the claim that the labeled patient will inevitably absorb and even live out his or her diagnosis, Rosenhan, as we know, directs the reader to Scheff's *Being Mentally Ill*. (While all other footnotes are numbered consecutively in the text of 'Insane Places', the Scheff note appears between numbers 15 and 16 even though it is number 5.) Had readers looked into this work which finds in the end only an equivocal preponderance of evidence in favour of labeling theory itself, they might have marveled that Rosenhan found the theory confirmed each and every time he tested it: twelve times out of twelve. How flawlessly he replicated his own results! Even as social science, like the medical literature, came to confront its replication problem, 'Insane Places' with its improbable success rate stood decade after decade until at last it was exposed as a sham. It need not have stood so long. No tradition decrees that gentlemen don't open each other's footnotes.

Some may feel that inspecting footnotes befits a backward-looking discipline but not an advancing one. But regardless of the presumption that the humanities are tied to pre-existing texts as the sciences aren't, or even that the sciences free us from dependence on the past and

its works, the evaluation of scientific literature will require the review of sources as long as it builds on sources. The success of Rosenhan's imposture serves as a warning of the all that becomes possible when this element of due diligence is neglected.

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