

The following letter was sent to but not published by the New York Review of Books in reply to Lisa Appignanesi's Oct. 26, 2017 review of Frederick Crews's critical biography of Freud. The NYRB did not publish Crews's letter in defense of his own book, either.

In her exposé of the Rosenhan study cited below, Susannah Cahalan reveals that the notes on the case of the 39-year-old male were fabricated by Rosenhan. They passed as true because they rang true; thus Spitzer's comment on the case stands.

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To the Editors:

In her review of Frederick Crews's *Freud: The Making of an Illusion* Lisa Appignanesi argues that Freud's talking cures, while not miracles, were innocuous compared to the harm done under the regime of the American Psychiatric Association's Diagnostic and Statistical Manual even now. While I share Lisa Appignanesi's concern over the misapplication of diagnostic labels and the over-prescription of psychoactive drugs, it should be noted that the interpretive liberties taken by the psychoanalysts who ruled American psychiatry as late as the 1970's had much to do with the rise of the DSM diagnostic system as we know it. Instituted in DSM-III in 1980, this system proclaimed an "atheoretical" stance toward etiology, in direct reproach of the psychoanalytic practice of etiological speculation. As Nancy Andreasen, a member of the DSM-III Task Force and later the editor-in-chief of the *American Journal of Psychiatry*, wrote in retrospect, it was the recognition "that the psychodynamic emphasis had gone too far, leading to diagnostic imprecision," that led to the making of DSM-III.

In a cause célèbre of the 1970's, D. L. Rosenhan and confederates hoaxed psychiatry by presenting themselves severally at a dozen psychiatric hospitals, claiming to have heard voices but otherwise behaving perfectly normally. They were admitted, labeled, degraded and held for an average of 19 days. The psychodynamic assumptions then reigning made it possible for the psychiatrists on hand to view these pseudo-patients as textbook cases, with one unremarkable subject described in case notes as follows:

This 39-year-old male . . . manifests a long history of considerable ambivalence in close relationships, which begins in early childhood. A warm relationship with his mother cools during adolescence. . . . Affective stability is absent. . . . And while he says that he has several good friends, one senses considerable ambivalence embedded in those relationships also.

As Rosenhan observed in his report on this affair in *Science*, "the facts of the case were unintentionally distorted by staff" to bring them into line with psychodynamic theory. If this sort of thing passes for diagnosis, no wonder the framers of DSM-III veered in the other direction.

In an otherwise scathing critique of the Rosenhan hoax, Robert Spitzer, who captained the construction of the new diagnostic system for DSM-III, wrote of the case of the 39-year-old male: “Here, for the first time, I believe Rosenhan has hit the mark. What he described happens all the time and often makes attendance at clinical case conferences extremely painful, especially for those with a logical mind and a research orientation”—the last comment a swipe at the Freudians. Spitzer himself trained and briefly practiced as a psychoanalyst only to abandon that endeavor in favor of the new empiricism, based on checklists of symptoms.

Now that such checklists have proved to be recipes for the mass diagnosis of conditions like ADHD—a category born as ADD in 1980—it seems appropriate to ask how so much faith and credit came to be invested in them. If the psychiatrists who inherited Freud’s mantle had been less arbitrary and capricious in their judgments (as in the case above), the new empiricism might not have looked so good by comparison.

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