On being sane in insane places

In the early 1970s Professor David Rosenhan scrubbed himself up and walked into the red-bricked Haverford State Hospital in Pennsylvania with a fictional tale of auditory hallucinations: ‘hollow, empty, thud’. He was admitted for 9 days, his apparent acute paranoid schizophrenia in remission. He went on to write a paper on eight ‘pseudo-patients’ admitted to 12 institutions in the US. The pseudo-patients were all faking it and were ‘sane’ but all were admitted and given various diagnoses around psychosis. The paper On being sane in insane places was published in Science in 1973, has thousands of citations, and has had a profound effect on the direction of psychiatry. Curiously, there is only a single mention of his paper in the BJGP archives in a 1979 article by BR Barnett, a consultant psychoanalyst.2

There are two enduring themes in Rosenhan’s work: first, the damming inference was that psychiatry has no reliable method to tell who is truly ill. One might sympathise with that conclusion. The lack of objective markers was keenly felt then; you can draw a line between Rosenhan’s study and the development of the Diagnostic and Statistical Manual of Mental Disorders with its relentless pursuit of formal codifications. And, second, once people are labelled, it impacts on them psychological/emotional, medication-related, or social. People are wonderfully messy, deeply entangled, and rarely easily categorised.

There is a critical 2020 post-script to Rosenhan’s study. Susannah Cahalan experienced labelling when she developed encephalitis. She was cured and not ‘cordoned off from the rest of medicine’. This also leads us to an intriguing question about brain pathology: why are neurology and psychiatry separate, though overlapping, specialties? Cahalan’s book The Great Pretender leads us to the incredible conclusion that Rosenhan’s paper was, in all likelihood, a fabrication. Yet, the processes of labelling and the wrestling with diagnostic codes are as pertinent as ever.

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