

TEACHER-READY RESEARCH REVIEW

New Revelations About Rosenhan's Pseudopatient Study: Scientific Integrity in Remission

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David Rosenhan's pseudopatient study is one of the most famous studies in psychology, but it is also one of the most criticized studies in psychology. Almost 50 years after its publication, it is still discussed in psychology textbooks, but the extensive body of criticism is not, likely leading teachers not to present the study as the contentious classic that it is. New revelations by Susannah Cahalan (2019), based on her years of investigation of the study and her analysis of the study's archival materials, question the validity and veracity of both Rosenhan's study and his reporting of it as well as Rosenhan's scientific integrity. Because many (if not most) teachers are likely not aware of Cahalan's findings, we provide a summary of her main findings so that if they still opt to cover Rosenhan's study, they can do so more accurately. Because these findings are related to scientific integrity, we think that they are best discussed in the context of research ethics and methods. To aid teachers in this task, we provide some suggestions for such discussions.

Keywords: David Rosenhan, scientific integrity, pseudopatient studies, psychiatric diagnosis

David Rosenhan's participant-observational study, "On Being Sane in Insane Places," is one of the most famous studies in psychology (Rosenhan, 1973). Almost a half-century after its publication in *Science*, it is still discussed in psychology textbooks (Bartels & Peters, 2017; Griggs & Christopher, 2016). Rosenhan was interested in the question of whether clinicians at mental hospitals could distinguish the sane from the insane.¹ According to Rosenhan, to examine this question, he and seven other people went to 12 different hospitals in five states and tried to gain admission. Two participants

went to more than one hospital; one went to two and the other to four. Rosenhan referred to the participants as "pseudopatients" (fake patients). They all faked just one symptom, an auditory hallucination (hearing voices). The voices were saying the words *empty*, *hollow*, and *thud*.² Other than this one symptom, the pseudopatients were only to lie about their true identities. Rosenhan wanted to know if the pseudopatients would be admitted given this singular symptom and, second, what would happen if, after they

¹ As pointed out by many critics of the Rosenhan study (e.g., Fleischman et al., 1973; Spitzer, 1975), the terms *sane* and *insane* are not psychiatric diagnostic terms but rather legal terms. As applied in the legal system, *insane* typically entails the inability to know right from wrong. Thus, Rosenhan's use of these terms was inaccurate and inapposite.

² There was another symptom that pseudopatients *unintentionally* presented—mild nervousness and anxiety. According to Rosenhan (1973, pp. 251–252), it was created by such factors as the fear of being exposed as a fraud and the novelty of the psychiatric hospital setting, which most had not experienced before.

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were admitted, they acted normally and said that they no longer heard voices.

What happened? All of the pseudopatients were admitted and diagnosed with schizophrenia, except for one diagnosed with manic depression.³ Their hospitalizations ranged from 7 to 52 days, with an average of 19 days. What kind of treatment did they receive? It was mostly drug therapy (antipsychotics and antidepressants)—nearly 2,100 pills, although only two were taken. Upon their release, each pseudopatient was discharged with their respective entry diagnosis being “in remission.” Rosenhan concluded that the pseudopatients’ subsequent normal behavior was misinterpreted in terms of their diagnoses, illustrating the perceptual biasing of labels, and that “it is clear we cannot distinguish the sane from the insane in psychiatric hospitals” (Rosenhan, 1973, p. 257).

Rosenhan’s findings did not go unchallenged. There was a firestorm of responses, starting with a series of critical letters published in *Science* (Fleischman et al., 1973) and continuing with four detailed critiques in the October 1975 issue of the *Journal of Abnormal Psychology* (Crown, 1975; Millon, 1975; Spitzer, 1975; Weiner, 1975). In brief, these critics argued that Rosenhan used flawed methodology, ignored relevant data, and reached unsound conclusions, but the most telling criticism involved the “in remission” discharge diagnoses for the pseudopatients (Ruscio, 2004). Spitzer (1975) provided data that indicated that “in remission” classifications were rarely used in psychiatric hospitals at the time of Rosenhan’s study. Thus, the unanimous agreement in discharge diagnoses by clinicians in very different settings contradicts both Rosenhan’s assertion that diagnoses are unreliable and his conclusion that clinicians were influenced by their initial diagnoses. Instead, Spitzer argued, their discharge diagnoses were based on their observation of the absence of psychotic symptoms in the pseudopatients. Hence, Rosenhan’s own findings showed that the clinical decisions about the pseudopatients relied on their *post*diagnostic normal behavior and *not* their initial diagnoses. Spitzer concluded that “a careful consideration of this study leads to a diagnosis of ‘logic in remission’” (p. 442).

Current psychology textbook authors, aware or not aware of these criticisms, do not cover them (Bartels & Peters, 2017). Consequently,

many, if not most, teachers likely do not cover them and thus fail to present Rosenhan’s study as the contentious classic that it is. New revelations about Rosenhan’s pseudopatient study that question its validity and veracity should help psychology textbook authors and teachers cover the study more accurately. These revelations were discovered by Susannah Cahalan through her years of investigation of the pseudopatient study and her analysis of the study’s archival materials and are detailed in her book, *The Great Pretender* (Cahalan, 2019).

Cahalan was given access to Rosenhan’s archival materials for the pseudopatient study by social psychologist Lee Ross, Rosenhan’s colleague at Stanford University. These materials included Rosenhan’s detailed notes about his hospital stay as a pseudopatient; drafts of his 1973 article; drafts of the first eight chapters of a book about the pseudopatient study that were never finished, which included some, albeit limited, information on the pseudopatients; correspondence between Rosenhan and Spitzer, his main critic; and other study-related notes and documents. Cahalan also managed to obtain a copy of Rosenhan’s medical record at Haverford State Hospital, where he was a pseudopatient; found and interviewed two of the study’s pseudopatients (although one was relegated to a footnote in the published study) and some of the people connected to the study, such as Rosenhan’s research assistant for the study; and conducted an in-depth but unsuccessful search for the remaining six pseudopatients.

Cahalan’s investigation revealed that Rosenhan misrepresented both the study’s methodology and results in Rosenhan (1973). Because most teachers are likely not aware of Cahalan’s (2019) findings, we review her main findings, and after each finding, we offer some suggestions for how psychology teachers could use that specific finding in their coverage of research ethics and, in some cases, research design. We begin with a discussion of Rosenhan’s misrepresentations of the published pseudopatient script and an excerpted section of his medical record, followed by his selective reporting

³ Actually, Rosenhan was not admitted but rather committed. He could not gain admission on his own. Given Haverford State Hospital’s rules, his wife had to sign papers to commit him, and she reluctantly did so.

in which he excluded a pseudopatient's data that did not fit his hypothesis, his failure to adequately protect the safety of the other pseudopatients while protecting his own, and his reporting of questionable data and possible fabrication of six of the pseudopatients and their data. Our discussions of the findings are necessarily brief due to space limitations, but more detail can be found in Cahalan's book.

Rosenhan's Misrepresentations of the Pseudopatient Script and His Medical Record

Rosenhan participated as the first pseudopatient in the study (Rosenhan, 1973, p. 251). Remember, according to the published pseudopatient script, the pseudopatients were supposed to present only one symptom, hearing voices that kept saying the words *empty*, *hollow*, and *thud*, and that, after admission, they were to tell the hospital staff that this auditory hallucination had ceased. Also, no alterations of a pseudopatient's personal history or circumstances were supposed to be made except for the falsification of name, address, and employment. Yet, Rosenhan's medical record, leaked by Dr. Frank Bartlett, the doctor who diagnosed Rosenhan, revealed that he significantly violated this script. For example, he did not just present the singular symptom as given in the published pseudopatient script but rather created an elaborate, schizophrenic-type narrative surrounding the voices that he heard. He reported that he found the voices so upsetting that he put copper pots over his ears (the "tin-foil hat delusion," which is common among the mentally ill), was sensitive to radio signals, could hear what others were thinking, and felt suicidal at times (Cahalan, 2019, chap. 19). He also included many other fictions, such as a long-running feud with his employer and other issues at work and that his wife was not aware of how disturbed, helpless, and useless he was. In sum, given his substantial embellishment of the published pseudopatient script, he knowingly misrepresented the script that he reported in Rosenhan (1973).

Cahalan (2019, p. 190) also found that Rosenhan distorted his medical record (specifically, the case summary prepared after his discharge) that he excerpted in the *Science* article (Rosenhan, 1973, p. 253). Cahalan provided a

direct comparison of the two documents—the actual record and the supposed excerpted record. It is clear from this comparison that Rosenhan added details, such as a fluctuating relationship with his parents, ambivalence in his relationships with friends, and a warm relationship with his mother but a distant relationship with his father. With respect to the hospital record that he had distorted, Rosenhan (1973) wrote, "The facts of the case were unintentionally distorted by the staff to achieve a consistency with a popular theory of the dynamics of schizophrenic reaction" (p. 253). However, as Cahalan pointed out, "it was becoming alarmingly clear that the facts were distorted *intentionally*—by Rosenhan himself" (p. 191). Why would he distort his medical record? In the *Science* article, he used the distorted record to support his argument that the psychiatric staff's perception of his behavior was shaped mainly by his diagnosis, conveniently confirming his presumption that labeling theory in psychiatric institutions leads to dehumanization. In sum, Rosenhan misrepresented not only the pseudopatient script but also the medical record of his own hospital experience in the *Science* article.

For teachers who want to discuss Rosenhan's published misrepresentation of the pseudopatient script as a violation of scientific integrity, we suggest that a good starting point would be to first present a description of the study, making sure to stress the pseudopatient script and its role in standardizing the study. Once students are familiar with the study and how the pseudopatients supposedly behaved, a description of Rosenhan's actual behavior as the first pseudopatient will lead students to see his behavior as unethical and in conflict with the published pseudopatient script. Teachers could also describe his modifications of his excerpted hospital record, which led to further misrepresentation in his research report. This will set the stage for relating these misrepresentations to the American Psychological Association's (APA's) *Ethical Principles of Psychologists and Code of Conduct* (APA, 2017). The most relevant ethical principle would be Principle C: Integrity, which says psychologists "do not . . . engage in . . . intentional misrepresentation of fact" (p. 4). It is also important to point out that even the first APA code of ethics for psychologists (APA, 1953, Ethical Standards in Research,

4.21) spoke to such misrepresentation: “As in the case with the conduct of research, strong trust requires that the research report be beyond question in its correctness and accuracy.” The APA code of ethics has evolved through several iterations from 1953, but all interdict the misrepresentation of a study in a research report.

Cahalan’s (2019) findings of Rosenhan’s misrepresentations of the pseudopatient script and his hospital record also allow for a discussion of some principles of research design. For example, such a discussion could focus on how the pseudopatient script embellishments by Rosenhan compose a case of experimenter bias, a process in which the person conducting the research influences the results to achieve a certain outcome. For example, students could discuss whether Rosenhan embellished the pseudopatient script to ensure being admitted, thereby influencing the results to favor his hypothesis. Discussion could then turn to why it is best for researchers not to serve as participants in their own studies.

Selective Reporting of Data

With the help of Dr. Bert Moore, dean of the School of Behavioral and Brain Sciences at the University of Dallas, Cahalan identified her first pseudopatient, Bill Underwood (a Rosenhan graduate student at the time of the study). Underwood ultimately led Cahalan to her second pseudopatient, Harry Lando, another graduate student at Stanford at that time. Cahalan linked Lando to the ninth pseudopatient reported in Footnote 6 in Rosenhan (1973, p. 258). According to Rosenhan, he had excluded Lando’s data from the study for falsifying biographical information during his admittance examination. While Lando did omit his marriage, saying he lived alone and had no close family, and fabricated the death of his parents in his admittance examination, Rosenhan made more embellishments to the pseudopatient script. Bill Underwood also violated the script. For example, he too omitted his marriage in the admittance process. Hence, all three pseudopatients violated the published script, and Rosenhan was aware of these violations. Knowing this, why did Rosenhan only remove Lando’s data? Likely because Lando gave the psychiatric hospital to which he was admitted a favorable appraisal. Hence, his positive hospital experience did not

fit Rosenhan’s preconception that psychiatric hospitalizations were extremely negative. After learning of his removal from the study, Lando later reported his positive hospitalization experience himself (Lando, 1976), but few people today are aware of it. With respect to Rosenhan excluding his data, Lando told Cahalan, “You have got to respect and accept the data, even if the data are not supportive of your preconceptions” (p. 233).

Lando’s (1976) quote about Rosenhan needing to respect the data regardless of whether they fit his preconceptions constitutes a good segue into a class discussion about the ethical implications of selectively reporting data, how such reporting can bias the interpretation of a study’s findings, and the obligation of researchers to report the results of their studies accurately and thoroughly. Class discussion could then turn to students’ thoughts about what the consequences might have been if Rosenhan had accurately described pseudopatient behavior in his research report. For example, how would this have impacted his conclusion that the staff at psychiatric hospitals could not differentiate people with mental disorders from those without disorders, and why would it have spelled the death knell for his research report? Such discussion should facilitate student understanding of Rosenhan’s possible motivations for his misrepresentations of pseudopatient behavior, as well as an understanding that the goal of research is to learn and educate and that researchers who misrepresent their studies are at cross-purposes with achieving this goal.

Rosenhan’s Failure to Prepare and Protect Other Pseudopatients

Were the pseudopatients thoroughly prepared for psychiatric hospitalization? For example, did Rosenhan teach them methods of data collection, go over their backstories thoroughly with them, and so on? According to Underwood and Lando, Rosenhan did not rehearse backstories with them or teach them how to properly collect data (Cahalan, 2019, pp. 140, 218). They both claimed that the most they were trained was for a handful of minutes on how to cheek pills without swallowing them, hardly a thorough preparation for participants attempting to gain admission to psychiatric hospitals circa 1970. In sum, according to Underwood and

Lando, Rosenhan did not adequately prepare them for their hospitalizations.

According to Bill Underwood's wife, Rosenhan consoled her anxiety about her husband's hospitalization by telling her that writs of habeas corpus had been prepared for all of the pseudopatients if a hospital would not permit them to leave if they chose to do so (Cahalan, 2019, p. 145). He also mentioned preparing writs in Rosenhan (1973). In Footnote 8, he reported "a writ of habeas corpus was prepared for each of the entering pseudopatients" (p. 258). Yet, Robert Bartels, a lawyer who had worked on the Rosenhan study with Stanford law professor John Kaplan, told Cahalan that they had discussed writs for one or two people, but he did *not* remember ever preparing any writs (p. 145). Although Rosenhan seems to have failed to adequately protect the other pseudopatients, he ensured his own safety when he went undercover by alerting the superintendent and chief psychologist at Haverford State Hospital of his presence in case any problems arose (Rosenhan, 1973, p. 251). There is no evidence of Rosenhan making similar, or any, precautions for the other pseudopatients.

We suggest that preceding a discussion of these findings, teachers ask students to think about being a pseudopatient in the Rosenhan study and how stressful and anxiety-arousing such participation must have been. This thought exercise should then be followed by instruction about Cahalan's findings of Rosenhan's failure to adequately prepare the other pseudopatients for their hospital experiences and to protect them during their experiences in order to keep them safe. Teachers could then solicit students' thoughts about the ethics of Rosenhan's behavior and the importance of protecting human research participants (in this case, the pseudopatients). This discussion would compose a good opening for instruction about all of the precautions that the APA (2017) now has in its ethical code to protect human participants in research, such as institutional research boards, informed consent, use of deception, debriefing of participants, and so on. Once aware of the current APA measures to protect human research participants, students could discuss the question of whether a pseudopatient study could be conducted now and, if so, how, given these current protective measures. This discussion should help to solidify their understanding of the APA

measures to protect human research participants.

Reporting Questionable Data and Possibly Pseudo-Pseudopatients

Cahalan (2019) found disparities when comparing the data in the archives with pseudopatient Bill Underwood's memory and medical record of his participation. For example, according to the archival data, Underwood spent 7 days in a hospital with 8,000 patients, although he actually spent 8 days in a hospital with 1,510 patients (p. 173). Underwood was not released with an "in remission" diagnosis, although Rosenhan (1973) reported that *all* pseudopatients had an exit diagnosis of "in remission."⁴ The hospital discharge record clearly showed that the reason for discharge was left blank (p. 160). Underwood also said that he did not report any specific numbers or accounts of the type reported in Rosenhan (1973). He told Cahalan that "he [Rosenhan] certainly wouldn't have gotten the exact numbers from me because I didn't really watch the office that closely. I just told him how I had seen nurses and attendants out and about on the ward" (p. 174). If not from Underwood, where did these exact numerical data for Underwood originate? They would appear to be pseudodata created by Rosenhan.

In addition, much of the data in the archival documents were in conflict, thereby casting further doubt on the veracity of the specific numbers reported in Rosenhan (1973). For example, the number of days that some pseudopatients were hospitalized fluctuated. Another oddity was that there were two versions of the paper to be submitted; one included Lando and the other did not. The data reported in the two versions, however, were identical, an impossibility given that some of the data reported in Rosenhan (1973) were frequency data (e.g., Table 1, p. 255). In sum, given the incongruities among the data within the archival documents and the serious disparities between Bill Underwood's memory and the archival data for him, it is reasonable to assume that some of the data that

⁴ Harry Lando was also released without an "in remission" exit diagnosis, but Rosenhan had excluded his data from the research report. Thus, of the three pseudopatients that Cahalan (2019) identified, only one, Rosenhan, received an "in remission" exit diagnosis.

Rosenhan reported were questionable with respect to accuracy and, possibly, pseudodata.

Was it also possible that some of the pseudopatients were pseudo-pseudopatients? According to Rosenhan (1973), there were eight pseudopatients. Cahalan (2019), however, was only able to identify three: Rosenhan, Underwood, and Lando (who was not one of the eight pseudopatients because he was removed from the study). Attempting to identify the other six pseudopatients was complicated because Rosenhan had given them pseudonyms and changed the names of the hospitals they visited in the archival materials. The true identities of the six pseudopatients did not appear in the archival materials. Despite this obstacle, Cahalan managed to identify a few people whom she suspected could have been pseudopatients based on Rosenhan's brief descriptions in the archival documents. She spoke with them or their families and friends, but none had served as pseudopatients. She even hired a private detective to aid in the search, but to no avail. Cahalan also posted a request for help with her search in *The Lancet Psychiatry* (Cahalan, 2017), but no leads were forthcoming.

Rosenhan seems to have kept the identities of six of the eight pseudopatients hidden from everyone, even Nancy Horn, his research assistant during the study. She was only aware that Rosenhan, Underwood, and Lando were pseudopatients (Cahalan, 2019, pp. 249–250). When Cahalan described the other six pseudopatients and their hospitalization experiences, Horn did not recognize any of them, but one female pseudopatient's experience led her to ask Cahalan if she was the one at Chestnut Lodge, a private hospital near Washington, DC. Regrettably, Horn could not provide any other information about this possibility. Cahalan pursued this clue, but it turned out to be another dead end. Horn's lack of knowledge about the six other pseudopatients, Cahalan's failure in her exhaustive search to identify any of them, and Rosenhan's misrepresentations of other aspects of his study in the 1973 *Science* article led Cahalan to conclude that it is definitely possible that Rosenhan fabricated some (or all) of the pseudopatients and their data, making them pseudo-pseudopatients.

Cahalan (2019) speculated that the possibility that six of the eight pseudopatients were pseudo-pseudopatients might have led Rosenhan not

to finish the book on the pseudopatient study that he had contracted to write with Doubleday. Doubleday sued him in 1989 to recoup Rosenhan's first advance of \$11,000 because he was already 7 years late in delivering the book (p. 266). The book was never delivered. Why? She discovered in the archival documents that Rosenhan's Doubleday editor had asked him to add more detail to his vague descriptions of the pseudopatients (pp. 188–191). If they did not exist, this would be difficult to do. She also discovered that Spitzer had gained access to Rosenhan's Haverford State Hospital medical record and thus knew that Rosenhan had misrepresented his own pseudopatient experience in his 1973 *Science* article (p. 192).⁵ Through her analysis of the archival correspondence between Rosenhan and Spitzer, Cahalan also learned that Rosenhan was aware that Spitzer had his medical file and knew the truth about his pseudopatient experience (Note 2, Chapter 20, p. 344). Cahalan thus speculated that Rosenhan may have abandoned the book project because of the threat of being exposed by Spitzer.

These findings include not only the possibility that Rosenhan may have created some of the data that he reported but also the possibility that he fabricated six of the eight pseudopatients and their data. Hence, Principle C: Integrity and the Ethical Standard 8.10: Reporting Research Results (APA, 2017) are relevant. Ethical Standard 8.10(a) states that "psychologists do not fabricate data" (p. 12). We suggest a class discussion about the likelihood that Rosenhan might have fabricated both some of the data and some of the pseudopatients given the other misrepresentations in his research report that Cahalan (2019) had discovered. During this discussion, teachers could incorporate some additional Cahalan findings to further stimulate student thinking about the possibility of fabrication of data and

⁵ Cahalan (2019, pp. 192–193) discovered that Dr. Bartlett, who had diagnosed Rosenhan, was so upset with Rosenhan's (1973) article, especially his portrayal of the care that he had received at Haverford State Hospital, that he sent Rosenhan's medical record to psychiatrist Robert Woodruff, an early critic of Rosenhan's study. Woodruff then sent the record to Spitzer, whose subsequent handling of the record is ethically questionable. Instead of exposing the fraud that Rosenhan had perpetrated, he kept quiet and used Rosenhan's claim about the unreliability of psychiatric diagnosis to further his own goal of revamping the American Psychiatric Association's approach to such diagnosis.

pseudopatients by Rosenhan. First, Cahalan (p. 180) found that most of the pseudopatient experiences that Rosenhan (1973, pp. 255–256) reported came from his own notes about his hospitalization (e.g., the nurse unbuttoning her uniform to adjust her bra in the presence of male patients and staff) and few from the other pseudopatient hospitalizations. Second, Cahalan found that some of these experiences were from Lando's hospitalization (p. 232), and Lando had been excluded from the study. For example, it was Lando who had attempted a romance with a nurse (Rosenhan, 1973, p. 256). Teachers could then ask students if these findings impacted their thinking about the possibility of fabrication by Rosenhan and, if so, how.

Ethical Standard 8.14a (APA, 2017) is also relevant when discussing Rosenhan's handling of the pseudopatient data. This standard is concerned with the sharing of data among researchers, and Rosenhan refused to share his data with other psychologists after his article was published (Cahalan, 2019, p. 179; Spitzer, 1975). Ethical Standard 8.14a states that "after research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis" (p. 12). Pseudonyms had been assigned to both pseudopatients and hospitals, so confidentiality was not an issue. Teachers could lead a class discussion about why Rosenhan refused to share the data in which students could voice their opinions about whether they thought that the data really existed and why they thought so.

Concluding Remarks

To make teachers aware of Cahalan's (2019) revelations about Rosenhan's pseudopatient study and his reporting of it, we provided a summary of her main findings. Because these findings question the validity and veracity of both the study and Rosenhan's reporting of it, some teachers may opt to no longer cover the study in their classes. For those who do want to continue covering the study, Cahalan's findings will allow them to do so more accurately. Because her findings are mainly related to scientific integrity, we think that the pseudopatient study is best discussed in the context of research ethics, although some of her findings can also

be used to illustrate research design principles and problems. To aid teachers in this task, we have provided suggestions for both types of discussions. Our suggestions should prove useful to teachers in a variety of psychology courses, including introductory psychology, research methods, experimental psychology, and abnormal psychology. However, how much time a teacher can devote to discussing Cahalan's findings and their implications will vary dependent upon course level, content, and objectives. For example, teachers of research methods courses would have more time to devote to such discussions than introductory psychology teachers. Given that we have provided teaching suggestions for all of Cahalan's main findings, teachers should be able to choose those that best fit their particular course needs and timeframe.

After learning about Cahalan's (2019) findings, teachers, like critics of the pseudopatient study from the early 1970s to today, may wonder why Rosenhan's paper was accepted for publication in the prestigious journal, *Science*. In an attempt to answer this question, Cahalan wrote to *Science* and requested the reviews for the paper, but she was denied access because of the confidential nature of the review process (p. 175). Sociologist Andrew Scull (2020; also see Cahalan, 2019, p. 176) reported that he too requested the peer reviews and was denied access, although he was given another reason. He was told that the journal had changed offices and that the reviews no longer existed. Given these conflicting responses from *Science*, the first author (Richard A. Griggs) contacted Valerie Thompson, the book review editor at *Science*, and inquired about the existence of the review file for the Rosenhan article. Her response was: "I share your curiosity regarding this paper, and inquired about it during the preparation of our review of *The Great Pretender*. Unfortunately, our archivist was not able to locate any records related to this paper" (Valerie Thompson, personal communication, March 2, 2020). Thus, because the review records appear to be irretrievable in that they cannot be found or no longer exist, questions about the publication of Rosenhan's study in *Science* will remain unanswered.

In conclusion, we agree with Spitzer's (1975) argument that Rosenhan's reasoning in his 1973 *Science* article on the pseudopatient study was a

case of “logic in remission,” but we also think that Cahalan (2019) has effectively shown that his behavior in conducting and reporting the study constitutes a case of “scientific integrity in remission.” Given the apparent impossible task to understand Rosenhan’s behavior 50 or so years ago, an apt description of his behavior might be a phrase coined by Winston Churchill at the beginning of World War II and used by Cahalan as the title for Chapter 5, “A Riddle Wrapped in a Mystery Inside an Enigma.”

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