

# Being Sane in Insane Places<sup>1</sup>

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## {Begin excerpted piece}

*Question: "If people were committed to a psychiatric hospital by accident, would they be able to convince the staff to let them out?"*

*David Rosenhan of Stanford University set out to answer this and the related question: "How accurately do psychiatric hospitals distinguish between people who are psychotic, and people who are healthy?" To find out, Rosenhan and several colleagues had themselves committed (Rosenhan, 1973). Entrance to mental hospitals was gained by faking only one symptom. Rosenhan and the others complained of hearing voices which said "empty", "hollow", and "thud". In 11 out of 12 tries, they were admitted with diagnosis of "schizophrenia".*

*After being admitted these "pseudo patients" dropped all pretense of mental illness. Yet even though they acted completely normal, none of the researchers was ever recognized by hospital staff as a phony patient. Other patients were not so easily fooled. It was not unusual for a real patient to say to one of the researchers, "You're not crazy, you're just checking up on the hospital", or "You're a journalist".*

*Rosenhan and the others spent from one to seven weeks in these hospitals before being discharged. The hospitals ranged from very modern and plush, to ancient and shoddy. No matter how good the facilities, or how good the hospital's reputation, Rosenhan found some very disturbing conditions.*

*{Some clinic conditions and staff attitudes are discussed in the article, which are not relevant here}*

*A situation that sums up Rosenhan's findings better than any other is his note-taking. Rosenhan began taking notes by carefully jotting things on a small piece of paper hidden in his hand. He learned quickly that hiding was totally unnecessary. He was soon walking around with a clipboard and note pads, recording observations, and collecting data. No one questioned his behavior. Note taking was simply seen as a symptom of his "illness". As a matter of fact, Rosenhan found that anything he did was ignored. When a staff member manhandled patient (as happened occasionally) Rosenhan would be right there -- taking notes on the whole incident!*

*These observations clarify the failure of staff members to detect the fake patients. Because they were seen in the context of mental ward and because they were labeled "schizophrenic", anything the pseudo patients did was seen as a symptom of their illness. To return to the original hypothetical question about talking your way out of a hypothetical commitment, it should be clear that it could be quite futile to say, "Look, this is all a mistake. I'm not crazy. You've got to let me out". The response might very well be, "Have you had these paranoid delusions for long?"*

*Many mental health professionals found the Rosenhan's findings hard to believe. This led to a follow-up study in which the staff of another hospital was warned that one or more pseudo patients were going to try to gain admission over the next three months. Thus alerted, the staff at this hospital tried to identify fake incoming patients. Among 193 candidates, 41 were labeled as fakes by at least one staff member, and 19 more were*

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<sup>1</sup> Excerpted from Introduction to Psychology -- Denis Coon -- West publishing Co. ISBN # 0-8299-0134-5

*labeled as “suspicious”. This only serves to confirm Rosenhan's original findings, since he never sent any patients, fake or otherwise, to this hospital.*

*It is an important final note that all the normal people who served as pseudo patients in the original studies were discharged as “schizophrenics in remission” (temporarily free of symptoms). In other words, the label that prevented the hospital staff from seeing the normality of the researchers stayed with them when they left...*

**{End of excerpted piece}**

The point of including this article here, is to illustrate how people - even professionals who are supposed to know what they're doing, and were supposed to be objective in their analysis, are misled by labels and preconceived notions (or paradigms) based on textbook knowledge which tends to categorize people, and put them into “cubbyholes” by reasons and methods which are subjective at best. The psychiatry profession is not an exact science; not by any stretch of the imagination. There are few and far between of those professionals who deal in objective fact, and once a “diagnosis” of mental illness has been made (assumed), there is a plethora of theories to justify it. This is a proven fact, and if you refuse to believe it, well, that speaks to your own paradigms. I deal in facts, and I deal in common sense. Anything more is conjuring and theory which as you see, doesn't hold water.

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Peace and Godspeed,

WebPastor David Todeschini

