

On Being Sane in an Insane Place – The Rosenhan Experiment in the Laboratory of Plautus’ Epidamnus

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Abstract Plautus’ Roman comedy *Menaechmi* (*The Two Menaechmuses*) of c. 200 BC anticipates in fictional form the famous Rosenhan experiment of 1973, a landmark critique of psychiatric diagnosis. An analysis of the scenes of feigned madness and psychiatric examination suggests that the play (and the earlier Greek play from which it was adapted) offers two related ethical reflections, one on the validity of psychiatric diagnoses, the other on the validity of the entire medical model of insanity—that is, of the popular notion and political truth that mental illness is a (bodily) disease “like any other.” This essay is offered as a contribution to the interpretation of the play as well as to the history of psychiatry.

Keywords Plautus · *Menaechmi* · Rosenhan · Szasz · Insanity · Mental illness

The path of progress in psychiatry is circular, periodically returning to its starting point.

Thomas Szasz, *The Manufacture of Madness* (1970)

Introduction

Controversy is engulfing “DSM 5,” the fifth revision of the *Diagnostic and Statistical Manual of the American Psychiatric Association*. DSM is the bible of professional psychiatrists, and there is a crisis of confidence about whether the diagnoses of mental illnesses recorded in its scriptures are real, or metaphors, or something else. In a recent essay in *Wired Magazine* the American psychotherapist and popular writer Greenberg (2010) explains the root problem:

Dedicated to the memories of David L. Rosenhan (1929–2012) and Thomas S. Szasz (1920–2012).

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The authority of any doctor depends on their ability to name a patient's suffering. For patients to accept a diagnosis, they must believe that doctors know—in the same way that physicists know about gravity or biologists about mitosis—that their disease exists and that they have it. But this kind of certainty has eluded psychiatry, and every fight over nomenclature threatens to undermine the legitimacy of the profession by revealing its dirty secret: that for all their confident pronouncements, psychiatrists can't rigorously differentiate illness from everyday suffering. This is why, as one psychiatrist wrote after the APA voted homosexuality out of the DSM, "there is a terrible sense of shame among psychiatrists, always wanting to show that our diagnoses are as good as the scientific ones used in real medicine."

This terrible sense of shame has a longer history than one might think, and four decades ago the problem that engenders it was put to a sort of clinical test. That test is today known as the Rosenhan experiment, and its findings have become a standard feature in introductory textbooks of psychology and psychiatry. In 1972, Stanford psychologist David L. Rosenhan (1929–2012) sought to demonstrate that diagnoses of mental illness lack validity. He did so by having eight "pseudopatients" (his coinage), of which he was one, feign auditory hallucinations to gain admission to psychiatric hospitals. Once admitted to the 12 institutions they approached, the pseudopatients acted entirely normally — yet all were nevertheless judged insane by psychiatrists. Ironically, while the psychiatrists judged the "pseudopatients" to be so severely ill that they were withholding information, the actual psychiatric inpatients were telling the doctors that the pseudopatients were normal!

In this paper I argue that the Rosenhan experiment was anticipated in fictional but functionally identical form as far back as Hellenistic Greece, and specifically in a stage comedy titled *Menaechmi* ("The Two Menaechmuses") by T. Maccius Plautus, Rome's greatest playwright (c. 254–184). Like all Roman comedies, *Menaechmi* is a musical adaptation in Latin of a lost Greek comedy whose author and date are now unknown.¹ As I aim to show, Plautus' play largely replicates Rosenhan's experiment in surprising and significant ways, and it suggests that contemporary concerns over the validity of psychiatric diagnoses were probably equally current concerns in both Hellenistic Greece and mid-Republican Rome. Less clearly but more controversially, the play also seemingly suggests that the validity of the medical model of madness—that is, the belief that mental illness is a (bodily) disease best treated with neuroleptic drugs—was a point of debate in these two societies. Since this dimension of the play has gone largely unappreciated, my paper is offered as a contribution both to the interpretation of *Menaechmi* and to the history of psychiatry. And since more readers will be interested in the medical than the dramaturgical or technical aspects of the play, several newly interpreted points of detail about Plautus' text are confined to footnotes.

I begin by summarizing the Rosenhan experiment.²

¹ Burzacchini (2007) reviews suggestions for *Menaechmi*'s model. Posidippus of Cassandreia (316–c. 250 BC) is often thought to be its author. I return to the question in §7 below.

² Readers can watch Rosenhan summarizing it himself at <http://www.youtube.com/watch?v=j6bmZ8cVB4o> (accessed September 11, 2013).

The Experiment

In 1972 David Rosenhan (1973a) and seven other “pseudopatients” feigned mental illness and succeeded in gaining admission to 12 different psychiatric hospitals. All eight pseudopatients were admitted on the basis of a single simulated symptom: auditory hallucinations. The hallucinations consisted (they claimed) of a voice saying “empty,” “dull,” and “thud.” The pseudopatients told each admitting doctor that the voices had initially troubled them, but less so now, and they had come to the hospital on the advice of friends. Once admitted, the pseudopatients dropped all pretense of psychic disturbance and began to act entirely normally. Nevertheless, all eight individuals were judged “insane” by psychiatrists and experienced considerable trouble in eventually obtaining permission to go home. The lengths of hospitalization ranged from seven to 52 days, with an average stay of 19 days. None of the pseudopatients was ever detected. On the contrary, on 11 occasions the pseudopatients were diagnosed with paranoid schizophrenia, and on the 12th the diagnosis was of manic-depressive psychosis. What is more, when the pseudopatients eventually were discharged, each was presented not with a clean bill of health, but with the remarkable diagnosis of “schizophrenia in remission.”

Some pseudopatients were nervous about lying to the admitting doctor, but apart from any signs of that the alleged hallucinations were the sole reason for admitting them. Each pseudopatient gave a false name and job, but they otherwise gave true details about their lives—its ups and downs, their relationships, and their life histories.

Published in the venerable journal *Science*, the experiment provoked a swift and incendiary reaction—and for several obvious reasons. Rosenhan was a psychiatric reformer, not a psychiatric atheist, and so he predictably exposed himself to attack on two fronts. An overwhelming first wave of criticism came from professional psychiatrists and mental health practitioners (Rosenhan 1973b). They attacked his study as misguided or frivolous. An extended critique issued from Dr. Robert L. Spitzer (1975) (born 1932), a psychiatrist at Columbia University College of Physicians and Surgeons who several years later became the editor of *DSM 3* (published in 1980). These criticisms need not be repeated in detail here because to readers unfamiliar with psychiatric controversies, the various points they raise in opposition will suggest themselves instinctively.

The second and less obvious charge to which Rosenhan’s study lay open was that he had not gone far enough. This left him vulnerable to those critics who were skeptical of the pathological explanation of socially deviant behavior—that is, to critics who questioned the validity of the medical model of madness. This latter view is closely associated with Dr. Thomas Szasz (1920–2012), who from 1956 until his retirement in 1990 was professor of psychiatry at the SUNY Upstate Medical University at Syracuse. The thesis argued in Szasz’s bestselling 1961 book *The Myth of Mental Illness* (Szasz 2010) implies that if psychiatric diagnoses lack validity, as Rosenhan maintained, then that is simply because they are based on the false premise that mental illness is a medical (bodily) illness at all. According to Szasz, mental illness is merely a socially convenient metaphor—largely forgotten, to be sure—for excusing or avoiding responsibility for others’ unwanted behaviors. Widespread acceptance of this view would, of course, imperil the psychiatric enterprise entirely.

In the event, Szasz published an extended critique of Rosenhan's efforts only in 2008. I will come to it later (§6 below). For now, since these issues tend to be fraught with emotional involvement, I prefer to add the caveat that I have no professional competence in psychiatry to endorse or reject any of these approaches. My aim is merely to describe them, largely by means of rhetorical analysis.

Rosenhan forestalled the second line of criticism by ignoring its existence. Instead, he offered a declaration of personal belief in the medical model as a sign of good faith. In the *Science* article he states: "Let me be perfectly clear about this: To say that psychological suffering is a myth is to engage in massive denial" (Rosenhan 1973a, pp. 250–1; repeated verbatim in Rosenhan 1973b, p. 369). Actually, this is not at all what Szasz said, but the word *myth* is clearly an allusion to the title of his book (which Rosenhan does not mention anywhere in the article).

Rosenhan did respond to the former line of criticism, first piecemeal, in various letters in *Science* (Rosenhan 1973b), and then more extensively in a retrospective published two years later. In it he articulated what he believed to be the salient points of his study (1975):

The issue is not that the pseudopatients lied or that the psychiatrists believed them. [...] The issue is not whether the pseudopatients should have been admitted to the psychiatric hospital in the first place. [...] *The issue is the diagnostic leap that was made between a single presenting symptom, hallucination, and the diagnosis, schizophrenia* (or, in one case, manic-depressive psychosis). *That is the heart of the matter.* (p. 466, emphasis added)

Yet despite his insistence here that his 1973 objection was limited only to a "diagnostic leap" from single symptom to diagnosis, many readers both lay and professional nevertheless felt that insanity itself, and not merely its diagnosis, had been put on trial in his experiment. It is not hard to see why. First there was the provocative title Rosenhan gave his essay. As several critics immediately wrote in to *Science* to object (Rosenhan 1973b), sanity and insanity are legal concepts, not medical ones, but here was a professional psychologist using them without warning or apology—and doing so in the single most prestigious journal of the physical sciences. And then there was the preface he led off with. Although Rosenhan stated that his aim was to reform and refine the precision of psychiatric diagnoses and emphatically *not* to question the validity of mental disorder itself, he began his paper with a highly rhetorical and philosophical preface. It is filled with provocative or borderline heretical suggestions about the nature of mental illness itself. He starts with an especially arresting question: "If sanity and insanity exist, how shall we know them?" (1973a, p. 250)

Rosenhan returns to these philosophical reflections at the end of the article, where he concludes with a series of equally arresting observations and contentions:

- i [W]e continue to label patients "schizophrenic," "manic-depressive," and "insane," as if in those words we captured the essence of understanding. The facts of the matter are that we have known for a long time that diagnoses are often not useful or reliable, but we have nevertheless continued to use them. We now know that we cannot distinguish sanity from insanity.

- i How many people, one wonders, are sane but not recognized as such in our psychiatric institutions? [...] How many have feigned insanity in order to avoid the criminal consequences of their behavior...?
- i It is clear that we cannot distinguish the sane from the insane in psychiatric hospitals. The hospital itself imposes a special environment in which the meaning of behavior can easily be misunderstood. (p. 257, with omissions)

It is, I argue, precisely these concluding questions and contentions that are dramatized in Plautus' *Menaechmi*. It is time to turn to it directly.

Menaechmi

Plautus' (*fl.* 210–184 BC) comedy is named for identical twin brothers, both named Menaechmus. One brother had been kidnapped at the age of seven and brought to the Greek city of Epidamnus (modern Durrës in Albania), where he has since grown up and now finds himself in an unhappy marriage. Meanwhile, the other brother had originally been named Sosicles, but upon the loss of their son (the first Menaechmus) his parents renamed him Menaechmus in honor of his kidnapped brother. Having grown up himself, too, Menaechmus-Sosicles has been scouring the world, blindly searching for his long-lost brother. “Today”—that is, the day of the show—he has arrived in Epidamnus, the home of the first Menaechmus, and is promptly mistaken by everyone for him.

To minimize confusion, I henceforth refer to Menaechmus-Sosicles—the wandering brother—as simply Sosicles. But I stress that throughout the play, both he *and* the Epidamnian brother are known to everyone simply as Menaechmus.

Through a delightful series of coincidences and errors, the two brothers narrowly avoid meeting up or appearing onstage at the same time until the climax late in the play. In the interim, confusion rapidly compounds, as no one can figure out why Menaechmus is acting so strangely or so inconsistently.

Remarkably, characters in the play attribute each other's confusion to “insanity” (e.g. *certe hic insanust homo*, 282)—and they do so a whopping 35 times. This is, then, a definite theme of the play; no such extended charges appear in *Amphitryo*, Plautus' other comedy of errors. Notably too, moreover, some characters in *Menaechmi* believe that sanity resides in the brain (505–6) and that insanity is a disease (*morbis*, 872, 874, 889, 911, discussed below). In other words, they believe in what we today call “mental illness.”

The charges begin to fly the moment Sosicles meets his first local resident of Epidamnus.³ In separate encounters, he chances on first a cook, then a courtesan, and finally a “parasite,” or errand boy, that are all familiars of (the local) Menaechmus. All three greet him warmly and by name (i.e. Menaechmus), and in the ensuing confusion Sosicles or his manservant, Messenio, accuses each character of insanity (282, 292, 325, 336; 373, 390, 394; 505–6 [cf. 633], 510, 517). The cook, too, accuses Sosicles of insanity (309, 310–5). Some charges are made in asides to the audience, but most are made to each other's face.

³ An earlier charge (198) is colloquial rather than clinical.

The action then takes a farcical turn as Sosicles enters the courtesan's house and enjoys both a free lunch and then, to his delight, her favors. He emerges later (701), however, to find his twin brother's wife waiting outside. She is furious at (what she believes is) her husband's boorish behavior. Her enraged shouting brings us to the climactic scene comprised of verses 753–875, which I will now call the “Sosicles as pseudopatient” scene. I contend that this and the following scene (898–965) enact and anticipate a form of the Rosenhan experiment.

Let me emphasize that Plautus' play parallels Rosenhan's paper only in the first two of its three parts. The third segment of Rosenhan's paper deals with the experience of ongoing hospitalization following psychiatric commitment. Since mentally ill individuals were confined at home in antiquity, where there were no mental asylums (Rosen 1968; Stok 1996), there is no such parallel in Plautus' comedy. I accordingly pass over it here, though in §6 below I will come back to the issue of coercive confinement.

Plautus' play parallels Rosenhan's paper in the following two parts:

- i *Getting Admitted*. Just as Rosenhan and his pseudopatients feigned hearing voices to gain admission to the hospitals, so too must Sosicles feign hearing voices to convince his interlocutors that he is insane.
- i *Sanity on the Ward*. Just as Rosenhan and his pseudopatients reverted to normalcy in talking to doctors on the ward, so too does Menaechmus revert to normalcy in talking to a doctor, in which Epidamnus itself is effectively “the ward.”

Getting Admitted (Menaechmi 831–875)

Sosicles is trapped. Who's this angry woman shouting at him? And *now* she's called her father to come and take action against this bum husband of hers! Sosicles, of course, has no idea who *she* is or how, when he arrives, the father-in-law already knows his name. What's worse, he cannot think of a way out of this jam.

Suddenly Sosicles gets it—he will pretend to be insane, and *that* will frighten them off. So he turns to the audience, breaks the dramatic illusion, and asks us a rhetorical question (831–2):

quid mihi meliust, quam quando illi me insanire praedicant,
ego med adsimulem insanire, ut illos a me absterream?

Since they're both declaring I'm insane, what better could I do than pretend I *am* insane, and scare them both away from me?

And already he's hearing voices—now that of the god Apollo, now that of Dionysus. They're telling him to get violent (833–71). This at last prompts the father-in-law to comment: “Good grief! He's *ill*—and how!” It is at this moment that the father-in-law, for the first time in the play, explicitly connects “insanity” with “illness”—that is, he invokes and subscribes to the medical model of mental illness

(872–4: note *morbum, insanit, morbus*; cf. 889). Alarmed and concerned, he runs off to get a psychiatrist (*medicus*, a medical doctor).

This scene corresponds to the first stage of Rosenhan's experiment—gaining admission to the hospitals. Recall Rosenhan (1973a):

[T]he pseudopatient arrived at the admissions office complaining that he had been hearing voices.... [T]hey were often unclear, but as far as he could tell they said “empty,” “hollow,” and “thud.” The voices were unfamiliar and were of the same sex as the pseudopatient. (p. 251)

By his deception Sosicles has effectively “gained admission.” Of course, his alleged “voices” are divine in origin and they are urging violence, but the general point is identical: namely, that *the feigning of auditory hallucinations alone suffices to convince others that one is both insane and in need of medical treatment*. Like the doctors in the pseudopatient study, the father-in-law makes a “diagnostic leap” between this single presenting synonym, hallucination, and a layman's “diagnosis” of mental illness.

Anyhow, off goes the father-in-law to get the psychiatrist—leaving Sosicles, at long last, alone. He promptly makes a hasty escape (876–881). I will not be discussing him again in this paper.

The father-in-law soon returns with a psychiatrist, who enters the stage a few moments after him. The psychiatrist's entrance marks the beginning of a new scene, one that I call “Sanity on the Ward” (898–965).

Sanity on the Ward (Menaechmi 898–965)

As he enters the stage, the psychiatrist lets us know that he has already heard from the father-in-law that Menaechmus is suffering from an illness (*morbi*, 889). And though he has not met him yet, much less examined him, the psychiatrist is confident in his ability to treat the poor patient and restore him to sanity (893–4):

SENEX ...illum ut sanum facias.

MEDICUS perfacile id quidemst.

sanum futurum, mea ego id promitto fide.

FATHER-IN-LAW ...make him sane again.

PSYCHIATRIST Of course. A snap. He shall be sane. You have my word on that.

And upon this pronouncement—oh! There's his patient now, coming in. He's over there (898).

“His patient,” of course, is the long-lost identical brother, Menaechmus—the Epidamnian Menaechmus. He is a lawyer and he has just come home from a long day's work. Since the two brothers have not encountered one another yet, he has no idea what has been afoot today. But he does know one thing: it has been a rotten day at work, with a lot of time wasted and missed appointments—not least that date he'd

made for lunch with the courtesan: “Idiot client, who spoiled everything! I’ll *kill* the ungrateful bastard!... Poor, miserable me...!” (899–908).⁴

The father-in-law and the psychiatrist can hear all this ranting. Enough—it’s time to find out just what is going on. The two hurry over to Menaechmus, and, after offering him a brief greeting by name, the psychiatrist starts his examination (909).

Farcical and funny as they are, these conditions effectively replicate the second stage of Rosenhan’s experiment. Recall that in the experiment the pseudopatients dropped the pretense of hearing voices as soon as they gained admission to the ward. They still had the same life stories, identities, and relationships, and they offered these details to doctors when asked. Yet despite behaving entirely normally, they could not convince ward psychiatrists of their sanity. As we will see, that is precisely the case with Menaechmus here. The only major difference is that Menaechmus is an unwitting pseudopatient rather than a deliberate fraud, and under the supervision of the psychiatrist it is the entirety of Epidamnus that has become his ward.

Actually, it bears noting that in this respect Plautus’ experiment is arguably *more* effective than Rosenhan’s. In making use of identical twins separated at birth but with identical names, rather than making use of conscious frauds to deceive the doctor, the Roman comedian precludes one of the potentially more cogent objections to Rosenhan’s experiment. As one correspondent in *Science* protested:

...The pseudopatients did *not* behave normally in the hospital. Had their behavior been normal, they would have walked to the nurses’ station and said, “Look, I am a normal person who tried to see if I could get into the hospital by behaving in a crazy way or saying crazy things. It worked and I was admitted to the hospital, but now I would like to be discharged from the hospital.” (Fred M. Hunter in Rosenhan 1973b, p. 361)

Whether or not such a ploy would have worked, the analogous option was not possible for Plautus’ involuntary pseudopatient.

Our focus here, however, is less on Plautus’ pseudopatient than it is on the psychiatrist tasked with treating him. He too is in precisely the same position as the psychiatrists in Rosenhan’s experiment (1973a):

Given that the hospital staff was not incompetent, that the pseudopatient had been behaving as sanely as he had been out of the hospital, and that it had never been previously suggested that he belonged in a psychiatric hospital, such an

⁴ At v. 902 Menaechmus in frustration refers to his errand boy as *meus Ulixes, suo qui regi tantum concivit mali* (“That Ulysses of mine, who caused so much trouble for his king”). The “king” is of course Menaechmus himself (a parasite’s patron is commonly called *rex*). What legend is he alluding to? Perhaps to Odysseus’ legendary malingering. On the eve of the Trojan War Odysseus feigned insanity to avoid conscription, but was subsequently detected at the behest of Agamemnon. In the sequel Odysseus murdered Palamedes, whose father in turn convinced Clytemnestra, Agamemnon’s wife, to take Aegisthus as her lover—who, in turn, murdered Agamemnon (Apollodorus *Epitome* 6.7–9).

unlikely outcome would support the view that psychiatric diagnosis betrays little about the patient but much about the environment in which an observer finds him. (p. 251)

Actually, it is rarely taken as given that Plautus' psychiatrist is not incompetent. Although the view was decisively refuted in a 1972 dissertation, the character is regularly demeaned as a charlatan or quack in most modern critical literature on *Menaechmi*. Kathleen Rankin (1972) has amply documented, however, that the psychiatrist's questions reveal him as a model of solid Hippocratic learning, and thus that "he appears rather to be a normal and ethical practitioner caught, like everyone else in the play, in the tangle of mistaken identity" (p. 185). To assume otherwise is fatal to a proper understanding of the play, but the mischaracterization of Plautus' doctor can be traced to a common if ill-advised comparison with the sham doctor in Menander's *Perikeiromene* and (it seems) from a single question the doctor puts to Menaechmus in vv. 915–8, the interpretation of which goes on to color our interpretation of all his other questions (see note 7 below).

Like Rosenhan's ward psychiatrists, Plautus' ward psychiatrist in effect must diagnose and treat a schizophrenic malingerer who has dropped all pretenses of abnormality. Can he distinguish "sanity on the ward"? Or is it rather the case, as Rosenhan asks (1973a):

Do the salient characteristics that lead to diagnoses reside in the patients themselves or in the environments and contexts in which observers find them?
(p. 251)

Let us see Plautus' answer to Rosenhan's question. Recall that when the psychiatrist arrives on the scene, he already "knows" his patient is insane. Menaechmus has, as it were, already been "admitted" to his care. Now it is the doctor's task to diagnose the illness. He begins his examination at verse 910 (910–32, with omissions):

(MENAECHMUS *has been shouting in frustration. Due to some animated gesture—shaking his fist in anger, raising his arms to heaven in despair, or simply stretching—the sleeve of his cloak has slipped down his arm*)

PSYCHIATRIST Hello, Menaechmus. Oh—you've bared your arm. Why? Don't you realize how dangerous that is for your illness?⁵

MENAECHMUS (*violently*) Get out of here!

FATHER-IN-LAW (*aside to PSYCHIATRIST*) Do you notice anything?

PSYCHIATRIST I certainly do!⁶

PSYCHIATRIST (*aside*) This condition can't be relieved with an acre of hellebore.

⁵ According to Stok (1996), bare arms were medically associated with insomnia in antiquity (p. 2294).

⁶ Some editors reassign the lines and understand:

PSYCHIATRIST (*pinching MENAECHMUS' arm*) Do you feel anything?

MENAECHMUS Of course I do!

(to MENAECHEMUS, *again*) Do you drink white or dark wine (*album an atrum vinum potas*)?⁷

MENAECHEMUS (*bewildered*) Oh, go to hell!

PSYCHIATRIST (*aside*) By Hercules, he's already manifesting the onset of insanity!

MENAECHEMUS Why not ask whether the bread I normally eat is scarlet or crimson, or even pink? Whether I normally eat birds with scales or fish with feathers—?

FATHER-IN-LAW Good grief! Do you hear the delirium he's spouting? What are you waiting for? Give him a dose of something before he goes completely insane!

PSYCHIATRIST (to FATHER-IN-LAW) Now, now, one moment! I will question him still further....

(to MENAECHEMUS) Tell me this: do your eyes ever normally get glazed (*duri*)?

MENAECHEMUS What? Do you think I'm a lobster, you nincompoop?

PSYCHIATRIST (*unfazed*) Tell me: do you ever notice your bowels rumbling?

MENAECHEMUS Not when I've eaten well, they don't; when I'm hungry, they rumble.

PSYCHIATRIST (to FATHER-IN-LAW) Well, well! There's no indication of insanity in *that* reply.

(to MENAECHEMUS) Do you sleep entirely through the night? Do you fall asleep readily on retiring?

⁷ With this much-misunderstood question the doctor is probing two points derived from Hippocratic medical inquiry of the times:

- (1) *Explicitly* he is inquiring about a *sudden change in drinking habits*. As Rankin (1972) has noticed, Hippocratic teaching held that a sudden change in dietary habits could produce malign effects on the body (p. 187). At the end of chapter 10 of *On Regimen in Acute Diseases* Hippocrates states, "White and dark wines (*leukos te kai melas oinos*) are both strong, but if a person makes an unaccustomed (*para to ethos*) switch to one from the other, they will alter many things in his body." The repetition in Menaechmus' reply of *soleam* (= Greek *to ethos*), "normally," indicates that the doctor is inquiring whether Menaechmus *customarily* drinks "white" (Greek *leukos* ~ *album*) or "dark" wine (Greek *melas* ~ *atrum*) (*HVA* part 3 Kühn 15.626–30 = *CMG* 5.91 Helmreich). Had he gotten a chance to ask it, the doctor's next question would have been, "Have you been drinking the other kind today?"
- (2) *Implicitly* the doctor is afraid Menaechmus has been drinking dark wine, since according to Ps.-Aristotle (*Problemata* 30.1, 954a [cf. 953b]) it produces the same symptoms as does black bile in melancholic individuals.

These observations decisively refute an older suggestion that the doctor's questions relate to the regularity of Menaechmus' bowel movements (as cited in Gratwick 1993, ad loc.).

Incidentally, color is not really the sole issue. In his commentary on Hippocrates' passage Galen (AD 129- c.200/c.216) points out that color implies taste, clarity or consistency (*systasis*), odor, and strength. For him, "dark" (*melas*) wine is usually muddy (*pachys*). Indeed we might well translate the two adjectives as "clear" and "muddy" respectively. This ambiguity explains why Menaechmus finds the question so bizarre. Latin *album* and *atrum* do mean "clear" and "muddy," but very rarely—only one attestation apiece, and both very late (Apicius 1.6 and Palladius 11.14.9 respectively). Moreover, "dark" wine in Latin is usually *nigrum*, not *atrum* (Fantham 2007, 2011). Baffled, Menaechmus naturally takes the two words to mean literally "white" and "black"—like Crayola colors as it were. (Since the wordplay on *melas* works better in Greek than in Latin, I assume it derives thence and not, as so often elsewhere, from the wellspring of Plautus' imagination.)

MENAECHMUS I do if I've paid my bills—(*angrily*) May all the powers above blast you, you inquisitive ass!
PSYCHIATRIST (*backing away*) Now the man *is* beginning to manifest insanity—those final words are proof!

The psychiatrist's questions are all in line with Hippocratic medicine, but no matter the answer, Menaechmus cannot win. His gestures, perplexity, irritation, frustration, and especially his anger—all are taken as symptomatic of an abnormal mental condition. Yet even his cooperation and compliance are, too. Compare Rosenhan (1973a):

One tacit characteristic of psychiatric diagnosis is that it locates the sources of aberration within the individual and only rarely within the complex of stimuli that surrounds him. Consequently, behaviors that are stimulated by the environment are commonly misattributed to the patient's disorder. (p. 251)

As we see, despite observing clear evidence to the contrary (v. 927, "Well, well..."), it never occurs to Plautus' psychiatrist to conclude there is nothing medically (bodily) wrong with his patient. Rosenhan (1973a):

[P]hysicians operate with a strong bias toward what statisticians call the Type 2 error. This is to say that physicians are more inclined to call a healthy person sick (a false positive, Type 2) than a sick person healthy (a false negative, Type 1). (p. 252)

So it is in *Menaechmi*, as we see in the final line quoted above (931). Despite his initial caution, Plautus' psychiatrist is ultimately more inclined to call a healthy person sick than a sick person healthy. The Type 2 error bolsters his belief that he can cure Menaechmus, and it dictates the therapy he now goes on to prescribe—namely, involuntary commitment and a course of psychotropic drugs (946–50):

FATHER-IN-LAW For God's sake, doctor, whatever you're going to do, hurry up and do it! Don't you see the man is insane?
PSYCHIATRIST (*aside to* FATHER-IN-LAW) Do you know what you had best do? Have him delivered to my place.... There I'll treat him as I deem best. (*to* MENAECHMUS) I'll have you drink hellebore for some twenty days.

Hellebore was the Prozac of antiquity, and the doctor's decision to administer it bears comparison with a bombshell revelation Rosenhan makes about the treatment he and his pseudopatients received while hospitalized (1973a):

All told, the pseudopatients were administered nearly 2100 [psychotropic] pills, including Elavil, Stelazine, Compazine, and Thorazine. (p. 256)

The decision to have Menaechmus involuntarily committed and treated with this kind of drug completes the psychiatrist's diagnosis.

The audience is surely convulsing with laughter by this point in the play, but lest we miss the horror of what has just transpired—a medical diagnosis tantamount to schizophrenia, followed by coercive commitment and drugging, all in the name of

“therapy”—Menaechmus suddenly caps the scene by breaking the dramatic illusion, much as his brother, Sosicles, had broken the dramatic illusion earlier at 831–2 (quoted above in §4). At v. 962 he turns directly to us and asks a question:

an illi perperam insanire me aiunt, ipsi insaniunt?

Can it be that those who wrongly say I’m insane are really insane themselves?

I do not think this is a genuine rhetorical question. It rather invites serious moral reflection and discussion—if not right now, in the middle of a performance, and if not ever aloud and publicly, with others, then certainly it is an invitation to self-dialogue. Moreover, it is of a piece with the conclusion along similar lines that Rosenhan drew from his own experiment:

It is clear that we cannot distinguish the sane from the insane in psychiatric hospitals. The hospital itself imposes a special environment in which the meaning of behavior can easily be misunderstood.

Conclusions

“Can it be that those who wrongly say I’m insane are really insane themselves?” Menaechmus’ capping question highlights not one but *two* ethical reflections on the nature of madness. On the one hand, with the word *perperam* (“wrongly”) it challenges the validity of psychiatric diagnoses. It calls attention to the social context in which such judgments are made, and dramatically demonstrates that special environments can be imposed on individuals in which the meaning of behavior can easily be misunderstood. On the other hand, with the words *ipsi insaniunt* (“are really insane themselves”) it points the way to a more sweeping criticism of the medical model of mental illness itself, and especially how that model relates to power and coercion. Let us consider each reflection separately.

- (1) In retrospect we can see how the first reflection was encoded in the play from the beginning and how it worked as the action developed. The creative genius of the Greek comedian whose play Plautus adapted as *Menaechmi* and who devised the two scenes examined above, was twofold:
 - ī Firstly, he hit on the very same idea of using “pseudopatients” as a means of testing the validity of psychiatric diagnoses that Rosenhan did two millennia later. The comedian made a malingerer feign auditory hallucinations, and no more, to gain admission to a medical “ward.” Upon admission, the malingerer dropped the ruse, but even so a psychiatrist failed to correctly diagnose him as free of (bodily) disease.
 - ī The comedian’s second stroke of genius lay in realizing that a plain old comedy of errors could be adapted to the purpose of dramatizing the “laboratory conditions” of his experiment. Mistaken identity was one of the commonest themes in Greek New Comedy. We know of thirteen comedies titled *Twins* or *Identicals* in which it probably featured (*Didymoi* by Alexis, Anaxandrides, Antiphanes, Aristophon, Euphron, and Xenarchus, *Didymai* by Antiphanes and Menander, and *Homoioi* by Alexis, Antiphanes, Ephippus, Metrodorus, and Posidippus),

and Plautus' *Amphitryo* and *Menaechmi* prove the theme recurred in plays whose titles do not make it transparent. By writing a play whose scene he set outside familiar Athens and by making an unknown traveller arrive there, the comedian could actually create an “insane place.”

In other words, the comic poet creatively united the matrices of (1) mistaken identity and (2) fears that psychiatric diagnoses of insanity lack validity. The common element of these two concepts—we can now see—is *the difficulty of telling two things apart*, whether this means distinguishing (1) one identical twin from another, or (2) the sane from the insane.⁸

Actually, retrospect also helps us see that this theme, though obscured by jokes and wordplay, is put on prominent display in *Menaechmi*'s prologue (18–21):

... filii gemini duo,
 ita forma simili pueri, ut mater sua
non internosse posset quae mammam dabat,
 neque adeo mater ipsa quae illos pepererat.
 Two twin sons, so much alike in appearance that their foster mother *could not distinguish them*, nor even their real mother who gave them birth.

Compare Rosenhan's language once more (1973a):

- i However much we may be personally convinced that we can *tell the normal from the abnormal*, the evidence is simply *not* compelling.
- i We now know that *we cannot distinguish* insanity from sanity.
- i It is clear that *we cannot distinguish* the sane from the insane in psychiatric hospitals. (pp. 250, 257, and 257, respectively; emphasis added)

These are all ways of expressing in English the same theme that Plautus calls *non internosse posse*, “inability to distinguish.” And the connection was, I submit, more obvious in the Greek play on which Plautus' comedy is based than it is in his Latin. That is because it is in Greek alone that the verb *diagignoskein*, which is the origin of the Greek and English word *diagnosis*, fundamentally means “to tell apart.”

- (2) Let us now turn to the more sweeping critique implied by *ipsi insaniunt* (“are really insane themselves”) and alluded to above. In his 2008 critique of the Rosenhan experiment, Thomas Szasz (2008) exposed a major flaw in its logic:

Finally, Rosenhan rediscovers psychiatry's oldest problem, “false commitment”: “How many people, one wonders, are sane but not recognized as such in our psychiatric institutions?” He thus reinforces the legitimacy of depriving people of dignity and liberty, provided they *really have real mental illnesses*. His premise reeks of the odor of bad faith. Rosenhan identifies himself and his fellow frauds as sane pseudopatients and the other inmates in the hospital as

⁸ Zanini (1984) nearly got this idea in identifying the two central themes of Plautus' play as “*simillimi*” (identicals) and “*insania*,” but missed the epistemological point that unites them.

insane “real” patients, *even though the latter were diagnosed as insane by the same psychiatrists whose inability to make such a diagnosis Rosenhan claims to have demonstrated.* (p. 78; emphasis in *even though...demonstrated* added.)

This suggests that only a call for an end to coercive psychiatric treatment, rather than psychiatric reform, was an appropriate recommendation of his study. Yet Rosenhan was seemingly, or perhaps only publicly and professionally, oblivious of the double bind in which his experiment left him.

Szasz himself was so sure this was the essential problem that he later chose the extract just quoted as an epigraph for the first chapter of his polemic against the “anti-psychiatry” movement associated with R. D. Laing (1927–1989) and David Cooper (1931–1986). (Szasz 2009, p. 9)

Did *Menaechmi*’s author, like Szasz but unlike Rosenhan, realize the potential extent of the problem?

My answer is yes, I think he did. Why? Because from time immemorial, popular thought in Greece and Rome attributed mental abnormality, as inferred from behavioral deviance, to divine intervention, just as amid the Ecclesiastical State of the middle ages and early modern period the belief reemerged that witches, possession by Satan, and Jews were responsible for mental abnormality as inferred from behavioral deviance. In the 5th century BC, Hippocrates introduced a new explanation—the medical model, which attributed mental abnormality, again as inferred from behavioral deviance, exclusively to natural bodily causes (Rosen 1968). In *Menaechmi*, Sosicles plays on the popular model by feigning that his hallucinations come from the gods, but the comedy is ultimately concerned with the newer, medical model, and specifically whether or not it is correct.

Alarmed at his (supposed) son-in-law’s erratic *behavior*, the father-in-law calls a *medical* doctor for help. The relative attributes his son-in-law’s (mis)behavior to a (bodily) illness. It did not have to be this way. He might instead have called for an agent of the law to arrest Sosicles, or he might have called for a ritual healer. Plautus’ play itself had earlier shown that such shamanistic cures were still in use, much as in the Ecclesiastical State of fifteen centuries later holy water would be enlisted as a means of casting out demons. Arriving in Epidamnus and greeted as familiar by a stranger, Sosicles had recommended this kind of therapy (289–92):

SOSICLES Please, young man, how much do pigs cost here, unblemished pigs, for sacrifice?

THE STRANGER (*mystified*) A drachma each.

SOSICLES Take this drachma from me; have yourself purified at my expense: I’m absolutely certain you’re insane, you see.

Yet the father-in-law summons a physician, the kind of professional who sets broken bones (885–6) and conducts Hippocratic examinations. This suffices to show that Plautus’ soul-healer is *thoroughly medicalized*, just as soul-healers in contemporary Western societies are thoroughly medicalized. The father-in-law, too, has internalized the belief that (bodily) medicine is the proper treatment of troublesome behavior, just as virtually all members of virtually all contemporary societies believe (bodily) medicine is the proper treatment of troublesome behavior. This is the point we must grasp clearly and not lose sight of. How startling *Menaechmi* must have

seemed to some members of Plautus' original audience, or to Christian readers in the early modern period, when belief in supernatural causes of social deviance had reemerged and who thus sought soul therapies, not from physicians, but from priests and clerics!

Recall that Menaechmus, a lawyer, is in an unhappy marriage and has been complaining of unrewarding professional relationships. Like many modern psychiatrists, Plautus' soul-doctor resorts to drug therapy to treat these (social) issues—the kind that Thomas Szasz regularly called “problems in living.” What is more, we must not fail to notice that the psychiatrist's therapy entails *coercion*. In v. 952–6 he has Menaechmus involuntarily committed to his care, with the full approval and urging of the father-in-law, and departs to prepare the treatment. Shortly later, men arrive to forcibly carry Menaechmus off. (In the sequel Menaechmus is spared only by the surprise intervention of Sosicles' manservant, Messenio, who in 990–1022 fights the men off.) This farcical scene is Plautus' way of making the same point that in my opening quotation Gary Greenberg referred to as contemporary psychiatry's “dirty secret”: “...for all their confident pronouncements, psychiatrists *can't rigorously differentiate* illness *from* everyday suffering.” Despite the similarity of his epistemological language to Rosenhan's above, Greenberg is *not* saying that psychiatric diagnoses lack validity. He is saying that the medical model of mental illness is a category error. Mental anguish, loneliness, guilt, unhappiness—should these be treated with neuroleptic drugs? And should an unwilling patient be coerced into taking them?

Corollaries

Doubts in the validity of Hippocrates' medical model of “insanity”—that is, disapproved behaviors whose origins others, usually relatives, attributed to psychic disturbance—were probably born in the same instant as the model itself. It is therefore not surprising to find a social commentary on them lagging the widespread adoption of Hippocrates' teaching by eighty years or so, the likely approximate date of the unknown Greek play on which *Menaechmi* is based.

We can speculate, but no more, that the comedian took these doubts from the critique of Stoic epistemology developed by Academic Skepticism. I say this because the epistemological uncertainty engendered by the case of mistaking one identical twin for the other is one of the Skeptics' principal objections to the Stoic belief in our ability to attain certain knowledge through ordinary perception.⁹ If so, we gain additional support for the traditional hypothesis that Posidippus the comedian wrote the Greek original of *Menaechmi*. Posidippus was born in 316, the same year as was Arcesilaus, the founder of Academic Skepticism, and he died a decade earlier (c. 250 vs. 241/0). Arcesilaus became scholarch of Plato's Academy c. 264 BC, after the deaths of Alexis, Antiphanes, Diphilus, Menander, and almost Philemon, who died c. 262 at the age of 100. In other words, when Arcesilaus came to prominence, Posidippus was the only major Greek comedian still alive.

⁹ Sextus Empiricus *Adv. Math.* 7.408–410, Cicero *Acad.* 2.54–8 and 2.84–7. I am grateful to my colleague Charles Brittain for help on this point.

To go a step further, I would like to suggest that Posidippus' *Metapheromenoi* was the model of *Menaechmi*. The title is usually interpreted as *Men Transported* but could equally mean *Switcheroos*, and a fragment of it (fr. 16 Kassel-Austin = Diogenes Laertius 7.27 [*Zeno*]) features some sort of soul therapist—perhaps philosopher, perhaps paedagogue, perhaps physician—confidently predicting that a charge or patient will attain supreme temperance in ten days (possibly a round number):

ὥστ' ἐν ἡμέραις δέκα

εἶναι δοκεῖν Ζήνωνος ἐγκρατέστερον.

So that in ten days he'll be more *enkrates* than Zeno.

This fragment could be the model of *Menaechmi* 894, *sanum futurum, mea ego id promitto fide* (quoted in context and translated above in §5). If, as I suspect, in a twist of a current proverb the word *enkrates* (= Latin *compos*) here plays on the meanings “temperate” (like Zeno) and “sane,” then the words would suit a psychiatrist speaking of his patient perfectly.

However that may be, I do maintain that *Menaechmi*'s dramatization of the Rosenhan experiment constitutes the first and perhaps *only* indication that there was a debate in antiquity over either the validity of diagnoses of mental illness or the validity of the medical model of mental illness itself.

So far I have spoken of Greece. What of Rome? In Plautus' lifetime some forward-thinking Romans were controversially abandoning traditional Roman cures for *de rigueur* Hellenistic medicine. *Pace* several scholars (e.g. Stok 1996), I see no particular satire in this play of the Hellenistic surgeon Archagathus of Laconia, who arrived in Rome in 219 BC. But if Romans were as anxious about Greek medical treatment of the mind as they were with other aspects of medicine, it may well explain why Plautus dusted off this old play and refreshed it for a new audience.

Of course, that brings us back into the realm of speculation and epistemological uncertainty. Instead of indulging myself in them, I had hoped to close this paper with a short commentary on my argument by Professor Rosenhan himself. Sadly, he passed away shortly before I could complete it. Although he was seriously ailing and living in assisted care, in the months before his death I contacted him through his friend and caretaker, Linda Kurtz, and managed to share my inchoate ideas with him. Through her I learned that David had hoped and planned to comment on the completed paper. Since death cheated that possibility, I therefore close by quoting for posterity her message to me of November 14, 2011:

David...was very excited to go through most of your abstract with scene. He recognized right away the obvious differences between his well-planned and scripted experiment (deceive to gain admission by complaining of hearing voices and deceive re[garding] the (non) pill-swallowing but otherwise behave authentically) and the fictional play by Plautus where the twins are unaware of each other's activities, and even existence in the case of Menaechmus 1, with all the attendant consequences of mistaken identities and with an abundance of strategic feigned abnormal behavior. In the Rosenhan experiment, the pseudopatients never had to feign abnormal behavior, even to get admitted.

Despite the obvious differences between fact and fiction, David is eager to comment on how Plautus did anticipate his work and how it illustrates some of the most important points of his study. He has visual problems so it will be slow going but I'm certain I can get some good comments from him in time for your paper. He loved your title: 'On Being Sane etc.–The Laboratory of Epidamnus.' That brought a big smile to his face.

Added September 22, 2012

Dr. Thomas Szasz fell at home and died by his own hand on September 8, 2012, aged 92. Seven months and two days later, Death has won a second time.

On November 8, 2011 I had sent Dr. Szasz the same conference abstract and passages from *Menaechmi* (in English and, at his subsequent request, in Latin) that I sent Professor Rosenhan. I asked whether he would be interested in supplying any thoughts or comments for publication. A prompt and courteous correspondent, he wrote me back the following day (11/9/2011):

There are similarities between the R[osenhan] E[xperiment] and the Plautus (P) story, but also important differences between them. Do you have a deadline for when you want my comments? (At the moment I am busy with two other small projects.)

As he lived only an hour away, I paid Dr. Szasz a visit on November 29, 2011. He was a tremendous conversationalist, but our talk never made it around to *Menaechmi*, and despite the dozen subsequent messages we exchanged I never did learn his thoughts about the play. Just before departing Ithaca to deliver an oral version of this paper in Berlin, however, I sent him a final email about the Anders Breivik trial in Norway. I wrote (my email to him of 6/22/2012):

According to the article, 'Two teams of psychiatrists reached opposite conclusions about Breivik's mental health. The first team diagnosed him with 'paranoid schizophrenia', a serious mental illness. The second team found him legally sane, saying he suffers from a dissociative and narcissistic personality disorder, but is not psychotic.' ... Among many thoughts that come to mind, I note that 'paranoid schizophrenia' was the particular diagnosis to which Rosenhan had so strenuously objected as a meaningless label all those years ago. I imagine you'd go further than him, of course, but it's remarkable to watch history repeating itself.

Sixteen minutes later he replied with the last message I would receive from him:

Thanks, Mike. I have been following this story. Attributions treated as phenomena. The show goes on.
Have a great time in Berlin.
Best wishes,
Tom

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Note on text and translation Translations of *Menaechmi* in this paper are adapted at whim from those of Erich Segal (1996) and Paul Nixon (1917). The corresponding Latin text (which I have independently checked) is basically that of Friedrich Leo (1895).