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Preface

> We see things not as they are but as we are. Because it is the "I" behind the "eye" that does the seeing.
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> Anaïs Nin, *Diary of Anaïs Nin*

> Where the source material did not exist, surely it was permissible to make educated guesses about the subjective states and lines of thought of people who had died a hundred years ago. Perhaps it was not. I had many changes of mind. Unprofessional to make things up, arid not to.
>
> Ian McEwan, *What We Can Know*

During the height of the COVID-19 pandemic, I visited someone close to me being treated for depression at McLean Hospital in Belmont, Massachusetts. On the wall immediately to the left of where I signed in each afternoon stood a sign: "ECT and Ketamine," with an arrow pointing the way. For those with depression, treatment now focused almost exclusively on the brain—procedures, medications, neuromodulation—with little attention to the mind or the person inhabiting it. Once a bastion of psychoanalysis and psychotherapy, McLean had largely abandoned[1] any attempt to alleviate the disorder through conversation.

This stark transformation triggered a dormant memory from 1995, when a University of Chicago colleague told me about his father's role as an expert witness in an extraordinary medical malpractice case. The plaintiff, he explained, had sued a prestigious psychiatric hospital, not for forcing him to take psychotropic medication but for refusing to prescribe it—relying instead on years of psychoanalysis to restructure his personality. He pointed me[2] to a published exchange in the *American Journal of Psychiatry*. I read the articles to satisfy my curiosity,

thinking there had to be more to this story.

A quarter century would pass before that sign on McLean's wall would revive my curiosity and lead me to discover that my initial impulse had been correct. There was indeed much more to this story—more than I had ever imagined.

The result is this book. Drawing on more than 120 hours of raw video footage from the 1983 medical malpractice hearing; thousands of pages of previously inaccessible medical records, legal documents, court transcripts, and professional and personal correspondence; and scores of interviews with still-living participants with diametrically opposed points of view, this book reconstructs a case that has shaped psychiatric practice for four decades despite being fundamentally misunderstood by scholars who never examined the primary evidence.

Where previous accounts relied almost exclusively on secondhand interpretations—understandably, given the restricted access to key materials—this investigation returns to primary sources: the actual medical charts documenting Dr. Osheroff's deterioration, recorded staff conferences planning years of unnecessary treatment, legal transcripts revealing calculated betrayals by colleagues, and, most critically, Osheroff's voice—long excluded from scholarly discussions that transformed his personal ordeal into an abstract theoretical debate. The resulting corrections to the historical record carry profound implications for what, the *New York Times* reported at the time, "many psychiatrists[3] now view as a landmark in the treatment of clinical depression." They also reveal how institutional failures in psychiatric care continue to echo through contemporary practice, making accurate reconstruction essential for both historical scholarship and ongoing patient care.

When Healing Harms[4] reveals how a single malpractice case hastened the transformation of psychiatric practice in the United States, accelerating psychopharmacology's displacement of psychoanalysis and helping to usher in the era of "evidence-based medicine" that extended across all medical practice. But this is not simply a story about competing therapeutic and clinical philosophies, as it has been portrayed in academic circles. It is a tale[5] of institutional arrogance, medical neglect, and personal betrayal that extends far beyond medical

malpractice into territory that one expert witness described as “almost criminal.”

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In 1979 Dr. Raphael (Ray) Osheroff, a successful nephrologist, arrived at Chestnut Lodge as a man in crisis—experiencing deep depression, facing divorce, and struggling professionally. Seven months later the man who walked in wearing a business suit emerged with blackened feet from compulsive pacing, convinced he would be institutionalized forever. He was unable to use utensils and had lost forty pounds. While his various struggles prior to admission are beyond dispute, what remains contested is whether the Lodge’s seven-month treatment program failed him in ways that exacerbated his vulnerabilities and created new, lasting harms that would persist until his passing three decades later.

For those seven months,[6] his treating psychiatrist refused to prescribe antidepressants that were already standard treatment for his condition. When he finally received medication at another hospital, he began to recover within weeks. His subsequent lawsuit[7] initially seemed like a victory for evidence-based medicine over outdated therapeutic dogma. But the dispute[8] cut deeper—it revealed a profession at war with itself over who decides what constitutes legitimate treatment, while failing to resolve how to or who might answer that question.

I do not claim—nor does my evidence support—that the Osheroff case single-handedly transformed US psychiatry. That shift had begun decades before—receiving a significant boost with the 1980 publication of *DSM-III*, which restructured diagnoses around symptom checklists rather than psychodynamic formulations. Prozac’s approval in 1987—and the subsequent approvals of a suite of selective serotonin and serotonin norepinephrine inhibitors (SSRIs and SNRIs)—accelerated pharmaceutical influence on psychiatric practice. Meanwhile, insurance providers began favoring drug treatment over costlier psychotherapy. These tectonic shifts would have proceeded with or without Raphael Osheroff’s lawsuit.

But catalysts matter in history, even when they don’t alter the fundamental reaction. World War I might have happened even without the assassination of the heir to the Habsburg

throne, but it was the bullet from Gavrilo Princip's gun that triggered the guns of August. What Osheroff's suit triggered was a legal compulsion—real or imagined—that failure to prescribe medication might invite litigation. The case's emphasis on evidence-based treatment standards, though never formally adjudicated, created a Trojan horse that powerful external forces would exploit. What began as doctors debating treatment approaches would unwittingly enable vastly more powerful adversaries to breach the once-inviolable physician-patient relationship.

On one side the pharmaceutical and biotech industries would marshal evidence from clinical trials to champion their products and boost profits. On the other, health insurers[9] would invoke that evidence as proof of inadequacy, restricting access to protect their own profits. This now three-decade-plus battle has consigned both physician and patient to the sidelines, leaving two trillion-dollar industries to wage war over what it means for a biologic drug or device to deliver on its promise.

In the decades[10] following the 1987 settlement, antidepressant use surged nearly 400 percent while the number of psychiatrists providing psychotherapy fell by more than half. Yet people[11] with serious mental illness now die two to three decades earlier than the general population—a mortality gap that keeps widening. While the Osheroff case was hardly the only factor responsible for this outcome, its impact on practicing psychiatrists was profound and lingers to this day. The bitter irony is that the system that emerged after Ray Osheroff's fight for evidence-based treatment has failed patients even more systematically than the one that nearly destroyed him. As one of the nation's most acclaimed forensic psychiatrists explained decades later, the Osheroff case "made medicine[12] an inappropriate God of psychiatry."

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Like Dr. Osheroff, I have endured crippling bouts of depression—weeks of unremitting terror that no amount of professional success could quiet. I have spent thousands of hours in psychiatrists' offices and swallowed tablets and capsules by the thousands—not because I place much stock in the prevailing theories of how these drugs work, only that they do (a sentiment, I

suspect, that is widely shared among those who have navigated this system). My personal experience with the mental health system—both its capacity to heal and its potential to harm—informs every page of this investigation. I understand viscerally what Ray experienced: the vulnerability of placing your life in the hands of professionals whose theories may matter more to them than your recovery.

I do not believe my experience with depression grants me special insight, nor does it excuse me from the demands of evidence, structure, or intellectual rigor. But to pretend that I approached this material with Olympian detachment would be a lie—not only to the reader but to the story itself. I came to this investigation not to vindicate a man but to understand how institutions respond to vulnerability, how power explains its failures, and what gets lost when we sanitize history for professional comfort.

What follows is both detective story and human drama, unfolding across multiple interconnected worlds—from the locked wards of a prestigious psychiatric hospital to federal and state courtrooms, from academic conferences to the boardrooms where US medicine was being transformed. The full picture emerges only when these disparate threads are woven together to reveal a pattern of institutional failure, personal betrayal, and professional transformation that extends far beyond one man's suffering.

During the hearing to determine whether Chestnut Lodge had committed medical malpractice by denying Osheroff the "standard of care" to treat his diagnosed disorder, eminent psychiatrists who had never examined the man sitting just a few feet away from them in the same cramped room performed more like athletes turned broadcasters—offering color commentary for the home team rather than serving as the dispassionate medical authorities the proceedings demanded. Others went even further and published interpretations that contradicted both the documentary evidence and Ray's own account.

While Ray paced the ward for twelve hours a day, his trusted colleague and friend was positioning himself to seize control of Ray's medical practice. This associate's actions would later be ruled part of a criminal conspiracy that destroyed far more than a business partnership. The

scope[13] of this betrayal—documented in legal proceedings that culminated in nearly a million dollars in damages—has never been fully integrated into accounts of the Osheroff case.

The Osheroff case contributed to the dismantling of the paternalistic "doctor knows best" model of medical authority and helped to usher in a new era whose perils we have come only gradually to recognize. For psychiatry—whose grasp of mental disorders' biological underpinnings remains fragmentary—the shift has often proved hollow. In the absence of firm scientific foundations, the veneer of rigor offered by evidence-based metrics can obscure rather than illuminate, limiting therapeutic options[14] while lending false precision to uncertain knowledge.

The tragedy of Ray's case exemplifies what psychiatrist David Healy identifies as a fundamental misunderstanding of clinical science itself: "Science is not[15] about prior evidence, which may be helpful it is about achieving consensus about the observables in the experiment happening in front of the doctor on which the patient has privileged observations but maybe mistaken explanations." Ray's deteriorating physical and mental health as a patient at Chestnut Lodge were observable realities that his doctors dismissed in favor of theoretical adherence—precisely the kind of clinical blindness that true scientific practice should prevent.

More than forty years after Ray walked into Chestnut Lodge wearing a business suit and carrying hope for recovery, his story serves as both warning and guide. It reminds us that trust, once broken, reshapes not just individual relationships but entire systems of care. It challenges us to recognize that the question is not whether we will encounter institutional failure—we will—but whether we will have the courage to name it accurately and the wisdom to learn from those who survived it. Ray Osheroff's voice, so long excluded from academic discussions of his case, finally has the chance to be heard. The question is whether we are prepared to listen.

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[1] **McLean had largely abandoned:** I am grateful to Andrew Scull for reminding me that McLean

was the site of lobotomies and other long-since discarded psychiatric interventions throughout the 1930s, 1940s, and 1950s.

[2] **He pointed me:** Gerald L. Klerman, "The Psychiatric Patient's Right to Effective Treatment: Implications of *Osheroff v. Chestnut Lodge*," *American Journal of Psychiatry* 147, no. 4 (1990): 409–18; Alan A. Stone, "Law, Science, and Psychiatric Malpractice: A Response to Klerman's Indictment of Psychoanalytic Psychiatry," *American Journal of Psychiatry* 147, no. 4 (1990): 419–27.

[3] **"many psychiatrists"**: Miriam Shuchman and Michael S. Wilkes, "Dramatic Progress Against Depression," *New York Times*, October 7, 1990, https://www.nytimes.com/1990/10/07/archives/dramatic-progress-against-depression.html.

[4] ***When Healing Harms***: Evidence-Based Medicine Working Group, "Evidence-Based Medicine: A New Approach to Teaching the Practice of Medicine," *Journal of the American Medical Association* 268, no. 17 (1992): 2420–25. The evidence-based movement had multiple origins, including Archie Cochrane's work in the 1970s and the clinical epidemiology program at McMaster University. The Osheroff case contributed to psychiatry adopting these emerging standards rather than creating them.

[5] **It is a tale:** "1 Klerman Almost Criminal," posted April 17, 2022, by Biopractices, YouTube, https://www.youtube.com/watch?v=f0ru3p05DZo.

[6] **For those seven months:** M. Gerald Edelstien, "Psychiatric Peer Review: A Working Model," *Psychiatric Services* 27, no. 9 (1976): 656–61.

[7] **His subsequent lawsuit:** Philip Hirschkop, memorandum regarding interview with Bernard Carroll, October 25, 1983.

[8] **But the dispute:** For a fascinating—and horrifying—example of the challenge of deciding what constitutes evidence in medicine and who makes that decision, see Helen Tager-Flusberg, Alison Singer, Brian K. Lee, and Eric Garcia, "'That Was Shocking': Four Autism Experts React to Trump's Plan," *New York Times*, September 23, 2025, https://www.nytimes.com/2025/09/23/opinion/experts-autism-trump-kennedy.html.

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[9] **health insurers:** Sarah Kliff, "Health Insurers Are Denying More Drug Claims, Data Shows," *New York Times*, July 18, 2025.

[10] **In the decades:** Laura A. Pratt, Debra J. Brody, and Qiuping Gu, *Antidepressant Use in Persons Aged 12 and Over: United States, 2005–2008*, NCHS Data Brief, no. 76 (Hyattsville, MD: National Center for Health Statistics, 2011). For more current data, see Nazik Elgaddal, Julie D. Weeks, and Laryssa Mykyta, *Characteristics of Adults Age 18 and Older Who Took Prescription Medication for Depression: United States, 2023*, NCHS Data Brief, no. 528 (Hyattsville, MD: National Center for Health Statistics, 2025). See also Emily P. Terlizzi and Tina Norris, "*Antidepressant Use Among Adults: United States, 2015–2018*," NCHS Data Brief, no. 419 (Hyattsville, MD: National Center for Health Statistics, 2021).

[11] **Yet people:** Andrew Scull, *Desperate Remedies: Psychiatry's Turbulent Quest to Cure Mental Illness* (Cambridge, MA: Harvard University Press, 2022), 421.

[12] **"made medicine":** Thomas Gutheil, interview by author, Boston, April 15, 2022.

[13] **The scope:** Osheroff v. Greenspan, Memorandum Opinion of Wiley Wright, February 8, 1983, Chancery No. 11345, Circuit Court for the City of Alexandria, VA.

[14] **limiting therapeutic options:** Andrew Scull, "American Psychiatry in the New Millennium: A Critical Appraisal," *Psychological Medicine* 51, no. 16 (2021): 2762–70; Steven E. Hyman, "The Familiar Dialectic Between Overclaiming and Moral Outrage over Brain Biology: Disconnected from What Matters," *Psychological Medicine* 51, no. 16 (2021): 2776–77.

[15] **"Science is not":** David Healy email to author, August 10, 2025, in author's possession.