

Artificial Sanity: A Case Study for a Class in Introductory Psychology

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The psychiatrist and the young lawyer stared gloomily into their warm beers, again considering the nightmarish farce confronting them. The guilt or innocence phase of the case, part of the job they were used to, was over years ago and their patient/client was clearly guilty. At 21 years old, Charles Singleton had stabbed a store clerk to death and then went on to earn the dubious honor of being Arkansas' senior resident on death row. At the time, he had been competent to stand trial, or, as the lawyer called it, "sane." Now, at 44 years old, his appeals exhausted, Singleton was back in the news again, but this time the issues were not so clear. Once the trial was over, the legal concept of "sane" had to be replaced with the medical/psychological concept of "mental illness." The lawyer's law books were of little help here. The definition of the client's condition now depended upon the psychiatrist's *Diagnostic and Statistical Manual* (DSM-IV).

Psychological diagnosis became important when, after 13 years on death row, Singleton began showing the symptoms of paranoid schizophrenia. This was a bizarre bit of good luck because in 1986 the Supreme Court had ruled that a person with severe mental illness could not be executed. Execution under these circumstances was considered cruel and unusual punishment. Consequently, in accordance with federal law, Singleton was removed from death row.

By the 1990s, however, antipsychotic medications had developed to the point that, when Singleton took them regularly, his symptoms were generally under control. When he began referring to himself as the "John the Baptist" or "the Pope and the Congress," it was an indication that his dosage or the medication itself needed to be changed. After Singleton's symptoms had abated for several months, a state judge declared that the defendant was now sane and there was no reason that his execution should not move forward. Accordingly, the judge set an execution date.

Singleton may or may not have been mentally ill, but he certainly wasn't stupid. He stopped taking his medication. People with schizophrenia frequently decide to stop their medication, even when execution is not one of the potential side effects. But, while a person is in prison, he or she has a federally mandated "right to treatment." This means that if a medical treatment would help the prisoner, the prison system is obliged to provide it. In this case, if the treatment could be argued to be in the best interest of the prisoner and the prison system, Singleton could be forced to submit to treatment without his consent.

Singleton's lawyer felt his anger mounting as he described a conversation he had had that afternoon with the prosecuting attorney. "I said to him, 'Come on, you can't tell me that just because he is medicated, he's sane! The symptoms aren't obvious, but the illness is still there. Take away the medication and he's back

complaining that demons in his cell are stealing his thoughts. It's an artificial sanity.' So the prosecutor tells me, 'If he doesn't have symptoms, he's sane. Get your psychiatrist to check his DSM-IV. If he doesn't have delusions, hallucinations or a thought disorder, he doesn't have schizophrenia. I can get a dozen psychiatrists to tell you that.'"

Questions

1. What are the assumptions about mental illness held by Singleton's lawyer and the prosecutor? Support your answer with direct quotes from each lawyer.
2. Each lawyer appears to believe in a different model of mental illness. How does each lawyer use a model of mental illness to support his/her argument about how Singleton should be treated?

References

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