

CASE TEACHING NOTES

for

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

by

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INTRODUCTION / BACKGROUND

Most chapters on abnormal psychology in general introductory textbooks include a review of the accepted models of mental illness, namely, the psychological, behavioral, biological, and diathesis-stress models (see, for example, Bernstein, 2000; Bernstein and Nash, 2005; Halonen and Santrock, 1999; Mash and Wolfe, 2002; Nolen-Hoeksema, 2004). It is often difficult to interest students in these apparently abstract concepts. While quite eager to begin a discussion of the aberrant behaviors associated with each mental disorder, students generally have to be convinced that the conceptual approach really matters.

This case uses an actual news event—the story of death row inmate Charles Singleton, who developed paranoid schizophrenia while in prison awaiting execution—to examine the major models of mental illness. The purpose of the case study is to provide a real-life example that shows how adopting a given conceptual approach can determine the treatment a mentally ill patient receives. To prepare students for the case, the conceptual approaches should be discussed beforehand.

Objectives

- To provide students with a concrete example that will focus their discussion of the abstract principle of mental illness.
- To show how each conceptual model directly influences the treatment people with mental illness receive.

In addition, in formulating a solution to the dilemma posed in the case, students must articulate their own views of mental illness.

CLASSROOM MANAGEMENT

This case was developed for use in a 50-minute classroom period. Students read the case in advance as well as the sections in their textbook that relate to the different concepts of mental illness. They are also expected to have prepared a short, typed answer to Question 1, which will be collected at the end of class.

At the start of class, students get into their groups of four and take about five minutes to generate a group response to Question 1. A spokesperson for each group volunteers to explain the group's consensus answer to the rest of the class. This question is fairly straightforward and tends to generate considerable agreement. Consequently, it may be possible to save some time by “sampling” a few groups for an answer and then ask if any of the remaining groups have a point not already mentioned. Class discussion of Question 1 should take about 10 to 15 minutes.

For the next 10 to 15 minutes of class, the groups work on formulating a consensus answer to Question 2. To answer this question, students are required to relate an actual case description to the more abstract concepts they have read about. As before, the instructor calls on the spokesperson for each group to present his or her group's views. Question 2 tends to generate more classroom discussion than Question 1 and as much as 15 to 20 minutes should be allotted for this activity.

BLOCKS OF ANALYSIS

This case study explores the direct relationship between a society's concept of mental illness and its treatment of people with mental illness. Students are asked to identify the model of mental illness assumed by each of the lawyers and explain the implications of that model in terms of the defendant's rights and responsibilities. These implications relate directly back to the outcome of the case (treatment or execution.) Students often implicitly hold one of these concepts of mental illness without being aware of the associated consequences.

Models of Mental Illness

The major approaches to mental illness are summarized below.

- 1. Mental illness is a medical disorder, a supernatural possession, or a moral failing.*
 - A medical disorder calls for medical treatment. A drug treatment that relieves the symptoms may relieve society's responsibility to provide further support. This approach sees the patient as relatively passive but at least not to be blamed for his or her disorder.
 - Mental illness as a supernatural possession or a moral failing (Nolen-Hoeksema, 2004). This view clearly associates the patient with evil but the extent to which the patient is to blame for the disorder might be seen to vary.
- 2. Mental illness is a response to stressors beyond the individual (i.e., a normal response to an abnormal situation).*
 - Students will be aware of post-combat "flashbacks" as of an example of this. They will not have discussed Post-Traumatic Stress Disorder at this point in the course. The relationship between eating disorders and advertising can also illustrate this relationship between society and mental health.
 - This approach clearly implicates society as responsible for the disorder and leads to questions about the appropriateness of punishment.
 - Considering this model should raise questions about the responsibility of society in actually producing Singleton's mental illness by keeping him on death row for 23 years.
- 3. Mental illness is a maladaptive behavioral repertoire (i.e., not something the patient is or has, but something he does).*
 - This concept, associated with the behavioral school of thought, implies that mental illness is a construct that has been "reified" by the mental health community. The reification fallacy is described as "making real or concrete that which is abstract or hypothetical" (Reber, 1995, p. 651). When mental illness is reified it might be thought of as similar to a tumor residing within the patient.
 - The behavioral approach implies that the patient's behavior should be modified using operant and classical conditioning techniques and that this should not be thought of as treating a disease (Kazdin, 1978).
 - The conclusion advocated by the behaviorist is that the absence of symptoms must be interpreted as the absence of disease. (The word "cure" would be considered inappropriate because there was no true disease state in the first place.)
 - This is a case of science supporting philosophy. By the 1950s, behaviorism had a large public following because of its emphasis on engineering the environment to improve human life (Schultz and Schultz, 2004). Behavioral techniques were much more successful than other psychological treatments and medication was not yet as effective as it is now. Consequently, because behavioral techniques were the one treatment of psychological disorders that had empirical backing, the behavioral philosophy was also widely accepted.

The Lawyers' Positions

Two passages in particular reveal the models of mental illness the lawyers assume.

The Defense:

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.

The defense lawyer is arguing that mental illness is something within the person. It might be regarded as similar to a medical state such as diabetes that can be controlled, but not cured, by medication. With this view of mental illness, there is a strong implication that society has an obligation to provide treatment. The patient has something wrong with him and cannot be held to regular standards. Punishment is inappropriate.

The Prosecutor:

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.

A pure behaviorist would deny that a reified disease or illness exists at all. A behavioral approach regards what are commonly referred to as mental illnesses as problem behaviors that are properly the target of behavior modification. The *Diagnostic and Statistical Manual*, 4th Edition (DSM-IV), published by the American Psychiatric Association, specifies the symptoms associated with each recognized disorder. While the DSM-IV does not endorse any one model or theory of mental illness, a psychologist (or lawyer) taking a strictly behavioral approach would say that no diagnosis should be made in the absence of the behavior associated with the disorder. (Even if the symptoms were there, the true behaviorist would insist on referring to them as associated behaviors. The word "symptoms" itself implies a disease. Also, the DSM-IV has ways of taking a history of problem behaviors into account.)

Consequently, if there are no problem behaviors, no thought disorder or hallucinations, etc., there is no disorder. This is a normal person, and normal consequences should be applied.

General Discussion Note

Given the nature of this case, individual beliefs can move the discussion away from its primary purpose. In an introductory class, it is frequently necessary to remind students to relate the implications of the concepts of mental illness to society's responsibilities to those with mental illness. Remarks like "Well, that lawyer is a behaviorist, but he is wrong because I don't believe in the death penalty for anybody" may have to be temporarily deferred but if time permits can be immediately handled in one of two ways. They can be used to generate a discussion of the ever-changing boundary between science and morality. Alternatively, it might be used to illustrate how the student's own assumptions relate to the treatment of people with mental illness.

Postscript

In February 2003, the Eighth Circuit Federal Court of Appeals ruled, in a narrow 6-5 decision, that if Singleton was sane while medicated, he could be executed, even if his medication was administered involuntarily. Charles Singleton was subsequently executed on January 6, 2004. Singleton's lawyer coined the term "artificial sanity." The remaining quotations in this case study were created by the author of the case.

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FURTHER READING

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