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“THINGS HAVE CHANGED:”  
LOOKING AT NON-INSTITUTIONAL MENTAL DISABILITY LAW THROUGH THE SANISM FILTER

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I have been writing about mental disability law for over 25 years, dating back to my days as Director of New Jersey’s Division of Mental Health Advocacy.² My scholarship has proceeded through many phases,³ but, in the past decade, I have come to focus more and more on what I call “sanism” and what I call “pretextuality.”⁴

1. BOB DYLAN, Things Have Changed, on The Essential Bob Dylan 2000 (Columbia 2000).

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I define “sanism” as “an irrational prejudice of the same quality and character of other irrational prejudices that cause (and are reflected in) prevailing social attitudes of racism, sexism, homophobia, and ethnic bigotry.”

Sanism is largely invisible, and largely socially acceptable. It is based predominantly upon stereotype, myth, superstition, and deindividualization. It is sustained and perpetuated by our use of alleged “ordinary common sense” (“OCS”) and heuristic reasoning in an unconscious response to events both in everyday life and in the legal process.

“Pretextuality” means that courts accept (either implicitly or explicitly) testimonial dishonesty and engage in similarly dishonest (frequently meretricious) decision-making, specifically where witnesses, especially expert witnesses, show a “high propensity to purposely distort their testimony in order to achieve desired ends.” This pretextuality is poisonous. It infects all participants in the judicial system, breeds cynicism and disrespect for the law, demeans participants, and reinforces shoddy lawyering, blasé judging, and, at times, perjurious and/or corrupt testifying.

I am convinced that it is impossible to understand any aspect of mental disability law without understanding the corrosive and malignant impact of these factors. I wrote my most recent book, The Hid-


10. See Perlin, Hidden Prejudice, supra note 4, at xv-xxv.
DEN PREJUDICE: MENTAL DISABILITY ON TRIAL,\textsuperscript{11} to illuminate this impact, to cast some light on why mental disability law has developed this way, and to indicate what the implications are for the future of this area of the law. I did this by looking at those areas of the law that I write and teach about (and almost all of which I practiced in): involuntary civil commitment, institutional rights law, the Americans with Disabilities Act, sexual autonomy, and all aspects of the criminal trial process.\textsuperscript{12}

Each one of these legal subjects and just about all the mental disability law topics that I have and continue to write about, with the exception of Tarasoff/"psychiatric torts" issues,\textsuperscript{13} deal primarily with one discrete population: persons who are subject to commitment to inpatient psychiatric hospitals. Some of my writing has looked at the involuntary civil commitment process,\textsuperscript{14} some at the treatment of persons once institutionalized,\textsuperscript{15} some at their treatment in the community once released,\textsuperscript{16} and some at the intersection between mental disability law and the criminal trial process.\textsuperscript{17} Nevertheless, it has dealt with questions of institutionalization, and, by and large, these are questions that affect poor people.\textsuperscript{18} This is certainly not to say that mental illness is limited to persons of low economic status, but rather, invariably, by the time a person becomes subject to the involuntary civil commitment process, there is an excellent chance she is indigent.

Of course, problems of mental disability are not solely institutional problems. A significant percentage of the public – the vast majority of which will never be in peril of institutionalization – exhibit some sort of serious mental illness during their lifetime.\textsuperscript{19} A much

\footnotesize{\textsuperscript{11} Id.}

\footnotesize{\textsuperscript{12} Id. at 79-112 (involuntary civil commitment), 125-56 (right to refuse treatment), 157-74 (right to sexual interaction), 175-204 (Americans with Disabilities Act), 205-22 (competency to plead guilty/waive counsel), 223-44 (the insanity defense).}

\footnotesize{\textsuperscript{13} See, e.g., Michael L. Perlin, Tarasoff and the Dilemma of the Dangerous Patient: New Directions for the 1990’s, 16 LAW & PSYCHOL. REV. 29 (1992).}

\footnotesize{\textsuperscript{14} See, e.g., Michael L. Perlin, MENTAL DISABILITY LAW: CIVIL AND CRIMINAL chs. 2A, 2C (2d ed. 1998) [hereinafter CIVIL AND CRIMINAL].}

\footnotesize{\textsuperscript{15} See, e.g., id. at chs. 3A-3C (2d ed. 1999).}

\footnotesize{\textsuperscript{16} See, e.g., id. at chs. 4A-4C (2d ed. 2000).}

\footnotesize{\textsuperscript{17} See, e.g., id. at chs. 9-12 (2d ed. 2002).}

\footnotesize{\textsuperscript{18} On the question of the impact of a patient’s “worth” on his treatment in the public mental health system, see Perlin, Hidden Prejudice, supra note 4, at 88.}

\footnotesize{\textsuperscript{19} 5.4% of Americans have a severe mental illness as measured by the criteria of the American Psychiatric Association’s Diagnostic and Statistical Manual. See R.C. Kessler et al, A Methodology for Estimating the 12-Month Prevalence of Serious Mental Illness, in
larger percentage exhibits some sign of mental disability or mental disorder. This population – like the rest of the population – frequently has problems that require resolution by a lawyer and the legal system. Such problems include issues regarding contracts, property, domestic relations, and trusts and estates.

Several years ago, I published a casebook, titled, predictably, Mental Disability Law: Cases and Materials. Putting together the chapters in institutional mental disability law, and what I inartfully call “criminal mental disability law,” posed one set of problems: so many cases and so few pages (though my students who have been schlepping this book around may disagree). In these areas there is a surfeit of cases, and I was faced with difficult questions of what to include and what to omit. When I did the first supplement, I encountered the same predicament. But, when I decided to include a non-constitutional, non-institutionally-based civil law chapter, my dilemma was very different: what to include? Again, putting aside psychiatric tort issues (about which there is enough material to sustain a casebook of its own), there has been what appears at first glance to be a startling paucity of recent developments in almost all other areas of private civil law: just a handful of mostly-uninspired (and uninspiring) cases and a few student notes. I am satisfied that the selections I made were good ones, and continue to believe that they serve valuable pedagogic purposes. That said, I certainly did not give them the thought, atten-


20. 23% of Americans suffer from a diagnosable mental disorder in any given year. See D.A. Regier et al, Epidemiologic Catchment Area Prospective: One Year Prevalence Rates of Disorders and Services, 50 Arch. Gen’l Psychiatry 85 (1993).


27. See Perlin, Civil and Criminal, supra note 14, at chs. 7A-7C.

28. The one exception involves the interrelationship between questions of parental rights, custody and adoptions and the Americans with Disabilities Act. See, e.g., Perlin, Civil and Criminal, supra note 14, at § 5A-2.4, p. 201, nn. 264-66 (citing cases).

29. I included several domestic relations law cases: Matter of Sarah B., 610 N.Y.S.2d 403 (N.Y. App. Div. 3d. Dep’t 1994); State of New Mexico ex rel. Children,
...tion, and focus that I gave the cases and materials in the remaining chapters of the book.

So why is this? I can conjure a few possible explanations:

1. The Supreme Court made it clear thirty years ago that the due process clause applies to all institutional decision-making, and that all questions dealing with the “nature and duration” of commitment are constitutionally bound. As a result, the “high ticket” questions in the constitutional litigator’s arsenal have come to play a role in institutional litigation, leading to an explosion of case law and commentary.

2. The Supreme Court has remained fascinated – again, for three decades – with the full range of questions involving the intersection of the criminal trial process and mental disability law. The Court’s fascination and resulting Supreme Court case law has translated into more scholarship and new lower court case decisions.

3. Issues of institutional mental disability law are contentious and are discussed in the public press, in both the serious and tabloid media. Questions of the proper scope of the involuntary civil commitment power (exemplified in New York by the debate over “assisted outpatient treatment” in the guise of “Kendra’s Law”), the dispositions of cases involving so-called “sexually violent predators” (exemplified in New York by the debate over “assisted outpatient treatment” in the guise of “Kendra’s Law”), the dispositions of cases involving so-called “sexually violent predators” (exemplified in New York by the debate over “assisted outpatient treatment” in the guise of “Kendra’s Law”), the dispositions of cases involving so-called “sexually violent predators” (exemplified in New York by the debate over “assisted outpatient treatment” in the guise of “Kendra’s Law”)}
fied in New Jersey by the now world-famous “Megan’s Law”), the authority of hospitals to involuntarily administer medication to institutionalized patient (both in civil and forensic settings), the application of the insanity defense in a handful of over-sensationalized cases, and the relationship between mental retardation and the death penalty, are all part of the public debate.

4. The passage of the Americans with Disabilities Act (although not typically seen as a law that focuses on the status of persons with mental disabilities) has forced us to rethink questions of discrimination, segregation, and exclusion in a variety of settings. It has also to some extent, “fused” the mental disability law “movement” and the civil rights “movement.”

5. Consumers (or “survivors”) (or “stakeholders”) (or “ex-patients”) are beginning to receive some public attention as a political action force. While the National Alliance for the Mentally Ill (“NAMI”) is the best known of these groups, there are many others,


36. See PERLIN, CIVIL AND CRIMINAL, supra note 14, at ch. 3B.


38. In its most recent term, the Supreme Court held that execution of persons with mental retardation violates the Eighth Amendment. Atkins v. Virginia, 536 U.S. 304, 122 S.Ct. 2242 (2002).

39. 42 U.S.C. §§ 12101 et seq.


44. See, e.g., http://www.nami.org.
on all points of the political spectrum that continue to make important contributions to the ongoing debate.45

On the surface, none of these explanations appear to have very much to do with contracts law or trusts and estates law. Institutionalization is rarely an issue in such cases; the criminal trial process is not implicated; my legal research to date has revealed no Americans with Disabilities Act cases on point;46 the public debate about “mental disability and the law” never seems to touch on these issues;47 consumer groups do not list this as a priority. As a result of all this, perhaps, the legal academy has been to some extent uncharacteristically silent about this area of the law.

But is this as it should be? Is it possible that we – legal and behavioral scholars who write regularly about mental disability law – have truly missed the boat? I think we have. Are these areas of the law that we can continue to comfortably and unthinkingly marginalize? I don’t think so.

When I started writing seriously about sanism, I asserted that it pervaded “all aspects of the mental disability law process.”48 I believed that then, and I believe it now. But for the reasons I have stated (and perhaps others), areas of private civil law such as trusts and estates have gotten a “free ride.”

This should not be. If I am right about sanism’s pervasiveness and its pernicious power, it should inevitably poison trusts and estates law just as it poisons involuntary civil commitment law or the right of institutionalized persons to sexual autonomy. If we stereotype persons with mental disabilities, “slot” them, stereotype them, deny them their social worth, emphasize their “differentness,” distort their behavior, and trivialize their humanity – which is what we do in every area of mental disability law that I have taught, written about, or represented clients in – then it strains credulity to suggest that we do not do this in cases involving such areas of the law as trusts and estates.49

48. PERLIN, HIDDEN PREJUDICE, supra note 4, at 30.
In fact, not only do we do it, but we most likely do it even more invisibly. One of the arguments that I regularly make in discussing sanism is that it is “invisible”: it takes place in closed courtrooms, and is reflected in sealed transcripts. It remains “under the radar screen” for most judges and other participants in the legal system. But, at least there are other legal scholars writing about it, and there are a handful of judges that have considered these issues in published decisions. A recent Montana case that established performance standards for lawyers in involuntary civil commitment matters is the most sophisticated example yet of a court carefully assessing these issues. And, not unimportantly, there is a sub-specialty “mental disability law bar” that provides a cadre of dedicated lawyers whose sole job is to represent institutionalized individuals and those facing institutionalization. However, there is no such cadre in trust and estates law. And again, up until now, there has been no scholarship devoted to these issues.


52. See Perlin, supra note 42, at 249.


54. I discuss some of these cases in Perlin, Hidden Prejudice, supra note 4, at 307-08, and in Perlin, Half-Wrecked, supra note 4, at 31-32 (discussing State v. Wilson, 700 A.2d 633, 649-50 (Conn. 1997) (Katz, J., concurring)); United States v. Denny-Shaffer, 2 F.3d 999, 1000, 1021, n.30 (10th Cir. 1993); State Farm Fire & Casualty Co. v. Wicka, 474 N.W.2d 324, 327 (Minn. 1991); and Waters v. Thomas, 46 F.3d 1506, 1535 (11th Cir. 1995) (Clark, J., concurring in part and dissenting in part)).

55. In re the Mental Health of K.G.F., 29 P.3d 485 (Mont. 2001) (scope of right to effective counsel includes appointment of competent counsel with specialized training, right to make informed decision on whether to accept counsel, right to thorough investigation of case by counsel, right to initial client interview with counsel, and right to have counsel present during patient’s court-ordered mental health examination).

56. For an example of organized mental health advocacy systems, see, e.g., N.Y. Mental Hygiene Law § 47.01 (establishing Mental Hygiene Legal Services office); N.J. Stat. Ann § 52:27E-65 (restructuring Division of Mental Health Advocacy); 42 U.S.C. § 10807 (establishing Protection and Advocacy Systems for Mentally Ill Individuals).
There is one analogy that may be of help. At about the same point in time that I was first developing my ideas about sanism, Professors David Wexler and Bruce Winick were developing their ideas about “therapeutic jurisprudence” (“TJ”). TJ studies the role of the law as a therapeutic agent. This perspective recognizes that substantive rules, legal procedures, and lawyers’ roles may have either therapeutic or anti-therapeutic consequences. It questions whether such rules, procedures, and roles can or should be reshaped so as to enhance their therapeutic potential, while not subordinating due process principles. Wexler, Winick, and their colleagues – myself included – immediately began to apply TJ principles to every aspect of the mental disability law system. I pounced on this approach, and began to use it as a basis of my discussions of involuntary civil commitment law, right to treatment law, right to refuse treatment law, and much more. In fact, in The Hidden Prejudice, I devote my final chapter to a TJ “read” of all those aspects of mental disability law that I find to be sanist and pretextual,


and conclude that TJ carries with it the potential to offer redemption for all mental disability law.º 61  As I suggested, the use of therapeutic jurisprudence – to expose pretextuality and strip bare the law’s sanist façade – will become a powerful tool that will serve as “a means of attacking and uprooting ‘the we/they distinction that has traditionally plagued and stigmatized the mentally disabled’ – then that result will be therapeutic: for the legal system, for the development of mental disability law, and ultimately, for all of us.”º 62

We cannot make any lasting progress in ‘putting mental health into mental health law’ until we confront the system’s sanist biases and the ways that these sanist biases blunt our ability to intelligently weigh and assess social science data in the creation of a mental disability law jurisprudence.

I contend that therapeutic jurisprudence is our best strategy for confronting those biases. A practice based upon the tenets of therapeutic jurisprudence forces such lawyers to adopt a multi-disciplinary investigation and evaluation of the therapeutic effects of the lawyering process and a case’s ultimate disposition. In therapeutic jurisprudence, the client’s perspective should determine the therapeutic worth or impact of a particular course of events. As a scholarly matter, it is helpful to use therapeutic jurisprudence as a framework within which to investigate and reformulate areas of law reform aimed at resolving difficult societal dilemmas. As a practical legal tool, I believe that therapeutic jurisprudence has the far-reaching potential to allow us to – finally – to come to grips with the pernicious power of sanism and pretextuality, and to offer us an opportunity to make coherent what has been incoherent – and to expose what has been hidden – for far too long.º 63

Why is this relevant? For this reason. A few years ago, TJ “broke out” of the mental disability law box, and began to look at many other aspects of the legal system: contracts law, tort law, gay rights law, medi-

61. PERLIN, HIDDEN PREJUDICE, supra note 4, at 301.
62. Id.
63. Id. at 302-03.
ation, preventive law, and so much more. Since TJ has done this, it has grown dramatically as a theoretical and jurisprudential force.

This leads me to the current enterprise. Professor Pamela Champine has chosen to go where no law professor has ever gone. She is exploring, for the first time, the impact of sanism on trusts and estates law. By doing so, she inaugurates a new era in mental disability law scholarship. I hope that it will inspire others to consider this and other private areas of the law, and bring the concept of “sanism” to new and receptive audiences, including those that have never had prior reason to think much about mental disability law and its significance to their practice-based and scholarly interests.

One final comment. My title starts with a Bob Dylan quote. I initially thought of *Things Have Changed* simply because of the title: that things *had* changed. But the lyrics also added another level of connection. Listen to the chorus:

> People are crazy and times are strange
> I’m locked in tight,
> I’m out of range,
> I used to care, but things have changed.

Dylan is a little more world-weary than I am, I guess. I still care, but he’s right, of course, “things have changed.” I believe that Professor Champine’s new path will lead them to change even more.

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64. See, e.g., Key, *supra* note 59, at vii-x (listing articles).
65. As of March 4, 2002, the phrase “THERAPEUTIC JURISPRUDENCE” appears 514 times in the WESTLAW/JLR database.
68. *Id.*