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Sanism in Theory and Practice

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My aim is to provide an introduction to the concept of sanism by examining the contexts in which it has been used.

Rather than seeking to establish a definition of sanism, I would like to suggest that we suspend the search for a stable meaning. The idea that language consists of words that correspond to meanings is so common that it is often assumed to be the only model of language. The philosopher, Ludwig Wittgenstein, offers a different approach. In *Philosophical Investigations* (published posthumously in 1953), he writes, "The meaning of a word is its use in a language" (#43: 20).

According to Wittgenstein, language casts a spell on us: the assumption of underlying meaning captures our attention. By re-directing our investigations towards how a word has been used, a different set of questions comes into view: To what uses has "sanism" been put? What has it done? To what uses can it be put? What will it do?

The original context from which the concept emerged is a remarkable friendship.

In 1951, Florynce Kennedy graduated from Columbia Law School. In spite of her persistence as an activist attorney, she came to doubt "whether practicing law could ever be an effective means of changing society or even of simple resistance to oppression" (quote in Guardian obit., Jan 10, 2001). Frustrated with the bigotry of the law courts, she concentrated on political activism in the women's and civil rights' movements. In 1971, she formed the Feminist Party, and in 1975, she founded the National Black Feminist Organization.

A close friend of Kennedy, Morton Birnbaum, also graduated from Columbia Law School in 1951. He went on to gain an M.D. from New York Medical School in 1957. It was during his research as a postdoctoral fellow in Social Medicine at Harvard University that he made a connection between constitutional rights and a failure within US state mental hospitals to deliver adequate treatment. In 1958, he began to advance an idea that his contemporaries would consider ridiculous, if not unthinkable: a constitutional right to treatment for patients in US state mental hospitals.

[Aside. I had to overcome my initial reaction to the idea of struggling for a right to treatment, given that in the mad movement, we continue to struggle for a right to refuse treatment.]

Birnbaum's article, "The Right to Treatment," was published in the American Bar Association Journal in 1960; but only after it had been rejected by 50 different publications. The following year, the *New York Times* ran a piece about the article. Two patients in state mental hospitals contacted Birnbaum, Edward Stephens and Kenneth Donaldson. It was while representing Stephens that Birnbaum introduced the term, "sanism."

According to his daughter, Rebecca Birnbaum, a Psychiatry Resident at Johns Hopkins University, "In coining the term sanism, my father most alluded to his many conversations with his friend and law school classmate, Florynce Kennedy, the notable African-American feminist lawyer, who profoundly influenced his own thinking" (R. Birnbaum 2010: 117).

Morton Birnbaum tried to have Stephens' claims of inadequate treatment heard on twelve occasions, including three times before the Supreme Court. No court would allow the case to proceed. To highlight the extent of resistance that he and his clients faced, he articulated the concept of sanism at some point in the 1960s as "the irrational thinking, feeling and behaviour patterns of response by an individual or society to the irrational behaviour (and too often the rational behaviour) of a mentally ill individual" (in Ayd 1974). It is a measure of the anger that Birnbaum felt towards the judges who routinely dismissed his lawsuits that he stated, in 1974 (in an article that reflects on fifteen years of struggling for a right to treatment) that "all sanists are bigots."

The concept of sanism has the effect of drawing attention to a broad set of values associated with the idea of sanity, and unsettling the status of those values as self-evidently superior. But Birnbaum did not believe that he was, literally, *in a position* to give more than a partial diagnosis of what he called the "American tragedy" of "sanism in our society." It is better if "one tries to view this area from the viewpoint of the severely mentally ill--that is, from the viewpoint of the oppressed--rather than from the viewpoint of myself and other members of society, who are the oppressors. For it seems to me that only from the viewpoint of the oppressed can one properly understand our society's *pathological* sanist mechanisms of oppression" (105; my emphasis).

[Aside. The idea that mechanisms of oppression are pathological comes from Florynce Kennedy.]

The limit of Birnbaum's thinking about sanist mechanisms of oppression is made clear when he distances himself politically from his friend, Florynce Kennedy, who "firmly believes--as I do not--that unless they openly and forcefully protest, as have blacks, prisoners, homosexuals, etc., the involuntarily civilly committed will not receive their just due" (107).

What did "sanism" mean to Birnbaum's clients, to people he understood as oppressed? The second plaintiff to whom I referred, Kenneth Donaldson, published his memoir, *Insanity Inside Out*, in 1976. Donaldson had been involuntarily committed to a psychiatric institution in Florida in 1956. He was released in 1971.

[Aside. The memoir acknowledges Morton Birnbaum, who is described as a "dedicated fighter, who over the years made the final outcome in the courts possible."]

Donaldson offers this definition: "sanism is the word coined by Morton Birnbaum to describe the assumption of the 'sane' world that because the patient is in a state mental institution he is therefore sick and belongs there" (pp.?). Donaldson rejected the label of mental illness; and instead expressed confidence that he "was blameless of illness or error" (43).

The problem for Donaldson was that he remained afraid that he "could still be the prey of our sanist society." In addition to the possibility of again being involuntarily committed, he found that being labelled insane meant that co-workers kept a distance. "Because they refused to talk to me, staying behind their antiseptic cloak of sanism," he recalls, "I was reduced to wondering all sorts of things in the absence of straight answers."

In 1980, Michael Perlin read Morton Birnbaum's 1974 article, and was introduced to the concept of sanism. Perlin is a professor at New York Law School, but at the time was director of New Jersey's Division of Mental Health Advocacy. The concept of sanism enabled him to connect behaviours to which he "had grown accustomed" but "had never before consciously identified" (xi).

The significance of the concept of sanism lies in this potential to reveal connections between practices that are pervasive, entrenched and largely unquestioned. By 1980, for example, Perlin "had already spent several years providing individual and class-action representation to institutionalized persons with mental disabilities," and was used to "asides, snickers, and comments from judges; to eye rolling from my adversaries; and to running monologues by bailiffs and court clerks (about [his] clients' 'oddness')" (xi).

Perlin defines 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" (xviii-xix). He explains the analogy of sanism to other forms of prejudice by asserting that it "appears to share the dominant and overarching principle shared by all other 'isms': an ideological rationalization or justification for stigmatizing and marginalizing the other" (27).

For Perlin, "Sanism is as insidious as other 'isms' and is, in some ways, more troubling, because it is (a) largely invisible, (b) largely socially acceptable; and (c) frequently practiced (consciously or unconsciously) by individuals who regularly take 'liberal' or 'progressive' positions decrying similar biases and prejudices that involve sex, race, ethnicity, or sexual orientation. It is a form of bigotry that 'respectable people can express in public'" (22). For example, derogatory phrases such as "it was insane" or "that is crazy" are often used without reflection on their pathological connotations.

Like Birnbaum, Perlin recognizes that sanism cannot be disentangled from its intersectional roots: "Sanist, racist, and sexist stereotypes remain frequently grounded in similar sorts of eugenic and cultural pseudoscience in ways that reflect broader sets of public attitudes" (39).

In highlighting the limitations of the Americans with Disabilities Act, Perlin points to the exclusion of "individuals with certain psychological or physiological conditions from coverage." Taking us back to the intersectional roots of the concept of sanism, he infers that "Just as Kimberle Crenshaw found in her study of laws and stereotypes affecting racial attitudes and behaviours, while much of the formal and symbolic subordination to which mentally disabled individuals have been subjected has been eliminated, the material subordination largely remains. The legislation serves as a mirror for the public, and in doing so, perpetuates myths and stereotypes" (50).

Such are (a few of) the uses to which the concept of "sanism" has been put. Erick Fabris is taking the term in important new directions; for example, by disentangling understandings of sanism from the division of reality into the rational and the irrational.