

Portland State University

PDXScholar

Young Historians Conference

Young Historians Conference 2019

May 1st, 2:00 PM - 2:15 PM

The United States' Relationship With the Insanity Defense Before and After United States v. Hinckley

Natalie R. Peterman
Lakeridge High School

Follow this and additional works at: <https://pdxscholar.library.pdx.edu/younghistorians>



Part of the [History of Science, Technology, and Medicine Commons](#), [Legal Commons](#), [Psychiatry and Psychology Commons](#), and the [United States History Commons](#)

Let us know how access to this document benefits you.

Peterman, Natalie R., "The United States' Relationship With the Insanity Defense Before and After United States v. Hinckley" (2019). *Young Historians Conference*. 8.

<https://pdxscholar.library.pdx.edu/younghistorians/2019/oralpres/8>

This Event is brought to you for free and open access. It has been accepted for inclusion in Young Historians Conference by an authorized administrator of PDXScholar. Please contact us if we can make this document more accessible: pdxscholar@pdx.edu.

THE UNITED STATES' RELATIONSHIP WITH THE INSANITY DEFENSE BEFORE AND AFTER *UNITED STATES v. HINCKLEY*

The United States is never as united in thought as after a national tragedy. This rang true after John Hinckley, Jr. attempted to assassinate President Ronald Reagan in 1981. When Hinckley was found to be not guilty by reason of insanity, Americans made their anger known. How dare such an attack occur on American soil! Suddenly, the enemy became the insanity defense itself, rather than the evil that caused the crimes committed. While these kinds of ideological shifts can be expected as society progresses and adjusts to circumstances, American society cannot be trusted to act rationally; it is still important to understand the underlying reasons for these changes to ensure that history is not shaped by overly biased and flawed thinking. Though the insanity defense has been used in legal procedures for decades, the United States' view of it has shifted due to the circumstances surrounding specific cases. This change was especially evident before and after the case of *United States v. Hinckley*. Previously, a 1954 case called *Durham v. United States* had established what became known as the Durham Rule, which stated that "an accused is not criminally responsible if his unlawful act was the product of mental disease or defect" and was intended to help determine whether or not a plea of insanity

was valid.¹ By creating a distinction between simply the presence of a mental illness and it being the cause of the unlawful act, the Durham Rule attempted to improve the process of criminal proceedings; however, it soon proved too vague and generalized to be effective. Despite the lack of widespread use of the Durham Rule after its adoption, it demonstrated the point-of-view of the Supreme Court regarding the insanity defense at the time of the case. The United States only became wary of this defense when a wave of mental health reform changed the way those found guilty by reason of insanity were treated; instead of being institutionalized, mentally ill people were given treatment, and American society was not satisfied without seeing some level of punishment.

John Hinckley, Jr. was born on May 29, 1955 in Ardmore, Oklahoma. Obsessed with actress Jodie Foster despite being seven years older than her, he stalked her for a period of time and claimed his assassination attempt of President Ronald Reagan was partially inspired by the movie *Taxi Driver*, in which a character makes an assassination attempt on a United States senator. In a letter to Foster before his crime, he wrote that he “would abandon this idea of getting Reagan in a second if I could only win your heart and live out the rest of my life with you, whether it be in total obscurity or whatever.”² Along with demonstrating in part his motivation, the letter attempted to push the blame onto this woman Hinckley had been stalking. Though Hinckley’s most well-known crime would not be committed until 1981, he was also arrested at the Nashville International Airport on October 9, 1980 for possession of three

¹ *Durham v. United States*, 214 F.2d 862 (D.C. Cir. 1954).

² John Hinckley, Jr, “John Hinckley’s Letter to Jodie Foster Written Immediately Before Assassination,” in *Famous Trials*, ed. Professor Douglas O. Linder.

firearms. President Jimmy Carter had also been in Nashville on that day, foreshadowing for Hinckley's assassination attempt the following year.

On March 30, 1981, President Reagan was leaving the Hilton Hotel in Washington, D.C. when John Hinckley, Jr. began shooting at him from the surrounding crowd. The President, Press Secretary James Brady, police officer Thomas K. Delahanty, and Secret Service agent Timothy J. McCarthy, were all injured, but none were killed. Hinckley was taken into custody almost immediately, but tried to commit suicide twice between the event and the beginning of his trial in May 1982. He insisted that Jodie Foster testify in his trial, saying he planned to refuse to cooperate in his own defense if she did not. While he was excited to be present during the filming of testimony, he became angry when she paid no attention to him and was escorted from the room; this reinforced the warped, entitled obsession that Hinckley had with Foster.³ The jury selection process narrowed ninety potential jurors down to twelve people: eleven black and one white, seven women and five men.

The first part of the trial answered the easier question, whether or not John Hinckley, Jr. had fired the shots at President Reagan. This was uncontested by the defense, as the evidence and witnesses immediately contradicted any denial, and the defense wanted to avoid appearing untrustworthy from the beginning. Once this matter was settled, the second phase of the trial to determine insanity began. Hinckley's parents were questioned about their son's childhood, as well as aspects of the timeline that did not appear to add up. In 1980, Hinckley had overdosed on antidepressant medication, leading his parents to send him to meet with Dr. John Hopper, a local psychiatrist. He testified about Hinckley's very apparent history of mental illness,

³ "Hinckley Stirred to an Outburst," *New York Times*, CXXXI: 45,346 (June 16, 1982), sec. I, 13.

correcting his past lack of legitimate diagnosis and citing an autobiography by the defendant in which he wrote that his mind was “on the breaking point.” The doctor explained that because he had relied too much on his in-person interactions with Hinckley and disregarded many warning signs in his writing, his past dismissal of symptoms was unreliable. Hinckley’s behavior and mental state was not one of a healthy young man, and the events of the previous several years illustrated this.

Along with Dr. John Hopper, the leading psychiatrist for the defense was Dr. William Carpenter, who concluded that John Hinckley, Jr. suffered from schizophrenia after forty-five hours of conversation with him. He asserted that Hinckley possessed several symptoms of the mental disorder, including depression, suicidal thoughts, withdrawal from social contacts, eccentric thoughts, and lack of conviction in his identity. These identity issues caused him to draw personality traits from media and pop culture, leading to his obsessions with *Taxi Driver* and John Lennon. Additionally, Hinckley could intellectually understand the problems with his actions in a legal sense, but he did not feel them emotionally. This collection of symptoms pointed toward schizophrenia in the mind of Dr. William Carpenter.

Dr. David Bear, another psychiatrist, agreed with Dr. Carpenter’s diagnosis, adding that it was unlikely that Hinckley was faking these symptoms due to the presence of only “negative” signs (those faking were likely to include seemingly “positive” signs, such as seeing visions). In addition to this, he used a CAT scan to show that Hinckley had widened sulci (grooves in the brain); because one-third of schizophrenics have wide sulci and only 2% of the normal

population do, this was used as evidence that Hinckley was very likely to have the mental disorder.⁴

The prosecution attempted to draw the attention back to the events of Hinckley's crime, and Dr. Park Dietz of the government psychiatry team shared his own diagnosis of the defendant: a bored, lazy, manipulative kid, surely suffering from several personality disorders, but nowhere near psychotic or insane. Dr. Dietz interpreted all evidence differently than the defense, even claiming that Hinckley's interest in Jodie Foster was not an obsession and rather a star-struck infatuation. The prosecution's decision to frame Hinckley's behavior as simply normal and what then-nineteen-year-old Foster should have expected was incredibly harmful, and had the effect of placing more blame on Foster for feeling threatened than on Hinckley, who had stalked and written about her for months.

The jury was then given the task of either proving that Hinckley was sane on the day of the attempted assassination, or deciding that he was not guilty. Based on the testimonies as well as the evidence presented in the trial, the jury deemed John Hinckley, Jr. not guilty by reason of insanity for all thirteen counts.

Within a month, both houses of Congress were holding hearings on the insanity defense and proposing measures to shift the burden of providing proof of insanity to the defense rather than the prosecution. When the *New York Times* reported on the failure of a 1984 bill intended to curb the insanity defense, a distinction was made between those for and against the bill. Those supporting the bill were mainly Democrats, and the opposition was mainly Republican: "They were angered by a rule that limited debate and amendments on the House floor, and they

⁴ "Judge Rebukes Hinckley Witness Over CAT Scan," *New York Times*, CXXXI: 45,319 (May 20, 1982), sec. II, 13.

said the bill had several flaws, including that it did not go far enough in curbing the defense.”⁵ Based on this report, it can be concluded that the failure of the bills in Congress was not because representatives disagreed on limiting the insanity defense, but rather that they disagreed on how it should be limited. Many states passed laws related to the case as well, with some creating a new verdict of “guilty but mentally ill” and Utah banning the insanity defense entirely.

In 2011, *New York Times* journalist Lincoln Caplan revisited the responses to the Hinckley trial, referring to the American public’s response as “furious.”⁶ Interestingly, Caplan appeared to attribute the irrationally introduced bills simply to misinformation, stating that “A generation later, we know this retrenchment was based on misconceptions, above all that the defense was commonly, and successfully, used.”⁷ By stating so matter-of-factly that the insanity defense was only successful because the jury did not understand the rarity of its use, Caplan emphasized the importance of American society’s view of the outcome. Though Hinckley was sent to St. Elizabeth’s Hospital in Washington and kept there until he was proven to no longer be a threat, Americans were outraged over simply the concept of someone working through their mental illness rather than being put in prison.

During his stay at St. Elizabeth’s Hospital, he received treatment and therapy for schizophrenia, remaining under close watch of doctors for years. In February 1983, Hinckley

⁵ “House Won’t Limit Insanity Defense,” *New York Times*, CXXXIV: 46,172 (September 19, 1984), sec. I, 22.

⁶ “The Insanity Defense, Post-Hinckley,” *New York Times*, CLX: 55,276 (January 17, 2011), sec. I, 24.

⁷ *Ibid.*

attempted suicide for a third time since the attempted assassination, but his doctors reported his condition to be in full remission in 1985. He was not allowed to make supervised trips out of the hospital until 1999, and in 2000, hospital representatives withdrew their recommendation for unsupervised visits to Hinckley's parents' home after learning of his continued interest in violent media. It was not until September 2016 that he was officially released from St. Elizabeth's Hospital, and though he was permitted to live alone on November 16, 2018 by a federal judge, he remains in contact with doctors and is required to attend both individual and group therapy.⁸ The goal of this progression of events was not to simply keep a threat away from the population, but to hopefully get rid of the threat itself.

The insanity defense's use and span leading up to the Hinckley trial has varied in various aspects. In *Medical Jurisprudence of Insanity, Or Forensic Psychiatry*, S. V. Clevenger's 1898 examination of the intersection between psychology and law, Clevenger stated his awareness that the flawed nature of scientific theory surrounding insanity tainted any thought of the insanity defense:

Insanity in general, its causes, nature, pathology, and treatment, are incomparably better understood than when the older works on medical jurisprudence were written; and, inevitably, whenever the law has proved laggard in keeping step with alienistic science there can be greater expectation of future legal adjustment to late discoveries and elucidations through a spread of information as to what constitutes such knowledge.⁹

⁸ CNN, "John Hinckley Jr. Fast Facts," *CNN Library*, Updated December 5, 2018.

⁹ S. V. Clevenger, *Medical Jurisprudence of Insanity, Or Forensic Psychiatry*, 1st ed. (The Lawyers' Co-Operative Publishing Company: New York, 1898), 3.

Because this particular aspect of legal theory required remaining up-to-date on constantly changing scientific viewpoints and discoveries, it could not be expected to be a valid defense. While some have argued that this fact itself is the reason why the insanity defense is unreliable and invalid, Clevenger's view was much more optimistic; he argued that "the universal relativity of things makes exact definitions of impossibility," and the futility in attempting to objectively define insanity should not be a barrier to trying.¹⁰ The word "insanity" originated in the 16th century, evolving from the Latin *insanus*.¹¹ However, in the 1782 edition of *A New Law Dictionary*, the word does not even appear as a legal term.¹² The definition of "insanity" in John Bouvier's 1914 law dictionary began with "the prolonged departure, without any adequate cause, from the states of feeling and modes of thinking usual to the individual in health."¹³ It proceeded to continue, citing and analyzing countless legal cases, for the next ten pages. In another law dictionary from 1955, "insanity" was defined simply as "a general word for mental disease, incompetence or deficiency. It includes both lunacy and idiocy. In criminal proceedings, insanity as a defense has been described as a defect of reason, due to disease of the mind, preventing the accused from knowing...the fact that it [the act] was wrong."¹⁴ Somehow, in the

¹⁰ *Ibid.*, 5.

¹¹ Oxford University Press, *Oxford Dictionary*, "Insane," 2019.

¹² Giles Jacob and J. Morgan, Esquire, ed. *A New Law Dictionary: Containing the Interpretation and Definition of Words and Terms Used in the Law* (W. Strahan and W. Woodfall, Law-Printers to the King's Most Excellent Majesty, 1782), 506-509.

¹³ John Bouvier, *Bouvier's Law Dictionary and Concise Encyclopedia* (Kansas City: Vernon Law Book Company, 1914), 1589-1600.

¹⁴ Max Radin, *Radin Law Dictionary* (New York: Oceana Publications, 1955), 167.

forty years between the two law dictionaries, the debate over legal insanity simplified from ten pages of analysis to less than fifty words of explanation.

However, in the 2007 *Dictionary of Law Enforcement*, the definition of insanity expanded yet again to over five hundred words of clarification, analysis, and distinctions between different circumstances.¹⁵ In this situation, the way insanity has been legally defined throughout the centuries can be used as a measurement of how it was viewed by the law community. Events like the Hinckley trial led to another wave of complication regarding the legal implications of insanity. Based on this evolving complexity surrounding the definition of insanity, legal or otherwise, the view expressed by Clevenger was clearly valid. The United States may not have a firm handle on the scientific concept of madness, but to omit it from legal proceedings entirely was a disservice to the mentally ill community.

Contrary to this viewpoint, William J. Winslade and Judith Wilson Ross quite unsurprisingly made a metaphorical case against the insanity defense entirely in their 1983 book *The Insanity Plea*, published not even a year after Hinckley's verdict was released. The introduction stated that "law and psychiatry are philosophically incompatible" because while law should focus on whether or not an act was committed, a trial based around a plea of insanity asks why.¹⁶ Because this point-of-view was clearly influenced by the attempted assassination of President Ronald Reagan and subsequent trial of John Hinckley that had occurred just two years

¹⁵ Graham Gooch and Michael Williams, *A Dictionary of Law Enforcement*, 1st ed. [book on-line] (Oxford; New York: Oxford University Press, 2007, accessed 16 March 2019); available from <http://www.oxfordreference.com.proxy.lib.pdx.edu/view/10.1093/acref/9780192807021.001.0001/acref-9780192807021-e-1655?rskey=clZ7Fm&result=1653>; Internet.

¹⁶ William J. Winslade and Judith Wilson Ross, *The Insanity Plea* (New York: C. Scribners Sons), 1983.

prior, it cannot be ignored as a reflection of intellectual thought. In the last section of the book, Winslade and Ross discussed the problems with the insanity defense that were brought to light by Hinckley's trial:

1. The philosophical problem of allocating responsibility for human actions
2. The legal problem of defining states of mind that mitigate or eliminate imposition of moral guilt
3. The psychological problem of jurors' identifying with the defendant, being unable to imagine how a fellow human could have performed certain acts unless he was crazy, and thus excusing and forgiving him
4. The medical problem of treatment that does not cure but can reduce symptoms so that imprisonment achieved under the name of institutionalization can no longer be justified because of civil rights.¹⁷

Based on this analysis, Winslade and Ross looked through several lenses and found interdisciplinary issues with the use of the insanity defense. Juries could not be trusted to understand and properly take into account the word of a psychologist without being too easy on the criminal. In this way, they proposed a solution for how the legal system should handle cases based on the insanity defense instead of simply acquitting defendants. They argued that each case should have two phases, the first of which determining whether or not the defendant committed the act for which they were on trial, regardless of mental state. If the defendant was found guilty of committing the act, the second phased "would address itself to the appropriate disposition of the defendant."¹⁸ This theoretically allowed criminals to be adequately punished while still making room for mental illness treatment when necessary.

¹⁷ *Ibid*, 183.

¹⁸ Winslade and Ross, 219.

In Herbert Fingarette's 1972 book *The Meaning of Criminal Insanity*, he demonstrated a pre-Hinckley-trial point of view of the insanity defense. Though the book was more focused on the general intersections between psychiatry and law, he stated that "an adequately precise definition of insanity—one which is also thoroughly realistic from the standpoint of case law and legal theory—is possible."¹⁹ This demonstrated Fingarette's willingness to accept the use of the insanity plea, though this book focused more on the general implications rather than specific cases. However, it should also be acknowledged that neither the attempted Reagan assassination nor the subsequent trial of John Hinckley had occurred when *The Meaning of Criminal Insanity* was published, demonstrating the acceptance of the insanity defense before the 1980s.

Fingarette's view of the Durham Rule was stated in the last section of the book, titled "Some Implications of the Formulation:"

As for the Durham approach, it seems to me that, if the main language of the formula is to be retained and if one also accepts the analysis I have presented, what is called for is (1) an explicit interpretation of the phrase 'mental disease' to mean 'a mental makeup such that there is substantial defect in capacity for rational conduct with respect to the criminality of the conduct,' and (2) a change or reinterpretation of the word 'product...'²⁰

Based on this interpretation, this author clearly had a more Progressive view of the future of the criminal justice system's treatment of the mentally ill. He knew that as long as the Durham Rule became more specific, or was replaced by a more specific and easily measurable alternative, there was no reason for the use of the insanity defense to be discontinued. Related to terminology,

¹⁹ Herbert Fingarette, *The Meaning of Criminal Insanity*. (Berkeley, Los Angeles, London: Univ. of California Press, 1974), 1-2.

²⁰ Fingarette, 245.

Fingarette specifically had a problem with the use of the word “product” in the Durham Rule in the sense of the criminal act being “the product of mental disease or defect.”²¹ This was viewed as vague and “insistently casual,” as well as generally unhelpful in determining the validity of the insanity defense for most cases, as it is difficult to prove whether or not a mental disease was the cause of a crime, or even if the defendant had a mental disease when the crime took place.²² However, Fingarette’s optimism in relation to the insanity defense was in distinct contrast to the points of view of Winslade and Ross.

In the case of *United States v. Hinckley*, John Hinckley was found not guilty by reason of insanity for attempting to assassinate President Ronald Reagan and shooting three other men.²³ This ruling infuriated many citizens of the United States due to the seeming lack of controversy regarding the crime. It was upsetting to many Americans that someone could attempt to kill the President yet be considered not guilty. A *New York Times* reporter named Stuart Taylor, Jr. interviewed Senator Arlen Specter, a Pennsylvania Republican, and Alan Dershowitz, a professor at the Harvard Law School regarding this public outrage in June 1982. In spite of their spirited and thoughtful discussion of the factors involved in the trial decision, both men concluded that they believed a guilty vote was necessary if they had been on the jury of the Hinckley trial.²⁴ Both men recounted the problematic aspects of the insanity defense, given its

²¹ *Durham v. United States*, 214 F.2d 862 (D.C. Cir. 1954)

²² Fingarette, 248.

²³ *United States v. Hinckley*, 529 F. Supp. 520 (D.D.C. 1982)

²⁴ “Hinckley (*sic*) Verdict Tested More Than the Jury,” *New York Times*, CXXXI: 45,357 (June 27, 1982), sec. V, 4.

subjectivity and the control of the defense and prosecution over the witnesses. Dershowitz remarked that “juries do not understand current insanity formulations,” bringing attention to the procedures of the trial in general and seemingly questioning whether or not a jury could be trusted to make a valid decision.²⁵ As this interview took place a mere week after the Hinckley trial verdict was released, the effects on the American public are distinctly visible. Even experts in their fields were forced to question all they knew about criminal proceedings. Though this was not the first time the validity of the insanity defense was called into question, it was significant and illustrative of the shift from the past several decades.

At first glance, this shift did not make much sense, as the United States has generally grown more knowledgeable and accepting about mental illness, and mental health in general. However, the actual procedures related to those found not guilty due to the insanity defense did shift throughout these years, specifically due to the Mental Health Act of 1980 that was passed during President Jimmy Carter’s term in office. This Act stated that “The Congress finds... the shift in emphasis from institutional care to community-based care has not always been accompanied by a process of affording training, retraining, and job placement for employees affected by institutional closure and conversion.”²⁶ In addition to acknowledging the faults of mental health treatment in the United States, the act provided grants for community mental health centers and the addition of mental health services in health care centers, specifically recognizing the importance of attention for chronic mental illnesses, mentally ill children, and

²⁵ *Ibid.*

²⁶ United States 96th Congress, *Mental Health Systems Act*, (Public Law 96-398), 42 USC 9401 note.

the elderly.²⁷ This wave of mental health reform was the main cause for the seemingly backwards shift in acceptance of the insanity plea. Because being found not guilty for reasons of insanity in the 1950s usually still meant a “life sentence” in an underfunded and understaffed mental institution, the American public had an incentive to acquit defendants using the insanity plea. Those seen as dangerous criminals were not in prison, but they were still be kept separate from the rest of society, so the end goal of imprisonment was still achieved. One of these criminals confined to an institution after being found not guilty by reason of insanity was John Schrank, a bartender who shot President Theodore Roosevelt during a 1912 speech in Milwaukee, Wisconsin.²⁸ When doctors found him insane before his trial, Schrank was sentenced to life in the Central State Mental Institution in Waupun, Wisconsin. He lived there for 29 years until he passed away in 1943. However, once medical professionals learned more about mental illness and treatment for the mentally ill became more centered on care than on institutionalization and invasive surgeries, acquittal by the insanity plea was no longer enough of a punishment for the American public.

This idea was supported by Harvard Professor Alan A. Stone’s 1982 article “The Insanity Defense on Trial.”²⁹ Not only did Stone claim that the improvement in mental health procedures was the reason behind the shift in society’s view of the insanity defense, but he stated it was the reason for his own belief that the insanity defense should be abolished: “The law created by the civil libertarians and the methods of treatment developed by psychiatrists now push in the same

²⁷ *Ibid.*

²⁸ William S. Crotty, “Presidential Assassinations,” *Society*, 9:7 (May 1972), 105.

²⁹ Alan A. Stone, “The Insanity Defense on Trial,” *Harvard Law School Bulletin*, 33:1 (Fall 1982).

direction, and the traditional way of dealing with persons found not guilty by reason of insanity has been drastically transformed.”³⁰ Because this article was written in 1982, a year after the Hinckley assassination attempt, the effects of the trial on his viewpoint were clearly visible. While Stone’s ideas went another step in using this shift as evidence that the insanity defense was outdated and no longer a valid option given the climate of legal procedure, his point completely agreed with the those of American society at the time; he was simply more self-aware.

However, back in the 1950s when the Durham Rule was written, the shift in treatment of mental illness had not yet occurred. Because the early twentieth century ideas surrounding mental health were centered around prevention rather than treatment, invasive, preemptive procedures became the norm. Connecticut was the first state to mandate sterilization of “epileptics, imbeciles, and the feeble-minded” after recommendation from a board of experts in 1907, and thirty-three states passed similar laws.³¹ In 1954, there were 634,000 mental hospitals in the United States, though this number began to drop with the introduction of tranquilizers like Thorazine, which allowed patients to be treated (or ignored) more easily in an outpatient setup.³² The poor living conditions and understaffing in institutionalized mental health care had created an incredibly unhealthy environment. The lobotomy, a surgery that severed neural pathways in

³⁰ *Ibid.*, 20. As quoted in: Phillip E. Johnson, “The Turnabout in the Insanity Defense,” *Crime and Justice* 6 (1985), 225-226.

³¹ Zeb Larson, “America’s Long-Suffering Mental Health System,” *Origins: Current Events in Historical Perspective*, 11:7 (April 2018).

³² Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982). as quoted in: Jason Shafrin, “The Decline of Mental Hospitals, 1950s,” *Healthcare Economist*, (April 27, 2012).

the brain, was a practice that was intended to calm mental patients (or make them easier to manage); however, the procedure was very dangerous, and a botched attempt could damage a patient's mental capability for life. Rosemary Kennedy, the sister of John F. Kennedy, underwent a secret lobotomy at the insistence of her father in 1943 that left her unable to walk, speak, or take care of herself.³³ Another popular mental health treatment, mainly used for schizophrenia, was insulin coma therapy. This procedure involved doctors injecting patients with insulin because they believed "large fluctuations in insulin levels could alter the function of the brain."³⁴ Causing temporary comas and seizures, the use of this treatment was intended for subduing patients and making them easier to work with rather than legitimately helping them combat their mental conditions. Insulin coma therapy was brought to the United States by a German neurologist named Manfred Sakel in the 1930s, and the practice remained popular into the fifties before being replaced by other trends. Though these procedures were not always common for very long, they were demonstrative of the lack of safety, regulation, and proper care present in mental institutions during this time period.

Due to these conditions, being found not guilty by reason of insanity during the 1950s was still a punishment in some form, and American society accepted it as an option for the mentally ill. It was only when the treatments for those suffering with mental disorders improved that acquittal for the insanity plea became objectively better than going to prison, and it was for this reason that Americans changed their mind. While the publicity and political importance of Hinckley's assassination attempt certainly contributed to the outrage surrounding his sentence,

³³ Niall O'Dowd, "Remembering the Sad and Dreadful Life of Rosemary Kennedy on Anniversary of her Death," *IrishCentral* (January 7, 2019).

³⁴ Tricia Hussung, "A History of Mental Illness Treatment," *Concordia University St. Paul*, (October 16, 2016).

there were also legitimate policy-related reasons behind this reaction. The United States' mindset is very focused on justice; the law and Constitution are seen as binding aspects of culture that, while vaguely malleable, should remain mostly set in stone to give citizens some connection to each other and the history of the country. Perhaps a fitting maxim for the United States would be the Latin "*Sed lex dura lex*: It is harsh, but it is the law."