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WHO IS ALLOWED TO BE ILL?

Lindsay Clancy, Latarsha Sanders and the racial politics of criminal responsibility

AN ARGUMENTATIVE GSR ANALYSIS | D.O. ABIODUN | VIENNA | 8 SEPTEMBER 2026

If Lindsay Clancy were a Black woman, would America have seen a psychiatric patient - or only a murderer? The question is provocative, but it is not merely hypothetical. In the same Massachusetts county, before the same judge and under the same prosecutor, the case of Latarsha Sanders supplies a deeply troubling comparison.

The question behind the verdict

On 4 September 2026, the murder trial of Lindsay Clancy ended without a verdict. Clancy does not dispute that she killed her three children - Cora, five; Dawson, three; and Callan, eight months - in January 2023. Her defence argued that she was suffering from postpartum psychosis and lacked criminal responsibility. Prosecutors argued that she planned the killings, understood their wrongfulness and deliberately created an opportunity to carry them out. After a nearly six-week trial and more than thirty-six hours of deliberations across seven days, the jury remained divided and the judge declared a mistrial.¹

The deadlock immediately produced a larger question about American justice: would a Black mother accused of the same terrible acts have been granted the same depth of public empathy, the same prolonged examination of psychiatric evidence and the same possibility of being understood through illness rather than evil?

The honest answer cannot be a categorical claim that a Black defendant would automatically have been convicted. Courts decide individual cases on individual evidence. But it would be equally dishonest to pretend that race and class do not influence whose pain is recognised, whose illness is documented and whose humanity survives an accusation.

Latarsha Sanders: the comparison America cannot ignore

Latarsha Sanders is a Black mother from Brockton, Massachusetts. In 2018, she killed her sons Edson "Marlon" Brito, eight, and La'Son Brito, five. Her lawyers argued that she was experiencing profound psychosis and could not be held criminally responsible. She was prosecuted by the Plymouth County District Attorney's Office, the same office prosecuting Clancy, and tried before Judge William Sullivan, the same judge who presided over Clancy's trial.²

Sanders's trial lasted nine days. The jury deliberated for approximately four hours, convicted her of two counts of first-degree murder and she received mandatory life sentences without parole. Yet the jury had not been permitted to examine crucial medical records documenting her psychiatric condition. Those records included evidence of paranoia, hallucinations,



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bizarre behaviour, schizophrenia-spectrum illness and a medical assessment that her condition may have been undetected and untreated for decades.

On 6 August 2026, the Massachusetts Supreme Judicial Court unanimously vacated Sanders's murder convictions. The court held that Judge Sullivan had wrongly excluded the psychiatric records and that the error was prejudicial. In the court's words, the exclusion impermissibly stripped her sole defence of the medical foundation supporting it. A new trial was ordered.³

That judicial ruling matters enormously. It establishes that Sanders's first trial was not simply unsuccessful: it was legally defective in the very area upon which her liberty depended.

Two mothers, one system - but not identical cases

POINT OF COMPARISON	LINDSAY CLANCY	LATARSHA SANDERS
Court system	Plymouth County Superior Court; Judge William Sullivan; prosecution by Plymouth County DA	The same county, judge and prosecuting office
Mental-health case	Postpartum-related psychosis, bipolar disorder and medication effects alleged by the defence	Schizophrenia-spectrum psychosis, paranoia and delusions documented after arrest
First trial	Nearly six weeks; more than 80 witnesses and 300 exhibits; seven days of deliberation	Nine days; approximately four hours of jury deliberation
First result	Hung jury and mistrial; possible retrial	First-degree murder convictions and life without parole
Critical later event	Further hearing scheduled for 29 September 2026	Convictions vacated; new trial ordered because psychiatric records were wrongly excluded

The comparison is powerful, but responsible journalism must also identify the differences. Clancy had sought treatment repeatedly before the killings and was prescribed numerous psychiatric medications. She attempted to end her own life immediately afterward, sustaining paralysis. Sanders had no formal pre-offence diagnosis, although relatives had observed increasingly paranoid beliefs. The prosecution also relied on evidence that Sanders cleaned the scene, blamed others and made inconsistent statements. Different facts can rationally produce different evidentiary assessments.

Accordingly, the Sanders-Clancy comparison does not prove that Judge Sullivan, the prosecutor or either jury acted from racial prejudice. The Supreme Judicial Court found



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prejudicial legal error; it did not find racial discrimination. But the absence of a judicial finding of racism does not make the structural question disappear. The relevant inquiry is whether race and class influence the conditions under which mental illness becomes visible, credible and legally persuasive.

Publicity is not the same as humanisation

A Black woman accused of killing three children would undoubtedly attract attention. The more difficult question is what kind of attention she would receive. A defendant can be intensely visible as a criminal spectacle while remaining invisible as a human being or psychiatric patient.

Research on news portrayals of maternal filicide has identified a racial difference in framing. A 2025 qualitative study examining 42 cases involving African American women and 20 involving white women found that Black mothers were more frequently portrayed through blame, moral failure and criminalisation, with less attention to mental illness, poverty and institutional failure. White mothers were more often presented with compassion and contextual explanations.⁴ Recent reporting on the Clancy trial similarly noted that women of colour are more readily portrayed as bad people or bad mothers, whereas white women are more often understood as having been driven by circumstances beyond their control.⁵

This may be the central racial distinction. The question is not merely whether the cameras would arrive. It is whether the cameras would tell the story of a sick mother failed by medicine, or of a dangerous woman who failed motherhood.

The defence exists equally in law - not always in practice

Massachusetts law does not reserve the defence of lack of criminal responsibility for any race or social class. Once some evidence raises the issue, the Commonwealth must prove beyond a reasonable doubt that the defendant remained criminally responsible. The legal question is whether, because of mental disease or defect, the accused lacked substantial capacity to appreciate the wrongfulness of the conduct or to conform the conduct to law.⁶

But a right written in a jury instruction is not self-executing. A defence becomes robust only when competent counsel can obtain experts, when a medical history exists, when relevant records reach the jury and when jurors are prepared to recognise severe mental illness in someone who does not fit their unconscious image of a sympathetic patient.



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Race, diagnosis and the credibility of madness

Even experimental evidence counsels against simplistic conclusions. A 2020 mock-juror study found no single, universal race effect in insanity verdicts. Instead, race interacted with the diagnostic label: participants were significantly more likely to find a Black defendant with schizophrenia guilty than a Black defendant described as suffering from depression, while no comparable diagnostic difference appeared for the white defendant. The researchers concluded that overlapping stereotypes of Blackness, criminality and dangerous mental illness can intensify bias.⁷

That finding is especially relevant to Sanders. Clancy's condition was framed through childbirth, medical treatment, medication and the recognisable vulnerability of a new mother. Sanders's illness appeared through conspiratorial beliefs, schizophrenia, religious imagery and conduct that observers could dismiss as frightening or evil. One presentation invites care; the other may trigger fear. Race does not create that difference, but racial stereotypes may magnify it.

A prolonged case is not necessarily leniency

It is tempting to interpret Clancy's long proceedings as a privilege granted to a white defendant. That conclusion requires caution. Clancy has remained in custody at a state hospital. Her severe physical injuries, psychiatric evaluations, extensive discovery and conflicting expert testimony all contributed to the time required. Lengthy proceedings can protect due process, but they can also prolong detention and suffering.

Sanders's case, in fact, has lasted longer overall: the killings occurred in 2018, her trial came in 2022 and the order granting a new trial arrived in 2026. Her experience demonstrates that delay itself is not mercy. The more revealing contrast lies in the compressed nine-day trial and the exclusion of evidence during her first adjudication, compared with the exhaustive presentation and deliberation in Clancy's.

The children must not disappear

Any discussion of race, gender and psychiatric illness must keep the five children at its moral centre. Cora, Dawson, Callan, Marlon and La'Son were not symbols. They were children whose lives were taken. Their humanity should not be eclipsed either by sympathy for their mothers or by the political usefulness of these cases.

But justice for children is not achieved by refusing to examine the mental condition that caused their deaths. Criminal punishment is justified only where the prosecution proves criminal responsibility under the law. If psychosis destroyed the capacity required for murder, psychiatric commitment is not an escape from accountability; it is the legally appropriate response to a person whose danger arose from severe illness. Equally, a diagnosis cannot become an automatic eraser of planning, awareness or moral agency. Evidence must decide the case.



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The debate America should now have

- Would the public have rallied outside the courthouse for a poor Black mother with schizophrenia as it did for a white nurse described through postpartum illness?
- Why did Sanders's first jury deliberate for only hours without seeing records that the state's highest court later considered foundational to her defence?
- Does society recognise psychosis more readily when it appears through childbirth and medical language than when it appears through frightening delusions?
- Should prosecutors adopt clearer and more consistent charging policies where credible evidence of severe psychosis exists?
- How can courts ensure that race, class and access to healthcare do not determine whose mental illness is documented, believed and presented effectively?

These questions do not demand predetermined acquittals. They demand consistency: equal access to experts, equal admission of relevant evidence, equal seriousness toward psychosis and equal willingness to see the accused as a complete human being.

GSR conclusion

Would a Black Lindsay Clancy have received precisely the same trial and produced the same deadlock? No responsible journalist can know. The counterfactual cannot be tried before a second jury. But America has supplied something close enough to make complacency impossible. Latarsha Sanders stood in the same county, before the same judge, facing the same ultimate punishment and relying upon the same legal principle. Her psychiatric evidence was curtailed, her jury convicted her within hours and she spent years under life-without-parole sentences before the highest state court declared the trial prejudicially flawed.

The strongest evidence of disparity lies in public framing: white motherhood is more readily medicalised, while Black motherhood is more readily criminalised. The courtroom record raises further serious questions, although it does not by itself prove racial motive.

The correct demand is therefore not special mercy for Lindsay Clancy or automatic acquittal for Latarsha Sanders. It is equal justice: the same evidential patience, the same medical curiosity, the same procedural safeguards and the same moral seriousness for every defendant and every child.

The question is not whether race should change the law. The question is whether race changes who is permitted to be seen as ill before being condemned as evil.



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Sources and editorial note

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EDITORIAL NOTE: This article distinguishes between an admitted killing and the legal conclusion of murder. Lindsay Clancy's first trial ended in a mistrial, and she remains legally presumed innocent of the murder charges unless and until convicted. The comparison with Latarsha Sanders identifies documented differences and a prejudicial evidentiary error; it does not allege that any judge, prosecutor or juror intentionally discriminated on the basis of race.

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