

Spring 2019

The Influence of Mental Illness on the Perception of Guilt

Sydney Garrison

Western Kentucky University, sydney.garrison815@topper.wku.edu

Follow this and additional works at: https://digitalcommons.wku.edu/stu_hon_theses



Part of the [Criminology Commons](#), and the [Psychology Commons](#)

Recommended Citation

Garrison, Sydney, "The Influence of Mental Illness on the Perception of Guilt" (2019). *Honors College Capstone Experience/Thesis Projects*. Paper 821.

https://digitalcommons.wku.edu/stu_hon_theses/821

This Thesis is brought to you for free and open access by TopSCHOLAR®. It has been accepted for inclusion in Honors College Capstone Experience/Thesis Projects by an authorized administrator of TopSCHOLAR®. For more information, please contact topscholar@wku.edu.

THE INFLUENCE OF MENTAL ILLNESS ON THE PERCEPTION OF GUILT

A Capstone Project Presented in Partial Fulfillment
of the Requirements for the Degree Bachelor of Arts
with Honors College Graduate Distinction at
Western Kentucky Univeristy

By

Sydney R. Garrison

May 2019

CE/T Committee:

Professor Holli Drummond

Professor Rick Grieve

Siera Bramshreiber

Copyright by
Sydney R. Garrison
2019

I dedicate this thesis to my mother, Sandy Sheldon, and my father, Bill Garrison, who have instilled in me a sense of independence and strength, and a desire to have a positive impact on the world; and to Taylor Frint, whose encouragement and friendship has supported me daily.

Acknowledgements

This thesis would not have been possible without a large team of individuals, including Dr. Holli Drummond, who I would like to thank specifically for her endless patience and guidance. I would also like to thank the rest of my committee, Dr. Rick Grieve and Siera Bramshreiber, for taking the time to be a part of this project, as well as the many friends and family that helped by spreading my survey and sharing in my many joys as well as defeats.

Abstract

The purpose of this study was to investigate how the presence of a mental disorder in a person accused of a crime affects an individual's perception of the accused person's guilt. Participants were randomly assigned a vignette used in a study by Skeem & Goulding (2001), describing a crime that has been committed; one condition included the presence of an unnamed mental illness and the other condition did not. Immediately after reading the vignette participants completed a survey that included a question regarding the perceived guilt of the person accused of the crime. The answers to this question were compared between the two conditions. Analysis of the results showed no significance in the presence of a mental illness on the individual's perception of guilt. The results in this study suggest that participants did not view mental illness as a significant mitigating factor.

Keywords: mental illness, guilt, criminal case

Vita

EDUCATION

Greenwood High School, Bowling Green, KY 2015

Study Abroad, Harlaxton, England 2016

Western Kentucky University, Bowling Green, KY 2019

B.A. in Psychology – Mahurin Honors College

Honors Capstone: *The Influence of Mental Illness on the*

Perception of Guilt

EXPERIENCE

Hope Harbor Crisis Advocate 2018

AWARDS & HONORS

1906 Founders Scholarship, WKU, 2015 – 2019

Dean's List, Western Kentucky University 2015 – 2019

PRESENTATIONS

Garrison, S., Drummond, H., Bramshreiber, S., & Grieve, R. (2019, February). *The Influence of Mental Illness on the Perception of Guilt*. Paper presented at the Kentucky Honors Roundtable Conference at Bellarmine University, Louisville, Kentucky.

FIELD OF STUDY

Major: Psychology

Minor: Criminology

Contents

Dedication.....	ii
Acknowledgements.....	iii
Abstract.....	iv
Vita.....	vi
List of Figures.....	viii
List of Tables.....	ix
Chapters:	
1. Introduction.....	1
2. Review of Literature.....	2
3. Methods.....	8
4. Results.....	10
5. Discussion.....	14
References.....	18
Appendix A.....	20
Appendix B.....	22

List of Figures

Figure 1. Group 0 Mental Illness not Included.....	14
Figure 2. Group 1 Mental Illness Included.....	15

List of Tables

Table 1. Group Statistics: Survey Question Regarding Guilt.....	11
Table 2. Coefficients.....	11
Table 3. Distribution of Numerical Responses.....	12
Table 4. Distribution of Demographics.....	13
Table 5. Descriptive Statistics of Guilt Rating.....	14

Our society's perception of mental illness has changed gradually following efforts to reduce stigma and negative attitudes from Dorothea Dix to Kanye West. Though in recent years we have become more understanding of mental illness and capable in our assessment and treatment of mental health, mental disorders continue to carry a strong negative connotation causing individuals to experience discrimination, based on biases (Upadhyay, Srivastava, Singh, & Poddar, 2016). While knowledge of general trends is helpful, the particular question this study seeks to examine is: How does this negative stigma affect people's perception of the criminal that suffers from a mental illness? Many believe that the insanity defense is an unrealistic excuse that is easy to fake and results in criminals walking free, but it is seldom used and even less often successful (Kachulis, 2017). Mental illness is supposed to be a mitigating factor in a criminal case, but do the negative social attitudes surrounding it affect a jury's judgement? According to Skeem & Golding (2001) jurors' preconceptions and attitudes can be harmful in cases that include controversial issues such as mental illness.

This study focuses on how mental illness influences the perception of guilt of a person accused of a crime. A vignette and survey approach was employed to measure the effect of the presence of a mental illness in a person accused of a crime on an individual's perception of said person's guilt. The insanity defense was not mentioned specifically because in recent years states have adopted new verdicts and standards that indentify mental illness as a mitigating factor instead of removing responsibility for the crime completely (Math, Kumar, & Moirangthem, 2015). It should also be noted that participants were not asked to perform as if serving on an actual jury; this study aimed to

identify what attitudes or biases are present in individuals that could potentially serve on a jury. To provide context for the current study, the existing research relating to this subject is reviewed below.

Review of the Literature

Previous research in this area has investigated how different characteristics of defendants influence potential jurors' decision-making process. This information is used to attain a better understanding of the judicial process and how it can be improved in order to be less biased and more just. While this study did not specifically name the insanity defense in the vignettes or ask participants to act as mock jurors, it is important to review the literature concerning these subjects because the evolution of the insanity defense is inherently related to the progression of attitudes toward psychopathic disorders (Felthous, 2010).

Historical Review of the Insanity Defense

The insanity defense has been a controversial topic since its creation, because it essentially states that a person suffering from a severe mental illness cannot fully understand their actions and thus should not be held fully responsible for those actions in a court of law (Kachulis, 2017). In 1843 the M'Naughten Rules became the most widely used standard test of insanity, forming the foundation for our modern Insanity Defense (Felthous, 2010; Johansen, 2015; Kachulis, 2017). These rules stated that a defendant is not held responsible of his/her actions if a mental condition prevented him/her from knowing right from wrong or that his/her actions were improper (Kachulis, 2017). As time passed and more research into personality disorders was gathered, society concluded that this standard was too narrow, by 1954 The Irresistible Impulse Test and The Durham

Rule were both widely used in order to include psychopathic personality and antisocial reaction in the qualifying conditions for insanity (Felthous, 2010; Kachulis, 2017). An even more broad standard was created in the early 1960s named the Model Penal Code, which holds that a defendant must not have been able to appreciate the criminality of his/her conduct or conform that conduct to the requirements of the law (Kachulis, 2017).

Attitudes toward the insanity defense took a sharp turn in the early 1980s after a highly publicized case successfully defended John Hinckley after he attempted to assassinate President Ronald Reagan, in an effort to impress Jodie Foster (Kachulis, 2017). Public outrage resulted in the Insanity Defense Reform Act of 1984, four states abolishing the defense completely, and many adopting alternative verdicts such as “Guilty but mentally ill”. Many states that abolished the insanity defense would replace it with a *mens rea* or diminished capacity defense, which requires defendants to prove a lack of intent (Felthous, 2010). This defense is especially hard to prove because the distorted beliefs and perceptions often present in individuals suffering from mental illness give defendants the motivation to form intent even though they may not appreciate the wrongfulness of the act (Morse & Bonnie, 2013).

Public perception of the insanity defense is widely reported to be negative as well as based on misinterpretations including the idea that it is used and succeeds often, defendants are released quickly, and it is easily faked (Breheney, Groscup, & Galietta, 2007). In reality the insanity defense is used in less than 1% of cases, and succeeds in less than 30% of those cases (Kachulis, 2017). According to Johansen (2015) a defendant who is acquitted through a Not Guilty By Reason of Insanity verdict is almost always committed to a mental health treatment facility, as was John Hinckley. The Jones v.

United States verdict in 1983 set the precedent that the state has the power to commit NGI acquittees for time periods longer than the statutory minimum sentence.

Empirical research investigating the impact of perceptions on juror attitudes

It is important to acknowledge these attitudes because studies have shown that jurors bring these opinions and biases to court, which can affect verdicts, especially in cases that involve controversial topics such as mental illness (Skeem & Golding, 2001). While the standards of insanity in court have changed over time and can vary across states, research suggests that individuals rely more on their own experiences and opinions than court instructions (Skeem & Golding, 2001).

Unfortunately, a large portion of the stigma surrounding mental illness in the judicial system is due to the negative portrayal of mental illness in the media. Such portrayals perpetuate the inaccurate view of the mentally ill as violent, unpredictable, and dangerous and/or create new negative perceptions about what it means to live with a mental illness (Breheney et al., 2007; Parrott & Parrott, 2015). Most media reports on the insanity defense and fictional accounts of crime involving individuals with mental illness cover the most violent crimes, which account for a very small portion of the real use of the insanity defense (Kachulis, 2017; Parrott & Parrott, 2015).

Fictional-based crime dramas such as *Criminal Minds* and *NCIS* have become one of the most popular genres of American television, and have been found to portray characters labeled as having mental illness as having a greater likelihood of committing crimes and violence than the remaining population (Parrott & Parrott, 2015). This trend has followed the sensationalization of real crimes involving the presence of a mental illness in the media, including the cases of James Holmes who committed a mass shooting

in a movie theater in Aurora, CO in 2012, and Eddie Ray Routh who killed an American war hero in 2015 (Breheney et al., 2007; Kachulis, 2017). This false connection between mental illness and violence carries over to the courtroom and can subconsciously affect how people perceive evidence and circumstances in a case as well as the frequency of use and success of the insanity defense (Kachulis, 2017; Skeem & Golding, 2001). For example, according to a study by Breheney et al. (2007), the public's estimate of the use of the insanity defense (37%) is forty-one times greater than the actual plea rate of 0.9%. Unfair verdicts can also be partly attributed to the fact that individuals suffering from severe mental illness are less likely to have close family and friends, which affects how jurors view them, and in turn influences their verdict decision (Sabbagh, 2011). The presence of a severe mental illness is supposed to be a mitigating factor in a court case, but studies show that it rarely has this effect when it comes to a jury's decision (Morse et al., 2013).

Several studies have researched varying situations involving the presence of a mental illness on the verdict of a criminal court case (Breheney et al., 2007; Poulson et al., 1997; Skeem & Golding, 2001). A study by Breheney et al. (2007) investigated the impact of gender differences within the context of the insanity defense through the use of vignettes that simulated an insanity defense trial with conditions manipulating the gender of the defendant, type of mental illness, and mental health history. The results of this study showed that mental status did not affect verdict decision directly, but defendants that were specified to have experienced a "first break" as opposed to a long history of mental illness did have significant affects such as being contributed more control and responsibility for the crime, and thus more guilt. Similarly, a study by Poulson et al.

(1997) explored the relationship of death penalty attitudes and evaluation of the insanity defense using mock jurors and an insanity defense case simulation. The majority of participants in this study were found to be death penalty qualified, and there was a significant relationship showing that mock jurors that favored the death penalty were also more likely to favor abolishing the insanity defense and to believe that a person with a mental illness is as blameworthy as a person without a mental illness. Conversely, a study by Sabbagh (2011) found that mock jurors in their study gave more lenient sentences to defendants described as having a mental illness. The researcher investigated the effects of mental illness on court sentencing by presenting participants with descriptions of court cases that did or did not include the defendant suffering from schizophrenia and asking for an open response sentence. The research in this area is widespread and continues to explore additional factors that are involved in insanity defense cases.

Kachulis (2017) explored the history of the insanity defense as well as present attitudes toward the defense, and the implications they hold for legal reform. The researcher reviews multiple standards of insanity, past and present, used in courts and explores their varying strengths and weaknesses. Ultimately evidence of failure of these methods from past cases is used to assert that the insanity defense that exists today is ineffective and cannot be used practically in a large number of crimes. Kachulis (2017) analyzes media trends in reporting on the insanity defense, including the case studies of Eddie Ray Routh and James Holmes, and finds that it has a negative influence on the public's opinion on both mental illness and the insanity defense. The research ends with a proposed reformed insanity doctrine with the intent to lead to better treatment of the mentally ill in the criminal justice system.

Based on the findings by Breheny et al. (2007) and Poulson et al. (1997), many individuals appear to punish all criminals similarly, regardless of factors including mental illness that could potentially be considered exculpatory evidence. Recent trends in the attitudes toward the insanity defense and defenses related to it (Guilty but mentally ill, guilty but insane), such as the abolition of the insanity defense in four states, suggest a societal desire for retribution (Kachulis, 2017). Now that the defense is highly stigmatized, it can only realistically be raised in cases of extreme, well-documented mental illness, and states placing constraining limits on the defense have made it almost inconsequential (Felthouse, 2010). Similar to the Hinckley case in 1981, the defense evoked public outrage when used for Eddie Ray Routh, who suffered from schizophrenia and was found guilty in 2015 of murdering American war hero Chris Kyle (Kachulis, 2017). The highly publicized decision to hold this man highly accountable for his crime is just one instance that has reflected the strong trend of the public that as far as crime and deviant behavior are concerned, a person suffering from a mental illness, regardless of how severe it is, should be held as responsible as a person without a mental illness (Kachulis, 2017).

A study by Bronson & Berzofsky (2017) reported that 37% of prisoners and 44% of jail inmates have been told in the past that they suffered from a mental disorder by a mental health professional. Our interactions with individuals that suffer from a mental illness in the criminal justice system contribute to an ongoing cycle that abuses the mentally ill and severely depletes prison resources (Kachulis, 2017). Morse & Bonnie (2013) explain that offenders that suffer from a severe mental illness that impaired their understanding of the crime cannot be deterred in the same way as individuals that do not

have a mental illness because the rules of law and morality do not have the same effect on them. Juries in our country are made up of average people with their own biases and values; they are not blank slates. Consequences of juror bias can be the deciding factor between an individual receiving proper psychiatric treatment and incarceration (Breheny et al., 2007). This study hypothesized that the presence of a mental illness in a defendant would have a significant non-directional effect on participants' perception of the defendant's guilt.

Methods

This study is inspired by a Skeem & Golding (2001) study in which a vignette and survey approach was used in order to explore the relationship between juror's prototypes of insanity and their case judgments, as well as attitudes about the insanity defense and the legal system. The Skeem & Golding (2001) study used a sample of participants that had formerly participated in a jury. In contrast, the present research used a sample of undergraduate psychology students and individuals recruited through a link to the study on social media. The present study did use the same vignette and demographic questions, but did not include the insanity prototypes or attitude measurements.

Materials

Insanity case vignette. The study utilized a brief vignette (Appendix A) describing a criminal case used in the study by Skeem & Goulding (2001). Participants were randomly assigned one of two conditions; one in which the vignette included a description of an unnamed mental illness being present in the defendant and one in which there was no mention of a mental illness. The vignettes were identical in every other

aspect. This vignette was chosen because it had been successfully used in previous research, and it provided a detailed description of a crime, court case, and a non-specific mental illness.

Questionnaire. The questionnaire completed by participants after reading the vignette included a series of demographic questions regarding gender, age, and race. The participants' perception of guilt was measured using a survey question that asked the individual "how guilty do you believe the accused person to be?" and responses were to be given on a Likert-type scale (1 being the lowest and 7 being the highest).

Procedure

Participants accessed the study through a link to a qualtrics survey from social media or the Study Board program, a university research system that provides undergraduate students with an opportunity to participate in research studies for class credit. They were first asked to read the informed consent document; continuing the online survey implied consent. Next, they were randomly presented one of the two vignettes and instructed to read it. Immediately after reading the vignette participants answered the demographic questionnaire and then completed a question asking them to use the Likert scale to rate the accused person's guilt. The study would take participants no longer than 15 minutes. Data was collected through qualtrics software, exported to an excel worksheet, and analyzed using SPSS.

Sample

The survey used in this study was completed by a sample of participants (n=148) 18 years of age or older through a link that was distributed on social media or through the Department of Psychology Study Board at Western Kentucky University. Participants

that used the Study Board program received credit upon completion. The sample consisted of 103 females (70.1%) and 44 males (29.9%). The vast majority of participants were ages 18-25 (87.1%); 7.5% were ages 26-35; 3.4% were ages 35-50; 2.0% were over 51 years of age. The ethnic majority of the study was Caucasian (83.8%), followed by African American origins at 8.8% and Asian, Hispanic, and other reporting 7.5% altogether.

Results

The data was analyzed to determine if the presence of a mental illness in a defendant had an effect on the perception of their guilt. Initial hypothesis testing began with a t-test to compare the differences between the two groups of participants, as well as an Analysis of Variance (ANOVA) to determine if there were any interactions between the demographic independent variables and the dependent variable. The alpha level was set to .025 for the two-tailed hypothesis and .05 for the ANOVA analysis. The hypothesis stated that the participants would give a significantly different rating of guilt if given the vignette that described the presence of a mental illness than participants that were given the vignette that did not include the presence of a mental illness.

The data in table 1 supports the null hypothesis, which stated that there would be no significant difference in the rating of guilt between the two groups of participants. Participants that received the vignette with no mental illness are identified as Group 0 (N=76, M=5.64, SD=1.373). Participants that received the vignette that did include the mental illness are identified as Group 1 (N=70, M=5.73, SD=1.424). The T statistics indicated no variation in the two groups regarding the rating of guilt, $T(144) = -.362$ $p > .05$, therefore we fail to reject the null hypothesis (see table 1).

Table 1. Group Statistics: Survey Question Regarding Guilt

Group ID	N	Mean	Std. Deviation	Std. Error Mean	F	Sig	t
0	76	5.64	1.373	.158			
1	70	5.73	1.424	.170			
					.459	.499	-.362

A One-Way Analysis of Variance (ANOVA) regression was conducted to test for any correlational relationships between the rated perception of guilt and the demographic questions. The procedure was conducted with perception of guilt as the dependent variable and age, gender, race, and group as independent variables. None of these variables showed a significant correlation with the dependent variable $F(3,69) = .208$, $p=.934$. See Table 2.

Table 2. ANOVA Regression Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	5.432	.338		16.078	.000
Age	.088	.201	.038	.441	.660
Gender	.149	.265	.049	.561	.576
Race	.055	.188	.025	.295	.768
Group ID	.066	.243	.024	.272	.786

The following table shows the distribution of responses to the final question (the dependent variable) between both conditions.

Table 3. Distribution of Numerical Responses

Guilt Rating	Total # of responses	Group 0		Group1	
		Count	Percentage	Count	Percentage
2	4	2	(50%)	2	(50%)
3	8	4	(50%)	4	(50%)
4	19	12	(63%)	7	(37%)
5	26	9	(35%)	17	(65%)
6	31	23	(74%)	8	(26%)
7	58	26	(45%)	32	(55%)

The following figures demonstrate the similarity in responses to the final question regarding guilt between the two conditions.

Figure 1. Group 0: Mental Illness Not Included

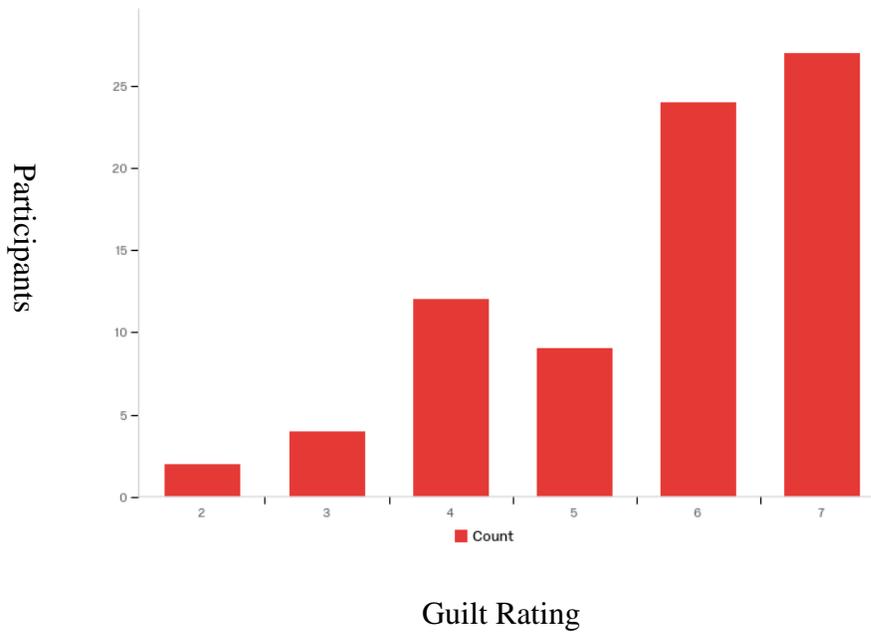


Figure 2. Group 1: Mental Illness Included

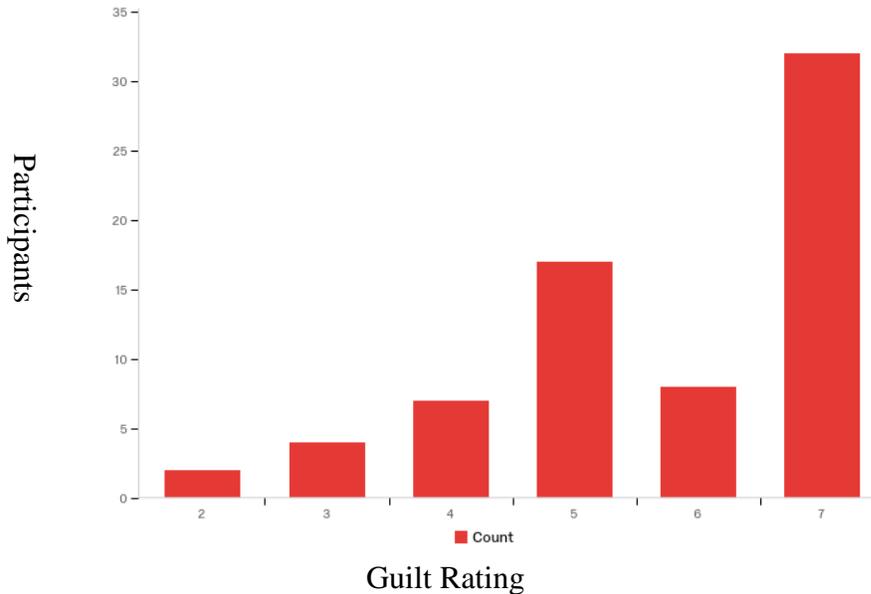


Table 4 shows the demographics evenly distributed between the two conditions, Group 0 and Group 1.

Table 4. Demographic Information

Variables		N	%	Group 0 (N=76)	Group 1 (N=70)
Age	18-25	128	87.1%	68	60
	All else	19	12.9%	8	11
Gender	Female	103	70.1%	50	53
	Male	44	29.9%	27	17
Race	Caucasian	124	83.8%	68	56
	African American	13	8.8%	7	6
	Asian	2	1.4%	0	2
	Hispanic	7	4.7%	2	5
	Other	2	1.4%	0	2

Table 5 shows descriptive statistics of groups 1 and 0, and demographic variables in their relations to their “guilt rating”. It is of noticeable significance that the age higher groups (35-50 and 50+) have the highest mean rating (M=6), and participants that identified as African American have the lowest mean rating (M=5).

Table 5. Descriptive Statistics Guilt Rating

Variables		N	%	Mean	Std. Deviation
Group ID	0	76	52.1	5.64	1.373
	1	70	47.9	5.73	1.424
Gender	Female	103	70.1	5.62	1.434
	Male	44	29.9	5.81	1.304
Age	18-25	128	87.1	5.67	1.403
	26-34	11	7.5	5.64	1.567
	35-50	5	3.4	6	1.414
	51+	3	2.0	6	1
Race	Caucasian	124	83.8	5.76	1.302
	African American	13	8.8	5	2.045
	Asian, Hispanic, & Other	11	7.5	5.64	2.195

Discussion

This study did not intend to simulate a mock jury, live defendant, courtroom environment, or courtroom proceedings, which means these findings are not intended to reflect the behaviors of an actual jury. The intent of this research was to investigate if potential biases and attitudes toward mental illness influence their judgement in regard to individual's accused of a crime. The current study hypothesized that participants would judge the accused person's level of guilt significantly different if they suffered from a mental illness than if they did not suffer from a mental illness. As the results indicate, there was not a significant difference in the assigned level of guilt in responses between the two conditions. Participants in both conditions judged the accused person similarly.

This finding is in agreement with those by Kachulis (2017), and Breheney et al. (2007), which stated that modern attitudes toward mental illness in the criminal justice system include a desire for retribution and responsibility, regardless of the presence of a mental illness in the defendant. These results reflect the call to abolish the insanity defense, because they demonstrate that the majority of the public believes individuals that

suffer from a mental illness hold the same criminal responsibility as individuals with no mental illness (Breheney et al. 2007; Poulson et al., 1997). Findings that contradict the ones found in this study are often contributed to severe bias against individuals that live with mental illness, media influence, and the misperception of insanity defense standards, all of which impact a verdict decision (Kachulis, 2017; Parrott & Parrott, 2015; Sabbagh, 2011). This study also did not find a statistical significant influence of gender, age, or race on the perception of guilt in either condition.

While the current research did not, many of the studies reviewed explored attitudes toward the insanity defense and mental illness in conjunction with other factors such as gender, death penalty attitudes, and conceptions of insanity (Breheney et al., 2007; Poulson et al., 1997; Skeem & Goulding 2001). Skeem & Goulding (2001) was unique because it used a sample of former venire persons, whose experience in court could have had an effect on their perception of study materials, compared to many other studies that used exclusively undergraduate students (Breheney et al., 2007; Poulson et al., 1997; Sabbagh, 2011), the current study that used a convenience sample including an age range of 18-50+. This study reflected the vignette and survey approach employed by many others (Breheney et al., 2007; Sabbagh, 2011; Skeem & Goulding, 2001), while Poulson et al. (1997) simulated a trial with audiotapes constructed with the help of legal professionals, and Kachulis (2017) analyzed data from past cases. Though these studies can often have the same goal, to explore the influences of mental illness on potential jurors' decisions, each one is unique in its approach and methodology, which can contribute to mixed findings and results.

There are several limitations to this study including the lack of generalizability due to low levels of diversity in the sample between age, race, and gender. This study was distributed and completed online, which means there is no guarantee that each participant read the vignette full before responding to the questionnaire. It is also important to acknowledge that this study used a convenience sample of participants, which could affect generalization. Finally, the use of the word “guilty” in the final question could have varying meanings to participants as it was not defined by the researcher in the study, which could have affected responses.

In conclusion, these results suggest that the average person would not perceive a person with a mental illness accused of a violent crime more or less guilty than a person that does not suffer from a mental illness. While progress is shown in that the presence of a mental disorder did not constitute as an aggravating factor, society is still not at the point yet of appreciating the impairment caused by severe mental illness. Continuing this cycle of incarcerating the mentally ill prevents individuals from receiving the treatment they need, which often results in high rates of recidivism because the mental illness that contributed to their involvement in the criminal justice system remains prevalent in their life (Kachulis, 2017). The fact that these biases are still affecting verdicts by preventing jurors from viewing mental illness as a mitigating factor as they are typically instructed in the courtroom is a real issue, and research such as the present study suggests the need for judicial reform in interactions between the criminal justice system and mental illness in the form of voir dire practice and the presentation of expert testimony, as well as improved mental health treatment within the corrections system.

References

- Breheney, C., Groscup, J., & Galietta, M. (2007). Gender matters in the insanity defense. *Law and Psychology Review, 31*, 93.
- Bronson, J., Berzonfsky, M. (2017) Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12 [PDF file]. Retrieved from <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5946>
- Felthous, A. (2010). Psychopathic disorders and criminal responsibility in the USA. *European Archives of Psychiatry and Clinical Neuroscience, 260*(Supplement 2), 137-141.
- Johansen, L. (2015). Guilty but mentally ill: The ethical dilemma of mental illness as a tool of the prosecution. *Alaska Law Review, 32*(1), 1.
- Kachulis, L. (2017). Insane in the mens rea: Why insanity defense reform is long overdue. *Southern California Interdisciplinary Law Journal, 26*(2), 357-378.
- Math, S., Kumar, C., & Moirangthem, S. (2015). Insanity defense: Past, present, and future. *Indian Journal of Psychological Medicine, 37*(4), 381-7.
- Morse, S. J., & Bonnie, R. J. (2013). Abolition of the Insanity Defense Violates Due Process. *Journal of the American Academy of Psychiatry and the Law, 41*, 488-495.
- Parrott, Scott, & Parrott, Caroline T. (2015). Law & Disorder: The Portrayal of Mental Illness in U.S. Crime Dramas. *Journal of Broadcasting & Electronic Media, 59*(4), 640-657.

- Poulson, Wuensch, Brown, & Braithwaite. (1997). Mock jurors' evaluations of insanity defense verdict selection: The role of death penalty attitudes. *Journal Of Social Behavior And Personality*, 12(4), 1065-1078.
- Sabbagh, M. (2011). Direct and Indirect Influences of Defendant Mental Illness on Jury Decision Making. *University of Central Florida Undergraduate Research Journal*, 5(2), 86-96.
- Skeem, J.L., & Golding, S. L. (2001). Describing Jurors Personal Conceptions of Insanity and their Relationship to Case Judgements. *Psychology, Public Policy, and Law*. 7(3), 561-621.
- Upadhyay, R., Srivastava, P., Singh, N., & Poddar, S. (2016). Community Attitude and Stigma towards Mental Illness: A Gender Perspective. *Journal of Psychosocial Research*, 11(2), 335-341.

APPENDIX: INSANITY CASE VIGNETTE

Michael Jones, age 43, worked as a mail carrier for the past 10 years in a western city. It was his custom to stop for lunch at McCafferty's Tavern, where he would have a hamburger and a beer. He would leave through the back door by the kitchen because it was the most convenient exit as he continued his mail route. At 1:15 p.m. on August 21, 1997, Jones was found dead in the alley behind the tavern. The medical examiner's report indicated that he had bled to death after suffering a single stab wound through his upper left chest and heart.

The defendant, Jeffrey Smith, age 24, was a dishwasher at the tavern. Eyewitnesses reported that the defendant left his post shortly after Jones had finished lunch and paid his tab. The defendant had been washing dishes and suddenly left, leaving the water tap running. The defendant was arrested 2 blocks from the tavern after a patrol officer noticed him carrying a U.S. Mail pouch. Upon arrest, he was found to have a 5-inch, blood-stained carving knife in his possession. This knife was established as the murder weapon by blood-type matching, and it had the defendant's fingerprints on the handle and blade. Testimony established that the knife was from the tavern's kitchen.

A court-appointed psychologist and a psychiatrist examined the defendant. Their reports and testimony were in agreement and indicated that the defendant had been socially isolated for many years. During his senior year of high school, he withdrew from his peers and his school performance deteriorated severely. After high school, he supported himself with menial jobs and public assistance. The defendant usually looked unkempt and disheveled. His speech tended to be vague and rambling. The connection among his ideas was difficult to follow and he often gave irrelevant replies to questions. He was convinced that a group of aliens was conspiring to take over the world. He believed that they had been shooting "zylon rays" at his brain in an effort to control him. They planned to abduct him and study his brain in order to improve their techniques of mental control. To conduct their studies unnoticed, these aliens disguised themselves as "government men" (e.g., officials from the FBI, CIA, IRS, and Postal Service). They intended to complete their studies, perfect their techniques of mental control, then use these techniques to take over the world and all of its inhabitants.

EXCLUDING MENTAL ILLNESS:

Michael Jones, age 43, worked as a mail carrier for the past 10 years in a western city. It was his custom to stop for lunch at McCafferty's Tavern, where he would have a hamburger and a beer. He would leave through the back door by the kitchen because it was the most convenient exit as he continued his mail route. At 1:15 p.m. on August 21, 1997, Jones was found dead in the alley behind the tavern. The medical examiner's report

indicated that he had bled to death after suffering a single stab wound through his upper left chest and heart.

The defendant, Jeffrey Smith, age 24, was a dishwasher at the tavern. Eyewitnesses reported that the defendant left his post shortly after Jones had finished lunch and paid his tab. The defendant had been washing dishes and suddenly left, leaving the water tap running. The defendant was arrested 2 blocks from the tavern after a patrol officer noticed him carrying a U.S. Mail pouch. Upon arrest, he was found to have a 5-inch, blood-stained carving knife in his possession. This knife was established as the murder weapon by blood-type matching, and it had the defendant's fingerprints on the handle and blade. Testimony established that the knife was from the tavern's kitchen.

APPENDIX: SURVEY QUESTIONS

1. Vignette reading (conditions randomly distributed)

2. What is your age

- 18-25
- 26-34
- 35-50
- 51+

3. What is your gender

- Male
- Female
- Transgender male
- Transgender female
- Other gender
- Prefer not to answer

4. What is your race

- African American
- Hispanic
- Asian
- Caucasian
- Other

5. How guilty do you believe the accused person to be? 1 being the least and 7 being the most.

- 1
- 2
- 3
- 4
- 5
- 6
- 7

