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STIGMA AND JUROR BIAS TOWARD MENTALLY ILL DEFENDANTS

A Thesis
Presented to
The Faculty in the Department of Psychology
Western Kentucky University
Bowling Green, Kentucky

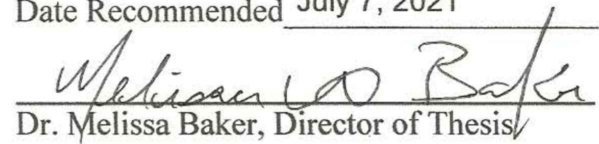
In Partial Fulfillment
Of the Requirements for the Degree
Master of Arts

By
Sydney R. Garrison

August 2021

STIGMA AND JUROR BIAS TOWARD MENTALLY ILL DEFENDANTS

Date Recommended July 7, 2021



Dr. Melissa Baker, Director of Thesis

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Holli Drummond Digitally signed by Holli Drummond Date: 2021.07.08 08:29:33 -05'00'

Dr. Holli Drummond

Associate Provost for Research and Graduate Education

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 my brother, Blake, and my sister, Haley, who have inspired me and encouraged me every day.

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This thesis would not have been possible without a large team of individuals, including Dr. Melissa Baker, who I would like to thank specifically for her endless guidance and support. I would also like to thank Dr. Rick Grieve for always keeping his door open to his students, and Dr. Holli Drummond for taking the time to be a part of this project once again. I would also like to thank the many friends and family that supported me and shared in this journey.

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Directed by: Melissa Baker, Frederick Grieve, and Holli Drummond

Department of Psychology Western Kentucky University

This study examined the influence of mental illness on mock juror decisions in a criminal case. With the knowledge that mental illness continues to be highly stigmatized, I hypothesized that the presence of a mental illness in a defendant of a violent crime would have significant effects on participants' case decisions and their perception of the defendant's guilt. Participants in the study read a fictional vignette describing a homicide and a defendant in which the defendant's mental illness diagnosis was varied (major depressive disorder, schizophrenia, borderline personality disorder, no mental illness). Participants were then required to answer 6 questions regarding their perceptions of the defendant's guilt: verdict decision, confidence in their verdict, guilt rating, choice of punishment, sentencing, and how much responsibility they attributed to the defendant. Results showed that participants gave the defendant with MDD and the defendant with no mental illness with a higher rating of guilt and viewed them as being more able to appreciate the wrongfulness of his actions than the defendants with schizophrenia and borderline personality disorder. There were no significant differences in verdict, punishment, sentencing, or confidence.

Introduction

The conversation surrounding mental health has changed drastically in recent years, with a shift in focus to reduce stigma and normalize mental illness (Spagnolo et al., 2008). However, stigma toward mentally ill individuals continues to be a powerful negative force, and it affects how individuals with mental illness are treated in their daily lives (Nukala et al., 2020; Spagnolo et al., 2008). The general population learns about mental health and mental illness through their intake of media such as news, movies, books, and social media posts (Fawcett, 2015; Parrot & Parrot, 2015). As a result, people likely use media portrayals of information to create schemas, or preconceived frameworks or ideas, of what mental illness looks like and how individuals with mental illnesses think and behave (Parrott & Parrott, 2015). Not surprisingly, the information provided in the media is often inaccurate and reflects a negative bias toward mental illness, which leads many people to develop schemas of mentally ill individuals that are built upon stigma and prejudice (Armani, 2017; Kachulis, 2017, Parrott & Parrott, 2015). The issue of stigma and prejudice toward individuals with mental illnesses is particularly important in regard to how jurors make decisions in cases in which the defendant has a mental illness.

The judicial system operates on the assumption that juries made up of the general public are capable of leaving their beliefs, experiences, and attitudes behind in order to make an objective decision based on the facts provided (Skeem & Golding, 2001). However, decades of research on jury decision making suggests this is not the case (Armani, 2017; Breheney et al., 2007; Kachulis, 2017; Maeder et al., 2020; Skeem & Golding, 2001). Research shows that potential jurors bring a variety of opinions and

biases to the courtroom, including their preconceived ideas of mental illness (Armani, 2017; Skeem & Golding, 2001). The existing literature on juror bias toward individuals with mental illness primarily focuses on the use of the insanity defense (Breheney et al., 2007; Maeder et al., 2020; Skeem & Golding, 2001). Today, the insanity defense is rarely used, and it is even less often successful (Kachulis, 2017). To further contribute to research about the relationship between mental illness stigma and juror decision-making, the proposed study aims to explore how the presence of a mental illness in criminal defendant influences individuals' perceptions of the defendant's guilt. Additionally, this study examined the influence of different mental illnesses on participants' perceptions of guilt.

Review of the Literature

Stigma

Stigma can be defined as a preconceived notion that serves as a sign of shame or disgrace related to a particular person, quality, or circumstance (Armani, 2017; Nukala et al., 2020). Stigma directed toward mental illness involves labeling and stereotyping socially undesirable attributes, which can lead to prejudice and discrimination (Spagnolo & Librerea, 2008; Tomar et al., 2019). Studies have shown that mental illness is one of the most stigmatized circumstances in our society, and it can affect all areas of life including working, socializing, housing, and education (Spagnolo et al., 2008). Research suggests that mental illness is often viewed as a sign of weakness, and individuals with mental illness are often perceived as dangerous (Nukala et al., 2020; Spagnolo et al., 2008). Stigmatizing beliefs can manifest externally into discriminatory behavior that results in unfair treatment across settings including employment, community housing,

and the justice system (Sloat & Frierson, 2005; Spagnolo et al., 2008). Individuals can also internalize stigmatizing attitudes and beliefs, resulting in negative effects on self-esteem and social connectedness (Nukala et al., 2020; Tomar et al., 2019). Research on stigma of mental illness has shown that different psychological disorders are not all perceived in the same way. For example, individuals with schizophrenia are often viewed as violent and dangerous, while individuals diagnosed with depression are seen as more accountable for their illness (Nukala et al., 2020). These differences in perception can translate to mental illnesses being stigmatized in different ways. For instance, Nulaka et al. (2020) found that while individuals who suffer from depression and schizophrenia both experience feelings of inferiority, the individuals who suffer with schizophrenia experience more stigma and discrimination. The results suggest that stigmatizing attitudes toward defendants with mental illnesses could vary depending on the diagnosed psychological disorder.

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 (Armani, 2017; 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; Kortright, 2019; Parrott & Parrott, 2015).

Juror Bias

Juries are assumed to be “blank slates” that are capable of forming objective opinions about case facts (Armani, 2017; Skeem & Golding, 2001). However, juries are made up of average citizens who each have their own beliefs and attitudes based on their life experiences. Mock juror research has consistently shown that jurors’ attitudes significantly affect their verdict choices (Breheney et al., 2007; Kortright, 2019; Poulson et al., 1997; Sabbagh, 2011; Skeem & Golding, 2001). As previously discussed, the general public is exposed to mental illness in the media, and as a result, could develop an inaccurate and negatively valanced understanding of individuals with mental illness (Armani, 2017; Parrot & Parrot, 2015). Consequently, jurors might also view mental illness through inaccurate media-instilled stigmatizations (Armani, 2017). More importantly, jurors’ preconceived idea of mental illness likely does not coincide with the legal definitions of mental illness and insanity, which causes inequality in criminal trials of individuals deemed medically mentally ill (Armani, 2017).

Previous research that assessed the impact of juror attitudes toward mental illness on verdict decisions and sentencing is conflicting. Many studies have explored the relationship between various extra-legal factors and attitudes toward the insanity defense, including race and gender (Breheney et al., 2007; Maeder et al., 2020). Breheny et al. (2007) found that both gender and mental illness had significant effects on mock juror verdicts. Participants were less sympathetic toward defendants who were experiencing a first episode of mental illness compared to defendants who had a longer psychiatric history. Additionally, participants found female defendants guilty more often than male defendants and considered female defendants to be more responsible for their crimes.

Maeder et al. (2020) found a significant difference in mock juror decisions when they looked at the interaction between race and mental illness. Participants were more likely to give a guilty verdict to a Black defendant diagnosed with schizophrenia as compared to depression, suggesting that biases present in trials involving mental illness can be intensified with a racialized defendant.

Similar to research on verdicts, research regarding jurors' perceptions of mental illness on attitudes toward the death penalty yields similar results. For instance, Poulson et al. (1997) found a significant relationship between death penalty attitudes and verdict decisions. Mock jurors who supported the use of the death penalty were significantly less likely to render a verdict of 'not guilty by reason of insanity' than jurors who did not support the death penalty. They were also more likely to accept the prosecution's expert testimony, less likely to believe that the crime was a result of the defendant's mental illness, and less likely to believe in the efficacy of the insanity defense.

Mossiere (2012) examined the effects of a challenge for cause procedure of jury decisions in cases involving mentally ill defendants. The study included four mental illness conditions: schizophrenia, obsessive-compulsive disorder, depression, and a control, and three challenge for cause conditions. Participants read a case transcript that described a robbery and were asked to render a verdict and sentencing if applicable. The researchers hypothesized that participants would have significantly harsher judgements for the defendant diagnosed with schizophrenia compared to the other conditions, as well as harsher judgements for all mental illness conditions compared to the control. The study found no significant difference in verdict or sentencing between mental illness conditions. It is important to note that the mental illness diagnoses were not described in

detail but were only mentioned in one sentence of the transcript in which the defendant stated that he his psychiatrist recommended it to help with the specific mental illness.

Skeem & Golding (2001) found that mock jurors' conceptions of mental illness affect the way in which they interpret information and choose verdicts. They identified three different protoypes of insanity that are commonly held by potential jurors: severe mental disability (SMD), moral insanity (MI), and mental state-centered characteristics (MSC). Approximately half of the participants were represented by the SMD prototype, which viewed the defendant as suffering from an extreme, chronic, uncontrollable mental illness that impairs functioning. The MI prototype was held by 33% of participants, who viewed the offender as detached, irrational, and unpredictably violent. The MSC prototype was held by primarily highly educated males, making up 21% of the participants, and viewed the defendant as afflicted with varied, but supported, impairments in their mental state at the time of the offense. The results indicated that the MSC group perceived the defendant as more mentally disordered, less capable of controlling their beliefs, and less deserving of punishment, and they were more likely to issue a verdict of 'not guilty by reason of insanity' compared to the SMD and MI groups.

Sabbagh (2011) examined the effects of a schizophrenia diagnosis in a defendant and group dynamics in decision-making on sentencing outcomes. The researcher hypothesized that participants deliberating in groups would punish a defendant with schizophrenia more leniently that a single participant, and that both group and individual deliberations would render harsher sentences to a defendant with schizophrenia than a defendant with no mental health diagnosis. Contrary to the Sabbagh's hypothesis, mock jurors gave more lenient sentences to defendants diagnosed with schizophrenia, as

opposed to defendants with no mental illness. Additionally, jury size did not have a significant effect on sentence decisions.

Kortright (2019) examined the effect of mental illness diagnosis and offense type on potential jurors' choice of dispositions, and perception of dangerousness. Dispositions, or sentencing outcomes, included community release, incarceration, and psychiatric institutional commitment. Kortright found that mock jurors were significantly more likely to sentence a defendant with any mental illness diagnosis to psychiatric commitment as opposed to a defendant with no diagnosis. There was no significant difference in dispositional outcomes between different mental illness diagnoses. Additionally, participants perceived defendants with any mental illness diagnosis as more dangerous compared to defendants with no mental illness diagnosis. There was no significant difference in dispositional outcome between offense types, though defendants who committed theft were perceived as significantly less dangerous than those who committed assault.

Insanity Defense

The legal definition of insanity differs from both the medical and layperson definitions of insanity (Armani, 2017). It is difficult to determine legal insanity, and it is even more challenging to successfully defend it (Math et al., 2015). Additionally, the public vastly overestimates the use of the insanity defense as well as the success rate. That is, in reality, the insanity defense is used in less than 1% of cases, and it succeeds in less than 30% of the cases in which it is employed (Breheney et al., 2007; Kachulis, 2017). The tendency for the general public to over exaggerate how much the insanity defense is used in cases is likely due to the media presentation of mental illness, crime,

and insanity cases, as discussed earlier. Characters with mental illness in fictional movies and TV shows are portrayed as violent criminals at disproportionately high rates (Parrot & Parrot, 2015). Additionally, court cases that attempt to use the insanity defense are often sensationalized, which perpetuates the idea that the insanity defense is commonplace in court proceedings. Many violent events, such as homicides and mass shootings, are immediately paired with a conversation about mental illness, which diverts the conversations from gun control to mental illness and maintains the association of violence and mental illness (Armani, 2017).

Approach and interpretation of the insanity defense varies by state, with many states adopting a form of the M'Naughten Rule or the Model Penal Code, while four states have completely abolished the use of the insanity defense (Armani, 2017; Kachulis, 2017). These standards typically require the defense to prove that the defendant could not appreciate the criminality of his or her actions or was not able to distinguish between right and wrong at the time of the crime due to the effects of a mental illness (Armani, 2017; Kachulis, 2017). The outcomes of the insanity defense vary as well, with the two most common verdicts being not guilty by reason of insanity (NGRI) and guilty but mentally ill (GBMI; Armani, 2017; Kachulis, 2017; Sloat & Frierson, 2005).

Unfortunately, most potential jurors are not aware of the standards for these verdicts, nor are they aware of the dispositional outcomes for either verdict (Sloat & Frierson, 2005). In most jurisdictions, defendants who are deemed NGRI are committed to a psychiatric hospital and are released when they are considered to be no longer mentally ill or dangerous. Individuals who receive GBMI verdicts, on the other hand, are subject to the same criminal sanctions as defendants who are found guilty, which include

incarceration and death (Kachulis, 2017; Sloat & Frierson, 2005). Additionally, the GBMI verdict does not guarantee mental health treatment for the defendant in every state (Sloat & Frierson, 2005). While mental illness is supposed to be a mitigating factor in a GBMI verdict, studies have found that individuals who were found GBMI received longer sentences than individuals found guilty with no mental illness (Callahan et al., 1992; Sloat & Frierson, 2005). A small number of states have instituted instructions for the jury that explain the outcome of a NGRI and GBMI verdict, but others have ruled that such instructions would distract and unjustly influence the jury in their decision-making (Sloat & Frierson, 2005). Potential jurors who are unaware of the nuances between these verdicts might make unfair verdict decisions that prevent mentally ill defendants from getting the treatment they need, and inevitably contribute to the cycle of recidivism (Kachulis, 2017; Sloat & Frierson, 2005).

The current study is not including the insanity defense as a component due to its rarity of use and success in criminal court cases (Kachulis, 2017). There is a lack of research that examines the presence of a mental illness in a criminal court case without the insanity defense, though in reality, the situation occurs frequently. Additionally, attitudes toward the insanity defense alone have been shown to influence verdict decisions, likely due to its flawed media portrayal and the lack of accurate information provided to potential jurors (Parrot & Parrot, 2015; Skeem & Golding, 2001; Sloat & Frierson, 2005). The current study aims to examine the influence of a mental illness diagnosis on verdict decisions without the overwhelming effects of the presence of the insanity defense.

Mental Illness

Mental illness is a collective term and refers to all diagnosable mental disorders or health conditions that involve significant changes in thinking, emotion, and/or behavior that cause distress and/or problems functioning in an important area such as work, social, or family settings (Parekh, 2018). In one year, approximately 19% of adults in the U.S. live with a mental illness, and 4.1% live with a serious mental illness, which results in serious functional impairment (Parekh, 2018). The number of individuals in the legal system who live with a mental illness is large and growing, with the number of individuals with serious mental illness in incarcerations exceeding the number in state psychiatric hospitals (Tomar et al., 2020; Torrey et al., 2014). Bronson & Berzonfsky (2017) reported in the *U.S. Bureau of Statistics* that 14% of state and federal prisoners and 26% of jail inmates reported experiences that met the threshold for serious psychological distress in the past 30 days, and 37% of prisoners and 44% of jail inmates have been diagnosed with a psychological disorder by a mental health professional in the past. Mental illness is treatable, and the majority of individuals who live with a mental illness continue to function in their daily lives (Parekh, 2018). Providing adequate mental health treatment to individuals in incarceration can be difficult, but untreated, their psychiatric illness often gets worse and they leave in worse shape than when they entered (Torrey et al., 2014). The extensive survey by Torrey et al. (2020) found that incarcerating mentally ill persons causes overcrowding resulting from mentally ill prisoners remaining behind bars longer than others, victimization of prisoners with mental illness, disproportionate rates of recidivism, and many more adverse

consequences. This practice results in a damaging cycle that mistreats the mentally ill and depletes prison resources (Torrey et al., 2014).

People with mental illnesses face stigma, prejudice, and discrimination, which can discourage them from seeking treatment and reduce their self-esteem (Armani, 2017; Borenstein, 2020; Spagnolo et al., 2008). Studies have found that stigmatizing attitudes within the general population toward mental illness differ depending on the disorder (Nukala et al., 2020). Many psychological disorders can have symptoms than range in severity, which impacts how much impairment and distress they cause (Beidel et al., 2014; Parekh, 2018). The main goal of the present study was to examine whether specific mental illnesses influence jurors' decisions. In the current study, I examined the influence of three specific mental illnesses on participants' verdicts: major depressive disorder, schizophrenia, and borderline personality disorder.

Major depressive disorder. Major depressive disorder (MDD) is a common psychological illness that negatively affects how you feel, think, and act (American Psychological Association, 2013; Parekh, 2017). It causes feelings of sadness and can cause a loss of interest in activities that were once enjoyed. Symptoms of depression can range from mild to severe and can include changes in appetite, sleep disturbance, loss of energy, feelings of worthlessness, difficulty thinking, and thoughts of death or suicide (American Psychological Association, 2013*).* According to the 2017 national survey on drug use and health reported by the National Institute of Mental Health (2018), approximately 7.1% of adults in the United States have experienced at least one major depressive episode in the previous year. In a nationwide study by the Bureau of Justice, approximately 23% of state prisoners and 30% of jail inmates reported symptoms of

MDD (James & Glaze, 2006). Due to the apathetic nature of MDD symptoms, it is not surprising that Ozkan et al. (2019) found an inconsistent relationship between crime and depression, though depression is a risk factor for aggression and income-related offenses.

Schizophrenia. Schizophrenia is a chronic psychological disorder that affects approximately 1% of the population (Torres, 2020). It is one of the most debilitating and costly psychiatric illnesses (Beidel et al., 2014). Common symptoms include delusions, hallucinations, disorganized speech, social withdrawal, anhedonia, difficulty thinking, and lack of motivation (American Psychological Association, 2013). These symptoms cause impairments in social functioning, problems in work settings, and difficulties caring for oneself (Beidel et al., 2014). Schizophrenia is correlated with an increased rate of violence; however, individuals with schizophrenia are much more likely to be victims of violence and violent crime (Ascher-Svanum et al., 2010; Beidel et al., 2014). Fazel et al. (2009) found that, while schizophrenia is associated with violent offending, much of the excess risk appears to be connected to substance abuse comorbidity. Additionally, specific clusters of symptoms, such as positive psychotic symptoms, which are symptoms that individuals with schizophrenia may experience that others do not, may increase risk for violent behavior in individuals with schizophrenia (Swanson et al., 2006).

Borderline personality disorder. A personality disorder is a pattern of thinking, feeling, and behaving that deviates from the social norm, causes distress or impairment, and is stable over time (Beidel et al., 2014; Robitz, 2018). Borderline personality disorder (BPD) is characterized by a pervasive pattern of instability in interpersonal relationships, self-image and affects, and marked impulsivity beginning in early adulthood and present in a variety of contexts (American Psychological Association, 2013). It is a Cluster B

personality disorder, which is considered the dramatic, erratic, and emotional cluster (Biedel et al., 2014). Symptoms can include impulsivity, reactivity of mood, chronic feelings of emptiness, identity disturbance, recurrent suicidal thoughts and/or behavior, and a pervasive pattern of instability in personal relationships (American Psychological Association, 2013). Many of these symptoms are thought to be triggered by concerns about real or imagined abandonment, which leads to maladaptive coping behaviors (Biedel et al., 2014). The population prevalence of BPD is estimated to be 1.6%, and approximately 20% among psychiatric patients (American Psychological Association, 2013). BPD is rarely discussed within the context of crime; however, BPD is associated with aggressive behavior and impulsivity, which suggests that it could be a risk factor for crime-related behavior (Scott et al., 2014). The study by Conn et al. (2016) found that 31.7% of the sample population (479 inmates in a metropolitan area county jail) had clinically significant levels of borderline personality features measured by the Personality Assessment Inventory (PAI). This high rate of prevalence suggests that more research is needed to confirm a relationship between borderline personality features and criminal behavior.

Due to the stigma surrounding psychological disorders, I predicted that participants would be more likely to render a guilty verdict for a defendant diagnosed with a psychological disorder compared to a defendant who is not diagnosed with a psychological disorder. Additionally, I predicted that participants would render harsher punishments and sentencing for defendants that are diagnosed with a psychological, compared to a defendant not diagnosed with a psychological disorder. I also predicted

that defendants with no psychological disorder would be perceived as more responsible for their actions, compared to defendants diagnosed with a psychological disorder.

Jurors' Perceptions of Guilt Measures

Studies have shown that juror attitudes influence their verdict decisions (Breheney et al., 2007; Poulson et al., 1997; Skeem & Golding, 2001). Previous researchers have examined this research question by giving participants criminal case vignettes to read and requiring participants to render a verdict and choose a sentencing option (Breheney et al., 2007; Kortright, 2019; Poulson et al., 1997; Sabbagh, 2011; Skeem & Golding, 2001). Similar to the paradigms employed in previous research, participants in the current study read a vignette describing a murder case, and after reading the case summary participants were asked questions regarding their perceptions of the defendant's guilt. The study obtained six measures of participants' perceptions of guilt.

Verdict. In previous studies, researchers typically give participants verdict options of 'guilty,' 'not guilty,' and 'not guilty by reason of insanity' (Breheney et al., 2007; Poulson et al., 1997; Skeem & Golding, 2001; Sloat & Frierson, 2005) In the present study, the 'not guilty by reason of insanity' verdict was omitted because, as previously mentioned, in reality the insanity defense is rarely used and rarely successful (Kachulis, 2017).

Confidence in verdict. The study also obtained ratings of how confident participants were in their guilty/not guilty verdict using a scale of 1 to 10 (where 1 = *not confident at all*, 5 = *somewhat confident,* and 10 = *extremely confident*). Few studies have measured confidence in verdict decisions. Freeman (2006) measured confidence in

verdict decisions using a nine-point Likert-type scale. I believe this measure gave better insight into participants' decision-making process.

Guilt rating. In this study, I obtained ratings of how guilty participants perceive the defendant to be using a scale of 0 to 100, (where 0 = *not guilty as all* and 100 = *extremely guilty*) participants perceive the defendant to be. Previous studies have measured degree of guilt using scaled questions. For instance, Freeman (2006) measured degree of guilt on a scale of 0 to 9 in researching socioeconomic status on verdict decisions. Additionally, Louden and Skeem (2007), as well as Skeem and Golding (2001), measured case verdicts on a scale of 0 to 100 (where 0 = *completely unlikely*, 50 = *can't decide*, and 100 = *completely likely*) of how likely they were to find the defendant NGRI.

Punishment. Previous research has measured participants' opinion of punishment in a variety of ways. For instance, Kortright (2019) provided participants with dispositional outcomes to choose from, including community release, psychiatric commitment, and prison. Skeem & Golding (2001) asked participants to rate their agreement (on a Likert-type scale) with the statement, "Defendant should be punished." In the current study, participants who render a guilty verdict were asked what type of punishment the defendant deserves. Their options included 'no punishment,' 'imprisonment,' and 'death sentence.'

Sentencing. For participants who indicated that the defendant deserved to be imprisoned, their opinion of how long the defendant should serve his sentence was obtained. Researchers who have examined mental illness diagnosis on sentencing outcomes observed interesting results (Kortright, 2019; Sabbagh, 2001). For instance,

Sabbagh (2001) asked participants to sentence a defendant accused of a violent crime, and found that a defendant with schizophrenia received significantly more lenient sentencing than a defendant with no mental illness.

Responsible for actions. The last measure obtained in the study was participants' opinions regarding whether the defendant was responsible for his actions. Previous research has measured perceived responsibility by asking participants to agree or disagree (sometimes including a rating scale) with a statement such as "the defendant was (un)able to appreciate that his actions were wrong" (Breheney et al. 2007; Maeder et al. 2020; Skeem & Golding, 2001). The current study included a similar question and ask participants to rate their agreement on a scale from 0 to 5 (where 1 = *Completely Agree*, 3 = *Undecided*, and 5 = *Completely Disagree*).

I argue that these additional measures provided more detail and insight into participants' perception of the defendant's guilt than is established in previous research. In short, I expected that the presence of a mental illness would influence participants' perceptions of the defendant's guilt on these six measures. Specific hypotheses are stated in the following section.

The Current Study

The current study aimed to examine the influence of the presence of a mental illness in a defendant on jurors' perceptions of guilt. Participants in the study read a brief description of a murder case in which the defendant is charged with first-degree murder. The defendant's mental illness (MDD, schizophrenia, BPD, no mental illness control) varied between participants. Participants' perceptions of the defendant's guilt were measured. Research suggests that different psychiatric disorders face different types of

stigma (Nukala et al. 2020). Due to the stigma surrounding mental illness diagnoses, I hypothesized that there would be a significant difference in participants' perceptions of guilt as a function of the defendant's mental illness diagnosis. My specific hypotheses are stated below:

H1: Participants will be significantly more likely to render a guilty verdict for defendants who are diagnosed with a psychological disorder compared to defendant who is not diagnosed with a psychological disorder.

H2: There will be a significant difference in ratings of confidence in verdict decision between defendants who are diagnosed with a psychological disorder compared to a defendant who is not diagnosed with a psychological disorder. Due to the lack of research on confidence ratings in verdict decisions, I do not predict a direction for the significant difference.

H3: Participants will rate their perceptions of the defendant's guilt significantly higher in conditions that include a diagnosed mental illness than in the condition that does not include a diagnosed mental illness.

H4: Participants will render significantly harsher punishments for defendants diagnosed with a psychological disorder than for defendants not diagnosed with a psychological disorder.

H5: Participants will suggest significantly longer sentences for defendants diagnosed with a psychological disorder than for defendants not diagnosed with a psychological disorder.

H6: Participants will attribute significantly higher rates of responsibility to defendants with no psychological diagnosis than to defendants diagnosed with a psychological disorder.

Method

Design

The study is a single factor between-subject design. The independent variable (IV) is defendant mental illness (MDD, schizophrenia, BPD, no mental illness control). Participants were randomly assigned to each of the four conditions. The study has six dependent variables (DV) regarding the perceptions of the defendant's guilt: verdict, verdict confidence, degree of guilt, punishment, sentencing, and responsibility for actions.

Participants

The study was created using Qualtrics online surveying software and was administered online. Participants were recruited through Amazon Mechanical Turk's online crowdsourcing website in an attempt to obtain a national sample. A total of 389 responses were collected, though 125 participants were removed in order to protect the validity of the study because they failed one or more manipulation check questions, which resulted in a sample of 265 responses for data analysis. The sample consisted of majority male participants (60%) compared to female (40%) with mean age of 35.37 (*SD* = 11.68). This sample is more representative than one obtained from a university recruiting system, though I acknowledge that it does not fully represent the racial makeup of the nation, which may affect external validity. Participants were majority white (50.6%), African American (6.8%), Asian (24.2%), Hispanic/Latino (14.7%), and other (3.8%). Participants were compensated $1.00 for their participation.

Materials

Case vignette. The study utilized a brief vignette describing a murder and the defendant, Michael Jones, being charged with first-degree murder. The vignette used in this study was adapted from an insanity case vignette used in the Skeem and Golding (2001) study. The criminal act described and the description of the defendant remained constant across all conditions. The vignette was altered to describe each psychological disorder according to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-V) criteria. Participants were randomly assigned to one of four conditions. Each condition differs only in the description of the diagnosed psychological disorder, with all other details remaining constant. While descriptions of the disorders vary in order to meet DSM-V criteria and stay true to real life experiences of the disorder, language and syntax in the descriptions are similar across all conditions. Conditions that include the presence of a psychological disorder express that a court-ordered examination by a psychologist and psychiatrist have decided that the defendant has been diagnosed with the selected psychological disorder, followed by a brief description of the disorder. The control condition does not include the diagnosis of a psychological disorder or any mention of a court-ordered psychological examination. See Appendix A for vignettes.

Manipulation check questionnaire. In order to protect the research from online bots and/or participants that do not properly attend to the content of the survey, a brief manipulation check questionnaire was included at the start of the survey. Questions include asking participants if the defendant has a mental illness, and if so, what kind of mental illness. Participants are also asked to identify the charges against the defendant

and answer a question that simply asks them to "select the letter c." See Appendix B for questionnaire.

Perceptions of guilt questionnaire. The survey completed by participants immediately after completing the manipulation check required the participant to answer various questions regarding their perceptions of the defendant's guilt. See Appendix C for questionnaire.

Verdict. First, participants were asked to render a verdict of the defendant's guilt. Participants may only respond 'guilty' or 'not guilty.'

Confidence in verdict. After participants deliver a verdict, they were asked how confident they are in their decision on a scale from 0 to 10.

Rating of guilt. Next, participants were asked to rate the degree of the defendant's guilt on a scale from 0 to 100.

Punishment. Participants who rendered a guilty verdict were asked to choose a punishment. Their options included 'no punishment,' 'imprisonment,' and 'death sentence.'

Sentencing. Participants who indicate that the defendant deserved to be imprisoned were asked to give a sentence length in the form. They entered a number of years or selected the 'life sentence' option.

Responsibility. Participants were to rate their agreement with the statement "the defendant was able to appreciate that his actions were wrong" on a scale from 1 to 5.

Demographic information questionnaire. The survey ended with a brief demographic information questionnaire that includes asking participants for their gender, age, race, and education. Participants were also asked to rate how familiar they are with

each of the mental illnesses on a Likert-type scale from 0 to 10, and they are asked if they or any close friends or family have ever been diagnosed with a mental illness, and if so, what mental illness. The questionnaire also included items relating the jury participation including asking participants if they have ever served as part of a jury, if they are a U.S. citizen, if they have ever been convicted of a felon or served time in prison, and if they have extenuating circumstances that disqualify them from serving on a jury. See Appendix D for questionnaire.

Procedure

Once participants accessed the link to the Qualtrics survey, they were presented with the informed consent document; continuing the online survey with imply consent. Next, they were randomly presented one of the four vignette conditions and instructed to read it. Immediately after reading the vignette, participants completed the comprehension questionnaire to ensure that participants read and understood the vignette (e.g., ‘Does Jeffrey Smith have a mental illness?’). Next, participants completed the Perceptions of Guilt Questionnaire. Last, participants completed a brief demographic questionnaire, were debriefed, and thanked for their participation. The study took participants approximately seven minutes to complete ($M = 7.37$, $SD = 6.18$).

Proposed Analysis

In order to analyze the effects of mental illness on the measures of confidence, guilt rating, sentencing, and responsibility I performed multiple analysis of variances (ANOVAs). I performed a logistic regression to analyze the data for verdict decision, and I performed a multinomial logistic regression analysis on the data collected for punishment.

Results

In order to examine the effect of mental illness on perceptions of guilt in the current study, analyses assessing the relationships between the defendant's mental illness and measures of perceptions of guilt were assessed. There were six measures of perceptions of guilt: verdict, confidence, guilt rating, punishment, sentencing, and responsibility. The alpha level was set to .05 for all analyses.

Verdict. I hypothesized that participants would be more likely to render guilty verdicts for defendants diagnosed with a mental illness than for defendants not diagnosed with a mental illness. To assess the effect of mental disorder on verdicts, I performed a logistic regression consisting of mental disorder on verdicts. Results showed no effect of mental disorder on verdict, *Wald* (3, 389) = 5.982, $p = .112$. See Table 1.

Table 1

Guilty Verdicts Across Conditions

Condition	Percent of participants who rendered a 'guilty' verdict
Control	81.5%
Schizophrenia	82.4%
Borderline Personality Disorder	82.1%
Major Depressive Disorder	95.4%

Note. The table displays the percent of participants in each condition that rendered a 'guilty' verdict.

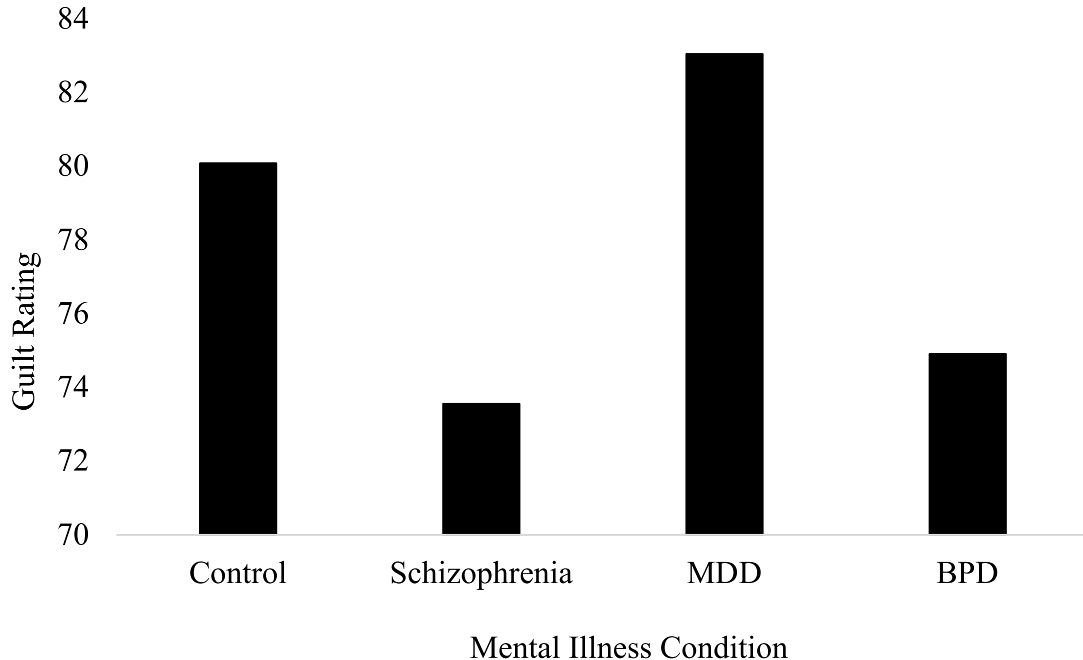
Confidence. I hypothesized that there would be a significant difference in ratings of confidence in verdict decision between defendants diagnosed with a mental illness compared to the defendants not diagnosed with a mental illness. In order to assess the effects of mental illness on confidence ratings, an ANOVA was performed. There was no effect of mental illness on confidence, $F(3, 261) = 1.23$, $p = .30$, eta-squared .01. The

data showed that participants in the schizophrenia condition (*M* = 7.88, *SD* = 1.88), the MDD condition (*M* = 8.29, *SD* = 1.54), and the BPD condition (*M* = 8.17, *SD* = 1.45) did not differ significantly in their rating of confidence when compared to the control condition (*M*= 8.41, *SD* = 1.56).

Guilt Rating. I hypothesized that participants would rate their perceptions of the defendant's guilt significantly higher in conditions that include a diagnosed mental illness than in the condition that does not include a diagnosed mental illness. In order to assess the effects of mental illness on perception of guilt, an ANOVA was performed. Results revealed an effect of mental illness on perception of guilt, $F(3, 261) = 3.07$, $p = 0.03$, eta-squared 0.034. Post hoc comparisons using LSD tests indicated that participants rated the defendant with MDD (*M* = 83.05, *SD* = 14.84) and the defendant with no mental illness (*M* = 80.07, *SD* = 22.11) as being more guilty than defendants diagnosed with schizophrenia (*M* = 73.56, *SD* = 22.25) and BPD (*M* = 74.91, *SD* = 22.27). There was no difference between the MDD and no mental illness control condition. There was no difference between the schizophrenia and BPD conditions. See Figure 1.

Figure 1.

Mean Guilt Ratings



Note. This table shows the average guilt rating in each condition. The control and MDD (major depressive disorder) conditions had significantly higher guilt ratings than the schizophrenia and BPD (borderline personality disorder) conditions.

Punishment. I hypothesized that participants would render significantly harsher punishments for defendants diagnosed with a mental illness that for defendants not diagnosed with a mental illness. To assess the effect of mental illness on punishment, a multinomial logistic regression was performed consisting of mental illness on punishment decision. In the analysis, punishment conditions “imprisonment” and “death sentence” were compared to the baseline comparison group for punishment decision was “no punishment.” Results revealed no effect of mental illness on punishment: the final model

did not improve the empty model, Log Likelihood (6) = 24.75, Chi-square=10.39, p = .11. See Table 2.

Table 2

Punishment Decisions Across Conditions

Condition	No Punishment	Imprisonment	Death Sentence
Control	2.3%	70.5%	27.3%
Schizophrenia	1.8%	87.5%	10.7%
Borderline Personality Disorder	4.7%	81.3%	14.1%
Major Depressive Disorder	1.6%	69.4%	29.0%

Note. The table displays the percent of participants in each condition that voted for each punishment option.

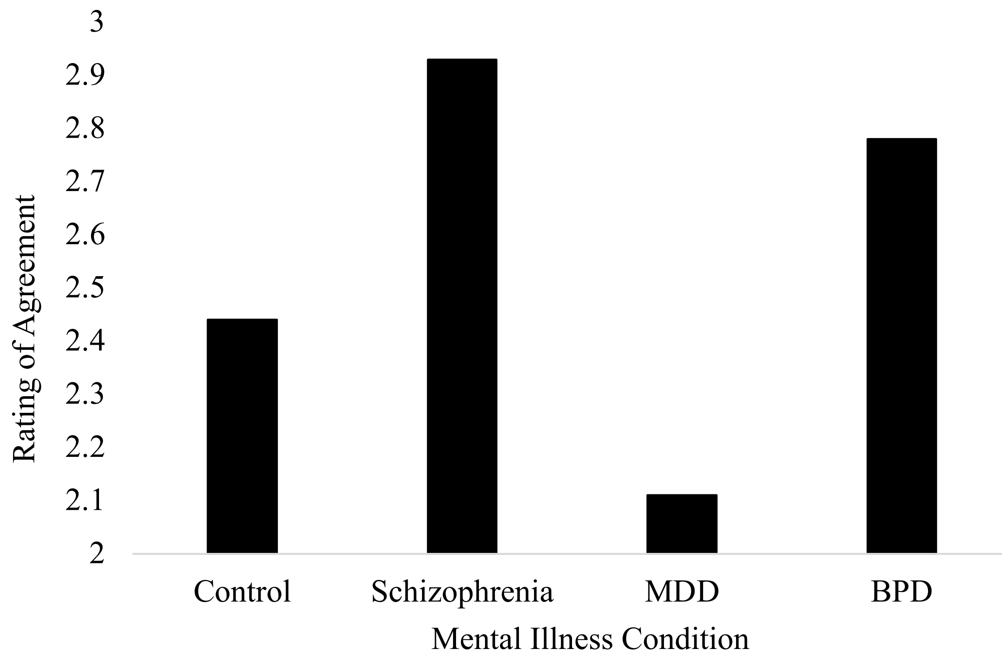
Sentencing. I hypothesized stated that participants would suggest significantly longer sentences for defendants diagnosed with a mental illness than for defendants not diagnosed with a mental illness. Only the participants that chose "imprisonment" for the sentencing option were asked to suggest a sentence length (N=175). Responses that indicated a "life sentence" were coded at 99 years in the analysis. In order to assess the effect of mental illness on sentencing, an ANOVA was performed. There was no effect of mental illness on sentencing, $F(3, 171) = 1.02$, $p = .39$, eta-squared .02. Results showed that participants did not differ significantly in their sentencing suggestions for defendants diagnosed with schizophrenia ($M = 51.10$, $SD = 41.47$), BPD ($M = 62.73$, $SD = 41.11$), MDD ($M = 52.88$, $SD = 38.83$), or no mental illness ($M = 49.74$, $SD = 36.94$).

Responsibility. Last, I hypothesized that participants would attribute more responsibility to defendants with no psychological diagnosis than to defendants diagnosed with a mental illness. In order to assess the effect of mental illness of responsibility, an ANOVA was performed. Results revealed an effect of mental illness on

responsibility, $F(3, 261) = 7.13$, $p = .00$, eta-squared .08. Post hoc comparisons using LSD tests indicated that participants rated the defendant with MDD ($M = 2.11$, $SD = 1.02$) and the defendant with no mental illness ($M = 2.44$, $SD = 1.24$) as more responsible for their actions than defendants diagnosed with schizophrenia ($M = 2.93$, $SD = 1.01$) and BPD ($M = 2.78$, $SD = 1.20$). See Figure 2.

Figure 2.

Mean Ratings of Responsibility



Note. This table displays the average rating of agreement with the statement attributing responsibility to the defendant. Lower scores indicate stronger agreement.

Discussion

Previous research suggests that juror biases can significantly affect case decisions and perception of case information (Sabbagh, 2011; Skeem & Golding, 2001). The current study specifically examined the effect of mental illness diagnosis (no diagnosis, major depressive disorder, schizophrenia, and borderline personality disorder) on juror's perceptions of guilt. Research has shown that mental illness is one of the most stigmatized conditions in our society, and it creates many barriers for individuals in everyday life (Spagnolo et al., 2008). By examining the effects of stigma toward different mental illness diagnoses in a defendant accused of a violent crime, this study aimed to understand how potential jurors may perceive mentally ill defendants. As laid out in the six hypotheses, the present study aimed to examine the effect of varying mental illness diagnoses on potential jurors' verdict decision, confidence in their verdict, guilt rating, choice of punishment, sentencing, and how much responsibility they attributed to the defendant.

Stigma toward defendants with MDD

I predicted that participants would rate defendants diagnosed with a mental illness with a higher degree of guilt than defendants not diagnosed with a mental illness (*H3*). Results showed that participants rated defendants with MDD and participants with no mental illness as significantly more guilty than defendants diagnosed with schizophrenia and BPD. This finding suggests that participants viewed the defendant diagnosed with MDD as being more similar to the defendant with no mental health diagnoses than to the defendants diagnosed with schizophrenia and BPD. Additionally, I predicted that participants would attribute more responsibility to defendants with no mental health

diagnosis than to defendants diagnosed with a mental illness (*H6*). Results showed that participants rated the defendant diagnosed with MDD and the defendant with no diagnosis as being more likely to appreciate that his actions were wrong than the defendants diagnosed with schizophrenia and BPD. This finding also suggests that participants perceived the defendant with MDD as being more similar regarding the defendant's ability to appreciating the wrongfulness of his actions to the defendant with no mental illness diagnosis than to the other diagnosis conditions. Taken together, the results in the current study appear to indicate a stigma towards defendant with MDD regarding degree or guilt and ability to appreciate the wrongfulness of actions.

Past research has shown a difference in the types of stigma and discrimination experienced by individuals with MDD and schizophrenia, suggesting that individuals with schizophrenia experience more external forms of stigma and discrimination because they are viewed as dangerous and unpredictable, while individuals with MDD are perceived as being weaker and having more personal responsibility for their illness (Norman et al., 2010, Nukala et al., 2020). This attribution of weakness and responsibility toward individuals with MDD may have contributed to participants in the current study viewing defendants with MDD as guiltier and more responsible for their actions than the defendants diagnosed with schizophrenia and BPD. Research also shows that individuals with MDD are viewed as less cognitively impaired, which may have caused participants in the current study to view them as being more capable of malice and intent (Nukala et al., 2020). Individuals diagnosed with schizophrenia and BPD are typically viewed as having less control of their thoughts and actions, which may have caused participants in the current study to view them as being less guilty and less responsible for their actions

(Breheney et al., 2007; Kortright, 2019; Nukala et al., 2020). Similarly, Sabbagh (2011) found that mock jurors sentenced a defendant diagnosed with schizophrenia more leniently than a defendant with no mental health diagnosis. Breheney et al., (2007) also hypothesized that mental health history would directly affect verdict. While they did not find significant effects of mental health history on verdict, they found that level of control was more strongly associated with guilty verdicts. Their results revealed that defendants experiencing a first break episode were viewed as more impulsive, more in control of their actions, and more responsible for the crime when compared to defendants with a history of mental illness. These findings may suggest that people might view individuals with some severe mental illnesses, such as schizophrenia and BPD, as more affected by their illness and less responsible for their actions. However, while participants in the current study perceived defendants differently in terms of guilt and responsibility, this trend did not translate to case decisions including verdict, punishment, and sentencing. These results in the current study may be due to the severity of the crime depicted, which could have overshadowed the inclusion of a mental illness, causing participants to render similar case judgements across all conditions. Describing a less severe crime may force participants to rely on other case facts, including the presence of a mental illness, in order to make judgments.

Support was not found for *H1*, in which I predicted that participants would be significantly more likely to render a guilty verdict for defendants diagnosed with a mental illness than for a defendant not diagnosed with a mental illness. This finding suggests that jurors view defendants with the varying mental illness and the defendant with no mental illness as similar when rendering a verdict. While I did not predict a difference in verdict

decisions between mental illness conditions, it was surprising that there was no significant different in verdict between defendants with a mental health diagnosis and the control group, see Table 1. However, the violent nature of the crime and the evidence against the defendant may have proved sufficient information for the majority of participants across all four conditions to render a guilty verdict.

As previously mentioned, the majority of the literature examining the effects of mental illness on verdict include some form of the insanity defense. In contrast, the current study chose not to include a 'not guilty by reason of insanity' (NGRI) verdict option, in order to reflect the fact that the insanity defense is rarely used in present day cases involving defendants with mental illness (Kachulis, 2017). Similar to the current study, Mossiere (2012) found no significant difference in verdict decision between mental illness conditions, though a key difference between these studies was the emphasis and description of the mental illness in each condition. Mossiere (2012) did not include any description of the mental illness diagnoses within the vignette given to participants, and only briefly mentioned that the defendant experienced mental illness. If participants lacked previous knowledge about the mental illnesses used in the study, their judgments would have relied solely on the labelling of the mental illness instead of the characteristics of the specific disorder. The current study provided a brief description of the symptoms associated with each disorder according to DSM-5 criteria in order to account for any lack of knowledge. Additionally, the current study used a vignette that described a significantly more severe crime.

Maeder et al., (2020) found no significant differences in verdict decision between a defendant diagnosed with depression and a defendant diagnosed with schizophrenia

when the defendant was White/Caucasian. It was not until the vignette included a Black/African American defendant that participants were more likely to render a guilty verdict for the defendant with schizophrenia than for the defendant with depression, which suggests that bias in insanity trials can be intensified for a racialized defendant. Similar to the current study, the trial summary used included a violent crime and a detailed description of the mental illness diagnoses. Skeem and Golding (2001) found that participants who held the Mental State-Centered (MSC) prototype (viewed the defendant as afflicted with varied, but supported, impairments in their mental state at the time of the offense) were more likely to render a NGRI verdict, and viewed the defendant as less deserving of punishment when compared to the Severe Mental Disorder (SMD) and Moral Insanity (MI) prototypes, who were more likely to render a 'guilty' verdict. Unlike the current study, this study did not use a specific mental illness diagnosis but rather described psychotic behaviors in the defendant leading up to the crime.

In *H2* I predicted that there would be a significant difference in participants' confidence in the verdict decision between defendants with a diagnosed mental illness and defendants with no mental illness. The results did not support this hypothesis, showing that participants were similarly confident in their verdict decisions across all conditions. Similar to *H1* regarding verdict, the nature of the crime and the evidence against the defendant may have been satisfactory enough for the majority of participants to feel confident in their verdict decisions. It is not clear how the results of the current study relate to previous research because there is no literature examining mock jurors' confidence in verdict decision. For instance, Breheney et al., (2007) asked participants to

rate their confidence in their verdict decisions regarding a case involving mental illness, but did not report results for their data.

Support was not found for *H4*, in which I predicted participants would administer harsher punishments for defendants diagnosed with a mental illness than for the defendant not diagnosed with a mental illness. This suggests that participants viewed defendants across all conditions similarly; see Table 2. Consistent with the results of *H3* and *H6* regarding degree of guilt and appreciation of actions, it is of interest to note that the MDD condition had the highest percentage of participants that chose the 'death sentence' option, though it was not statistically significant. In contrast, Kortright (2019) found a significant difference in punishment recommendations between defendants with a mental health diagnosis and the control condition. However, Kortright's results could be due to the inclusion of a 'psychiatric commitment' option that the researcher included in their study, which the current study did not include. Kortright (2019) did not find significant differences in punishment between MDD and schizophrenia. This result is consistent with the current study. Additionally, In the study by Skeem & Golding (2001), participants that held the Mental State-Centered prototype viewed the defendant as more mentally impaired and less deserving of punishment, which suggests that if individuals view the defendant as being less capable of normal behavior and control, they are less deserving of punishment. In the current study, the vast majority of participants chose the 'imprisonment' option across all conditions, which may also be due to the severity and nature of the crime. Future research might consider including more punishment options including psychiatric commitment and probation in order to force participants to consider other paths.

In *H5* I predicted that participants would suggest significantly longer sentences for defendants diagnosed with a mental illness than for the no mental illness control condition. The results did not support this hypothesis, suggesting that participants viewed defendants in each condition deserving of similar sentence lengths. Similarly, Sabbagh (2011) hypothesized that a defendant with schizophrenia would be given a harsher sentence than a defendant with no mental illness, however, results showed that participants gave the defendant with schizophrenia more lenient sentences compared to the control condition. The researcher hypothesized that in this case, if participants had been exposed to common negative symptoms of schizophrenia such as flat affect, anhedonia, and asociality they would have rendered harsher sentences for the defendant with schizophrenia. These symptoms often make it more difficult for individuals to have or maintain a family, as well as show remorse, which many participants identified as characteristics with which they would sympathize. While the current study did include a brief description of symptoms associated with each disorder, a more encompassing view of each disorder may have had a larger effect on participants' perception of the defendant.

Limitations

I believe this study has two important limitations: First, 125 participants were removed from the data due to failure of the manipulation check questionnaire, which resulted in a control group that was smaller than the other conditions (no mental illness control *N* = 54, schizophrenia *N* = 68, MDD *N* = 65, BPD *N* = 78). A portion of the 125 participants that were removed incorrectly answered the manipulation check question that asked if the defendant was mentally ill, wrongly stating that he was mentally ill. I believe

this was due to many participants assuming the control defendant suffered from a mental illness because of the violent nature of the crime the defendant committed. This assumption may have caused many participants in the no mental illness control condition to fail the manipulation check and, thus, be removed from final data analysis. Research that used a description of a less severe or less violent crime may not have this issue. Previous studies have portrayed petty theft, robbery, and accidentally killing someone without reporting an issue of the misattribution of a mental illness (Kortright, 2019; Maeder at al., 2020; Sabbagh, 2011). However, many studies have also used a homicide vignette similar to the current study and reported that participants correctly perceived the defendant (Breheney et al., 2007; Skeem & Golding, 2001).

A second limitation of the current study might be the violent nature and severity of the crime used in the vignette. It is possible that the violent homicide described in the vignette may have made it too easy for participants to render a guilty verdict, as well as punishment and sentencing decisions without much thought or consideration of the mental illness condition.

Implications

The current study aimed to contribute to the research on stigma toward mental illness in the legal system by omitting the insanity defense in order to construct circumstances that more closely resemble modern cases involving mental illness The findings from this study raise a number of opportunities for future research aimed at the effects of mental illness on case judgments and the perception of guilt, as well as the development of practices meant to lessen the harmful effects of stigma in the courtroom.

Future research may consider explicitly stating that the defendant in a control condition received a psychological evaluation but was not given a mental health diagnosis, in order to ensure that participants do not make incorrect assumptions about the defendant's mental health status. Additionally, future research should consider providing a more detailed description of the defendant's diagnosis, mental health history, and behavior during the trial. A more realistic view of a mental illness diagnosis may have stronger effects on case judgments. Past research suggests that the participants' perception of the defendant's mental state at the time of the crime and during the trial may influence their verdict decisions (Breheney et al., 2007; Skeem & Golding, 2001).

Future research should examine the interaction between certain types of crimes (e.g., theft vs. homicide) as well as types of mental illness conditions. The inclusion of a less severe crime may encourage participants to rely on other characteristics of the defendant, such as mental health status, in order to make case decisions. Additionally, future research might include less convincing evidence that ties the defendant to the crime to make participants consider other factors in the case in their decision making. Forcing participants to rely on their previous knowledge and experiences to make case decisions may reveal a stronger effect of stigma and bias toward mental illness and provide further understanding of what specific aspects of a mental illness are most related to case decisions.

The current study supported the idea that jurors' attitudes toward mental illness can affect case decisions and the perception of information. The process of jury selection is flawed, and it stands to benefit from this study and other studies like it. Voir dire procedures for cases involving mentally ill defendants would benefit from extended

inquiry aimed at identifying stigma and biases that may prevent the defendant from receiving a fair trial (Armani, 2017; Breheney et al., 2007). Additionally, jurors in cases involving a mentally ill defendant should be educated on the characteristics and effects of mental illness by reliable sources, so that they are not making assumptions based on media portrayals of mental illness (Parrot & Parrot, 2015). This education should include details of functional impairment, as well as the stigmatizing effects that individuals may have experienced as a result of their diagnosis. Previous research has shown that positive exposure to individuals with mental illness helps to lessen stigmatizing attitudes (Spagnolo et al., 2008). Educating potential jurors about mental illness may have similar effects, and at the very least may combat negative stereotypes learned from unreliable media sources and lead to better-informed verdicts (Breheney et al., 2007; Spagnolo et al., 2008).

Conclusion

In summary, the current study contributes to the previous literature by examining the effects of a defendant that suffers from a mental illness in a case that does not include the insanity defense or a plea of 'not guilty by reason of insanity.' This study supported the idea that not all mental illnesses are stigmatized in the same way. While MDD may be considered a less severe mental illness than schizophrenia or BPD, MDD was viewed more negatively by mock jurors in the current study in regard to their degree of guilt and responsibility for the crime. I believe that the findings in the current study have important implications for how jurors make decisions about cases involving defendants suffering from mental illnesses. Individuals are randomly selected for jury duty, yet stigma, bias, and discrimination prevent inherent objectivity when deciding the fate of another human being. This study aimed to shed more light on the effects of such stigma toward mental illness that may unfairly influence case decisions. Additionally, the current study found that jurors might view a defendant with MDD equally as accountable for their crime as a defendant with no mental illness diagnosis. It is my hope that the current research can contribute to furthering researchers' understanding of personal judgments that are influential in the courtroom.

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APPENDIX A

Criminal case vignette condition one: No 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. Testimony established that the knife was from the tavern's kitchen.

Criminal case vignette condition two: Schizophrenia

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. 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 has been diagnosed with Schizophrenia. Schizophrenia is a psychological disorder characterized by hallucinations, delusions, disorganized thought and speech, and diminished emotional expression.

Criminal case vignette condition three: Major depressive disorder

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. 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 has been diagnosed with Major Depressive Disorder. Major Depressive Disorder is a psychological disorder characterized by depressed mood, weight loss, a loss of interest or pleasure, insomnia, and feelings of worthlessness.

Criminal case vignette condition four: Borderline personality disorder

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. 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 has been diagnosed with Borderline Personality Disorder. Borderline Personality Disorder is a psychological disorder characterized by impulsivity, identity disturbance, a pattern of unstable personal relationships, fear of abandonment, and feelings of emptiness.

APPENDIX B

Comprehension Check Questionnaire
Please answer the following questions based on the scenario you just read.

1. Does Jeffrey Smith have a mental illness?
    a. Yes
    b. No

2. What mental illness did Jeffrey Smith have?
    a. Antisocial personality disorder
    b. Schizophrenia
    c. Major depressive disorder
    d. Borderline personality disorder
    e. Bipolar disorder

3. What was Jeffrey Smith charged with?
    a. Rape
    b. Theft
    c. Murder
    d. Assault

4. Select the letter C
    a. A
    b. B
    c. C

APPENDIX C

Perceptions of Guilt Questionnaire

Please respond to the following questions based on your opinion of the scenario you just read. There are no right or wrong answers, only your opinions.

1. How do you find the defendant, Jeffrey Smith?
   a. Guilty
   b. Not guilty

2. How confident do you feel in your verdict?
   [0 = not at all confident, 5 = somewhat confident, 10 = very confident]

3. On a scale of 0 to 100, how guilty do you perceive the defendant to be?
   [sliding scale 0 = Not guilty, 100 = Extremely guilty]

[If participants selected 'guilty' in #1, then ask…]

4. Sentencing guidelines state that every person who commits first degree murder can be punished with imprisonment up to a life sentence or death. Following these guidelines, what (if any) punishment do you believe the defendant deserves?
   a. No punishment
   b. Imprisonment
   c. Death sentence

5. [If participants selected 'imprisonment' in #4, then ask…] Please enter the number of years you believe the defendant should serve in prison. If you believe the defendant should serve a life sentence, then choose that option.
   a. [continuous measure – allow participants to type years]
   b. Life sentence

6. The defendant was able to appreciate that his actions were wrong
   [1 = Completely Agree, 3 = Undecided, 5 = Completely Disagree]

APPENDIX D

Demographic Questionnaire

Please complete the brief demographic questionnaire below. Please select the options that best describe yourself.

1. What is your gender?
    a. Male
    b. Female
    c. Transgender
    d. Other (please specify) [allow participants to type]

2. What is your age?
    [continuous measure – allow participants to type years]

3. What is your race/ethnicity?
    a. Caucasian
    b. African American
    c. Hispanic/Latino
    d. Asian
    e. Multiracial
    f. Other

4. What is your education level?
    a. Some high school
    b. High school
    c. Bachelor's degree
    d. Master's degree
    e. Ph.D or higher
    f. Trade school
    g. Prefer not to say

5. What state do you live in?
    [continuous measure: allow participants to type state]

6. How familiar are you with the following mental disorders?
    Major Depressive Disorder
    [0 = Not Familiar 5 = Somewhat Familiar 10 = Very Familiar]
    Schizophrenia
    [0 = Not Familiar 5 = Somewhat Familiar 10 = Very Familiar]
    Borderline Personality Disorder
    [0 = Not Familiar 5 = Somewhat Familiar 10 = Very Familiar]

7. Have you ever been diagnosed with a mental illness?
    a. Yes (please specify which mental illness) [allow participants to type]
    b. No

8. Have your close family or friends ever been diagnosed with a mental illness?
    a. Yes (please specify which mental illness) [allow participants to type]
    b. No

9. Have you ever served as part of a jury?
    a. Yes
    b. No

10. Are you a citizen of the United States?
    a. Yes
    b. No

11. Have you ever been convicted of a felony?
    a. Yes
    b. No

12. Have you ever served time in prison?
    a. Yes
    b. No

13. Do you have extenuating circumstances that disqualify you from serving on a jury?
    a. Yes
    b. No

APPENDIX E

INFORMED CONSENT DOCUMENT

Project Title: Stigma and Juror Bias toward Mentally Ill Defendants

Investigator: Sydney Garrison, WKU Psychology Department, Sydney.garrison815@wku.edu

Faculty Supervisor: Dr. Melissa Baker, WKU Psychology Department, Melissa.baker@wku.edu

You are being asked to participate in a project conducted through Western Kentucky University. The University requires that you give your signed agreement to participate in this project.
You must be 18 years old or older to participate in this research study.

An explanation of the project including process, procedures, and potential risks is written below. Please read this explanation before proceeding with the survey. If you then decide to participate in the project, please click the next button. Your continued participation with the research implies your consent.

1. **Nature and Purpose of the Project:** This study aims to explore the relationship between stigma and juror bias on case verdicts and perceptions.
2. **Explanation of Procedures:** This study includes the completion of a brief survey asking participants to read a brief vignette depicting a violent crime and answer comprehension questions, questions pertaining to the vignette, and demographic questions.
3. **Discomfort and Risks:** This study does not entail any foreseeable risks. Discomfort could result from the presentation of a violent crime and/or descriptions of various mental illnesses.
4. **Benefits:** Participants will receive $1.00 for completing the study.
5. **Confidentiality:** Your name, email, contact information, school, and district will not be collect nor associated with any answers. Electronic data will be stored on computers only accessible to the principal investigator and faculty supervisor. Following data collection, data will be kept on WKU's campus in a locked office for a minimum of three years.
6. **Refusal/Withdrawal:** Refusal to participate in this study will have no effect on any future services you may be entitled to from the University. Anyone who agrees to participate in this study is free to withdraw from the study at any time with no penalty.

You understand also that it is not possible to identify all potential risks in an experimental procedure, and you believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.

Your continued cooperation with the following research implies your consent.