

Myths, Mental Illness, and the Insanity Defense



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Myths, Mental Illness, and the Insanity Defense

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This work is mine unless otherwise cited.

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Abstract

There has been a lot of research investigating the relationship between jury decision-making and the insanity defense. Some research has also investigated the relationship between mental illness and jury decision-making. However, there is limited research on how belief in mental illness myths and insanity defense myths affect jury decision making. There is no research to date that incorporates all four of these concepts and how they affect jury decision-making. The purpose of this study was to address the gaps in the literature surrounding this issue. 53 participants completed the insanity defense myths survey followed by the attitudes towards mental illness survey. Participants were then randomly assigned to one of six trial summaries. After reading the summary, they were asked to provide a verdict (guilty, not guilty, or not guilty by reason of insanity). Results revealed no statistically significant findings in this study regarding the presence and type of mental illness on verdict. There were also no statistically significant results regarding how belief in insanity defense myths or how belief in mental illness myths affect verdict. Future research should investigate how having multiple participants deliberate the verdict could change the outcome of these results. Future research should also investigate how the closeness of a person with a mental illness to the participant could impact the results.

Keywords: jury decision-making, insanity defense, mental illness

Myths, Mental Illness, and the Insanity Defense

On January 20th, 1843, the Prime Minister of England's secretary—Edward Drummond—was shot. He died five days later. He was killed by Daniel M'Naghten, who had believed Drummond was the Prime Minister, Sir Robert Peel. M'Naghten claimed that the "Tories" from his hometown, who were the political party of Prime Minister Sir Robert Peel, were following him and that they made him shoot (Aiken & Aiken, 2010; Witt & Pirelli, 2017.). M'Naghten was charged with murder. His defense attorney argued that M'Naghten was insane at the time of the murder. The prosecution argued that, even though M'Naghten had "partial insanity", it did not prevent him from knowing right from wrong. The defense argued that M'Naghten was partially insane because normally he was sane, but he was insane during the time of the crime (Aiken & Aiken, 2010).

At the time of the trial, the test used to determine insanity was the "wild beast" test. This test said that a person could not be considered sane if they lacked an understanding like "an infant, brute, or wild beast" would have (Bongar & Holleran, 2017, p. 913). This means that M'Naghten could not be considered sane because he did not know right from wrong just like a "wild beast" would not know right from wrong (Bongar & Holleran, 2017). The defense presented multiple testimonies of medical professionals who stated that M'Naghten was insane at the time of the crime. The prosecution did not. Because of the powerful testimonies brought forth by the defense, Lord Chief Justice Tindal stopped the trial and ordered the jury to find M'Naghten not guilty by reason of insanity—and they did. M'Naghten was sent to an insane asylum where he remained for 21 years before being transferred to a different asylum. He resided there for a year before dying.

Queen Victoria was not happy with the decision. She herself was a victim to multiple assassination attempts and felt as if each person's sentence was too lenient (Aiken & Aiken,

2010). The House of Lords met to discuss how the trial of Daniel M’Naghten was a defect under the eyes of the law because he was found to have partial insanity, and they believed that partial insanity is not enough to acquit someone. All the Supreme Court judges were called together to amend the law regarding insanity. These judges were asked a series of five questions and the answers to these questions became what is known today as the M’Naghten Rules (Alden, 2018).¹ The answer to questions 2 and 3 became the standard for legal insanity. This answer states that a person must be considered sane until it has been proven by the defense that at the time of the crime the defendant: (1) lacked reason, (2) was suffering from “disease of the mind”, (3) they did not know what they were doing, or (4) that they did not know that what they were doing was wrong (Alden, 2018).² To be considered sane, the defendant had to have been capable of committing the act voluntarily and not under the influence of a mental disease or defect (James, 1959, p. 59). These rules were the first set of rules used to define legal insanity.

Past research has used these rules for legal insanity and other rules to research topics such as how these rules and other factors affect jury decision-making (Adjorlolo et. al., 2019; Butler, 2006). However, there are gaps in the current literature. These gaps include how the insanity defense, mental illness, belief in insanity defense myths, and belief in mental illness myths affect jury decision-making. There is limited research on these topics, specifically all of them together, and this study will attempt to address this gap.

The Insanity Defense

Throughout history, there have been many rules that define insanity and state how the insanity defense can be used. After the *M’Naghten* Rule came the *Durham* Rule. This rule was a result of the 1954 *Durham v United States* case. Monte Durham was discharged from the Navy at 17 years old because he was found mentally unfit. He was repeatedly in prison and found himself

back in court for breaking and entering. He attempted to plead not guilty by reason of insanity, but it did not work because the court would not accept the plea due to the guidelines of legal insanity being very narrow and strict. Durham was later found guilty. Upon appeal, the *Durham* rule was created, and the decision was overturned.

The *Durham* Rule states that a person cannot be held responsible for their actions if they were the “product of mental disease or mental defect” (Beatty Jr., 2017). This rule was different from the *M’Naghten* rules because it included that, to be able to use the insanity defense and to be classified as insane, the defendant had to have or have experienced mental illness at the time the crime occurred. The *M’Naghten* rule did not have this requirement. *M’Naghten* was used to predict the defendant’s ability to distinguish right from wrong while *Durham* went further by requiring the defendant to have experienced some kind of mental illness at the time of the offense and the actions of the defendant were the product/outcome of this mental illness (Aiken & Aiken, 2010; Beatty Jr., 2017). However, the *Durham* rule is no longer used today because of *United States v Brawner* (1972). It was abandoned because it did not specify what is considered a mental disease or defect and therefore made it difficult for one to determine if the actions of the defendant were the product of this disease or defect (Beatty Jr., 2017).

After the *Durham* rule came the *Brawner* rule (1972). Archie Brawner went to a party at a friend’s house and got into a fight. He left the party and returned with a gun. He fired the gun five times through a door which hit and killed Billy Ford. Brawner was arrested and convicted of second-degree murder. Four different psychiatrists, two for the defense and two for the prosecution, testified in Brawner’s case (Introduction: The Insanity Defense in the District of Columbia, 1973). The role of these psychiatrists was to conduct an evaluation on Brawner and confirm if he had a mental illness or not (Math et. al., 2015). These psychiatrists agreed that

Brawner was suffering from a mental illness, but they disagreed on the role that his mental illness played in the murder.

Brawner was found guilty but his conviction was later overturned for two reasons. The first reason his conviction was overturned was because the prosecution had a witness testify about the possibility of a “causal relationship” between Brawner’s mental illness and the murder. This witness should not have been able to testify about whether they believed Brawner's mental illness caused him to murder the victim (Introduction: The Insanity Defense in the District of Columbia, 1973). It is possible that it was overturned due to the Frye Standard. This standard limits expert witness testimony and evidence that may not be accepted by most of the scientific community. The testimony given by the prosecution’s witness could have speculated beyond what was generally accepted by the scientific community which led to the conviction being overturned (Legal Information Institute, 2022). It was also overturned because the prosecutor went too far in his attempt to discredit the tests Brawner went under at the local psychiatric hospital.

In the ruling that overturned the conviction, the *Durham* rule was abandoned and the *Brawner* rule was created. The *Brawner* rule states that,

A person is not responsible for criminal conduct if at the time of such conduct as a result of mental disease or defect he lacks substantial capacity to appreciate the wrongfulness of his conduct or to conform his conduct to the requirements of the law (Introduction: The Insanity Defense in the District of Columbia, 1973, p. 36).

This means that a person cannot be found responsible for the crime they committed if it was a result of their mental illness, they cannot understand that what they did was wrong, or they are unable to conform their actions in a way that follows the law. What is different about the

Browner rule is that it has a definition of “mental disease or defect”. It uses the definition created from *McDonald v United States* (1962) which states that “A mental disease or defect includes any abnormal condition of the mind which substantially affects mental or emotional processes and substantially affects behavior controls” (Introduction: The Insanity Defense in the District of Columbia, 1973, p. 36). This is different from the *M’Naghten* rule because the *Browner* rule requires some type of mental illness to have occurred during the time of the crime for the defendant to be classified as insane while *M’Naghten* does not (Introduction: The Insanity Defense in the District of Columbia, 1973; Butler, 2006). About 50% of US states use the *Browner* rule while the other half use the *M’Naghten* rule (Butler, 2006).

According to the *Browner* rule, to be found not guilty by reason of insanity, the defendant could not conform their actions in a way that follows the law. This prong was known as the volitional prong (Introduction: The Insanity Defense in the District of Columbia, 1973). It was also used to test for irresistible impulse which is the inability for one to stop themselves from committing the crime (Alden, 2018). The *Browner* rule also had a cognitive prong which stated that the defendant did not know what they did was wrong or that they committed the crime because of a mental disease or defect (Introduction: The Insanity Defense in the District of Columbia, 1973).

Following the *Browner* rule came the Insanity Defense Reform Act of 1984 (IDRA). This act was a result of *United States v Hinckley* (1981) (Finkel, 1989). John Hinckley Jr. had a fascination with the movie *Taxi Driver* where the main character decides to assassinate a presidential candidate. He was also fascinated with Jodie Foster who was the lead actress in the movie. He wrote her many letters and called her twice. Because she did not respond to his attempts at communication, Hinckley Jr. decided he was going to assassinate President Jimmy

Carter. He followed the President for multiple days and later decided not to go through with his plan. After the election of Ronald Reagan, Hinckley Jr. began to stalk him. He then wrote his final letter to Jodie Foster saying that he was going to shoot President Ronald Reagan. John Hinckley Jr. followed through on his promise and shot President Ronald Reagan and three others in a botched assassination attempt. Hinkley Jr. was immediately arrested. The jury found him not guilty by reason of insanity (Alden, 2018).

Three years after the trial of Hinkley Jr., the Insanity Defense Reform Act of 1984 was created. The IDRA removed the volitional prong of the insanity defense testing which left the cognitive prong (Alden, 2018). This change was due to the difficulty in determining whether a defendant lacks a “substantial capacity ... to conform his conduct to the requirements of the law” rather than determining if the defendant understood what they did was wrong or not (the cognitive prong; Finkel, 1989, 403). The IDRA also officially shifted the burden of proof to prove insanity onto the defense. This means that it is now up to the defense to prove the defendant is insane rather than having the prosecution prove that the defendant is not insane. No major legislation regarding insanity and the insanity defense has been created since the Insanity Defense Reform Act of 1984 (Alden, 2018). After the creation of the Insanity Defense Reform Act of 1984, two states got rid of the insanity defense in 1996, Kansas and Idaho. These two states joined Montana and Utah who also got rid of the insanity defense in 1979 and 1983, respectively (Journal of the American Academy of Psychiatry and Law, 2014).

Mental Illness and Myths

A big component of the insanity defense is mental illness. About 17.9% of adults in the United States have some type of mental illness (Maeder, 2019). Even though this is such a high percentage, there are still many myths/beliefs surrounding mental illness. According to Taylor &

Dear (1981), there are four main types of mental illness beliefs: (1) authoritarian, (2) benevolence, (3) social restrictiveness, and (4) community mental health ideology. The authoritarian type focuses on myths surrounding mental illness. It says that the main cause of mental illness is a lack of self-discipline, that the mentally ill can easily be told apart from normal people, and that they should be isolated from the rest of the community (Taylor & Dear, 1981; Walkden et. al., 2021). These are the most popular myths surrounding mental illness. Those who have the authoritarian view see those with mental illness as inferior and they require coercive handling (Taylor & Dear, 1981).

The benevolence type states that more tax money should be spent on the treatment of the mentally ill, mental hospitals are more like prisons, and the mentally ill have been ridiculed for too long (Taylor & Dear, 1981). This type believes that society is responsible for taking care of the mentally ill. The benevolence type calls for a more sympathetic and kinder attitude towards the mentally ill. Those with the benevolent viewpoint are sympathetic towards those with mental illness (Taylor & Dear, 1981).

The social restrictiveness type also focuses on popular myths around mental illness. This type believes that those with mental illnesses are a danger to themselves and others and that people should maintain distance from those with mental illnesses. The social restrictiveness type focuses on removing responsibility from those with mental illness and limiting what they can do/achieve in life. For example, this type believes in restricting the ability of those with a mental illness from running for public office due to their “unpredictability” (Taylor & Dear, 1981; Walkden et. al., 2021). The people with this view see those with mental illness as a threat to society who must be locked away (Taylor & Dear, 1981).

Finally, the community mental health ideology type states that mental health services should be provided in neighborhoods and through community-based facilities (Taylor & Dear, 1981; Walkden et. al., 2021). Those with this ideology believe that mental illness is like any other illness or disease, and it should be treated as such (Taylor & Dear, 1981). If someone views the mentally ill through an authoritarian or social restrictiveness lens, then they will negatively view those who have mental illnesses and will believe in more mental illness myths. If someone views the mentally ill through a benevolence or community mental health lens, then they will not believe in as many mental health myths and will view those with mental illness more positively (Taylor & Dear, 1981).

Myths About the Insanity Defense

There are many common myths surrounding the insanity defense and misconceptions about how people view the insanity defense. A study was done by Hans (1986) to see how people perceive the insanity defense. This study found that 91% of participants believe that judges and juries have difficulty determining if the defendant is legally insane or not. The study also found that only 21.4% of people believe that those who are found not guilty by reason of insanity are insane. It is possible that this is true due to the belief that judges and juries are inadequate in determining legal sanity or insanity, we do not know the reason why only 21.4% of those found not guilty by reason of insanity were insane. Hans (1986) also found that 89.2% of participants believe that the insanity defense is a loophole for the defendant to walk free. Similarly, 88.7% were found to believe that the insanity defense allows dangerous people to roam the streets (Hans, 1986). This is one of the myths on the Insanity Defense Attitudes-Revised scale created by Skeem et. al., 2004. 53% of participants believe that if the psychiatrist was paid enough then they would say anything while testifying about the defendant's sanity

(Hans, 1986). These statistics support the idea that lay people believe in insanity defense myths and have negative views around the insanity defense.

A popular myth about the insanity defense is that insanity defendants are faking (Skeem et. al., 2004). However, usually insanity defendants have some history of hospitalization prior to their crime. Almost 44% of insanity defendants were found to have been previously hospitalized. About 82% of defendants utilizing the insanity defense were found to have been diagnosed with some type of major mental disorder at the time of their psychiatric evaluation (Daftary-Kapur et. al., 2011). Daftary-Kapur et al. used this literature to create and test their scale to measure the average person's knowledge about the insanity defense and how different levels of knowledge affects their decision-making (2011). They found that when people are misinformed or completely uninformed about the insanity defense, this lack of knowledge affects their verdict decision-making (Daftary-Kapur et. al., 2011). This information is insightful, but there are several problems and limitations within it. One limitation is that Daftary-Kapur et. al. only had a sample size of 129 and 121 participants for Study 1 and Study 2 respectively. These small sample sizes and the fact that they were university students, limits the generalizability for their results because undergraduate students do not accurately represent the entire population of jury eligible people.

Another example of a popular myth is that the insanity defense is overused. The insanity defense is only used in 1% of all felony cases and in that 1%, only about 25% of those cases are successful (Witt & Pirelli, 2017). However, people believe that 37% of all felony cases involve the insanity defense and that it is successful 44% of the time (Daftary-Kapur et. al., 2011). Most cases do not make it to trial and end up with the defendant taking a plea deal. The insanity defense is no different. The prosecution may not want to take the case to trial and risk the

defendant being found not guilty by reason of insanity, so they offer a plea deal. Therefore, it seems that the defense is used to gain leverage for plea bargaining to achieve a lower sentence for the defendant (Witt & Pirelli, 2017). Another common myth is that people who are found not guilty by reason of insanity spend less time institutionalized than those who were convicted of the same crime. The public believes that the average time institutionalized for an insanity acquittee is about 21.8 months, but it is a median of 32.5 months. It can also be up to a median 76.4 months for those charged with murder. For insanity acquittees who committed nonviolent crimes, they can spend up to 9 times as long as those convicted of similar crimes (Daftary-Kapur et. al., 2011). However, these statistics are most likely underestimated because these statistics only include the people released and not the people who are still institutionalized.

Jury Decision-Making

In 1991, Nancy Pennington and Reid Hastie introduced a new explanation for why jurors make the decisions that they do, called The Story Model. The Story Model says that jurors try to create a summary of events that occurred through evidence presented at trial in the form of the arguments of the prosecution and defense, witnesses, and the physical evidence they provide. The summary is created from three different types of knowledge (Pennington & Hastie, 1991). The first type of knowledge is knowledge about the case acquired during the trial. This includes any witness statements made about the events that occurred. The second type of knowledge is knowledge about similar crimes that may have occurred in the juror's community. The final type of knowledge is basic knowledge about what is included in a story. This means that a juror would know that actions are usually done because the person has a motive or reason for committing the act (Pennington & Hasties, 1991).

The summary of events is created through three processes. The first processing stage is the structure of stories. In this stage, there are episodes and initiating events. Episodes are stories that are organized into separate groups or units. Initiating events have characters that form goals which lead to actions with related consequences. The structure of stories plays an important role in the juror's decision-making process because it allows the juror to form an opinion about the completeness of evidence presented.

To form this opinion, jurors must accept the story and be confident in it. The story must have coverage and coherence if the juror is going to accept it. To have coverage, a story must include the evidence being presented at trial. The greater the amount of evidence included in the story, the greater the likelihood that the juror will accept the story as an explanation for how the events unfolded. There are three concepts of coherence that a story must have for it to be accepted. The first concept is called consistency, and it states that that the story does not contradict itself or with the evidence presented at trial. The next concept is plausibility. The story needs to be plausible in the sense that it does not contradict with the juror's knowledge of what normally happens in the world. The final concept is completeness. A story is complete when it "has all of its parts" (Pennington & Hasties, 1991, p. 528). The juror must also be confident in the story to accept it. To be confident in the story, the story must be unique. The more unique the story, the more confident the juror is in the likelihood of the story being an accurate tale of events (Pennington & Hasties, 1991).

The second processing stage is learning verdict definitions. This involves learning about and understanding the different types of decision options. In criminal trials, this is the definition of the verdicts. The definitions are usually given at the end of the trial by the judge through their instructions. However, a juror may already have an idea about the definition, but this definition

may be wrong due to misrepresentation by the media. The jurors use these definitions to make a decision, which is the third and final processing stage. In this stage, jurors use their knowledge about verdict definitions to choose a verdict that matches with their accepted story. In one study, Pennington & Hasties found that jurors who choose different verdicts had constructed different stories about what happened (1991).

In another study, Pennington & Hasties found that the order of evidence presented at trial affects juror verdict decisions. They found that when the prosecution presented evidence in causal order (story order) and the defense presented their evidence in the sequence as stated by witnesses (witness order), that 78% of the jurors convicted the defendant (Pennington & Hasties, 1991). They also found that only 31% of jurors convicted the defendant when the prosecution presented evidence in witness order and when the defense presented evidence in story order (Pennington & Hasties, 1991). In this study, they also found that jurors were more confident when they heard both sides present evidence in story order than jurors who only heard one side or neither side present their evidence in story order (Pennington & Hasties, 1991). The Story Model as presented by Pennington & Hasties (1991), demonstrates how important stories are to the decision-making process. It gives us insight into the decision-making process and helps us understand how and why jurors choose their verdicts. It could also help us understand how different factors could affect jury decision-making.

To understand how jurors use the story models to make decisions, here is an example. Stephen Johnson was seen arguing with James Smith outside of a bar and later that night James was found murdered. Stephen was arrested and was interrogated for seven hours without a break. At the end of the seven hours, Stephen confessed but he later recanted. At trial, the defense argued that Stephen's confession was coerced because the interrogation lasted seven

hours and he did not receive a break. The prosecution does not have much evidence linking Stephen to James' murder besides the confession. After listening to the prosecution, a juror may decide that the story being told by the prosecution lacks completeness—because their only evidence is the confession—and therefore is not an accurate telling of what occurred. This juror may see this lack of evidence and conclude that Stephen's confession was coerced and find him not guilty.

Something else that may affect jury decision-making is the liberation hypothesis. Bjerredaard et al. (2017) defines the liberation hypothesis as when evidence in a trial is weak or contradictory, extra-legal factors will have the strongest influence on jury decisions. If the defendant was not clearly guilty, due to factors such as mental illness, the jury may feel as if they have been “liberated” from making the obvious choice (guilty). They may instead use other factors to guide their decision-making (Bjerredaard et al., 2017). These factors may include race, age, social class, defense type, etc. If evidence in a case is weak, the juror may rely on their biases regarding the defendant's race, age, social class, etc. to determine if they are guilty or not.

Jury Decision-Making in Insanity Defense Cases

There have been many research studies done that investigate how jury decision-making is affected in insanity defense cases. Adjorlolo et. al. (2019) did a review of insanity defense research from 2004 to 2019 and found that five different factors affect jury decision-making. Two of these factors are jurors' knowledge of the insanity defense and jurors' attitude towards the insanity defense. For jurors' knowledge of the insanity defense, they found research that stated that only 4.2% of jurors picked the correct definition and outcome for not guilty by reason of insanity and guilty but mentally ill. The rest of the jurors said the definition and outcomes for not guilty by reason of insanity was the definition and outcomes for guilty but mentally ill and

vice versa. This data shows that lay people do not know the basic definitions and outcomes for these two verdicts. For the jurors' attitudes towards the insanity defense, they found that those who overestimated the number of insanity defense pleas were significantly more likely to have negative views towards the insanity defense. This was also true for people who overestimated the success rates of using the insanity defense. Something else that they found was that those who have negative views about the insanity defense are more likely to give a guilty verdict. These findings were due to the intersection of legal factors and extralegal factors such as demographics (Adorlolo et. al., 2019).

Butler's (2006) literature review found that the level of mental illness, the amount of planning involved, and the unusualness of the crime were found to determine not guilty by reason of insanity decisions. They also found that the relationship to the victim and history of mental illness are related to not guilty by reason of insanity decisions. Butler's own research found that decreased support for the insanity defense was related to lower receptiveness of legal standards of insanity, less positive attitudes towards mental illness, and higher endorsements of insanity myths. However, Butler's participants were 94% white which extremely limits the generalizability to other races and ethnicities. These results support previous studies researching the insanity defense and juror decision-making.

Many research studies have been done to determine how the insanity defense and mental illness type affect jury decision-making (see Adorlolo et. al., 2019; Lymburner & Roesch, 1999; Maeder et. al., 2019; Mossière & Maeder, 2016). These studies have shown that mental illness type can influence the verdict in an insanity defense case. Specifically, Maeder (2019) found that out of the four conditions in the study (Black/Major Depression, Black/Schizophrenia, White/Major Depression, and White/Schizophrenia) only the Black/Schizophrenia condition had

a significant effect. The Black defendant with schizophrenia was six times more likely to be considered or found guilty than the Black defendant with major depression. Maeder (2019) also found that participants preferred the not guilty by reason of insanity verdict over the guilty verdict.

In another study, Mossièrè & Maeder (2016) found that participants were more likely to choose the not guilty by reason of insanity verdict for the defendants with schizophrenia, bipolar disorder, and depression than they were to substance abuse disorder. Specifically, defendants with schizophrenia were more likely to be found not guilty by reason of insanity than defendants with depression. There is a lot of stigma surrounding substance abuse disorder and those who have this disorder. Although most people believe that substance abuse disorder is an illness, not everyone does (Murphy, 2015). This could be why schizophrenia, bipolar disorder, and depression received more NGRI verdicts than substance abuse disorder.

Another reason that schizophrenia, bipolar disorder, and depression receive more NGRI verdicts could be due to the liberation hypothesis. As mentioned above, the liberation hypothesis is when jurors use extra-legal factors to make their decisions when evidence in a case is weak or contradictory (Bjerredaard et al., 2017). An example of these factors is defense type. For example, when given the option of not guilty by reason of insanity as liberating them from choosing guilty. It gives the juror the opportunity to use the information provided in the trial to make their own decision rather than choosing a guilty verdict (Bjerredaard et al., 2017). This could be why schizophrenia, bipolar disorder, and depression receive more NGRI verdicts because they are considered as factors that liberate jurors from making a not-so-clear guilty verdict.

The Current Study

There has not been a lot of research done to test how the belief in insanity defense myths and mental illness myths affect jury decision-making, especially not in one study. The goal of the current study is to fill the gaps in the current literature by determining how jury decision-making is impacted by the insanity defense, mental illness, and belief in insanity defense myths and mental illness myths. The current study will be done to determine if belief in these myths can influence a juror to choose a guilty verdict over not guilty by reason of insanity. The current study will include schizophrenia, depression, and no mental illness for the type of mental illness. Schizophrenia will be used because defendants with schizophrenia were found to be more likely to be found not guilty by reason of insanity than defendants with depression or substance abuse. Defendants with substance abuse were least likely to be found not guilty by reason of insanity (Mossière & Maeder, 2016). This could be due to some people believing that substance abuse is not a disease and therefore is not a good use of the insanity defense (Murphy, 2015). I would like to see if this finding related to schizophrenia and depression can be replicated. All participants will be given the verdict options not guilty, not guilty by reason of insanity, and guilty.

There are four hypotheses for this study. First, based on the findings of Mossière & Maeder (2016), I hypothesize that participants in the schizophrenia condition will choose the not guilty by reason of insanity verdict more than participants in the depression condition. Second, I hypothesize that participants in the schizophrenia condition will choose the not guilty by reason of insanity verdict more than the participants in the no mental illness condition. Third, based on the findings of Butler (2006), I hypothesize that participants who are high in insanity defense myths will choose not guilty by reason of insanity less often than choosing guilty. Finally, I

hypothesize that participants who are high in mental illness myths will choose not guilty by reason of insanity less often than choosing guilty.

Method

Participants

Participants were 53 (56.6% female, 32.1% male, 5.66% gender non-conforming, and 3.77% prefer to self-identify) college age students from a small liberal arts college in Pennsylvania. They were 18 years or older and jury eligible. Participants were recruited through convenience sampling on SONA, a website that allows participants to sign up for studies they are interested in anonymously. These participants received 1 SONA credit for their participation in the study. A total of seventeen participants were removed from the study. Four participants were removed for not completing the study. Thirteen participants were removed from the study for failing the manipulation check related to the condition they were in. The remaining 53 participants were not very racially diverse. About 83% of participants were White, 3.77% were African American, 1.89% were Asian, 1.89% were Hispanic or Latino, and 7.55% were biracial or multiracial.

Design

This online study was a 3 (Mental Illness Type: depression, schizophrenia, and none) x 2 (Insanity Defense: present vs absent) between-subjects experimental design. This study measured how belief in insanity defense myths, belief in mental illness myths, mental illness type, and use of the insanity defense affect verdict type. Participants were randomly assigned to one of these six conditions. All participants answered questions regarding their views on the insanity defense which consisted of 15 questions. Participants then completed the mental illness attitudes scale which consisted of 12 questions. They then read the trial summary and were asked what their verdict was (guilty, not guilty, or not guilty by reason of insanity). After giving their

verdict, participants answered two manipulation check questions (*What was the defendant on trial for? Did the defendant have a mental illness?*). They then answered demographic questions, then they were thanked and debriefed.

Participants assigned to the depression condition read a trial summary about a woman who murdered her daughter because she was depressed and did not want her daughter to experience what she was experiencing. Participants in the schizophrenia condition read a trial summary about a woman who murdered her daughter during a schizophrenic episode. Those assigned to the no mental illness condition read a summary about a woman who murdered her daughter because of stress. Participants in the insanity defense condition heard from the defense on why the defendant should be found not guilty by reason of insanity and by the prosecution on why the defendant was sane at the time of the crime. Those in the no insanity defense condition only heard about why the defendant should be found not guilty or guilty but were still given the option to choose not guilty by reason of insanity.

Materials

Insanity Defense Myths Scale

Participants were given a list of questions compiled from four different scales. These scales are from Butler (2006), Daftary-Kapur et. al. (2011), Hans (1986), and Skeem et. al. (2004). The items are from different scales to increase the number of common myths used which may be used in one scale but may not be included in the other scales. The content of these questions includes common myths about the insanity defense (Appendix A). One example is that “*defendants fake insanity to escape punishment*”. Another example of a common myth is “*the insanity defense is used too often*”. They will be asked to rate the questions on a 7-point Likert scale (strongly disagree, disagree, somewhat disagree, neutral, somewhat agree, agree, strongly

agree). Item 15 is the only reverse coded item. The scores will be averaged to create a composite of scores. The insanity defense myths scale was found to be very reliable with Cronbach's alpha being $\alpha = .89$, 95% CI [-0.90, 0.51].

Attitudes Towards Mental Illness Scale

The attitudes towards mental illness scale is a combination of scales from Taylor and Dear (1981) and Walkden et. al (2021). This scale consists of 12 items which aim to measure someone's attitudes towards mental illness (Appendix B). One example is "*anyone can be mentally ill*". Another example is "*mentally ill people should not be given any responsibility*". The participants were asked to rate the questions on a 7-point Likert scale (strongly disagree, disagree, somewhat disagree, neutral, somewhat agree, agree, strongly agree). The scale includes questions that support mental illness and those that are mentally ill. It also includes questions that disapprove of mental illness. Items 1, 5, 6, 9 and 12 were reverse coded. These scores were averaged to create a composite. Higher scores indicate more negative attitudes towards mental illness and those with mental illnesses. The mental illness myths scale was found to be reliable with Cronbach's alpha being $\alpha = .73$, 95% CI [-1.76, 0.48].

Trial Summaries

All trial summaries were formatted the same and followed the trial of Mrs. Smith who was accused of murdering her daughter. The prosecution started with their opening statement followed by the defense's opening statement. The prosecution then questioned their witness, the defendant's neighbor Ms. Thompson. The defense then questioned their witness, the defendant's doctor, Dr. Hall. The prosecution ended with their closing argument calling for the jury to find the defendant guilty of second-degree murder. The defense ended with their closing argument.

The trial summaries differed based on the insanity defense condition (present vs absent). In the present condition, the participants read about the defense arguing the defendant should be found not guilty by reason of insanity (Appendices C, D, and E). This was mentioned in both the opening statement and the closing argument. In the absent condition, the participants read about the defense asking the jury to find the defendant not guilty (Appendices F, G, and H). This was mentioned in both the opening statement and the closing argument.

The trial summaries also differed based on the mental illness type (schizophrenia, depression, or none). In the schizophrenia condition, the participants read about the prosecution arguing that even though the defendant had schizophrenia, it was not an excuse to murder her daughter (Appendices C and F). The defense argued that the defendant was not in the right state of mind when the crime occurred. They then read the defense questioning Dr. Hall about his treatment of the defendant's schizophrenia. Then the defense concluded that the defendant needs psychiatric help. Participants in the depression condition read a similar trial summary but instead read that the defendant had depression instead of schizophrenia (Appendices D and G). In the no mental illness condition, the participants read about the prosecution arguing that the victim was murdered because the defendant was still upset about an argument she had with her daughter shortly before the murder (Appendices E and H). The defense argued that the murder was not intentional, and that the defendant snapped which is what caused her to kill her daughter. The defense questioned Dr. Hall who says he has been treating the defendant for stress. The defense concluded by stating that a lapse in judgment should not cause the defendant to be locked away in prison.

Procedure

The following procedures were approved by Allegheny College's Institutional Review Board. After signing up for the study on SONA, participants were brought to Qualtrics to take the survey. After reading and signing the informed consent form, participants were led to the next page where they read the items on the insanity defense scale. To ensure that participants read each question, a minimum of two minutes will pass before the participant can continue. The next section participants completed is the attitudes towards mental illness scale. Participants must answer all questions and spend at least two minutes on this section before moving on. After completing these two sections, participants were randomly assigned to one of six conditions. The participants read one of the summaries and were then asked to give their verdict. To ensure that participants read the summary, they were asked two manipulation check questions. After completing the manipulation check, the participant answered demographic questions and was then thanked and debriefed. The credit for the study was then granted.

Results

Preliminary Analysis

To determine if the assumption of multicollinearity was met, the tolerance and VIF were checked. Tolerance is the percent of variability in one predictor that is not explained by the other predictors and should be above .20. The tolerance for mental illness was .963, average IDM was .813, and average MIM was .798. The VIF, or variance inflation factor, should be below 10. The VIF for mental illness was 1.038, average IDM was 1.230, and average MIM was 1.253. Because all tolerances and VIFs were above .20 and 10 respectively, the assumption of multicollinearity was met.

To determine if the assumption of no influential cases was met, Cook's test was run to determine if there were influential cases. No cases appeared in the table, so this assumption was

met. While the participants were given three options for a verdict, none of the participants chose the not guilty option. Participants chose either guilty or not guilty by reason of insanity and every participant chose one or the other. Therefore, this study meets the assumption of mutual exclusivity. A contingency table was created to categorize the results of the current study and to show what percentage of participants chose guilty or not guilty by reason of insanity depending on the condition they were in (see Table 1)

Main Analysis

A binary logistic regression was conducted to determine the influence of belief in mental illness myths, belief in insanity defense myths, and mental illness on verdicts. This test was conducted because the participants only chose guilty or not guilty by reason of insanity. Results indicated that the model was not statistically significant, $\chi^2(53) = 5.35, p = .193$, Nagelkerke $R^2 = .214$. About 73% of participants were accurately placed by the model. The sensitivity of the model was .231 meaning only 23.1% of the participants were correctly identified as choosing not guilty by reason of insanity. The specificity of the model was .897 meaning that 89.7% of the participants were correctly identified as choosing the guilty verdict. Therefore, this model was more accurate at predicting which participants would choose the guilty verdict than predicting who chooses the NGRI verdict.

The odds of choosing not guilty by reason of insanity increases, on average, for those in the schizophrenia condition by a factor of 3.21 compared to the depression condition (see Table 2; see Figure 1). For those in the schizophrenia condition, the odds of choosing not guilty by reason of insanity increases, on average, by a factor of 8.06 compared to those in the no mental illness condition. The odds of choosing not guilty by reason of insanity decreases by a factor of 1.21 for every 1 unit increase in a participant's average IDM score (see Figure 2). The odds of

choosing not guilty by reason of insanity decreases by a factor of 1.89 for every 1 unit increase in a participant's average MIM score (see Figure 3). While these odds ratios are quite large, none of the results found in this study were statistically significant. Therefore, it seems that there is an issue of power and that more participants are needed to further test these hypotheses.

Discussion

The purpose of this study was to determine how the presence of a mental illness, belief in insanity defense myths, and belief in mental illness myths affects verdicts in insanity defense cases. It was hypothesized that participants in the schizophrenia condition would choose the NGRI verdict more than participants in the depression condition. It was also hypothesized that participants in the schizophrenia condition would choose the NGRI verdict more often than participants in the no mental illness condition. The third hypothesis of this study was that participants who were high in insanity defense myths would choose the NGRI verdict less often than choosing the guilty verdict. The final hypothesis was that participants who were high in mental illness myths would choose the NGRI verdict less often than the guilty verdict.

The results of this study did not provide enough evidence to support the hypothesis that participants in the schizophrenia condition would choose the NGRI verdict more often than participants in the depression condition. There is a trend of participants in the schizophrenia condition choosing NGRI more often than those in the depression condition, however, there were not enough participants for this hypothesis to be supported (see Figure 1). It is possible that with more participants, this hypothesis could be supported in the future.

There was also not enough evidence to support the hypothesis that participants in the schizophrenia condition would choose the NGRI verdict more often than participants in the no mental illness condition. While there was also a trend of the participants in the schizophrenia condition choosing the NGRI verdict more often, these results were not statistically significant

(see Figure 1). While these results were not statistically significant, the trend of the results is headed in that direction. With more participants, this hypothesis could also be supported in the future.

The results of the current study did not fully support the hypothesis that participants who were high in insanity defense myths would choose the NGRI verdict less often than choosing the guilty verdict. While the results of this study did show some support for this hypothesis (see Figure 2), the results were not statistically significant.

The results of this study also did not fully support the hypothesis that participants who were high in mental illness myths would choose the NGRI verdict less often than choosing the guilty verdict. The results were not statistically significant, but the results do trend in the direction of supporting this hypothesis (see Figure 3).

Theoretical Implications

This study found that participants preferred the guilty verdict over the not guilty by reason of insanity verdict. This contradicts a similar study done by Maeder et al. (2019) which found that participants preferred the not guilty by reason of insanity verdict over the guilty verdict. While this finding could be due to lack of participants and power, it could also be because the defendant's history of mental illness was not as established in this study compared to the study done by Maeder et al. (2019). In the study done by Maeder et al. (2019), the medical records of the defendant were provided which detailed the defendant's history of mental illness. In the current study, the defendant's doctor testified about the defendant's mental illness and how long they have been treating the defendant. The testimony by the defendant's doctor may not hold the same weight as the defendant's medical records which could have influenced the participants to prefer the guilty verdict over the not guilty by reason of insanity verdict.

This study also found that participants placed in the schizophrenia condition were more likely to choose the not guilty by reason of insanity verdict over the guilty verdict. This finding supports the finding of Mossière & Maeder (2016). They found that participants were more likely to give a NGRI verdict for defendants with schizophrenia, bipolar disorder, and depression compared to substance abuse disorder. This finding is interesting because the current study found that participants chose the NGRI verdict more often in the schizophrenia condition compared to the depression condition. This finding is also supported by the research done by Witt & Pirelli (2017). Witt and Pirelli (2017) found that many of the defendants who were found not guilty by reason of insanity were found to have a type of psychiatric disorder and most of these defendants were found to have schizophrenia. While the results of this study were not statistically significant, it is interesting to see how they support previous studies on this topic.

Applied Implications

These findings have implications for jury instructions in trials. Because jury instructions are the only type of guidance the jury may receive before and during deliberation, it is important that they receive detailed instructions so that they can make an informed decision (Legal Information Institute, 2020). A study done by Wheatman & Shaffer (2001) found that if jurors are educated on the consequences of giving a NGRI verdict, they are more likely to choose the NGRI verdict after deliberating. These consequences included the defendant being committed for treatment and not being released until they were deemed legally sane (Wheatman & Shaffer, 2001). They also found that those who did not receive such instruction were more likely to be harsh in their verdict and lean away from the NGRI verdict. This means that they were more likely to convict the defendant after deliberation (Wheatman & Shaffer, 2001). While this does

mean that jurors would choose the NGRI verdict more often, it also means that they are making an informed decision which may not always happen in the real world.

These results also have implications for the voir dire (i.e., jury selection) process. Some attorneys believe that the purpose of voir dire is to educate jurors about the trial and evidence they may hear as well as introducing legal principles that the juror must use to render a verdict (Haney, 2005). Because there was a marginally small effect of belief in insanity defense myths on verdict and belief in mental illness myths on verdict, defense attorneys may include questions about these topics when asking the jurors if they think they could give a NGRI verdict. Defense attorneys may also be inclined to spend more time educating potential jurors on these topics and the consequences of the NGRI verdict during the voir dire process. It is also possible that the defense would ask to remove the potential juror if they do not understand the topics that the defense is trying to educate them on (Kunard, 2008). Because the goal of voir dire is to obtain an impartial jury, it would be important that questions related to the insanity defense myths scale and the mental illness myths scale created in this study were asked to remove potential jurors who could give the defendant an unfair trial.

Limitations and Future Directions

One limitation in this study is the lack of participants. This study was conducted at a small undergraduate liberal arts college and therefore only had 53 participants. This study was severely underpowered as shown by the high odds ratio for the schizophrenia and no mental illness comparison and the small sample size of 53 participants. This means that a Type II error—which is when you accept the null hypothesis when it should be rejected—is much more likely (Banerjee et al., 2009). To detect possible significant results, more participants would be needed as the power of the study is too low for there to be any significant results.

Another limitation is that the participants lack diversity in terms of race. Most of the participants were White which makes it difficult to generalize the results to the entire population of jury eligible people. Studies have shown that the perception of those with mental illnesses change across race. In a study done by Wong et al. (2017), they found that when compared to White participants, Asian American participants were more likely to have negative attitudes towards those with a mental illness. Black participants did not differ from White participants on attitudes towards those with mental illnesses. Latino participants showed more negative attitudes when they were surveyed in English but showed fewer negative attitudes when surveyed in Spanish (Wong et al., 2017). Future research should include race to see if the research by Wong et al. (2017) supports these hypotheses.

A third limitation was that the participants were undergraduate students. While participants were not asked their age in this study, it can be assumed that most of the participants fall in between the ages of 18 and 23. This is an issue because not every person in the jury eligible population has gone to college or has a college degree so there is a difference in a level of understanding and education. It is also an issue because the jury eligible population includes everyone above the age of 18 and these participants represent a very small age group in this population. These results cannot be generalized because the participant pool is not very representative of the jury eligible population.. To fix these limitations, future research should open this study up to more people through sites like Prolific where people can sign up to participate in research studies. This would ensure that more people participate and that participants are more diverse in race and age.

Another limitation was that this was a juror study and not a jury study. While it is a more common type of study in psychology and law, results of a juror study do not generalize well as

they are not examples of what happens in real trials. This is because juror studies are usually made up of college students and college students make up only a small percentage of the jury eligible population. They are also younger, more educated, and have less experience serving on juries. The judgment of a single juror may differ from the judgments of a jury which could lead to different verdict outcomes. Jurors, as a group, are less likely to be biased by inadmissible evidence and are more likely to obey instructions to ignore certain evidence compared to individual jurors. Juries also have a better understanding of legal instructions compared to individual jurors. If studies were to use juries then the results of the studies may be different than if they used individual jurors (Nuñez et al., 2011). Future studies should have multiple jurors deliberate on a verdict together after hearing about the trial. This would ensure that results are more generalizable to actual trials.

In this study, many people chose the “*Neither Agree nor Disagree*” option for questions on both the insanity defense myths scale and the mental illness myths scale. To prevent this, future studies should remove this option. This would ensure that participants choose a stance on the questions asked. By forcing participants to choose a stance, the results of the study could show more support or less support for the hypotheses regarding insanity defense myths and mental illness myths.

Future research should ask participants if they know anyone with a mental illness similarly to the study done by Shiva (2001). By asking participants if they know anyone with a mental illness, we can understand how a juror’s prior exposure to mental illness and the closeness of that juror to a person with mental illness affects their verdict. This would have implications for jury selection in trials and could affect the voir dire process.

Conclusion

Previous research has shown that the presence of a mental illness can influence a juror to choose a not guilty by reason of insanity verdict and that this influence changes with different types of mental illnesses (Mossière & Maeder, 2016). Prior research has also tested how belief in insanity defense myths and mental illness myths affect jury decision-making. However, prior to this study, there was no research combining these variables into one study. This study found no significant effect of mental illness type, belief in insanity defense myths, or belief in mental illness myths on verdict. While this study was unable to fully address this gap in research, it has opened the possibilities of research addressing these questions in the future.

Footnotes

¹ (1) “What is the law respecting alleged crimes committed by persons afflicted with insane delusions, in respect of one or more particular subjects or persons: as, for instance, where at the time of the commission of the alleged crime, the accused knew he was acting contrary to the law, but did the act complained of with a view, under the influence of insane delusion, of redressing or revenging some supposed grievance or injury, or of producing some supposed public benefit?”

(2) “What are the proper questions to be submitted by the jury, when a person alleged to be afflicted with insane delusion respecting one or more particular subjects or persons, is charged with the commission of a crime (murder, for example), and insanity is set up as a defense?” (3) “In what terms ought the question to be left to the jury, as to the prisoner’s state of mind at the time when the act was committed?” (4) “If a person under an insane delusion as to existing facts, commits an offence in consequence thereof, is he hereby excused?” (5) “Can a medical man conversant with the disease of insanity, who never saw the prisoner previously to the trial, but who was present during the whole trial and the examination of all of the witnesses, be asked his opinion as to the state of the prisoner’s mind at the time of the commission of the alleged crime, or his opinion whether the prisoner was conscious at the time doing the act, that he was acting contrary to the law, or whether he was labouring under any and what delusion at the time?”

² (2) and (3) “A person is presumed sane unless it can be ‘clearly proven that, at the time of the committing of the act, the party accused was labouring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing; or, if he did know it, then he did not know he was doing what was wrong.... The mode of putting the latter part of the question to the jury.... has generally been, *whether the accused at the time of doing the act knew the difference between right and wrong.*’”

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Tables and Figures

Table 1

Contingency Tables for Verdict and Mental Illness Condition

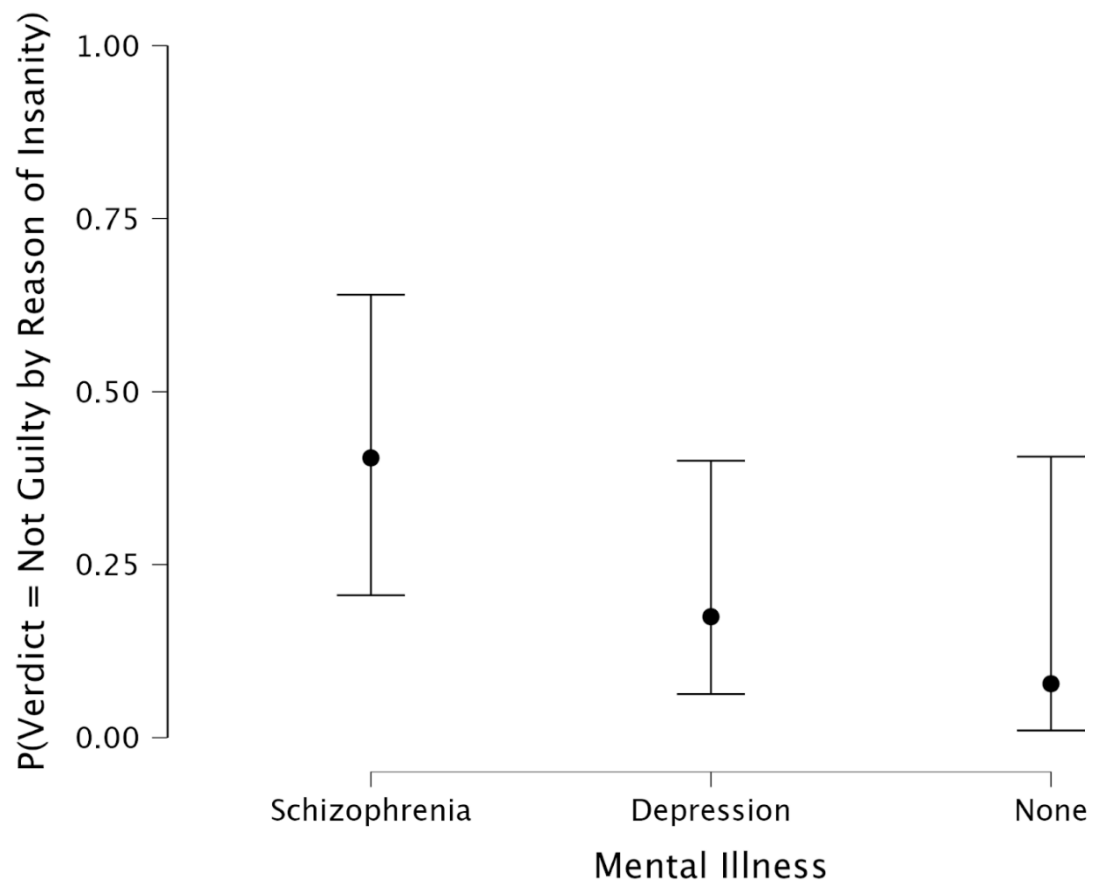
Verdict		Mental Illness			Total
		Schizophrenia	Depression	None	
Guilty	Count	11.00	18.00	11.00	40.00
	% within column	57.90 %	81.82%	91.67%	75.47 %
Not Guilty by Reason of Insanity	Count	8.00	4.00	1.00	13.00
	% within column	42.11 %	18.18%	8.33%	24.53 %
Total	Count	19.00	22.00	12.00	53.00
	% within column	100.00 %	100.00 %	100.00%	100.00 %

Note. The contingency table shows the descriptives for the verdict participants chose depending on the condition they were in.

Table 2*Coefficients for Verdict Type*

Model		Estimate	Standard Error	Odds Ratio	z	Wald Test			95% Confidence Interval	
						Wald Statistic	df	p	Lower Bound	Upper Bound
M ₁	(Intercept)	2.04	1.57	7.69	1.30	1.69	1	.193	-1.03	5.11
	Average IDM	-0.19	0.36	0.83	-0.54	0.29	1	.592	-0.90	0.51
	Average MIM	-0.64	0.57	0.53	-1.12	1.25	1	.264	-1.76	0.48
	Mental Illness (Depression)	-1.17	0.76	0.31	-1.53	2.35	1	.125	-2.65	0.32
	Mental Illness (None)	-2.08	1.17	0.12	-1.78	3.18	1	.075	-4.38	0.21

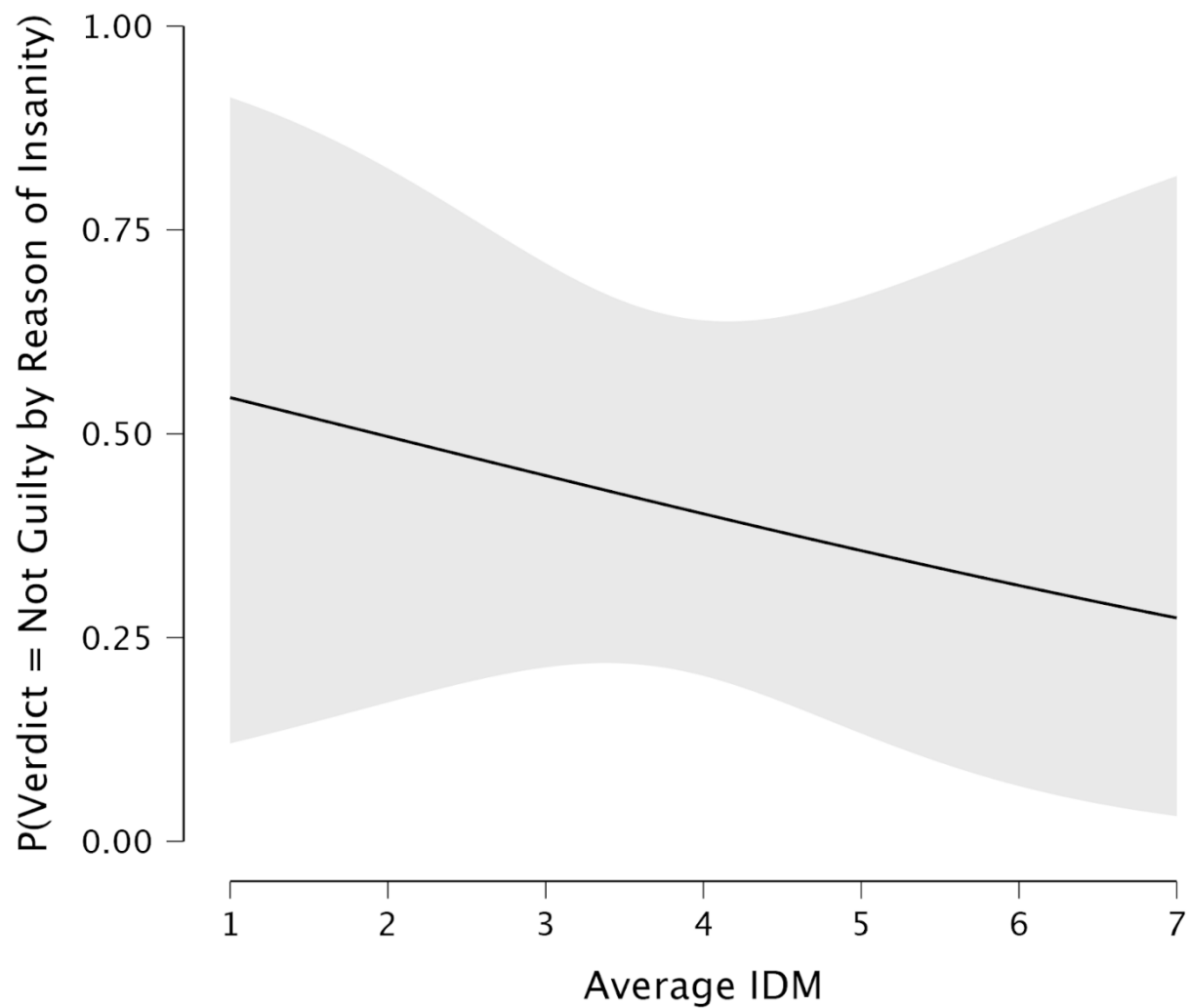
Note. Verdict level 'Not Guilty by Reason of Insanity' coded as class 1. Schizophrenia is the referent group.

Figure 1*Mental Illness and the Probability of Selecting NGRI*

Note. The conditional estimate plot for mental illness and the probability that the participant chooses the Not Guilty by Reason of Insanity Verdict.

Figure 2

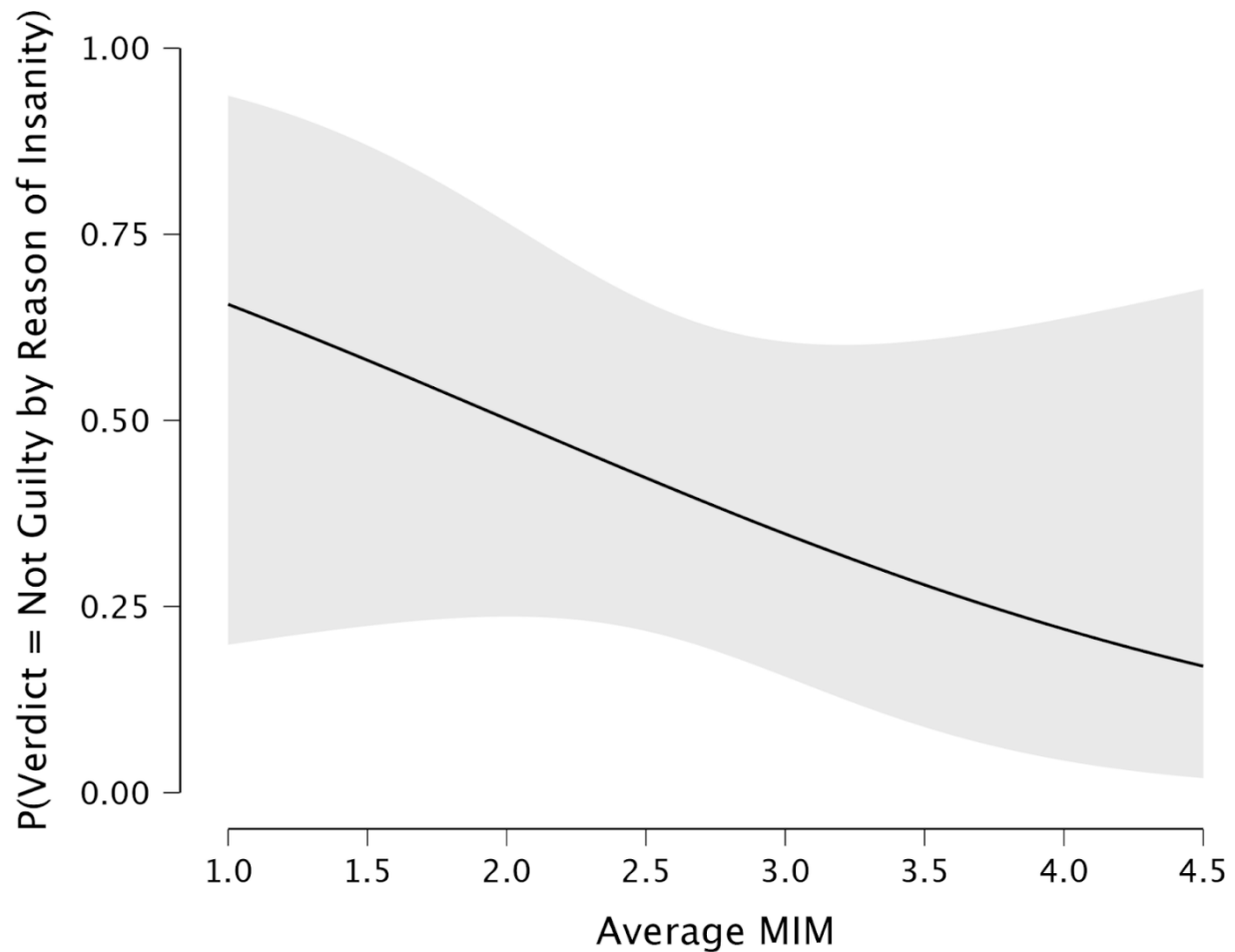
Average IDM and the Probability of Selecting NGRI



Note. The conditional estimate plot for average insanity defense myths and the probability that the participant chooses the Not Guilty by Reason of Insanity Verdict. Higher scores for IDM indicate that the participant is less likely to select the not guilty by reason of insanity verdict.

Figure 3

Average MIM and the Probability of Selecting NGRI



Note. The conditional estimate plot for average mental illness myths and the probability that the participant chooses the Not Guilty by Reason of Insanity Verdict. Higher scores for MIM indicate that the participant is less likely to select the not guilty by reason of insanity verdict.

Appendices

Appendix A

Insanity Defense Myths Scale

1. The insanity defense is used too often
2. The insanity defense is a loophole
3. Defendants fake insanity to escape punishment
4. The insanity defense leads to more acquittals than guilty verdicts in a majority of the cases it's used in
5. The insanity defense is used almost exclusively for violent crimes
6. There is no risk in pleading insanity
7. Insanity acquittees spend less time institutionalized than people convicted of the same crime
8. Insanity acquittees are quickly released from custody
9. The insanity defense is just a strategy used by defense attorneys to get the defendant acquitted.
10. The insanity defense tells criminals that they can get away with crime
11. The insanity plea is a rich person's defense
12. Insane people should be punished for their crime like everyone else
13. If paid enough, psychiatrists will say anything about a defendant's sanity.
14. The insanity defense puts dangerous people back on the streets.
15. Those who use the insanity defense are more likely to be mentally ill than faking it.

Appendix B

Attitudes Towards Mental Illness Scale

1. Anyone can be mentally ill.
2. Mentally ill people can be easily told apart from normal people.
3. As soon as someone becomes mentally ill, they should be hospitalized.
4. It is best to avoid anyone with mental problems.
5. We need to allocate more money to help those with mental illnesses.
6. The mentally ill are extremely less dangerous than people believe.
7. Mentally ill people should not be given any responsibility.
8. One of the main causes of mental illness is a lack of self-discipline and will power.
9. No one has the right to exclude people with mental illnesses from their neighborhood.
10. I would not want to live next to an offender with a mental illness.
11. Mental health hospitals are outdated at treating mental illness.
12. Most women who were once patients in a mental hospital can be trusted as babysitters.

Appendix C

Schizophrenia and Insanity Defense Trial Summary

The Prosecution started their opening statement by addressing the jury and stating that a young girl was murdered in cold blood by her mother, the defendant Mrs. Smith. The Prosecutor said that the evidence presented will prove beyond a reasonable doubt that Mrs. Smith murdered her daughter. The Prosecutor argued that she was murdered not because Mrs. Smith is schizophrenic, but because she was still upset with her daughter due to an argument they had shortly before the victim was murdered. The jury will hear from a neighbor of the Smiths who heard this argument shortly before the crime occurred. The Prosecutor closes by stating that it is up to the jury to use the evidence presented to find Mrs. Smith guilty of second-degree murder.

The Defense opened by stating that while what happened was nothing short of a tragedy, it was not done intentionally. The Defense Attorney stated that Mrs. Smith suffers from schizophrenia, and this is what caused her to murder her daughter. The jury will hear from Mrs. Smith's doctor who treats her for her schizophrenia. The Defense Attorney said that Mrs. Smith is extremely remorseful for her daughter's death, but she was not in the right state of mind when the crime occurred. The Defense Attorney closed by stating that it is up to the to find Mrs. Smith not guilty by reason of insanity because she needs psychiatric help, not to be locked away in prison.

The Prosecutor called their witness, the Smiths' neighbor Ms. Thompson and asked her to recount the night in question. Ms. Thompson stated that around 6:30 pm she heard the defendant and her daughter arguing. She could not piece together what the argument was about, but she heard them yelling until 7:00 pm when Ms. Thompson left to walk her dog. When she

got back around 8:15 pm, there were police at the Smiths' apartment. Ms. Thompson later found out that the defendant hit the victim in the head with a bat and killed her.

The Defense called their witness, Mrs. Smith's doctor Dr. Hall. The Defense Attorney asked Dr. Hall what he was treating Mrs. Smith for. Dr. Hall stated that he was treating her for schizophrenia and that he has been treating her for about 8 months. Dr. Hall stated that Mrs. Smith was making progress with the treatment for her schizophrenia. The Defense Attorney asked Dr. Hall if it was possible for Mrs. Smith to experience a schizophrenic episode. Dr. Hall stated that this was a possibility. The Defense Attorney then asked if this episode could cause Mrs. Smith to kill her daughter. Dr. Hall confirmed that this was also a possibility.

The Prosecutor started their closing argument by stating that this murder was senseless and did not need to happen. The Prosecutor told the jury that a schizophrenic episode is not an excuse to murder someone. The Prosecution closed by reminding the jury that it was their responsibility to find Mrs. Smith guilty of second-degree murder.

The Defense started their closing argument by stating that what happened was an accident and a tragedy. They continued by stating that the defendant suffered from schizophrenia and should not be locked away in prison. The Defense Attorney closed by stating that it was up to the jury to find Mrs. Smith not guilty by reason of insanity.

Appendix D

Depression and Insanity Defense Trial Summary

The Prosecution started their opening statement by addressing the jury and stating that a young girl was murdered in cold blood by her mother, the defendant Mrs. Smith. The Prosecutor said that the evidence presented will prove beyond a reasonable doubt that Mrs. Smith murdered her daughter. The Prosecutor argued that she was murdered not because Mrs. Smith is depressed, but because she was still upset with her daughter due to an argument they had shortly before the victim was murdered. The jury will hear from a neighbor of the Smiths who heard this argument shortly before the crime occurred. The Prosecutor closes by stating that it is up to the jury to use the evidence presented to find Mrs. Smith guilty of second-degree murder.

The Defense opened by stating that while what happened was nothing short of a tragedy, it was not done intentionally. The Defense Attorney stated that Mrs. Smith suffers from depression, and this is what caused her to murder her daughter. The jury will hear from Mrs. Smith's doctor who treats her for her depression. The Defense Attorney said that Mrs. Smith is extremely remorseful for her daughter's death, but she was not in the right state of mind when the crime occurred. The Defense Attorney closed by stating that it is up to the jury to find Mrs. Smith not guilty by reason of insanity because she needs psychiatric help, not to be locked away in prison.

The Prosecutor called their witness, the Smiths' neighbor Ms. Thompson and asked her to recount the night in question. Ms. Thompson stated that around 6:30 pm she heard the defendant and her daughter arguing. She could not piece together what the argument was about, but she heard them yelling until 7:00 pm when Ms. Thompson left to walk her dog. When she

got back around 8:15 pm, there were police at the Smiths' apartment. Ms. Thompson later found out that the defendant hit the victim in the head with a bat and killed her.

The Defense called their witness, Mrs. Smith's doctor Dr. Hall. The Defense Attorney asked Dr. Hall what he was treating Mrs. Smith for. Dr. Hall stated that he was treating her for depression and that he has been treating her for about 8 months. Dr. Hall stated that Mrs. Smith was making progress with the treatment for her depression. The Defense Attorney asked Dr. Hall if it was possible for Mrs. Smith to experience an episode of depression induced psychosis. Dr. Hall stated that this was a possibility. The Defense Attorney then asked if this episode could cause Mrs. Smith to kill her daughter. Dr. Hall confirmed that this was also a possibility.

The Prosecutor started their closing argument by stating that this murder was senseless and did not need to happen. The Prosecutor told the jury that depression or depression induced psychosis is not an excuse to murder someone. The Prosecution closed by reminding the jury that it was their responsibility to find Mrs. Smith guilty of second-degree murder.

The Defense started their closing argument by stating that what happened was an accident and a tragedy. They continued by stating that the defendant suffered from depression induced psychosis and needed psychiatric help. The Defense Attorney closed by stating that it was up to the jury to find Mrs. Smith not guilty by reason of insanity.

Appendix E

No Mental Illness and Insanity Defense Trial Summary

The Prosecution started their opening statement by addressing the jury and stating that a young girl was murdered in cold blood by her mother, the defendant Mrs. Smith. The Prosecutor said that the evidence presented will prove beyond a reasonable doubt that Mrs. Smith murdered her daughter. The Prosecutor argued that she was murdered not because of stress, but because Mrs. Smith was still upset with her daughter due to an argument they had shortly before the victim was murdered. The jury will hear from a neighbor of the Smiths who heard this argument shortly before the crime occurred. The Prosecutor closes by stating that it is up to the jury to use the evidence presented to find Mrs. Smith guilty of second-degree murder.

The Defense opened by stating that while what happened was nothing short of a tragedy, it was not done intentionally. The Defense Attorney stated that Mrs. Smith suffered from a lapse in judgment due to stress, and this is what caused her to murder her daughter. She snapped and killed her daughter, but it was an accident. The jury will hear from Mrs. Smith's doctor who treats her for stress. The Defense Attorney said that Mrs. Smith is extremely remorseful for her daughter's death, but she was not in the right state of mind when the crime occurred. The Defense Attorney closed by stating that it is up to the to find Mrs. Smith not guilty by reason of insanity because she needs psychiatric help, not to be locked away in prison.

The Prosecutor called their witness, the Smiths' neighbor Ms. Thompson and asked her to recount the night in question. Ms. Thompson stated that around 6:30 pm she heard the defendant and her daughter arguing. She could not piece together what the argument was about, but she heard them yelling until 7:00 pm when Ms. Thompson left to walk her dog. When she

got back around 8:15 pm, there were police at the Smiths' apartment. Ms. Thompson later found out that the defendant hit the victim in the head with a bat and killed her.

The Defense called their witness, Mrs. Smith's doctor Dr. Hall. The Defense Attorney asked Dr. Hall what he was treating Mrs. Smith for. Dr. Hall stated that he was treating her for stress and that he has been treating her for about 8 months. Dr. Hall stated that Mrs. Smith was making progress with the treatment for managing stress. The Defense Attorney asked Dr. Hall if it was possible for this stress to cause a lapse in judgment. Dr. Hall stated that this was a possibility. The Defense Attorney then asked if this could cause Mrs. Smith to snap and kill her daughter. Dr. Hall confirmed that this was also a possibility.

The Prosecutor started their closing argument by stating that this murder was senseless and did not need to happen. The Prosecutor told the jury that a stress or a lapse in judgment is not an excuse to murder someone. The Prosecution closed by reminding the jury that it was their responsibility to find Mrs. Smith guilty of second-degree murder.

The Defense started their closing argument by stating that what happened was an accident and a tragedy. They continued by stating that the defendant suffered from anger issues and had a lapse in judgment and that she should not be locked away in prison. The Defense Attorney closed by stating that it was up to the jury to find Mrs. Smith not guilty by reason of insanity.

Appendix F

Schizophrenia and No Insanity Defense Trial Summary

The Prosecution started their opening statement by addressing the jury and stating that a young girl was murdered in cold blood by her mother, the defendant Mrs. Smith. The Prosecutor said that the evidence presented will prove beyond a reasonable doubt that Mrs. Smith murdered her daughter. The Prosecutor argued that she was murdered not because Mrs. Smith is schizophrenic, but because she was still upset with her daughter due to an argument they had shortly before the victim was murdered. The jury will hear from a neighbor of the Smiths who heard this argument shortly before the crime occurred. The Prosecutor closes by stating that it is up to the jury to use the evidence presented to find Mrs. Smith guilty of second-degree murder.

The Defense opened by stating that while what happened was nothing short of a tragedy, it was not done intentionally. The Defense Attorney stated that Mrs. Smith suffers from schizophrenia, and this is what caused her to murder her daughter. The jury will hear from Mrs. Smith's doctor who treats her for her schizophrenia. The Defense Attorney said that Mrs. Smith is extremely remorseful for her daughter's death, but she was not in the right state of mind when the crime occurred. The Defense Attorney closed by stating that it is up to the to find Mrs. Smith not guilty.

The Prosecutor called their witness, the Smiths' neighbor Ms. Thompson and asked her to recount the night in question. Ms. Thompson stated that around 6:30 pm she heard the defendant and her daughter arguing. She could not piece together what the argument was about, but she heard them yelling until 7:00 pm when Ms. Thompson left to walk her dog. When she got back around 8:15 pm, there were police at the Smiths' apartment. Ms. Thompson later found out that the defendant hit the victim in the head with a bat and killed her.

The Defense called their witness, Mrs. Smith's doctor Dr. Hall. The Defense Attorney asked Dr. Hall what he was treating Mrs. Smith for. Dr. Hall stated that he was treating her for schizophrenia and that he has been treating her for about 8 months. Dr. Hall stated that Mrs. Smith was making progress with the treatment for her schizophrenia. The Defense Attorney asked Dr. Hall if it was possible for Mrs. Smith to experience a schizophrenic episode. Dr. Hall stated that this was a possibility. The Defense Attorney then asked if this episode could cause Mrs. Smith to kill her daughter. Dr. Hall confirmed that this was also a possibility.

The Prosecutor started their closing argument by stating that this murder was senseless and did not need to happen. The Prosecutor told the jury that a schizophrenic episode is not an excuse to murder someone. The Prosecution closed by reminding the jury that it was their responsibility to find Mrs. Smith guilty of second-degree murder.

The Defense started their closing argument by stating that what happened was an accident and a tragedy. They continued by stating that the defendant suffered from schizophrenia and should not be locked away in prison. The Defense Attorney closed by stating that it was up to the jury to find Mrs. Smith not guilty.

Appendix G

Depression and No Insanity Defense Trial Summary

The Prosecution started their opening statement by addressing the jury and stating that a young girl was murdered in cold blood by her mother, the defendant Mrs. Smith. The Prosecutor said that the evidence presented will prove beyond a reasonable doubt that Mrs. Smith murdered her daughter. The Prosecutor argued that she was murdered not because Mrs. Smith is depressed, but because she was still upset with her daughter due to an argument they had shortly before the victim was murdered. The jury will hear from a neighbor of the Smiths who heard this argument shortly before the crime occurred. The Prosecutor closes by stating that it is up to the jury to use the evidence presented to find Mrs. Smith guilty of second-degree murder.

The Defense opened by stating that while what happened was nothing short of a tragedy, it was not done intentionally. The Defense Attorney stated that Mrs. Smith suffers from depression, and this is what caused her to murder her daughter. The jury will hear from Mrs. Smith's doctor who treats her for her depression. The Defense Attorney said that Mrs. Smith is extremely remorseful for her daughter's death, but she was not in the right state of mind when the crime occurred. The Defense Attorney closed by stating that it is up to the jury to find Mrs. Smith not guilty.

The Prosecutor called their witness, the Smiths' neighbor Ms. Thompson and asked her to recount the night in question. Ms. Thompson stated that around 6:30 pm she heard the defendant and her daughter arguing. She could not piece together what the argument was about, but she heard them yelling until 7:00 pm when Ms. Thompson left to walk her dog. When she got back around 8:15 pm, there were police at the Smiths' apartment. Ms. Thompson later found out that the defendant hit the victim in the head with a bat and killed her.

The Defense called their witness, Mrs. Smith's doctor Dr. Hall. The Defense Attorney asked Dr. Hall what he was treating Mrs. Smith for. Dr. Hall stated that he was treating her for depression and that he has been treating her for about 8 months. Dr. Hall stated that Mrs. Smith was making progress with the treatment for her depression. The Defense Attorney asked Dr. Hall if it was possible for Mrs. Smith to experience an episode of depression induced psychosis. Dr. Hall stated that this was a possibility. The Defense Attorney then asked if this episode could cause Mrs. Smith to kill her daughter. Dr. Hall confirmed that this was also a possibility.

The Prosecutor started their closing argument by stating that this murder was senseless and did not need to happen. The Prosecutor told the jury that depression or depression induced psychosis is not an excuse to murder someone. The Prosecution closed by reminding the jury that it was their responsibility to find Mrs. Smith guilty of second-degree murder.

The Defense started their closing argument by stating that what happened was an accident and a tragedy. They continued by stating that the defendant suffered from depression induced psychosis and should not be locked away in prison. The Defense Attorney closed by stating that it was up to the jury to find Mrs. Smith not guilty.

Appendix H

No Mental Illness and No Insanity Defense Trial Summary

The Prosecution started their opening statement by addressing the jury and stating that a young girl was murdered in cold blood by her mother, the defendant Mrs. Smith. The Prosecutor said that the evidence presented will prove beyond a reasonable doubt that Mrs. Smith murdered her daughter. The Prosecutor argued that she was murdered not because of stress, but because Mrs. Smith was still upset with her daughter due to an argument they had shortly before the victim was murdered. The jury will hear from a neighbor of the Smiths who heard this argument shortly before the crime occurred. The Prosecutor closes by stating that it is up to the jury to use the evidence presented to find Mrs. Smith guilty of second-degree murder.

The Defense opened by stating that while what happened was nothing short of a tragedy, it was not done intentionally. The Defense Attorney stated that Mrs. Smith suffered from a lapse in judgment due to stress, and this is what caused her to murder her daughter. She snapped and killed her daughter, but it was an accident. The jury will hear from Mrs. Smith's doctor who treats her for stress. The Defense Attorney said that Mrs. Smith is extremely remorseful for her daughter's death, but she was not in the right state of mind when the crime occurred. The Defense Attorney closed by stating that it is up to the to find Mrs. Smith not guilty.

The Prosecutor called their witness, the Smiths' neighbor Ms. Thompson and asked her to recount the night in question. Ms. Thompson stated that around 6:30 pm she heard the defendant and her daughter arguing. She could not piece together what the argument was about, but she heard them yelling until 7:00 pm when Ms. Thompson left to walk her dog. When she got back around 8:15 pm, there were police at the Smiths' apartment. Ms. Thompson later found out that the defendant hit the victim in the head with a bat and killed her.

The Defense called their witness, Mrs. Smith's doctor Dr. Hall. The Defense Attorney asked Dr. Hall what he was treating Mrs. Smith for. Dr. Hall stated that he was treating her for stress and that he has been treating her for about 8 months. Dr. Hall stated that Mrs. Smith was making progress with the treatment for managing stress. The Defense Attorney asked Dr. Hall if it was possible for this stress to cause a lapse in judgment. Dr. Hall stated that this was a possibility. The Defense Attorney then asked if this could cause Mrs. Smith to snap and kill her daughter. Dr. Hall confirmed that this was also a possibility.

The Prosecutor started their closing argument by stating that this murder was senseless and did not need to happen. The Prosecutor told the jury that a stress or a lapse in judgment is not an excuse to murder someone. The Prosecution closed by reminding the jury that it was their responsibility to find Mrs. Smith guilty of second-degree murder.

The Defense started their closing argument by stating that what happened was an accident and a tragedy. They continued by stating that the defendant suffered from anger issues and had a lapse in judgment and that she should not be locked away in prison. The Defense Attorney closed by stating that it was up to the jury to find Mrs. Smith not guilty.