

Judgments of Guilt toward Mentally Ill Defendants

Sydney Garrison¹ and Melissa A. Baker²

¹*Department of Psychology, Spalding University. E-mail: sgarrison01@spalding.edu*

²*Department of Psychology, Coastal Carolina University. E-mail: mbaker4@coastal.edu*

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Abstract: The current study used cognitive reappraisal and dual-processing theories to examine how defendant mental illness diagnosis impacts judgments of guilt. Participants read a vignette describing a homicide and a defendant—the defendant’s mental illness diagnosis was varied between participants (schizophrenia, borderline personality disorder, major depressive disorder, no mental illness control). Participants rendered a verdict of “guilty” or “not guilty,” and the amount of time it took participants to decide their verdict was recorded. A main finding in the study showed that for participants who were informed the defendant had MDD, ‘not guilty’ verdicts were associated with slower verdict response times and ‘guilty’ verdicts were associated with faster verdict response times. For participants who were informed the defendant had SCZ, BPD, or participants in the control condition, verdict was not related to verdict response time. Findings suggest that for defendants with MDD, participants engaged in differing judgment formation strategies when rendering verdicts.

Keywords: mental illness, defendant, guilt, verdict, cognitive reappraisal

Although research shows that individuals with mental illnesses are not at higher risk of violence than individuals without mental illnesses, a large proportion of the general public continues to believe that people with mental illnesses are more violent, dangerous, and more likely to engage in criminal activity (Angermeyer, 2000; Link *et al.*, 1999; Lu & Temple, 2019; Monahan, 1984, 1988; Pescosolido *et al.*, 2019; Rueve & Welton, 2008). The public’s misconceptions of individuals with mental illnesses being associated with criminality is likely a result of a confluence of factors including stigmatizing portrayals of mentally ill individuals in the legal system and dramatized depictions of mental illness in popular television shows and movies (Angermeyer *et al.*, 2005; Bergman *et al.*, 2000; Corrigan *et al.*, 2003). Because so many members of the

general public still tend to share the mistaken belief that people with mental illnesses are dangerous, it is possible that people might rely on those beliefs when making decisions about an individual's criminal behavior if that said individual may have a mental illness. For instance, previous research suggests that mock jurors tend to view defendants with mental illnesses as more dangerous and may judge them more harshly compared to defendants without a reported mental illness (e.g., Baker *et al.*, 2022; Breheney *et al.*, 2007; Ellsworth *et al.*, 1984; Finkel & Handel, 1989; Poulson *et al.*, 1997). The main goal of the current study was to investigate *how* people make judgments regarding a defendant's guilt when they are told the defendant has a mental illness. Specifically, we were interested in the cognitive processes used by people when they render verdicts for defendants with varying mental illnesses.

Views of Mental Illnesses

One assumption inherent in the present study's paradigm is that, in general, people possess views of people with mental illness, and in turn, those views might impact how people make judgments of a person's actions. In the context of a criminal case, one might expect that jurors, even though they are instructed to remain impartial, might make judgments of a defendant's guilt based on heuristics and/or biases that they have developed toward people with mental illness. Early research by Penn and colleagues (1999) provides some insight regarding whether people might use their views of mental illness when making judgments of behavior for the mentally ill and whether people's initial views can be changed. For instance, Penn *et al.* (1999) found that people who have previously interacted with individuals who have mental illnesses regarded individuals with mental illnesses as less dangerous than participants who had not been in contact with individuals who have mental illness. Additionally, the researchers provided participants with information sheets describing the prevalence rates of violent behavior among individuals with mental illness. The researchers found that participants who read the prevalence information rated the mentally ill individuals as less dangerous than did participants who did not read the information (Penn *et al.*, 1999). The pattern of results from this research supports the notion that, without cognitive interventions such as information sheets on mental illness prevalence rates, people might have certain views toward mental illness, and in turn they might use their views toward mental illness when making determinations of guilt for defendants with mental illnesses.

Cognitive Reappraisal Theory

In the present study, we held the same overall expectation that people likely use their views toward the mentally ill when they make judgments of guilt. We used a theoretical

framework based on cognitive reappraisal theories to guide our thinking about how people might make judgments of a defendant's guilt. Cognitive reappraisal theories (e.g., Bago and De Neys, 2017; Gross, 2015) are similar to dual-process or two-system theories of judgment formation (e.g., Chaiken & Trope, 1999; Evans & Stanovich, 2013; Kahneman, 2011). Although the theories differ in detail and in terminology, each theory proposes that judgments of events are under the control of two types of systems or processes: a fast-acting impulsive system often based on intuition (sometimes referred to as System 1 or Type I), and an analytical system (System 2 or Type II) that makes slower but considered judgments. According to Evans and Stanovich (2013) the fast-acting system produces responses that precede responses associated with the slower acting system: Type I responses are thought to be intuitive while Type II responses are thought to be based on reflection. Several authors (i.e., Kahneman, 2011; Kahneman & Frederick, 2005; Slovic *et al.*, 2002; Slovic *et al.*, 2007; Spence & Townsend, 2008) suggest that Type I responses are fast-acting heuristic processes that can lead to judgments based on preexisting biases, such as stereotypes, whereas Type II responses are slower processes that can lead to judgments that might reappraise, or override, intuitive and stereotyped responses. The theories assume that judgments based on stereotypes can be modified by cognitive intervention, a process called cognitive reappraisal.

These theories might shed light on how people make judgments of guilt for defendants with a mental illness. For instance, according to cognitive reappraisal theory, people who believe individuals with mental illnesses are dangerous might be more likely to render a 'guilty' verdict for a defendant with a mental illness than a defendant without a mental illness. Additionally, someone who associates mental illness with dangerousness may render a 'guilty' verdict much faster, based on heuristics, than someone who does not assume the mentally ill are dangerous. Likewise, people who have a more realistic understanding of mental illness and criminality and who do not associate mental illness with dangerousness might render their verdict based on the facts presented in the case, not the defendant's mental illness. As a result, those individuals might also make their verdict decision slowly, based on reason, not heuristics. Measuring participants' verdicts and verdict response times in the current study allowed us to see how participants' judgments of guilt mapped onto the cognitive reappraisal framework.

Regarding the general public's views toward specific mental illnesses, we compared the effects of three mental illnesses in the current study—schizophrenia (SCZ), borderline personality disorder (BPD), and major depressive disorder (MDD)—because research shows that the public views individuals with SCZ, BPD, and MDD as dangerous and unpredictable (e.g., Angermeyer & Dietrich, 2006; Baker *et al.*, 2021;

Silton *et al.*, 2011). Based on this research, we expected that SCZ, BPD, and MDD would be strong defendant mental illness manipulations in the current study and would elicit a high proportion of judgments of guilt made by participants using their views of those mental illnesses.

The Current Study

The current study was designed to examine whether defendant mental illness impacted participants' judgments of guilt. Participants in the study read a brief description of a murder case in which the defendant was charged with first-degree murder. The defendant's mental illness (MDD, SCZ, BPD, no mental illness control) varied between participants. Participants' verdicts of 'guilty' or 'not guilty' and the amount of time it took participants to render their verdict was measured. Additionally, participants were asked to rate the extent to which they believed that the defendant was able to appreciate the wrongfulness of his actions. Research suggests that the general public possesses stigmatized views of people with mental illnesses (e.g., Nukala *et al.* 2020), and additional research has shown evidence these same stigmas might also exist in the courtroom (e.g., Baker *et al.*, 2022). It is possible that participants in the present study might rely on their views toward defendants who have mental illnesses when rendering a verdict and might make verdicts quickly and based on intuition as opposed to making verdicts slowly and based on a reconsideration of intuitive judgments—a notion that is central to cognitive reappraisal and dual processing theories. Consistent with these theories, we expected that participants who were told the defendant had a mental illness (SCZ, BPD, or MDD) would render verdicts based more on their heuristic views toward mental illness and render more guilty verdicts compared to participants who were told nothing about the defendant having a mental illness, the control condition (Hypothesis 1). Additionally, we predicted that participants who were told the defendant had a mental illness would render their verdicts more quickly than participants in the control condition (Hypothesis 2).

Because the current study sought to understand *how* people make judgments of guilt based on defendant mental illness, we wanted to obtain a measure of participants' perceptions regarding the defendant's ability to appreciate the wrongfulness of his actions as a function of his mental illness. Research suggests that people might view a defendant with a serious mental illness as less likely to appreciate the wrongfulness of their actions compared to a defendant without a mental illness (e.g., Kapalczynski & Prezmyslaw, 2010; Nathan, 2021). Based on this research, we expected that participants who were told the defendant had a mental illness would view the defendant as less able to appreciate the wrongfulness of his actions compared to participants in the control condition (Hypothesis 3).

Method

Design

The study is a single factor between-subject design. The independent variable was defendant mental illness (SCZ, BPD, MDD, and no mental illness control). Participants were randomly assigned to each of the four conditions. The study had three main dependent variables regarding the judgments of the defendant's guilt: verdict (guilty versus not guilty), the amount of time it took participants to render their verdict, and perceptions of the defendant's ability to appreciate the wrongfulness of this actions. The study was approved by a university's IRB.

Participants

The study was created using Qualtrics online surveying software and was administered online. Participants were recruited through Amazon's Mechanical-Turk online crowdsourcing website—a research tool used for recruiting participants online and found to be useful in obtaining samples for forensic psychological research (Baker *et al.*, 2016). A total of 389 responses were collected, though 149 participants were removed from data analysis because they failed one or more manipulation check questions. The final sample consisted of 240 participants (37.5%=female, 62.5%=male, $M_{age}=36.07$, 54.2%=White/Caucasian, 25.0%=Asian, 10.4%=Hispanic/Latino, 6.7%=Black/African American, 3.8%=other). Participants were compensated \$1.00 for their participation.

Materials

Case vignette. The study utilized a brief vignette describing a criminal case and a defendant charged with first-degree murder. The vignette used in this study was adapted from Skeem and Golding (2001). The criminal act that was 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-5) criteria. Participants were randomly assigned to one of four conditions. Each condition differed 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-5 criteria and stay true to real life experiences of the disorder, language and syntax in the descriptions are similar across all conditions. Conditions that included the presence of a psychological disorder expressed that a court-ordered examination by a psychologist and psychiatrist diagnosed the defendant with the selected mental illness, followed by a brief description of the diagnosis. The control condition did not include information

regarding a court-ordered psychological examination or a diagnosis of a psychological disorder. See Table 1 for vignettes.

Attention check questions. In order to protect the research from online bots and/or participants who may not have not attended to the survey, attention check questions were embedded throughout the study. Check questions included asking participants if the defendant had a mental illness (and if so, what kind of mental illness), to identify the charges against the defendant, and answer a question that asked participants to select the letter “C” from a series of letters.

Judgments of guilt questions. Participants answered various questions regarding their judgments of the defendant’s guilt.

Verdict. First, participants were asked to render a verdict of the defendant’s guilt of first-degree murder. Participants could only respond ‘guilty’ or ‘not guilty.’ The amount of time (in seconds) it took participants to render their verdict was also recorded. Verdict response time was recorded using the timer on Qualtrics. Verdict response time was a measure of the amount of time it took participants to read the question, ‘How do you find the defendant, Jeffrey Smith?’ and render their verdict of ‘guilty’ or ‘not guilty.’

In previous studies, researchers have given 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’ or ‘guilty but mentally ill’ verdicts were omitted for two main reasons: First, we wanted to examine how participants would respond to judgments of guilt when forced. Using a binary response allowed us to measure how long it took participants to make that forced decision of guilt without options of ‘guilty but mentally ill’ or ‘not guilty by reason of insanity’ being a consideration and inflating participants’ appraisal times. Second, in reality the insanity defense is rarely used and when it is used, is seldom successful (Kachulis, 2017).

Ability to appreciate the wrongfulness of actions. Participants were asked to rate their agreement with the statement “the defendant was able to appreciate that his actions were wrong” on a scale from 1-5 (1=*extremely disagree*, 3=*neutral*, 5=*extremely agree*).

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). We hoped that by measuring participants’ perceptions of the defendant’s ability to appreciate the wrongfulness of his crime, that their answers might provide additional insight regarding why participants rendered the verdict they did.

Procedure

After consenting to participate in the study, participants were randomly presented with one of the four defendant mental illness vignette conditions and instructed to read it. Immediately after reading the vignette, participants completed the attention check questions and then answered the questions regarding judgments of guilt. Last, participants completed a brief demographic questionnaire, were debriefed, and thanked for their participation.

Results

In the present study, judgments of guilt were measured as a function of defendant mental illness. Participants' verdicts (guilty versus not guilty) were measured. Verdict response time, the amount of time it took participants to render their verdict, was also obtained. Last, participants were asked to rate the degree in which they believed that the defendant was able to appreciate the wrongfulness of his actions.

Verdict

To examine whether verdict was impacted by defendant mental illness, a logistic regression consisting of defendant mental illness was performed on verdict. For the purpose of analysis, judgments of guilt were dummy coded 0 if participants responded 'guilty' and 1 if participants responded 'not guilty.' Results showed an effect of defendant mental illness on judgments of guilt. The odds of responding 'not guilty' by participants who were informed the defendant had SCZ, Wald $\chi^2(1) = 4.43$, OR = 4.87, $p = .002$, or told nothing about the defendant having a mental illness [control], Wald $\chi^2(1) = 5.26$, OR = 4.87, $p = .002$, were approximately 4 times greater than participants who were informed the defendant had MDD. The odds of responding 'not guilty' did not differ significantly between participants who were informed the defendant had MDD and participants who were informed the defendant had BPD, Wald $\chi^2(1) = 3.49$, OR = 3.54, $p = .062$. Additionally, the odds of responding 'not guilty' were not different between participants in the control condition and participants who were informed the defendant had SCZ or BPD, Wald's ranged between .09-.44, ORs ranged .72-.86, p s ranged .510-.753. Table 2 displays the judgments of guilt for each defendant mental illness condition.

Verdict Response Time

To examine whether the amount of time it took participants to render their verdict depended on the defendant's mental illness, a one-way ANOVA consisting of defendant mental illness was performed on verdict response time. Results showed no effect of

defendant mental illness on verdict response time, $F(3,236) = 0.20, p = .895$. See Table 2 for verdict response times across defendant mental illness conditions.

To examine whether verdict and verdict response time was related, a series of regression analyses were performed. Verdict response time was treated as the dependent variable. Results revealed no overall relationship between verdict and verdict response time, $b = -.69, t(240) = -0.81, p = .420$. A post hoc analysis examining the relationship between verdict and verdict response time as a function of defendant mental illness was also performed. Results showed that for participants who were informed the defendant had MDD, verdict was related to verdict response time, $b = -8.45, t(59) = -2.89, p = .005$: those participants' 'not guilty' verdicts were associated with longer verdict response times; see Figure 1. For participants who were informed the defendant had SCZ, BPD, or participants in the control condition, verdict was not related to verdict response time, bs ranged $0.24 - -2.03, dfs$ ranged $48 - 69, ts$ ranged $0.17 - -1.55, ps$ ranged $.128 - .863$.

Ability to Appreciate the Wrongfulness of Actions

To examine whether participants' judgments of wrongfulness was a function of defendant mental illness, a one-way ANOVA consisting of defendant mental illness was performed on judgments of wrongfulness. Results revealed that judgments of wrongfulness varied across defendant mental illness, $F(3,240) = 6.157, p < .001, \eta^2 = 0.73$. Post-hoc analyses using LSD showed that participants who were informed the defendant had MDD rated that the defendant was more able to appreciate the wrongfulness of his actions ($M = 2.13, SD = 1.05$) compared to participants who were informed the defendant had SCZ ($M = 2.98, SD = 1.04, p < .001$) or BPD ($M = 2.77, SD = 1.19, p = .002$). Additionally, participants in the control condition rated the defendant was more able to appreciate the wrongfulness of his actions ($M = 2.51, SD = 1.28, p = .033$) compared to participants who were informed the defendant has SCZ. Ratings of wrongfulness were not different between the other defendant mental illness groups, ps ranged $.090 - .294$.

Discussion

In the present study, we investigated how people make judgments of guilt for defendants with mental illness. Taken as a whole, results in the current study support the idea that people might respond differently toward mentally ill defendants when making judgments of guilt. Regarding verdicts, we found that participants who were informed the defendant had SCZ or told nothing at all about the defendant having a mental illness [control] were more likely to render a 'not guilty' verdict compared to participants who were informed the defendant had MDD. Put differently, participants who were told the defendant had MDD were more likely to render a 'guilty' verdict compared

to participants told the defendant had SCZ or participants in the control condition. While not statistically significant ($p = .062$), we believe it is also worth noting that participants were more likely (OR=3.49) to render a 'guilty' verdict when they were informed the defendant had MDD than participants who were told the defendant had BPD. These results did not support our first hypothesis in which we predicted that participants would be more likely to judge the defendants with mental illnesses (SZC, BPD, and MDD) as 'guilty' compared to the defendant with no mental illness. Rather, the results showed that participants rendered a higher percentage of 'guilty' verdicts for the defendant with MDD than the other conditions; percentages of guilt reported in Table 2.

The results regarding the amount of time it took participants to make their verdicts might shed light on how participants were rendering verdicts as a function of defendant mental illness. While our second hypothesis was not supported and we failed to observe a relationship between defendant mental illness and verdict response time, a post hoc analysis revealed a potentially interesting finding regarding the relationship between participants' verdicts and verdict response time. Results showed that for participants who were informed the defendant had MDD, 'not guilty' verdicts were associated with slower verdict response times and 'guilty' verdicts were associated with faster verdict response times. For participants who were informed the defendant had SCZ, BPD, or participants in the control condition, verdict was not related to verdict response time; see Figure 1. This verdict response time data revealed that participants who were told the defendant had MDD were responding differently when making their determinations of guilt unlike any of the other mental illness conditions. We turn to the framework provided by cognitive reappraisal and dual-processing theories to discuss why participants who were told the defendant had MDD responded differently when make their judgments of guilt.

According to cognitive reappraisal and dual-processing theories, the finding that slower response times were associated with 'not guilty' verdicts and faster response times were associated with 'guilty' verdicts might indicate that participants who were told the defendant had MDD specifically were experiencing different judgment strategies when determining a 'guilty' or 'not guilty' judgment. In line with these theories, it is possible that participants might have been relying on their intuition or stigma toward MDD when deciding that the defendant with MDD was guilty and making their guilty verdict quickly; after all, the defendant with MDD was more likely to receive a guilty verdict compared to the other conditions. It seems that participants who yielded a 'not guilty' verdict might have been relying on their stigma toward MDD but might also have engaged in a more thoughtful decision process, a process that took more time. It is possible that participants who rendered 'not guilty' verdicts initially considered

Table 1: Case Vignettes

No mental illness control

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.

Schizophrenia

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.

Borderline personality disorder

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.

Major depressive disorder

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.

Note. Participants in the no mental illness control condition only read two paragraphs regarding the defendant's crime. For participants in the SCZ, BPD, and MDD, a third paragraph was added to the vignette which described the defendant's mental illness diagnosis.

Table 2: Verdict and Verdict Response Time Across Defendant Mental Illness Conditions

<i>Defendant Mental Illness</i>	<i>Percent of 'Guilty' Verdict</i>	<i>Verdict Response Time M (SD)</i>
Control	79.6%	4.58 (3.75)
Schizophrenia	82.0%	4.19 (4.05)
Borderline personality disorder	84.3%	4.43 (5.22)
Major depressive disorder	95.0%	4.82 (5.24)

Note. Participants who were told the defendant had MDD were more likely to render a 'guilty' verdict compared to the SZC and control conditions. Defendant mental illness was not related to verdict response times.

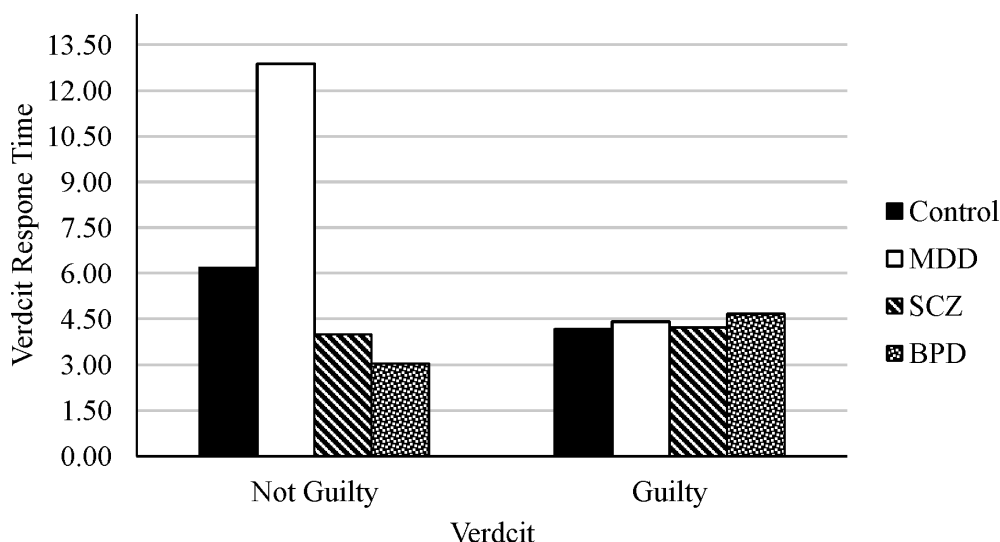


Figure 1: Verdict and Verdict Response Time Across Defendant Mental Illness Conditions

Note. For participants who were informed the defendant had MDD ‘not guilty’ verdicts were associated with longer verdict response times.

making a decision based on their stigma towards MDD, such as a ‘guilty verdict,’ but then reconsidered or reappraised that initial judgment with a more considerate judgment. While we cannot unequivocally say that for defendants with MDD, ‘guilty’ verdicts were caused by fast response times and ‘not guilty’ verdicts were a result of slow response times, we believe that these findings show some support for the notion of reappraisal in the context of determining the guilt of defendants with mental illnesses.

In order to understand *why* participants who were told the defendant had MDD would engage in a slower decision-making process more consistent with Type II processes when rendering a ‘not guilty’ verdict and would engage in a faster decision-making process more consistent with a Type I processes when rendering a ‘guilty’ verdict, we think it is possible that, unlike the defendant with SCZ and BPD, participants who were told the defendant had MDD might have perceived the defendant with MDD as more aware of their actions and would not explain why someone with MDD would commit a murder of first degree. This explanation is consistent with previous research which has shown a difference in the types of stigma toward individuals with MDD compared to individuals with SCZ and BPD: people tend to view people with SCZ and BPD as more dangerous and unpredictable, while people tend to view people with MDD as weak and more responsible for their illness (e.g., Breheney *et al.*, 2007; Norman *et al.*, 2010; Nukala *et al.*, 2020). Additionally, in the current study participants were asked a question regarding the extent to which

they believed the defendant was able to appreciate the wrongfulness of their actions, and results were consistent with the previous research mentioned: participants who were informed the defendant had MDD rated that the defendant was more able to appreciate the wrongfulness of his actions compared to participants who were informed the defendant had SCZ or BPD. Participants' ratings for the defendant with MDD were comparable to the ratings for the defendant in the control group. We believe that the finding suggests that, overall, participants in the study believed that the defendant with MDD was as rational and capable of controlling their actions as the no mental illness [control] defendant. In terms of cognitive reappraisal and dual-processing theories, if participants who were told the defendant had MDD were using heuristics and relying on their stigma toward MDD (e.g., individuals with MDD are responsible for their actions and not unpredictable), then this might explain why they responded quickly, consistent with a Type I process, when rendering a 'guilty' verdict. Likewise, if participants were relying on their stigma toward MDD but then engaged in a reappraisal, or reconsideration, of their views, then this might explain why they responded slowly, consistent with a Type II process, when rendering a 'not guilty' verdict. These results are consistent with very early research on the effects of defendant mental illness on verdicts which suggests that jurors' verdict preferences are related to how they assess the defendant's mental status (e.g., Ellsworth *et al.*, 1984; Finkel & Handel, 1989).

Limitations and Future Research

Our findings are subject to a number of limitations. First, participants in our study were recruited using Amazon's Mechanical-Turk's online crowdsourcing service, and researchers have discussed concerns about the use of M-Turk samples such as inattention and certain demographic characteristics (Chandler *et al.*, 2014; Paolacci *et al.*, 2010). In an attempt to remedy issues with sample attentiveness, we implemented a number of attention check questions in the study and excluded participants who appeared to not attend to the study. While a number of participants were excluded from the study for failing the attention checks, we have no reason to believe that the exclusion of these participants threatened the validity of the results. Other researchers have observed no differences in attention check failure rates between M-Turk and in-lab samples (Maeder *et al.*, 2017) and have discussed the utility of M-Turk samples used specifically in forensic psychological research (Baker *et al.*, 2016).

Another consideration of the current study pertains to the participants in the no mental illness [control] condition. As we originally hypothesized, we expected that participants would be more likely to render 'guilty' verdicts and do so much more quickly for defendants with the mental illness labels compared to the defendant with no mental

illness [control]. However, that is not what we found. It is possible that participants who read the no mental illness vignette might have assumed that the control defendant suffered from a mental illness because of the violent nature of the crime the defendant was prosecuted for. Future research examining the effect of defendant mental illness on judgments of guilty should 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 attributions about the defendant's mental health status. Additionally, researchers might consider using vignettes that describe a crime that is not as violent as homicide. Previous studies have used vignettes that describe cases like petty theft, robbery, and accidentally killing someone—all of which did not have an issue regarding misattribution of a mental illness (e.g., Maeder *et al.*, 2020).

We also acknowledge that we experienced a ceiling effect with regarding to verdict: the overall percentage of 'guilty' verdicts was 85.23%. It is possible that the violent homicide described in the vignette may have made it all too easy for participants to render a 'guilty verdict,' without consideration of the mental illness condition. Using a vignette that described a less severe or less violent crime may not have had resulted in a ceiling effect. Future researchers should examine the possible interaction between certain types of crimes (e.g., theft vs. homicide) and defendant mental illness conditions on judgments of guilt. The inclusion of a less severe crime condition might encourage participants to rely more heavily on other characteristics of the defendant, such as mental illness diagnosis, in order to make judgments of guilt.

It is also worth considering the limitation to ecological validity inherent in the study. Participants in the current study should not be likened to mock jurors, as participants were not exposed to so many of the elements that jurors would be exposed to in a real criminal trial. For instance, participants were not provided with lengthy jury deliberation instructions, nor were participants exposed to arguments regarding aggravating or mitigating factors of the case. For instance, at trial a defendant's mental illness could be discussed by the defense as a mitigating factor. With that said, the research question in the current study was theoretical in nature: we hoped to understand *how* people make judgments of guilt for defendants with mental illnesses using the cognitive reappraisal and dual-processing theory frameworks. We argue that the present study served as a stepping stone in better understanding how people, like jurors, might make judgments of guilt based on defendant mental illness. However, investigating how factors such as instructions to the jury and aggravating/mitigating factors might interact with defendant mental illness on judgments of guilt could be a fruitful area of research for researchers interested in how such factors might change how participants make judgments of guilt.

Finally, we believe the results of the study showed support for cognitive reappraisal being used by participants in the current study: for participants who were informed the defendant had MDD, 'not guilty' verdicts were associated with slower verdict response times and 'guilty' verdicts were associated with faster verdict response times. While we cannot say for certain that for defendants with MDD, 'guilty' verdicts were a result of fast response times and 'not guilty' verdicts were a result of slow response times, we do believe that these findings show support for judgment formation theories being used in determinations of guilt. Additionally, we believe that researchers might attempt to address this specific limitation by manipulating cognitive reappraisal time, the amount of time participants are given to render their verdict, in future studies.

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