

Rowan University

Rowan Digital Works

---

Theses and Dissertations

---

5-5-2009

## Criminally responsible or insane? the influence of jurors' concept of self toward the insanity defense

Marta Hess

Rowan University

Follow this and additional works at: <https://rdw.rowan.edu/etd>



Part of the [Psychology Commons](#)

---

### Recommended Citation

Hess, Marta, "Criminally responsible or insane? the influence of jurors' concept of self toward the insanity defense" (2009). *Theses and Dissertations*. 626.

<https://rdw.rowan.edu/etd/626>

This Thesis is brought to you for free and open access by Rowan Digital Works. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Rowan Digital Works. For more information, please contact [graduateresearch@rowan.edu](mailto:graduateresearch@rowan.edu).

CRIMINALLY RESPONSIBLE OR INSANE? THE INFLUENCE OF JURORS'  
CONCEPT OF SELF TOWARD THE INSANITY DEFENSE

by  
Marta Hess

A Thesis

Submitted in partial fulfillment of the requirement of the  
Master of Arts, Mental Health Counseling and Applied Psychology Degree  
of  
The Graduate School  
at  
Rowan University  
May 1, 2009

Approved by \_\_\_\_\_  
Advisor

Date Approved May 5, 2009

© 2009 Marta Hess

## ABSTRACT

Marta Hess

### CIMINALLY RESPONSIBLE OR INSANE? THE INFLUENCE OF JURORS' CONCEPT OF SELF TOWARD THE INSANITY DEFENSE

2008/09

Dr. Eleanor Gaer

Master of Arts in Mental Health Counseling and Applied Psychology

The investigator examined the relationship between jurors' locus of control and verdict. Three hypothetical insanity cases were constructed: mental illness, mental retardation, and drug intoxication, and were randomly distributed to 96 graduate students from a mid-Atlantic university. Participants read a murder vignette and selected a verdict-either guilty or not guilty by reason of insanity (NGRI). To measure locus of control, the investigator administered Rotter's Internal-External Locus of Control Scale. As predicted, results indicated that participants' locus of control influenced their verdict and that internally oriented participants were more likely than externally oriented participants to choose the guilty verdict ( $p=.044$ ). A significant difference was also found between extreme internals and externals ( $p=.041$ ) on verdict. Additionally, measures conducted across participants' career orientation groups: Helping Profession, Legal, and Business, revealed significant differences between stereotypes of insanity on verdict ( $p=.033$ ) and on verdict alone ( $p=.016$ ). Helping Professionals were more likely to choose a not guilty by reason of insanity verdict than Business and Legal oriented participants. Business orientated participants, however, were most likely to render a not guilty verdict to a defendant with mental retardation if they knew someone from that stigmatized group.

## ACKNOWLEDGEMENTS

To Rob and Rosie. I can achieve anything with you in my life.

## TABLE OF CONTENTS

Acknowledgments	ii
List of Figures	v
CHAPTER	PAGE
I.    Introduction	1
Statement of the Problem	1
Rationale for the Insanity Defense	2
Definitions	3
Locus of Control	5
Present Study	6
II.   Literature Review	8
What Constitutes Insanity?	8
Personal Conceptions of Insanity and Attributions of Responsibility	14
III.  Methodology	17
Participants	17
Instrumentation	18
Procedure	21
IV.  Results	23
V.   Discussion	28
Limitations and Directions for Future Research	31
References	33

## Appendices

Appendix A	Informed Consent Form	37
Appendix B	Instructions for Participants	38
Appendix C	Judge's Instructions to the Jury	39
Appendix D	State of New York v. Jarrod Smith	41
Appendix E	State of Texas v. Simpson	43
Appendix F	State of California v. Rick Slate	45
Appendix G	Questionnaire	47
Appendix H	Locus of Control Scale	49
Appendix I	Demographic Questionnaire	52
Appendix J	Debriefing Statement	53

## LIST OF FIGURES

FIGURE		PAGE
Figure 1	Interaction between extreme internal, healthy internal, and external locus of control and guilty versus not guilty by reason of insanity verdicts.	54

## CHAPTER I

### Introduction

#### Statement of the Problem

It is the expectation and the assumption of the legal system that jurors perform their duty as “blank slates;” that they are free of biases and preconceptions and that they are able to objectively apply law to the facts of a case in order to reach most appropriate verdict (Skeem & Golding, 2001). However, jurors are individuals with various biases, life experiences, and knowledge that affect their verdicts (Louden & Skeem, 2007).

Research indicates that jurors’ reliance on their beliefs, attitudes, and preconceptions is mostly detrimental in cases where defendants raise the defense of not guilty by reason of insanity. Furthermore, research shows that jurors’ negative attitude toward the insanity defense is prevalent and in fact highly influences their final verdict (Skeem & Golding, 2001). Swenson (1997) reports that fewer than 1% of criminal defendants are successful in receiving the insanity verdict. Yet, the general public expresses their belief that the insanity defense is a “loophole” in the legal system and that it allows many criminals to get away with appropriate punishment for their crimes (Skeem & Golding, 2001).

Numerous studies have found that several factors have a detrimental effect on jurors’ ability to deliver an unbiased verdict. Beckham, Spray, and Pietz (2007) discovered that factors such as jurors’ age and gender significantly influenced sentencing. Foley & Chamblin (1982) found that jurors’ race and race of the defendant and the victim had an impact on the jurors’ perception of the defendants’ guilt. Findings by Louden & Skeem (2007) revealed that jurors’ with negative attitudes towards the insanity defense are less



likely than jurors' with positive attitudes to find any defendant not guilty by reason of insanity.

### Rationale for the Insanity Defense

It is a basic assumption of the Anglo-American legal system that each person possesses the capability of distinguishing and choosing between lawful and unlawful conduct. It is this very capability that provides the basis to the legal system for holding a person criminally responsible for his actions. However, as a result of mental disease or defect, a person may have a grossly limited ability to make rational decisions (Carter-Yamauchi, 1998).

The insanity defense is deeply rooted in the Anglo-American law which believes that there are defendants whose mental state is so impaired at the time of the crime that imposing punishment would be unfair (American Psychiatric Association, 2008). Therefore, specific standards by which legal insanity is determined have been set. Under those standards a person who is found legally insane is excused from responsibility for his criminal behavior and ultimately is free from punishment (Carter-Yamauchi, 1998).

Several trials where defendants raised the insanity defense have been met with strong criticism and demands for change of the legal standards governing this form of defense. The Dan White trial, for example, raised public outrage when White was found guilty of voluntary manslaughter rather than first degree murder. In 1978, White assassinated the mayor of San Francisco and a member of the city council. Experts for his defense testified that White's mental capacity was restricted during the crime because he had eaten Twinkies, a sugary snack, before he committed the crime which made White hypoglycemic and starved his brain causing diminished capacity (Swenson, 1997).

To address public demand for reform resulting from trials such as the Dan White trial, the American Psychiatric Association established the Insanity Defense Work Group, which took a leading role in promoting reform governing the standards of the insanity defense (Rogers, 1987).

Today, the insanity defense continues to be a topic of frequent controversies. However, regardless of many disagreements within the public, our legal system does not permit punishment where it cannot impose blame (Carter-Yamauchi, 1998).

### Definitions

Although the insanity defense has been around for centuries, it has gained both legal and public attention after the famous M’Naghten case (Hall, 2004). In 1843, a severely disturbed wood-cutter, Daniel M’Naghten, attempted to kill Sir Robert Peel, the prime minister of England but instead, he killed the prime minister’s secretary. He pleaded not guilty by reason of insanity. His plea was successful and he was sent to a mental hospital (Swenson, 1997). The verdict was met with a royal outrage which resulted in the Queen’s request to the House of Lords to clarify the proper definition of the insanity defense. The Lords offered the following response:

To establish a defense on the ground of insanity, it must be clearly proved that, at the time of the committing of the act, the party accused was laboring 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, that he did not know he was doing what was wrong (Hall, 2004, p.330).

The standard for determining whether a person is insane in response to the M’Naghten case has become the generally accepted legal standard for the insanity defense in the United States (Carter-Yamauchi, 1998). The New Jersey Code of Criminal Justice has established the following standards for the insanity defense:

A person is not criminally responsible for conduct if at the time of such conduct he was laboring 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, that he did not know what he was doing was wrong. Insanity is an affirmative defense which must be proved by a preponderance of evidence (2C:4-1).

A common criticism of the legal definition of insanity is that it focuses entirely on defects of reason; whereas current views of mental health professionals argue that although mentally ill individuals may intellectually understand their behavior, they may not always be able to control it and conform it to the requirements of the legal system. In response to this very criticism, several reforms of the insanity defense have been proposed and adopted by various courts (Hall, 2004). The American Psychiatric Association has taken an active role in advocating such reforms and has issued the following statement on its position on the subject of the insanity defense:

..., the insanity defense has always been grounded in the belief that there are defendants whose mental conditions are so impaired at the time of the crime that it would be unfair to punish them for their acts. By the term "insanity defense," we include verdicts of "not guilty by reason of insanity," "guilty but not criminally responsible," and related formulations (APA, 2008).

Although some formulations of insanity may differ in various courts, there is a general agreement on the basic principle that if a defendant was sufficiently mentally ill at the time of committing a criminal offense, criminal responsibility does not apply and punishment is improper and not allowed (Carter-Yamauchi, 1998).

### Locus of Control

According to Rotter (1990), internal and external locus of control refers to the extent to which individuals believe that an outcome of their behavior is contingent on their personality characteristics and their own behavior versus the extent to which they

attribute the responsibility for their behavior to outside forces, such as bad luck, malicious efforts of other people, chance, or fate.

Phares and Lamielli (1975) describe internal and external locus of control as a process of assimilative projection which suggests that people frequently assume in an ego-centric way that what applies to them also applies to others and that they use their own self-perception of responsibility in judging the behaviors of others. As internals view themselves responsible for events in their own lives, they too view others responsible for their own successes or lack of thereof.

Individuals with a high internal locus of control (internals) are found to believe in their own ability to make a difference; they attribute outcomes of events to hard work, and to their own efforts and control. On the other hand, individuals with external locus of control (externals) are passive, dependant, and helpless. To measure internal and external locus of control, Julian Rotter developed a Locus of Control Scale (Beckham, Spray, & Pietz, 2007).

The concept of locus of control is related to the theory of attribution which describes the psychological processes that lead people to interpret their own behaviors and the behaviors of others (Beckham et al., 2007). Attribution theory suggests two attributions, internal and external. When an internal attribution is made, individuals believe that their own personality, character, or attitude cause specific behavior. When an external attribution is made, individuals assign the cause of behavior to outside factors such as the environment or the situation. Today's research uses attribution theory to study not only how people view the causes for their own life events but mostly how they judge others and to what they attribute their behaviors (Tesser, 1995).

### Present Study

Although numerous studies have examined jurors' overall attitude toward the insanity defense and its effects on their decision-making, few studies have attempted to examine the influence of jurors' perception of others based on their own locus of control and the influence of that perception toward the insanity defense.

The first aim of this study, therefore; is to assess jurors' belief about control of life and responsibility for behavior, and how that belief affects their decision-making in insanity cases. The second aim is to determine the extent to which specific stereotypes of insanity predict jurors' verdicts. Louden & Skeem (2007) suggest that jurors' specific stereotypes of insanity influence a variety of attitudes in predicting verdicts. Previous research (Corrigan, River, Lundin, Penn, Uphoff-Wasowski, Campion, Mathisen, Gagnon, Bergman, Goldstein, and Kubiak, 2001) revealed that a substantial change in participants' attitude toward persons with mental illness occurred when they had contact with a person with mental illness. It appears then that meaningful contact with a person from a stigmatized group is important and it can influence jurors' verdicts (Louden & Skeem, 2007).

Thus, it is hypothesized that jurors' locus of control will have a significant effect on their verdict. Specifically, it is expected that the internals would be more likely to attribute the defendant's behavior to self-control or lack of thereof and select the guilty verdict more often than would the externals. It is further expected that jurors' who have had contact with a person from the stigmatized group would be more likely to render an insanity verdict. Jurors who are externally oriented should be more likely to attribute the

defendants' behaviors to things outside of the defendant's control, thus selecting the not guilty by reason of insanity more frequently.

If research provides enough support that attitudes and beliefs guide jurors' decisions in insanity cases, then such data would allow for creating methods designed to identify jurors' with such strong attitudes, excluding them from cases involving insanity defense, or developing effective strategies that would assist them in reaching legally appropriate verdicts.

## CHAPTER II

### Literature Review

#### What Constitutes Insanity?

The insanity defense, not guilty by reason of insanity, or NGRI, is used much less frequently and considerably less successfully than the general public perceives. It is raised in fewer than 2% of all criminal cases, and evidence suggests that less than 10% of those cases the defense is successful (Carter-Yamauchi, 1998). Although there are considerable differences in characteristics of defendants who successfully plead not guilty by reason of insanity, the defendant's mental status, specifically a diagnosis of psychosis, is highly correlated with jurors' verdict (Roberts & Golding, 1991).

Although the word "insanity" is a legal term, to the layperson it often implies mental illness or some type of mental disease indicating a condition requiring some form of psychiatric or psychological treatment (Carter-Yamauchi, 1998). In fact, "mental disease or defect" is an initial requirement in an insanity defense (Slovenko, 1999). However, a person who suffers from psychosis does not necessarily meet the requirements of an acquittal under the insanity defense. The main consideration is not only whether a defendant is mentally ill, but mostly whether he was aware of the wrongfulness of the act he committed. Therefore a person may suffer from a mental disorder or disease but not be legally insane (Carter-Yamauchi, 1998).

Courts and legislatures have adopted several standards and rules to assist in determining specific conditions required for the insanity defense. Under current law, the legal concept of insanity allows the introduction of evidence that may excuse acts that

would otherwise be considered criminal (Weiss, 2004). For the purpose of this study, three conditions of a mental disease or defect that may constitute insanity and may enter into a trial will be discussed: mental illness, mental retardation, and drug intoxication.

### Mental Illness.

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life (NAMI, 2008).

The definition of mental illness has been clearly defined by the American Psychological Association and related organizations, however, the legal terms for mental disorders are still inadequately specified. Courts appear reluctant to make an official statement about what constitutes a "mental disease" or "defect", and are only willing to state what a mental disease is not. For example, neurosis and usually personality disorders are not considered mental illness (Roberts, Golding, & Fincham, 1987).

Roberts, Golding and Fincham (1987), report that defendants who win the status of legally insane are more likely to carry a diagnosis of psychosis and schizophrenia and to have a history of psychiatric treatment. Their study provides information about boundary conditions under which judgment of criminal responsibility is affected by mental disorders. The study showed that a defendant's psychiatric illness influenced perceived blameworthiness and deservingness of punishment. It further demonstrated that adults in a state of psychosis are rated as less responsible and blameworthy for causing accidental harm than normal adults. However, the results hold only for specific disorder such as schizophrenia but not for personality disorders.



Research by Bailis, Darley, Waxman and Robinson (1995) also focused on examining the influence of mental state-related characteristics on the insanity defense. Results showed that jurors consider impaired mental state and psychosis relevant to insanity and carefully weigh psychiatric symptoms in determining insanity.

A study by Paulson, Braithwaite, Brondino, and Wuensch (1997) examined jurors' attitudes toward the insanity defense and found that mental status of the defendant significantly affected their verdict selections. Jurors who returned an NGRI verdict believed that the defendant who suffered from hallucinations brought on by his acute schizophrenia was unable to conform his conduct to the requirements of the law and unable to understand the criminality of his actions.

Louden and Skeem (2007) conducted a study to determine the influence of 113 prospective jurors' attitudes toward the insanity defense. Results showed that jurors who believed that mental illness was relevant to the issue of criminal responsibility were more likely to find the defendant not guilty by reason of insanity than jurors who believed in strict responsibility. Similarly, Skeem & Golding (2001) found in their study that mock jurors deem mental state-related characteristics of a defendant relevant to insanity.

Finkel and Groscup (1997) asked undergraduate participants to create case narratives about defendants who successfully or unsuccessfully plead insanity. Researchers found that students often described a young male defendant with a psychiatric history who suffered from grandiose delusions at the time of committing a crime.

Mental Retardation. While insanity is a purely legal concept, current sentencing laws borrow heavily from modern psychological definitions of mental retardation in defining statutes exempting individuals with mental retardation from punishment (Hall, 2004).

The Diagnostic and Statistical Manual of Mental Disorders (fourth edition, text revision; DSM-IV-TR; American Psychiatric Association, 2000) defines mental retardation as

Significant sub-average intellectual functioning; an IQ of approximately 70 or below on an individually administered IQ test with concurrent deficits or impairment in present adaptive functioning in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety (p. 49).

Mental retardation is further classified into degrees of severity, depending on the individual's cognitive functioning. Mild Mental Retardation consists of individuals with IQ of 50-55 to 70. These individuals constitute 85% of all mentally retarded individuals in the U.S.; Individuals with Moderate Mental Retardation have IQ's of approximately 35-40 to 50-55 and constitute 10% of the population; Severely Mentally Retarded individuals have an IQ of approximately 20-25 to 35-40 and constitute 3-4% of the population of mentally retarded individuals, and Profound Mental Retardation consists of individuals with IQ lower than 20-25 and is represented by 1-2% of all mentally retarded individuals (Hall, 2004).

Mental retardation, especially ways to determine whether or not a mentally retarded defendant is competent to stand trial, has presented complex challenges to the modern criminal justice system. Proper diagnosis of the degree of a defendant's mental retardation becomes a crucial factor in determining the defendant's ability to participate in criminal proceedings and adjudications (Ho, 2003).

Evidence suggests that jurors rely on their own knowledge and experience to interpret case information in order to render a verdict. This knowledge and experiences form an intuitive conception of insanity and are applied to a defendant to determine whether he is sane or insane. In their study, Skeem & Golging (2001) hypothesized that jurors present

their insanity with prototypes that guide their judgments. The prototype that represented nearly half (47%) of the jurors was an individual with severe and chronic mental illness and mental retardation that impaired his functioning in the society. Second, jurors characterize this prototype as having done everything in his power to control his mental disorder, including participating in treatment and taking medication, and therefore, were more inclined to deem him insane.

Skeem and Golding (2001) also conducted a study to identify and to assess the influence of prototypes of insanity on jurors' decision making. Jurors' responses identified three prototypes of insanity: the Severe Mental Disability prototype which involved an extremely mentally ill and developmentally disabled defendant, the Moral Insanity prototype which involved a defendant who was violent and manipulative, and the Mental State Centered prototype which involved a defendant with cognitive limitations of understanding the consequences of his actions and inability to distinguish right from wrong. Results showed that jurors with Mental State Centered prototypes were more likely to find a defendant insane than jurors with other prototypes of insanity.

Drug Intoxication. In general, insanity is viewed as a condition that is involuntary and not willingly contracted. Accordingly, the current issue within the criminal justice system is whether a person who suffers from a physical or mental disease or defect caused by the use of alcohol and drugs may plea the insanity defense. The law applies different rules depending whether intoxication is voluntary or involuntary. Voluntary intoxication is considered when a person knowingly consumes that will cause the person to become intoxicated. Involuntary intoxication refers to a situation where a person is prescribed

medication that caused intoxication or the ingestion was in some way coerced (Carter-Yamauchi, 1998).

Several states exclude voluntary intoxication from alcohol or drugs from the insanity defense. In many states, however, the usual rule is that intoxication or use of alcohol or drugs may exculpate guilt or mitigate responsibility for a crime (Slovenko, 1999). This frequently depends on whether intoxication was voluntary or involuntary. For example, the New Jersey Code of Criminal Justice provides:

Intoxication which (1) is not self-induced or (2) is pathological is an affirmative defense if by reason of such intoxication the actor at the time of his conduct did not know the nature and quality of the act he was doing, or if he did know it, that he did know what he was doing was wrong. Intoxication under this subsection must be proved by clear and convincing evidence (2C:2-8).

In the past several years, criminal defenses based on drug and alcohol intoxications have become highly unpopular and there appears to be little sympathy within the criminal justice system for individuals who use substances and break the law (Weiss, 2004).

Many crimes have been committed under the influence of substances and several thoughts around the issue of intoxication and insanity have been discussed in current literature, however, no empirical research has been found that would provide valuable information about the influence of jurors' beliefs toward a defendant who was intoxicated at the time of the crime and who relies upon the insanity defense. Area of research that is in need of exploration is well and clearly expressed in the following comment:

To what extent should society excuse criminal behavior that is the result of the voluntary ingestion of psychoactive drugs? If an individual is chronically abusing psychoactive drugs, is there a psychobiological point at which a mental disorder exists independently of the ingestion of the drug and therefore should be considered as a basis for an insanity defense? Or, on the other hand, should an insanity defense be ruled out if the voluntary ingestion of psychoactive drugs was a causative factor in the genesis of the mental disorder, regardless of the current state of the mental disorder? (Carter-Yamauchi, 1998)

### Personal Conceptions of Insanity and Attributions of Responsibility

Considerable attention has been devoted over the last several decades to studying public opinion about the insanity defense. Evidence points to a great deal of ongoing public animosity toward the insanity plea. As representatives of the public, jurors show an unsympathetic and skeptical attitude toward defendants' insanity pleas (Hans, 1986).

Numerous empirical studies show evidence that jurors' innate conceptions of insanity greatly affect a final verdict, however, the nature of these conceptions is still unknown. What determines how jurors interpret the degree of control a defendant had over his criminal acts? How do their conclusions affect final verdict (Skeem & Golding, 2001)? Data from a study by Roberts et al. (1987) supports the idea that there is, in fact, a theory of responsibility that influences jurors' verdicts.

Research has identified a number of potential sources of jurors' attitudes toward the insanity defense. One such source of attitudes appears to stem from jurors' demographic characteristics. In her review of past research, Hans (1986), found that in jury simulations using insanity trials, black jurors were more likely to render the NGRI verdict than white jurors. Another study found that a jury pool comprised of college-educated individuals was less likely to find defendants insane than those jurors without college education. Other identified sources stem from jurors' fear of crime and personality characteristic of authoritarianism, associated with respect for authority, punitive response to criminal behavior, and conformity to social rules. An independent study by Hans (1986) of 330 men and women showed overall negativity toward the insanity defense and supported past research results. Participants indicated the following attitudes toward insanity that would significantly influence their decisions: retribution, authoritarianism, and a belief

that the insanity defense functions as a loophole that allows guilty defendants to go unpunished. Specific demographic variables such as income and education of participants were also significantly associated with attitudes toward the insanity defense. Along with the strong belief in retribution, the majority of participants expressed their desire for treatment for insane defendants.

An important individual difference variable that can lead to bias when imposing legal judgment is locus of control (Beckham et al., 2007). Locus of control, also referred to as internal versus external control of reinforcement, is a concept that describes a person's perception of responsibility for the events in his life (Larsen & Buss, 2005). Frequent studies have been done in fields such as political science, public health, academic behavior, and marriage (Rotter, 1989; Larsen & Buss, 2005). Several studies have been conducted to investigate jurors' individual differences in personal styles of applying punishment to criminal defendants.

A study by Pope and Meyer (1999) examined the extent to which jurors' own styles of attribution, or ways they explain behaviors of others, influence their decision making. The researchers identified three attributional groups: Attributionally Simple (AS), Attributionally Average (AA), and Attributionally Complex (AC). The findings indicated a significant variance among all three styles and that each style led to jurors' different explanations for defendants' behaviors. AC participants were more likely to consider the role of external factors in explaining the behavior of the defendant while the AS participants relied on more internal causes. Results further showed significant differences between the groups' verdict choices, in that AS subjects were more likely to find the defendant guilty than AA and AC subjects. In other words, participants with more

external orientations were less likely to find a defendant guilty than were participants with more internal orientations.

Osborne, Rappaport, & Meyer (1986) investigated the extent to which personal characteristics of individual mock jurors affected participation and interaction with other jurors during the deliberation process. A locus of control measure was used among 96 participants to explore interactions among sentencing severity, persuasiveness in deliberation, and demographic characteristics. In regard to punishment, results indicated that jurors with internal locus of control tended to be harsher than jurors with external locus of control.

According to both attribution theory and locus of control theory, it would be reasonable to assume that people who believe that they are in control of their own behavior would hold defendants accountable for criminal behavior by imposing harsh punishment. In contrast, people who place responsibility for their own behavior externally, in fate, luck, situations, and even others, should be more likely to attribute behavior outside the defendants' control, therefore, finding them less or not responsible for their criminal acts. This study will look at how jurors' locus of control may influence their decision making in imposing a verdict of guilty or not guilty by reason of insanity on defendants raising the insanity defense due to a mental disease or defect caused by mental illness, mental retardation, and drug intoxication.

## CHAPTER III

### Methodology

#### Participants

A total of 96 graduate students from a mid-Atlantic university participated in the current study. Of the total sample, 33 were male and 63 were female. Only graduate students were selected because it was believed that their personal maturity and life experience made them more representative and appropriate to the research than undergraduate students, and equally representative of the jury pools used in actual legal cases. Participants included 9 graduate departments: 5 majored in Finance and Accounting, 2 in Management Information Systems, 17 in Counseling in Educational Settings, 14 in Criminal Justice, 1 in Marketing, 14 in Business Management, 21 in Mental Health Counseling and applied Psychology, 15 in School Psychology, 6 were Learning Disability Teacher Consultant majors, and 1 did not specify his academic orientation.

The ethnic origin of the sample was as follows: 80 were White; 6 were Black or African American; 7 were Asian; and 3 were of an ethnic origin other than what was specified on the questionnaire. 7 of the participants had served on a jury. The mean age of the sample was 28.6 years.

Participation in the study was voluntary and there was no compensation for participation. The inclusion criteria required that participants be enrolled in a graduate program. There were no exclusion criteria.



### Instrumentation

The study materials distributed to the participants were intended to capture demographic information, judge's instructions to the jury, individual insanity case vignettes, case relevant questionnaire, and locus of control scale.

Demographic questionnaire (Appendix I). This instrument collected basic demographic information from participants, including age, gender, ethnicity, and education major. Additional information was collected about participants' personal contact with an individual with mental illness, mental retardation, and a person who abuses alcohol or drugs.

Judge's instructions to the jury (Appendix C). Participants received written instructions asking them to assume the role of an actual juror and to decide the case as if it were a real trial. The instructions further offered an overview of the issues to be decided, specifically that the defendant was raising the insanity defense and that to resolve the case the jurors had to decide whether the defendant was guilty of the crime or not guilty by reason of insanity. A description of legal standards for insanity as outlined by the New Jersey Code of Criminal Justice was offered along with the American Psychiatric Association's position on that very subject.

Insanity case vignettes. In order to determine how potential jurors' locus of control influenced their judgment in a particular insanity defense case, it was necessary to construct a hypothetical case so that all participants would base their judgment on the same information. Three such hypothetical cases were constructed for the purpose of this study (Appendix D, E, and F). Each case was conveyed in a 366-400-word synopsis describing a defendant raising the insanity defense.

The simulated insanity case State of New York v. Jarrod Smith (Appendix D) was taken from the State of Vermont v. Jacob A. Sexto (2006) legal case. In this simulated trial the defendant, Jarrod Smith, was charged with beating his victim to death. The defendant had an extensive history of drug use which led to severe paranoia and psychiatric instability. Dr. Alterman, the expert witness for the defendant, conducted an independent psychiatric evaluation and concluded that Jarrod Smith's actions at the time of the killing were due to a psychotic state brought on by heavy drug abuse.

The simulated insanity case State of Texas v. Simpson (Appendix E) was taken from the Commonwealth v. Miller (2003) legal case. In this simulated trial the defendant, Richard Simpson, was charged with the murder of Elina Johnson. The defendant pleaded not guilty by reason of insanity because he suffered from mental retardation. The issue of Richard Simpson's mental capacity was explored in-depth during trial proceedings. Past documentation provided relevant information about the defendant's history of his diminished mental capacity since early childhood. A court-appointed expert also classified him as mentally retarded.

The simulated insanity case State of California v. Rick Slate (Appendix F) was taken from the Commonwealth of Pennsylvania v. John E. DuPont (1997) legal case. The defendant, Rick Slate, shot and killed a wrestling coach. Several witnesses who knew the defendant described his behaviors as bizarre and unstable, and that he exhibited paranoia, hallucinations, and delusions. Extensive evidence was presented at the trial proving that the defendant suffered from mental illness, specifically paranoid schizophrenia. An expert psychiatric witness examined the defendant and concluded that he was in a psychotic state when he shot the victim.

Case relevant questionnaire. Each case vignette was followed by a questionnaire consisting of seven case-related questions (Appendix G). Participants were asked to make a decision whether they found the defendant guilty of the crime or not guilty by a reason of insanity. They were further asked to rate on a Likert scale from 1 to 10, where 1 is “less confident” and 10 is “more confident,” their level of confidence with the decision they made, and to describe the factors that influenced their thinking in making their decision. Each of the remaining four questions, presented below, was followed by a rating scale ranging from SA=Strongly Agree, A=agree, N=Neutral, D=disagree, to SD=Strongly Disagree

1. I believe that people should be held responsible for their actions no matter what their mental condition.
2. I believe that other factors influenced the defendant’s behavior.
3. The jury instructions were clear and easy to follow.
4. One of the important factors in deciding the case was whether the defendant understood right from wrong.

In addition, in question three, participants were asked to mark and rate the factors that they believed could have influenced the defendant’s behavior. The following choices were offered: none, history of childhood abuse or trauma, anger and hostility, lack of psychiatric care for current problem, impaired mental state, and other.

Locus of Control Scale (Rotter). Participants were asked to complete Rotter’s Locus of Control Scale (Appendix H). The test is a 29-item scale, each item consisting of a pair of statements in which one statement reflects the belief of a person with a high internal locus of control, and one statement represents the belief of a person with a high external

locus of control. The following is an illustration of an item from the Locus of Control Scale

2. a. Many of the unhappy things in people's lives are partly due to bad luck.

b. People's misfortunes result from the mistakes they make.

Only 23 of the 29 items are scoring items. The remaining 6 items are considered filler items and were designed to mask the purpose of the scale. For each of the 23 item pair that is scored, participants receive 1 point if they choose the statement that reflects external locus of control. The total score can range from 0-23, with scores 0-3 indicating extreme internal locus of control, 4-11 healthy internal locus of control, and 12-23 external locus of control.

#### Procedure

Permission was obtained from the instructors to approach their classes and then the investigator approached potential participants at the beginning of their class. An announcement was made informing the students of the opportunity to participate in the study. After the instructions were presented, those who agreed to participate received a packet of study materials to take home. Each packet included instructions to the participants (Appendix B), judge's instructions to the jury (Appendix C), an insanity case vignette (Appendix D, E, and F), followed by a case relevant questionnaire (Appendix G), a locus of control scale (Appendix H), and a demographic questionnaire (Appendix I). Participants were asked to return completed packets to the investigator at the next class. To increase the rate of response, the investigator approached each class twice to remind the participants to return the materials, and students who had not returned the materials after 2 weeks were dropped from the study.

The investigator reviewed the informed consent form (Appendix A) with the students during the initial meeting. All participants were provided with a debriefing statement (Appendix J) after completing the study.

## CHAPTER IV

### Results

Although comprehensive data were gathered from all the 96 participants, only 94 were used in the final statistical analysis due to missing relevant data in two collected packets. The participants were asked to assume the role of a juror and to decide the case as if it were an actual case in which they were called upon as jurors. The primary dependant variable was the juror's prediction of verdict (guilty and not guilty by reason of insanity).

The first aim of this study was to investigate the effects of locus of control in verdict severity. It was predicted that verdicts rendered by internally controlled participants would be more severe, specifically that they would find the defendant guilty of the crime significantly more frequently than externally controlled participants. A chi-square test did not result in a statistically significant difference in the overall comparison of internals and externals on verdict ( $p = .094$ ), however; the likelihood ratio did show significance ( $p = .044$ ). The data indicated that the internals were more likely to choose a guilty verdict than the externals (see Figure 1). Of 55 internally oriented participants, both extreme internals ( $N=6$ ) and healthy internals ( $N=49$ ), 37 found the defendant guilty versus the remaining 18 who found the defendant not guilty by reason of insanity. Similarly, of 39 externally oriented participants only 22 voted guilty versus 17 who rendered the not guilty verdict. A univariate analysis of variance was conducted to test for additional differences between the three groups; extreme internals, healthy internals, and externals on verdict. Results revealed a significant difference between extreme internals and externals  $F(2, 91) = 2.149, p = .041$  on verdict. The guilty verdict was

scored as 1 and the not guilty by reason of insanity verdict was a scored as 2. All extreme internals rendered a guilty verdict ( $M = 1.000$ ), the healthy internals were less likely to issue the same verdict ( $M = 1.3673$ ), followed by the externals ( $M = 1.4359$ ).

The second aim of this study was to investigate whether participants' specific stereotypes of insanity would predict their verdict. It was hypothesized that participants' verdict would be influenced if they had contact with a person from a stigmatized group. It was expected that participants who knew someone with mental illness would be significantly more likely to render a not guilty by reason of insanity verdict to a defendant with mental illness, that those participants who knew someone with mental retardation would be significantly more likely to give a not guilty verdict to a defendant with mental retardation, and finally, that those participants who knew someone who abused alcohol or drugs would give a not guilty verdict more frequently to a defendant who abused alcohol and drugs. A repeated measures ANOVA did not support the hypothesis of a statistically significant difference between stereotypes of insanity and verdict. For the purpose of further investigation on this issue, participants were divided into three career orientation groups based on their academic major reported on the demographics questionnaire. All participants fit into one of the three career groups: Helping Profession, Legal, and Business. For Helping Professional the majors were: Counseling in Educational Settings, LDTC, Mental Health Counseling and Applied Psychology, and School Psychology, for Legal the major was Criminal Justice, and for Business the majors were: Finance and Accounting, Management Information Systems, Marketing, and Business Management.

A multivariate general linear model ANOVA indicated a significant difference between career orientation and participants' knowledge of someone with mental retardation,  $F(2, 87) = 3.542, p = .033$ , with the Business oriented participants rendering a not guilty verdict more likely ( $M = 1.7000$ ) than the Helping Professionals ( $M = 1.3729$ ) and the Legal oriented participants ( $M = 1.3571$ ). Pairwise comparisons showed a significant difference between the Helping Profession and Business orientations ( $p = .016$ ) and between the Legal and Business orientations ( $p = .040$ ).

The data also show that there is a statistically significant difference across the three career orientations on verdict,  $F(2, 87) = 4.361, p = .016$ . Participants who were classified as Helping Professionals were more likely to choose a not guilty verdict ( $M = 1.4576$ ) than Business oriented participants ( $M = 1.2500$ ), and those within the Legal group ( $M = 1.1429$ ). More specifically, pairwise comparisons showed a significant difference between the Helping Profession and Legal career orientations ( $p = .008$ ) and a significant difference between the Helping Profession and Business career orientations ( $p = .050$ ).

A significant effect was also obtained for the three stereotypes of insanity: mental illness, mental retardation, and drug intoxication on verdict  $F(2, 91) = 5.935, p = .004$ . Pairwise comparisons revealed a statistically significant difference between mental illness and mental retardation cases ( $p = .002$ ) and mental retardation and drug intoxication cases ( $p = .006$ ). Participants assigned to the mental retardation case were more likely to choose a guilty verdict ( $M = 1.1333$ ) followed by participants assigned to the drug intoxication case ( $M = 1.4667$ ), and the participants assigned to the mental illness case were equally likely to render both guilty and not guilty verdicts ( $M = 1.5000$ ).



This study also investigated the effects of attribution on participants' decision-making and whether they would assign the cause of behavior to outside factors rather than the defendant's own behavior. A test of between-subject effects showed a significant difference between the three stereotypes of insanity on "lack of psychiatric care for current problem" attribution factor,  $F(2, 66) = 3.329, p = .042$ . Data obtained from pairwise comparisons showed a significant difference between mental illness and mental retardation cases ( $p = .039$ ) and between mental illness and drug intoxication cases ( $p = .022$ ). Participants assigned to the mental illness case were most likely to attribute the defendant's behavior to "lack of psychiatric care for current problem" factor ( $M = 4.391$ ) than were those assigned to the mental retardation case ( $M = 3.808$ ) and drug intoxication case ( $M = 3.700$ ) on a 5 point scale, where 5 is strongly agree. Another significant effect was found on "impaired mental state" factor,  $F(2, 66) = 5.305, p = .007$ . Pairwise comparisons revealed a significant difference between mental illness and mental retardation cases ( $p = .021$ ) and between mental retardation and drug intoxication cases ( $p = .003$ ) with participants assigned to the drug intoxication case most likely to attribute the defendant's behavior to "impaired mental state" factor ( $M = 4.250$ ) followed by mental illness case ( $M = 4.043$ ) and mental retardation case ( $M = 3.462$ ). Participants were given an opportunity to identify "other" factors they believed to have influenced the defendants' actions at the time of the crime in addition to the factors already listed in the questionnaire. The factors mentioned by the participants were: drug abuse (most common answer), death of a loved one, stressful life events, depression, access to firearms, didn't want to pay for sex, ability to use disability as an excuse for criminal behavior, knowing right from wrong by trying to hide evidence, enjoyment, psychosis, lack of rehabilitation,

deranged behavior and thinking process, and video games. These responses were infrequent therefore no statistical analyses were able to be conducted.

The participants were also asked to describe the factors that influenced their thinking in deciding their verdict in addition to the questions the investigator asked. In the mental illness case participants attributed their decision-making to factors such as expert testimony (6 answers), defendant exhibiting active psychotic symptoms (6), premeditated actions before and after the crime (3), history of mental illness (3), animosity toward the victim prior to the crime (3), witness testimony (2), no prior history of mental illness (2), and intent (2). In the mental retardation case the following factors were identified: defendant knew what he did was wrong (12 answers), covered up evidence (14), understood consequences of his actions (3), expert testimony (2), premeditated behavior (2), and defendant was able to drive and pass driver's test despite mental retardation (2). In the drug intoxication case the participants attributed their decision to factors such as active psychotic symptoms at the time of the crime (9 answers), defendant chose to take drugs (5), substance abuse and dependence (4), family history of mental illness (2), premeditation (2), jury instructions and the NJCCJ definition of insanity (2), and the defendant knew that drugs impaired decision-making abilities (2). Other factors were mentioned in all three cases; however, they were only single responses.

## CHAPTER V

### Discussion

Legal professionals aim to identify and exclude jurors who are unable to perform their duties objectively and without biases. For that reason, researchers have explored several factors that might have detrimental effect on jurors' ability to bring their decisions into an accord with the law and to deliver an unbiased verdict. By law, defendants have a constitutional right to a fair trial (Louden & Skeem, 2007). Research data would allow for creating methods to identify biased jurors' either excluding them from criminal cases or developing strategies that would assist them in reaching an objective and most appropriate verdict.

Although the concept of locus of control was originally defined as an individual's perception about the main causes of events in his life, Phares and Lamielli (1975) redefined this concept and suggested that individuals assume that what applies to them also applies to others and that they use their own self-perception of responsibility in judging the behaviors of others. The results of this study are encouraging as they offer valuable information about jurors' beliefs and the influence of such beliefs on their decision-making in insanity cases. Locus of control shows considerable promise in predicting jurors' verdict. Primarily, results conclude that internals, those who believe that events in their lives are a result of their own behavior and actions, are more likely than externals, those who attribute the responsibility for their behavior to external forces, to choose a guilty verdict. Furthermore, data demonstrate clearly that individuals with an extreme locus of control can be extreme in their decision-making. Possibly such

individuals might disregard judicial instructions and always attribute a defendant's behavior to self-control rather than impairment of the mind at the time of his criminal conduct. This finding suggests that identifying jurors with such extreme attitudes may be detrimental to a defendant's ability to receive a fair trial and it should be a center of focus within the judicial system. In contrast to the hypothesis, data reveal that in several cases locus of control is not a clear predictor of verdict. In this study 18 of 55 participants who were internally oriented chose the NGRI verdict and 22 of 39 participants with an external locus of control found the defendant guilty of the crime. This finding does not support Phares and Lamielli's (1995) concept of locus of control and suggests that the beliefs and standards individuals uphold for themselves may differ from the beliefs, standards, and expectations they have for others.

Previous research by Corrigan and colleagues (2001) found that a substantial change in individuals' attributions about the ability of persons with mental illness to control their behavior occurred when participants had contact with a person with mental illness. Based on the findings of that study, the present study explored whether a meaningful contact with a person from a stigmatized group would influence participants' verdict and whether participants who have had contact with a person from a stigmatized group would be more likely to render an insanity verdict. However, although there were subtle differences in participants' choice of verdict for defendants from each stigmatized group, findings of the present study do not support its hypothesis. Perhaps, those participants who knew someone with mental illness, mental retardation, or someone who abused alcohol or drugs had a broader knowledge of such disabilities and were guided in their verdict not by the limitations and stigma associated with them but rather by beliefs that overall, such

individuals have an ability to choose or control the behaviors in which they engage, and that overall they are capable and non-violent members of the society.

Some may argue that the three cases of insanity stereotypes explored in this study were not able to be measured adequately because they were not identical in content. However, the vignettes were designed based on true legal cases, therefore, representing the cases in realistic and truthful manner. In regards to the stereotypes of insanity, findings revealed a significant difference in juror's decision-making. Those assigned to the mental health insanity case were more likely to deem a defendant insane than jurors assigned to the other two insanity cases. This suggests an important point. It appears that although insanity is a legal concept, jurors frequently define it as a mental disorder. Furthermore, the current stigma of mental illness automatically defines a mentally ill person as limited, not capable to understand the consequences of his actions, and not able to distinguish right from wrong, therefore, individuals diagnosed with a severe mental illness such as paranoid schizophrenia may be significantly more successful in receiving a not guilty by reason of insanity verdict.

The results of the study also indicate a significant difference in career orientations and verdict. Helping Professionals were most likely to choose a not guilty by reason of insanity verdict than participants in the Legal and Business career groups. These findings nearly speak for themselves. Helping Professionals are trained to be empathic, and nonjudgmental. They are trained to explore and explain behaviors, and not to assign blame. On the contrary, individuals in the Legal and Business professions are fact and evidence oriented, individualistic, rigid, goal-oriented and success-driven. Such major

differences in academic and job-related expectations and personality differences naturally would result in significant variability in verdict across all three career orientations.

#### Limitations and Directions for Future Research

A potential limitation of the present study is that participants were asked to play the part of jurors in a simulated case. This suggests a possibility that unless an actual case was occurring, they might not have cared about the outcome of the simulated case. In addition, participants were restricted and not able to deliberate their individual verdicts after hearing the case. Future studies should be conducted to examine potential differences in pre- and postdeliberation verdicts. Furthermore, because the participants used in the present study were university students, primarily white and female, although qualified for actual jury selection, it is possible that a study selecting an older, more mature and more diverse population might find different effects. Also, participation in this study was equally offered to all students, both citizens and international students which was not considered during the initial design of this study. If any international students chose to participate in the study, their decisions might have been significantly influenced by a limited understanding of the Anglo-American law and instead their decisions might have been a result of the knowledge of the laws of their own countries.

Another limitation is the choice of verdicts offered to the participants, either guilty or not guilty by reason of insanity. Many states have adopted laws for providing another optional verdict of “guilty but mentally ill.” This is an alternative plea for defendants who are found to be mentally ill, but who are not ill severely enough to relieve them of criminal responsibility. Although the state of New Jersey does not yet offer this plea option, it would be expected that it will follow the example of many other states in

enacting this provision. Therefore, the same study repeated with the “guilty but mentally ill” verdict choice might render significantly different outcomes. Also, a not guilty verdict was not offered to the participants as a choice because the insanity defense was the primary focus of the present study.

Empirical research continually demonstrates that mock jurors frequently do not apply judge’s instructions and legal definitions of insanity in rendering verdicts, but rather they choose to rely on their own knowledge and conceptions of insanity to decide whether a defendant is guilty or not guilty by reason of insanity (Skeem & Golding, 2001). This issue appears to present a significant limitation in the current study. As suggested by the description of the factors that influenced the participants’ verdict decision, several responses were based on a defendant’s behavior before and after the crime rather than at the time of his conduct. This suggests possible limitations to the participants’ comprehension of judicial instructions. Future research should be conducted to investigate the extent to which these instruction comprehension limitations affect the participants’ ability to render an unbiased and most appropriate verdict. In addition, efforts should be made to identify specific guidelines that would allow to create clear and easy to follow instructions.

Despite these limitations, the results do show a difference between those with internal or external locus of control in jury decision making. Future research should further explore this difference.

## REFERENCES

- American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC.
- American Psychiatric Association (2008). Insanity defense. Retrieved 9/21/08 from <http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/200703.aspx>
- Bailis, D. S., Darley, J. M., Waxman, T. L. & Robinson, P. H. (1995). Community standards of criminal liability and the insanity defense. Law and Human Behavior, 19, 425-446.
- Beckham, C. M, Spray, B. J., & Pietz, C. A. (2007). Jurors' locus of control and defendants' attractiveness in death penalty sentencing. The Journal of Social Psychology, 147(3), 285-298.
- Carter-Yamauchi, C. (1998). Drugs, alcohol and the insanity defense: The debate over "settled" insanity. Legislative Reference Bureau, Honolulu, HI.
- Commonwealth v. Miller (2003). Common Pleas Court of Dauphin County, Pennsylvania. 64 Pa. D. & C.4<sup>th</sup> 46.
- Commonwealth of Pennsylvania v. John E. DuPont (1997). Superior Court of Pennsylvania. 1999 PA Super 88; 730 A.2d 970.
- Corrigan, P. W., River, L. P., Lundin, R. K., Penn, D. L., Uphoff-Wasowski, K., Campton, J., Mathisen, J., Gagnon, C., Bergman, M., Goldstein, H., Kubiak, M. A. (2001). Three strategies for changing attributions about severe mental illness. Schizophrenia Bulletin, 27(2), 187-195.



- Finkel, N. J., & Groscup, J. L. (1997). Crime prototypes, objective versus subjective culpability, and commonsense balance. Law and Human Behavior, 21(2), 209-230.
- Foley, L. A., & Chamblin, M. H. (1982). The effect of race and personality on mock jurors' decisions. The Journal of Psychology, 112, 47-51.
- Frumkin, I. B. (2003). Mental retardation. A primer to cope with expert testimony. National Legal Aid & Defender Association Cornerstone. Retrieved 10/19/08 from <http://www.nlada.org/DMS/Documents/1066919805.15/Mental%20Retardation.pdf>
- Hall, T. (2004). Legal functions and moral reasoning: Capital punishment and the mentally retarded defendant after Penry v. Johnson. Akron Law Review, Vol. 35:3/4.
- Hans, V. P. (1986). An analysis of public attitudes toward the insanity defense. Criminology, 24(2), 393-414.
- Ho, Taiping (2003). Complex issues about mentally retarded defendants. Retrieved 10/20/08 from [http://www.iejs.com/Mental\\_Health/mentally\\_retarded\\_defendants.htm](http://www.iejs.com/Mental_Health/mentally_retarded_defendants.htm)
- Larsen, R. J. & Buss, D. M. (2005). Personality Psychology. Domains of knowledge about human nature. 2<sup>nd</sup>. ed., McGraw-Hill, New York, NY.
- Louden, J. E. & Skeem, J. L. (2007). Constructing insanity: Jurors' prototypes, attitudes, and legal decision-making. Behavioral Sciences and the Law, 25: 449-470.
- National Alliance on Mental Illness (2008). What is mental illness: Mental illness facts. Retrieved 10/19/08 from [http://nami.org/PrinterTemplate.cfm?Section=About\\_Mental\\_Illness&Template=/ContentManagement/HTMLDisplay.cfm&ContentID=67724](http://nami.org/PrinterTemplate.cfm?Section=About_Mental_Illness&Template=/ContentManagement/HTMLDisplay.cfm&ContentID=67724)
- N.J.S.A. 2C:2-8. Intoxication.

N.J.S.A. 2C:4-1. Insanity defense.

Osborne, Y. H., Rappaport, N. B., & Meyer, R. (1986). An investigation of persuasion and sentencing severity with mock juries. Behavioral Science and the Law, 4(3), 339-349.

Phares, E. J., & Lamiell, J. T. (1975). Internal-external control, interpersonal judgments of others in need, and attribution of responsibility. Journal of Personality, 43, 23-28.

Poulson, R. L., Braithwaite, R. L., Brondino, M. J., & Wuensch, K. L. (1997). Mock jurors' insanity defense verdict selections: The role of evidence, attitudes, and verdict options. Journal of Social Behavior and personality, 12(3), 743-758.

Pope, J., & Meyer, R. (1999). An attributional analysis of jurors' judgments in a criminal case: A preliminary investigation. Social Behavior and Personality, 27(6), 563-574.

Roberts, C. R. & Golding, S. L. (1991). The social construction of criminal responsibility and Insanity. Law and Human Behavior, 15(4), 349-376.

Roberts, C. F., Golding, S. L., & Fincham, F. D. (1987). Implicit theories of criminal responsibility. Decision making and the insanity defense. Law and Human Behavior, 11(3), 207-232.

Rogers, R. (1987). APA's position on the Insanity Defense. American Psychologist, 42(9), 840-848.

Rotter, Julian, B. (1990). Internal versus external control of reinforcement. A case history of a variable. American Psychologist, 45(14), 489-493.

Skeem, J. L. & Golding, S. L. (2001). Describing jurors' personal conceptions of insanity and their relationship to case judgments. Psychology, Public Policy, and Law, 7(3), 561-621.

Slovenko, R. (1999). The mental disability requirements in the insanity defense.

Behavioral Sciences and the Law, 17, 165-180.

State of Vermont v. Jacob A. Sexton (2006). Supreme Court of Vermont. 2006 VT 55:  
180 Vt. 34: 904 A.2d 1092.

Swenson, Leland, C. (1997). Psychology and law for the helping professions. 2<sup>nd</sup> ed.  
Brooks/Cole Publishing Company, CA.

Tesser, A. (1995). Advanced social psychology. Mc-Graw Hill, Inc, Mass.

Weiss, K. J. (2004). "Wet" and wild: PCP and criminal responsibility. The Journal of  
Psychiatry & Law, 32, 361-384.

## APPENDIX A

### Informed Consent Form

You are being asked to participate in a study entitled “Criminally Responsible or Insane?” conducted by Marta Hess, Graduate Student in the M.A. of Mental Health Counseling and Applied Psychology Program at Rowan University.

The purpose of this study is to examine whether jurors’ characteristics and defendants’ mental state interact to influence jurors’ verdict (either guilty or not guilty by reason of insanity). The data collected in this study may be submitted for publication in a research journal.

You will be required to review a simulated homicide case and to make a decision whether the defendant is guilty of the crime or not guilty by reason of insanity. You will have to follow the judge’s instructions and answer the questions about the case followed by a questionnaire and some other general questions. Your participation in the study should not exceed one hour. Your responses will be anonymous and all the data gathered will be confidential. You are free to withdraw your participation at any time without penalty.

If you have any questions or problems with your participation in this study you may contact Marta Hess at (609) 230-9955 or Dr. Eleanor Gaer at (856) 256-4872.

If you are interested in participating in this study, please complete the attached packet.

If you are not interested, please return the packet to the investigator.

## APPENDIX B

### Instructions for Participants

You are going to play the part of a juror. The case you are going to read involves a defendant who is pursuing an insanity defense. Please carefully read the case vignette, then complete attached questionnaires about that case. Please answer all questions in order. Do not skip to the following page until you have answered all questions on the current page.

Make your decisions as if you were a juror participating in a real trial and make your decisions carefully. Assume that all the facts presented about the crime and defendant are true.

Please, answer the questions without consultation with anyone else. Your own opinion is important.

## APPENDIX C

### Judge's Instructions to the Jury

#### 1. Overview of issues to be decided.

The defendant is raising the insanity defense. The defendant is arguing that he should not be held criminally responsible for breaking the law, as he was legally insane at the time of the commission of the alleged crime. To resolve this case you must decide whether the defendant is not guilty by reason of insanity or guilty of the crime.

#### 2. Does the conduct constitute guilt or legal insanity?

The issue you must decide is whether the defendant's conduct constitutes guilt or criminal insanity as defined by law. If you believe that the defendant understood the nature and quality of his act and was able to distinguish right from wrong at the time of the offense you must find him guilty. However, if you believe that the defendant's mental state at the time of the crime prevented him from understanding right and wrong you must find him not guilty by reason of insanity. In order for you to reach the latter decision, the defendant must prove by a preponderance of the evidence that he did not know that what he was doing at the time of the crime was wrong or did not know the nature and quality of the act he committed.

#### 3. Definition of insanity.

It is important for you to clearly understand the definitions of legal insanity and psychological insanity as both are presented during a trial.

The New Jersey Code of Criminal Justice provides the following guidance of requirements for the insanity defense:

“A person is not criminally responsible for conduct if at the time of such conduct he was laboring 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, that he did not know what he was doing was wrong. Insanity is an affirmative defense which must be proved by a preponderance of evidence.”

The American Psychiatric Association takes the following position on the subject of the insanity defense:

“..., the insanity defense has always been grounded in the belief that there are defendants whose mental conditions are so impaired at the time of the crime that it would be unfair to punish them for their acts.” It further states: “By the term ‘insanity defense,’ we include verdicts of ‘not guilty by reason of insanity,’ ‘guilty but not criminally responsible,’ and related formulations.”

#### 4. Summary.

You must decide whether the defendant has proven by a preponderance of the evidence that his conduct at the time of the crime constitutes criminal insanity. This requires that you decide whether the defendant should be held responsible for breaking the law, or whether he should be found not guilty by reason of insanity because he did not know the nature and quality of the act or that what he was doing was wrong.

## APPENDIX D

### State of New York v. Jarrod Smith

Jarrod Smith was 18 when he committed the crime. He began smoking marijuana in seventh grade and exhibited serious behavioral problems. His father suffered from depression, alcohol and substance abuse, and received years of treatment for his mental illness. Defendant's mother also had a history of depression. The defendant had a strained relationship with his father and they frequently argued. At 17, the defendant left home, stopped going to school regularly, and obtained a full time job. His drug use continued over the years and escalated after he lost his employment. In addition to marijuana, the defendant experimented with ecstasy, hallucinogenic mushrooms, and cocaine. Two months before the killing, he began using LSD up to 300 hits. During the time of LSD use, the defendant was involved in two incidents that required police attention.

The defendant smoked marijuana on the day of the murder. In the days leading up to the killing, he began experiencing severe paranoia. Witnesses who interacted with Jarrod Smith prior to the incident described him as preoccupied with conspiracy theories and feeling that everyone was against him. He also exhibited delusions specifically that his friends were trying to pull something out of him. He believed that there was "a society within a society" that he was excluded from, and that everyone wanted to kill him because they could read his thoughts.

The defendant began to withdraw from the outside world, ate very little, and had difficulty sleeping. He believed that his cat was bleeding and that the cat told him it was



in pain and asked to end its life. On the day of the murder, he believed he heard the cat say it was suffering and so he strangled and stomped his cat to death. He further imagined that he had to collect new souls and become a god in order to be reborn. To collect the needed souls, the defendant went to his neighbors' apartment but they were not home. He then went outside and saw a woman riding her bike down the street. He attacked her and beat her to death.

The State requested an independent psychiatric evaluation of the defendant. In his report, Dr. Alterman, stated that in his opinion, the defendant's actions at the time of the killing were due to a psychotic state brought on by heavy drug abuse.

## APPENDIX E

### State of Texas v. Simpson

Richard Simpson, age 41, picked up Elina Johnson and her friends on a Saturday night, and after dropping off the other women at their home, the defendant took Johnson to the local landfill. There, Johnson agreed to have sex with Simpson for 35 dollars. After having sex, Simpson found a heavy duty electrical wire and beat Johnson repeatedly over the head until she was dead. He then took the 35 dollars from her pocket, undressed the body, scattered the clothing around the landfill, and buried the body. He returned to the crime scene several months later and discovered bones sticking out of the ground. He collected the bones and threw them down a hill. The defendant was arrested two years later in connection with another assault of a woman who fortunately survived the attack. During a meeting with Detective Henderson, Richard Simpson willingly revealed to Detective Henderson the murder of Elina Johnson and stated that he would take him to the body. During the ride to the landfill, the defendant began to laugh for no apparent reason and told Detective Henderson that he was lying about the murder. Upon arrival, the police searched the area and found skeletal remains later identified as those of Elina Johnson.

During the trial, Richard Simpson entered the plea of not guilty by reason of insanity because he stated he suffered from mental retardation. The issue of the defendant's mental capacity was explored in depth. Past documentation provided information regarding the defendant's history of his mental capacity. Richard Simpson was placed in

special education classes in first grade for the “educable” mentally retarded. At age 6 or 7, he was evaluated with an IQ of 66. At 9 ½, he was evaluated with a full scale IQ of 67. When he was 10 ½, a psychological evaluation found his full scale IQ of 55 and stated “he is to be considered seriously disturbed, retarded, and extremely hyperactive.” At age 12 ½, another IQ test confirmed past results.

In addition to documentation regarding Simpson’s history of his mental capacity five experts (three psychologists and two psychiatrists) classified the defendant as mentally retarded and they concluded that he “has currently and has throughout his life functioned in the mentally retarded range of abilities.” Dr. Sanford, a court-appointed expert specializing in clinical neuropsychology, stated about the defendant that “he doesn’t think or reason like you and I would.”

## APPENDIX F

### State of California v. Rick Slate

Rick Slate, age 46, inherited a small fortune after his grandfather's death. He was an avid sports fan and frequently offered financial sponsorship to many young athletes. After his mother's death eight years prior to the crime, the defendant turned his estate into a wrestling camp for professional wrestlers. Over time, Rick Slate invited several successful wrestlers to stay at his facility. He developed close relationships with some, and disliked the others. Tony Vito was one of the wrestling coaches toward whom Rick Slate exhibited strong animosity. On the afternoon of the killing, Slate drove to the house on his estate where Vito and his family were living, stuck his hand out the car window, pointed a gun at Vito who was in the driveway washing his car, asking him, "You got a problem with me?," and shot him three times. After killing Vito, Slate then returned to his home, reloaded his weapon and refused to surrender to the police for two days.

Several witnesses testified about the defendant's change in behavior and emotional state around the time of his mother's death. They described his behavior as bizarre and changed from being odd to increasingly unstable. He was hallucinating that the trees on his property were moving around. He exhibited paranoid fear about his safety, specifically that he was being spied on and that his life was in danger. He razor wired his attic to protect himself because he believed people were going to break in and kill him. Defendant's ex-wife also testified that during their three-year marriage she was accused of being a spy and had guns pointed to her head. Even during the standoff after the

shooting, Slate exhibited delusional beliefs; particularly that he was Jesus Christ, the Dalai Lama, and a Russian czar.

Slate was held at nearby state psychiatric hospital during the trial where he was treated for paranoid schizophrenia. The presiding judge initially declared him incompetent to stand trial, but reversed her ruling after Slate was treated for two months with anti-psychotic medications.

An expert psychiatric witness examined the defendant and concluded that the defendant suffered from mental illness, specifically paranoid schizophrenia, and was in a psychotic state when he shot Tony Vito.

APPENDIX G

Questionnaire

1. Choose your decision

\_\_\_\_\_The defendant is guilty of the crime.

\_\_\_\_\_The defendant is not guilty by reason of insanity.

2. I am confident that the decision I made is a correct decision.

1 2 3 4 5 6 7 8 9 10  
Less confident More confident

3. Describe the factors that influenced your thinking in making this decision.

---

---

---

4. Please rate the following statement.

SA=Strongly Agree, A=Agree, N=Neutral, D=Disagree, SD=Strongly Disagree

I believe that people should be held responsible for their actions no matter what their mental condition.

SA A N D SD

5. I believe that other factors influenced the defendant's behavior.

SA A N D SD

Please mark and rate the factors that you believe could have influenced the defendant's behavior. Choose as many as apply.

\_\_\_ none

\_\_\_ history of childhood abuse or trauma

SA    A    N    D    SD

\_\_\_ anger and hostility

SA    A    N    D    SD

\_\_\_ lack of psychiatric care for current problem

SA    A    N    D    SD

\_\_\_ impaired mental state

SA    A    N    D    SD

\_\_\_ other: \_\_\_\_\_

SA    A    N    D    SD

6. The jury instructions were clear and easy to follow.

SA    A    N    D    SD

7. One of the important factors in deciding the case was whether the defendant understood right from wrong.

SA    A    N    D    SD

## APPENDIX H

### Locus of Control Scale

Instructions: There are 29 items in the scale. Each item offers two possible answers, a or

b. Please circle only one of the two alternative answers that best reflects your beliefs.

Please answer all 29 questions.

---

1. a. Children get into trouble because their parents punish them too much.  
b. The trouble with most children nowadays is that their parents are too easy with them.
2. a. Many of the unhappy things in people's lives are partly due to bad luck.  
b. People's misfortunes result from the mistakes they make.
3. a. One of the major reasons why we have wars is because people don't take enough interest in politics.  
b. There will always be wars, no matter how hard people try to prevent them.
4. a. In the long run people get the respect they deserve in this world.  
b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.
5. a. The idea that teachers are unfair to students is nonsense.  
b. Most students don't realize the extent to which their grades are influenced by accidental happenings.
6. a. Without the right breaks one cannot be an effective leader.  
b. Capable people who fail to become leaders have not taken advantage of their opportunities.
7. a. No matter how hard you try some people just don't like you.  
b. People who can't get others to like them don't understand how to get along with others.



8. a. Heredity plays the major role in determining one's personality.  
b. It is one's experiences in life which determine what they're like.
9. a. I have often found that what is going to happen will happen.  
b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.
10. a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.  
b. Many times exam questions tend to be so unrelated to course work that studying is really useless.
11. a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.  
b. Getting a good job depends mainly on being in the right place at the right time.
12. a. The average citizen can have an influence in government decisions.  
b. This world is run by the few people in power, and there is not much the little guy can do about it.
13. a. When I make plans, I am almost certain that I can make them work.  
b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.
14. a. There are certain people who are just no good.  
b. There is some good in everybody.
15. a. In my case getting what I want has little or nothing to do with luck.  
b. Many times we might just as well decide what to do by flipping a coin.
16. a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.  
b. Getting people to do the right thing depends upon ability. Luck has little or nothing to do with it.
17. a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control.  
b. By taking an active part in political and social affairs the people can control world events.
18. a. Most people don't realize the extent to which their lives are controlled by accidental happenings.  
b. There really is no such thing as "luck."
19. a. One should always be willing to admit mistakes.  
b. It is usually best to cover up one's mistakes.

20. a. It is hard to know whether or not a person really likes you.  
b. How many friends you have depends upon how nice a person you are.
21. a. In the long run the bad things that happen to us are balanced by the good ones.  
b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.
22. a. With enough effort we can wipe out political corruption.  
b. It is difficult for people to have much control over the things politicians do in office.
23. a. Sometimes I can't understand how teachers arrive at the grades they give.  
b. There is a direct connection between how hard I study and the grades I get.
24. a. A good leader expects people to decide for themselves what they should do.  
b. A good leader makes it clear to everybody what their jobs are.
25. a. Many times I feel that I have little influence over the things that happen to me.  
b. It is impossible for me to believe that chance or luck plays an important role in my life.
26. a. People are lonely because they don't try to be friendly.  
b. There's not much use in trying too hard to please people, if they like you, they like you.
27. a. There is too much emphasis on athletics in high school.  
b. Team sports are an excellent way to build character.
28. a. What happens to me is my own doing.  
b. Sometimes I feel that I don't have enough control over the direction my life is taking.
29. a. Most of the time I can't understand why politicians behave the way they do.  
b. In the long run the people are responsible for bad government on a national as well as on a local level.

APPENDIX I

Demographic Questionnaire

Please answer the following questions:

Age: \_\_\_\_\_

Sex: \_\_\_\_\_M \_\_\_\_\_F

Ethnicity: \_\_\_\_\_Asian

\_\_\_\_\_Black or African American

\_\_\_\_\_Hispanic or Latino

\_\_\_\_\_White

\_\_\_\_\_Other

Major: \_\_\_\_\_

Do you know someone with a mental illness?

\_\_\_\_\_Yes \_\_\_\_\_No

Do you know someone with mental retardation?

\_\_\_\_\_Yes \_\_\_\_\_No

Do you know someone who abuses alcohol or drugs?

\_\_\_\_\_Yes \_\_\_\_\_No

Have you or a close family member been a victim of an assault?

\_\_\_\_\_Yes \_\_\_\_\_No

Have you ever served on a jury?

\_\_\_\_\_Yes \_\_\_\_\_No

## APPENDIX J

### Debriefing Statement

Thank you for your participation in the “Criminally Responsible or Insane?” research study. In this study you made a decision whether the defendant was guilty of his act or innocent by reason of insanity. This study has been designed to investigate whether jurors’ beliefs influence their decision-making. The legal system assumes that jurors are able to objectively apply laws to a case and reach an appropriate verdict. However, research indicates that juror objectivity may become influenced by several factors. This study provides valuable information about whether jurors’ perception of others is based on their own locus of control. In other words, whether they believe that people are in control of their lives, or that fate controls them, and whether the responsibility for their behaviors are attributed to themselves, situations, or other people.

The results of this study will be available at the end of the spring 2009 semester. If you are interested in obtaining more information on the results of this study, please contact Marta Hess at [MartaKnox@yahoo.com](mailto:MartaKnox@yahoo.com).

FIGURE 1

Interaction between extreme internal, healthy internal, and external locus of control and guilty versus not guilty by reason of insanity verdicts.

FIGURE 1



