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Defining Insanity: How an Individual's View Can Impact a Trial

Cover Page Footnote

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Defining Insanity: How an Individual's View Can Impact a Trial

Introduction

The status of a person's mental health is an important factor when considering punishment in a criminal proceeding. The use of the insanity plea, as it is colloquially known, is relatively rare in the American justice system. The insanity defense is only raised in roughly 1% of felony cases and of those, it is only successful roughly 28% of the time (Brown, 2017). However well-known its use is, the determination of insanity varies from place to place, and from person to person. Specifically, the definition of insanity varies greatly, and its interpretation yields many discrepancies in the consequences of its diagnosis – even those in related professions of the same field (Weinstein & Geiger, 2003). It can be difficult to form a consensus of whether a person should be deemed insane, even though a precise legal term and definition exists for every jurisdiction in the United States. This inconsistency can be problematic for a juror when determining the fate of a defendant.

Weinstein and Geiger (2003) explored this issue and found that insanity, as a legal term, is not used in the psychological literature. This can be problematic because criminal proceedings may rely on a psychologist as an expert witness. Lack of a common definition of insanity can cause different experts to be working from a variety of definitions; thus can cause confusion for the jury, and ultimately impact the jury's decision. Furthermore, their study found that different professionals who are working in the legal system do not agree upon a single definition of insanity. Later, the scholars continued their research by examining a sample of undergraduate students (Weinstein & Geiger, 2008). They asked students to rate their agreement between several definitions and then compared their findings to their previous work regarding legal

professionals. Similar results were found in the subsequent study – no consensus of definition of insanity was made amongst the students.

Studies such as these are important because their results suggest the determination of guilt, as a byproduct of the determination of insanity, which can hinge on individual interpretation instead of prescribed legal code. Ultimately, the decision as to whether a defendant is deemed insane is determined by a jury, most often made up by 12 laypersons. These laypersons can come from diverse backgrounds, and with those diverse backgrounds come diverse cultures, experiences, and belief systems. Without an agreed upon definition of insanity, disparities in the application of this doctrinal provision can exist in the verdict and subsequent sentencing phases. This directly counters the American justice system's ideals of and pledges for uniformity and equality. In addition to cultural, experiential, and value-based differences which may inform a juror's decision-making process, s/he is unlikely to be educated and trained in the field of mental health. Thus, laypersons are charged with making a seemingly clinical decision, i.e., diagnosis, without the required education, training, and certification(s). Bloechl and colleagues (2007) explain how this becomes evident when exploring how jurors arrive at their verdict. Scholars have found that jurors tend to use their own interpretation of insanity even when specific legal instructions are provided (Finkel, 1989; Loudon & Skeem, 2007; Skeem & Golding, 2001). According to Finkel and Handel (1988), in a study examining the decision-making of a mock jury, members reached similar verdicts regardless of whether specific legal instructions on the determination of insanity were provided (p.75). Even with proper instruction on a universal definition, it is plausible that their preconceived definition of insanity might impact how the juror interpreted the testimony. This has been supported by Skeem and Goldings (2001) study of mock jurors. Thus, as Weinstein and Geiger (2003:2008) suggest, countering

juror bias and ensuring legal instructions are understood and followed, they argue that a universal understanding of insanity is needed. An understanding of the application should follow.

The current study continues the line of inquiry explored by Geiger and Weinstein (2008). Geiger and Weinstein found that there appears to be seven different definitions or models of insanity that psychologists support when referring to insanity (p.990). The researchers asked undergraduate students to rate seven definitions or models of insanity to explore the possibility of an agreed upon definition. The seven definitions chosen were done so based on their frequent inclusion in the abnormal psychology field. These included a moral, medical, statistical, sociological, psychometric, professional judgement, and a legal model (see Material sections for how models are defined). Since there are several prominent definitions found within various fields, the authors explored the likelihood of individuals having a similar understanding of what constituted insanity. They then compared their undergraduates' findings to their previous study that examined the agreement level of various professionals. These professionals include physicians, lawyers, and judges who rated the seven definitions based upon their level of agreement.

In addition to rank ordering the level of agreement each participant had for the seven definitions of insanity, they had to rate the onset controllability of four different mental illnesses. Geiger and Weinstein explain onset controllability as “the degree to which the person is responsible for their abnormal mental condition” (Geiger & Weinstein, 2008). The same court case scenario is given to the participants, but within each scenario the defendant is suffering from one of the four mental illnesses: alcoholism, depression, paranoid schizophrenia, or post-traumatic stress disorder. The participants are to rate the level of controllability each defendant had over their actions based upon their illness.

Geiger and Weinstein randomly distributed scenarios, giving each participant a different mental illness to evaluate. In the current study, each participant was given all four mental illnesses in order to have a better comparison on how each person views the controllability. This is predicted to give a better insight on how jurors may view the controllability of these illnesses. The way individuals rated the controllability of specific illnesses can be later linked to the seven definitions they rated.

Literature Review

Insanity is a widely used term that can describe someone's mental state. Though people know the basic idea of what insanity is, when asked to define it, everyone has a different definition. Due to this, an individual being able to agree with a single definition is challenging; especially when it comes to professional fields (Weinstein & Geiger, 2003). Not having a single definition for insanity can be problematic in a courtroom setting. Jurors coming from a diverse area of backgrounds may have a preexisting bias of what they believe insanity to be; possibly impacting the determination of criminal culpability and the sentencing phase of a trial (Homant, 1987; Weinstein & Geiger, 2003).

As Geiger and Weinstein (2008) point out with these varying definitions, one can assume that two people discussing insanity are working off of different ideas of what they constitute insanity to entail. Given that psychologists use any of the seven definitions Geiger and Weinstein reference that it is never known exactly how they are interpreting the situation at hand. Depending on what field someone is from they may have a predetermined bias based on the mental state of a defendant.

One problem with having a preconceived view or belief of insanity is how some jurors cannot sympathize with the defendant because some view the plea as a loophole in the justice

system; one in which a guilty party may use it to remain unpunished (Silver, 1995). Such individuals sense that the mental state of an offender should not matter: *a criminal act is a criminal act* and needs to be punished (Silver, 1995). These opponents also tend to believe anyone who pleads insanity will be acquitted of all charges and allowed right back into society (Cirincione, 1999; Daftary, O'Connor, & Galitta, 2011), although this is not normally the case.

In a criminal case, the factors such as the seriousness of the crime and a person's mental conditions both appear to impact a juror's decision (Geiger & Weinstein, 2008). If a juror feels as though the defendant was or should have been able to control their mental state at the time of the crime, they will genuinely treat them as a criminal. This again reflects on how a juror may be viewing insanity.

METHOD

Participants

Participants were recruited from a small liberal arts college in New England during the fall semester of 2016. In total, there were a total of 148 students that volunteered to participate. Surveys were administered during the beginning of several courses including: Introduction to Criminal Justice, Statistical Methods of Criminal Justice, Research Methods in Criminal Justice, General Chemistry, Forensic Chemistry, Forensic Analysis, General Psychology, Political Psychology, and Advanced Research Seminar of Psychology. These courses were targeted because they would hold a majority of the criminal justice and psychology students needed to compare to Geiger and Weinstein's study. Though, jurors may never receive the type of education a criminal justice or psychology student would, we wondered if the study of this group would result in the same previous findings. Of these respondents, females made up 66% of the sample (n= 98) and males 34% (n= 50). There were 12 majors represented and three students that

were undeclared (2%). The majority of students were Criminal Justice majors (24%), followed by Biology (23%), Psychology (20%), Forensic Science (15%), English (4%), both Chemistry and Politics (3%), and Economics & Business (2%). Lastly, Education, Peace & Justice, History and Physics each represented 1% of the students in the study.

Materials

The survey instrument used was replicated from the Geiger and Weinstein (2008) study. The authors provided seven definitions or models of insanity based upon common model definitions found in abnormal psychology textbooks. These same definitions and a Likert-type outcome rating were used; rating on a scale of 1 (being in absolute disagreement) to 10 (being in absolute agreement). Definition 1 was based on the moral model: *insanity was a sinful behavior*.

Definition 2 was based on the medical model: *insanity is an identifiable illness and had diagnosable symptoms*. Definition 3 was based on the statistical model: *insanity is rare, infrequent, or an unexpected behavior*. Definition 4 was based on the sociological model: *insanity is relative to the society it occurs in and each culture will define what it means by insane*. Definition 5 was based on the psychometric model: *insanity is when an extreme score appears on a psychological test*. Definition 6 was based on the professional judgement model: *insanity is any condition, which leads to treatment by a qualified psychiatrist or psychologist*.

The final definition was based on the legal model: *insanity is the lack of ability to understand the laws of society, or to appreciate the wrongfulness of one's actions*.

The second part of the survey focused on how the students viewed the onset controllability of four courtroom cases, all involving a different mental illness. At the end of each vignette, there were different scenarios presented to the students based on a court-appointed psychiatrist's diagnosis of the defendant; the defendant is either suffering from alcoholism,

depression, paranoid schizophrenia, or post-traumatic stress disorder. Students would select their choice for the abnormal condition using a Likert-type rating, ranging from 1 (totally uncontrollable – no way responsible) to 7 (totally controllable – fully responsible) (see appendix for scenarios).

Procedure

The participants signed an informed consent form. There were a maximum of fifteen minutes allotted for each student to complete the survey. Each of the participants received a survey packet that included the seven model definitions of insanity and the four possible diagnoses for assessing the onset controllability. This differed from Geiger and Weinstein's (2008) study, in which all participants are receiving the four vignettes, and not just one.

Methods

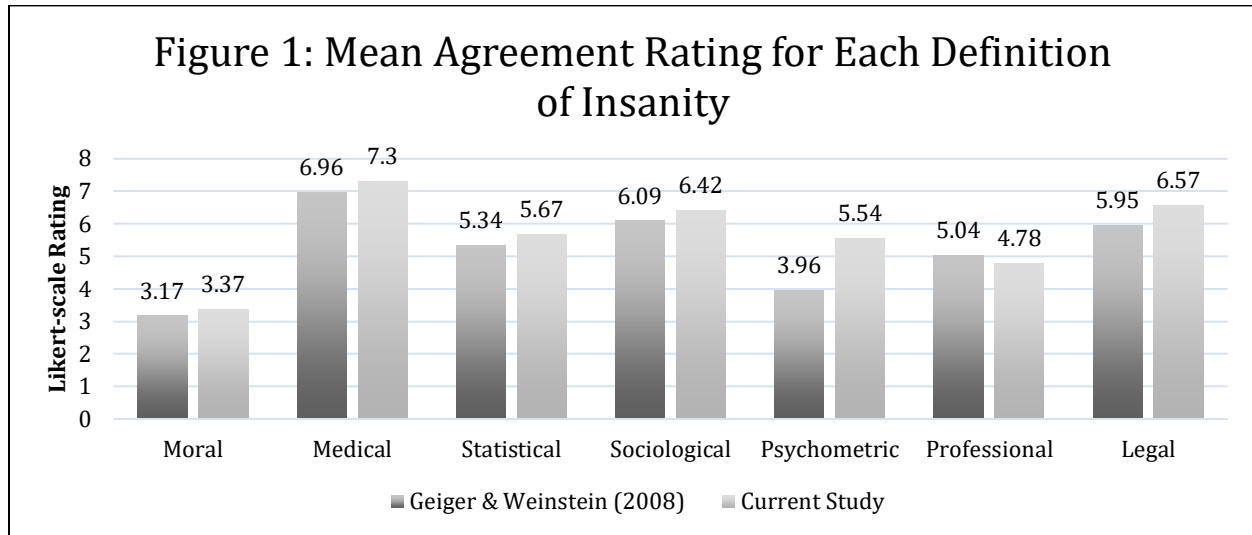
We used the same definitions and Likert-type rating vignettes and asked undergraduate students at a small liberal arts school and then compared our findings to Geiger and Weinstein's (2008) study.

A one-way repeated measure of ANOVA, also known as within-subjects ANOVA or ANOVA for correlated samples was used. This repeated method was chosen to test whether there are any overall differences between related means. The same students read the model definitions and rated each one as to what they believed constituted insanity. Thus, the same dependent variable (e.g. degree of agreement of insanity) is being measured more than once by the same students. The conditions are the related groups of the independent variable (e.g., type of model definition – moral, medical, statistical, sociological, psychometric, professional judgment, and legal). A one-way repeated measure of ANOVA was also used to examine onset controllability for differing disorders.

Results

The seven definitions were rated on the ten-point Likert-type scale, ranging from 1 (being in absolute disagreement with the definition) to 10 (being in absolute agreement with the definition) as used by Geiger and Weinstein (2008). The mean ratings for the common definitions are found in figure 1. Our results were similar to Geiger and Weinstein's with the medical model having the highest agreement (6.96 compared to our 7.30). In both studies, the moral model (3.17 versus our findings of 3.37) had the least amount of agreement. A difference arose when looking at the original study's mean rating for the legal model. Geiger and Weinstein's mean rating was 5.95, their third highest rating, whereas our study was 6.57, our second highest rating. Another difference is found when examining the sociological definition, the original study had a value of 6.09, which was their second highest, but this was our third highest with a value of 6.42. Then again, a difference was found with both psychometric and professional models. Geiger and Weinstein's mean ratings were 3.96 and 5.04, their sixth and fifth highest rating respectively. As for the findings of the current study, it was found to be the opposite order: 5.54 for psychometric and 4.78 for professional. Due to this, it was found that these were the fifth and sixth mean agreement ratings. A one-way repeated measures ANOVA found that there were differences in the degree of agreement for the definition, $F(4.57, 672.40) = 54.26, p < .01, \eta^2 = .27$.

Figure 1
Mean Agreement Rating for Each Definition of Insanity



Pairwise comparison of the definitions was calculated using Tukey's HSD procedure, and like Geiger and Weinstein's study 16 comparisons were found to be significant. However, medical vs. legal, statistical vs. sociological, statistical vs. psychometric, and psychometric vs. legal comparisons were not found to be significant in our study like they were in the original study. The significant pairwise comparisons of the definition agreement ratings are found in table 1. Based upon both studies, it appears that there are disagreements concerning the seven definition of insanity.

Table 1
Significant Pairwise Comparison on the Definition Agreement Rating

Moral vs. Medical
Moral vs. Statistical
Moral vs. Sociological
Moral vs. Professional
Moral vs. Legal
Moral vs. Psychometric *
Medical vs. Statistical
Medical vs. Sociological
Medical vs. Psychometric

Medical vs. Professional

Statistical vs. Professional *

Statistical vs. Legal *

Sociological vs. Psychometric

Sociological vs. Professional

Psychometric vs. Professional

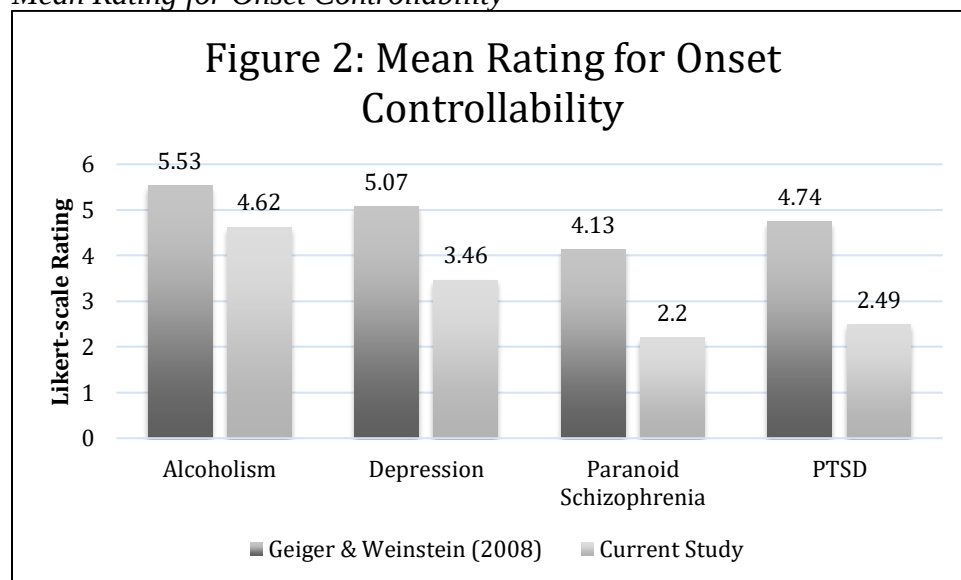
Professional vs. Legal *

Note. * Differences from Geiger and Weinstein's (2008) study

Like the original study, students rated the onset controllability of four disorders using a 1 to 7 scale, with 7 indicating a totally controllable onset for the disorder. The mean ratings for onset controllability are found in figure 2. For our study, although the mean rating was lower, our findings did mimic the original study with alcoholism being most controllable, followed by depression, PTSD, and finally paranoid schizophrenia. Based on a one-way ANOVA, college students view the disorder as differing in onset controllability, $F(2.37, 348.45) = 117.70$, $p < .01$, $\eta^2 = .445$.

Figure 2

Mean Rating for Onset Controllability



Discussion and Conclusion

The results of the present study support the theory that there is a significant difference on how individuals view insanity. Just as the study conducted by Geiger and Weinstein (2008) found, these undergraduate college students just as the general population, are all working from a different definition. This can be due to what they have studied throughout school. Table 1 shows that there were 16 important differences found within the agreement level for the seven definitions. Unlike the original study, the possible reason why medical vs. legal, statistical vs. sociological, statistical vs. psychometric, and psychometric vs. legal comparisons were not found to be significant could be due to differences in the student bodies surveyed. Our findings indicate, just as the Geiger and Weinstein study (2008), that undergraduate students do not have a clear cut way to define insanity.

Though there is a great deal of controversy in how these students view insanity, there are areas where there are clear findings. It was found that the highest rated definition was the medical model, and the second highest was the legal model. It is no surprise that the legal model rated second due to the number of students who study criminal justice and forensic science. They are taught in their entry level courses what the legal view of insanity means. Though this is a drastic difference from Geiger and Weinstein (2008), there is a possibility that a jury could be operating from similar definitions.

Geiger and Weinstein (2008) also had the medical model rate as one of the highest definitions. This can be connected back with recent focuses on how mental illnesses are biologically-based (Geiger & Weinstein, 2008). Having this recent focus of research, the undergraduate students were more susceptible to fitting the definition within the medical model. When discussing what insanity would be in courses taken, these biological studies might be

mentioned, thus creating a link to the medical model for participants. This can also be part of the explanation as to why there was such a substantially low rating for the moral model amongst the participants.

The way the undergraduate students rated the models of insanity reflect how they viewed the onset controllability scenarios in the second part of the survey. For instance, those who rated the medical model as one of their highest agreement levels would have most likely put that depression has a low level of controllability then alcoholism. Alcoholism is viewed as more controllable by most due to the fact that the individual who suffers from it is consciously make the choice to take that first drink. They were completely in control of their actions and know the possible consequences that can occur from alcohol abuse. Perhaps participants' thinking involves mental illness as being truly caused by a biological event, thus they do not have much control over whether or not they developed the said mental illness.

Though depression is far from the controllability of alcoholism, it is still hard to grasp how "controllable" it is for someone. Depression is a chemical imbalance within the human brain. Clinically, depression can be treated by several medications, prescribed by a doctor, however, this cannot control whether or not someone has depression. It might become difficult for the general public to view depression as completely uncontrollable because there are many ways in which to treat it and get help. Individuals who do not go and seek these treatments are making the choice not to. Thus, to a degree, an individual might have control over their depression.

The overall findings of this study demonstrate that within the general public there is still a great deal of confusion on what insanity truly is. The undergraduate students from the current study agree with those undergraduate psychology students from the previous study on some

ideas of what insanity is, but also disagree on others. In the current study, the differences of ratings demonstrates that the general public does not entirely agree as to which definition of insanity is most appropriate. Part of this disagreement may come from the fact that everyone is working off a different idea of what insanity is due to their educational background. It is possible that how the participants rated the onset controllability of the mental illness might have to do with the seven definitions.

This can prove that when dealing with court cases concerning an insanity plea, jurors might already have a predetermined bias of what someone has to be in order to be clinically insane. It remains that a single, clear cut definition of insanity is needed to ensure proper and fair justice is provided.

Limitations and Future Research

Limitations of this study come from the fact that the study did not meet the anticipated requirement of solely focusing on Criminal Justice, Forensic Science, and Psychology students. The survey was opened up to other disciplines to best control for the educated background of the students enrolled in the courses that the survey was proctored in. Based on this being a convenience sample, we wanted to make sure we had enough responses to increase our sample size. However, it still fails to encompass students from most disciplines and a more diverse student sample would have helped draw more broad conclusions. This also was problematic when comparing how the legal and psychological professionals react to the insanity plea. Another area that could have been problematic is the fact that some of the psychology students who took part in the study may have taken the abnormal psychology that is offered. Those who could have taken the class could have been influenced by course materials, thus impacting the

results. With that being said, if this study were to be continued, the observer would want to ask participants if they have taken an abnormal psychology course.

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