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University of Northern Colorado
Greeley, Colorado

PEOPLE WITH MENTAL ILLNESSES WHO FACE COERCIVE INTERROGATION:
THE CAPABILITY OF JURORS TO CONSIDER
THE TOTALITY OF THE CIRCUMSTANCES

A Thesis
Submitted in Partial
Fulfillment for Graduation with Honors Distinction and
the Degree of Bachelor of Arts

Kathryn Derby

College of Education and Behavioral Sciences

December 2019

PEOPLE WITH MENTAL ILLNESSES WHO FACE COERCIVE INTERROGATION:
THE CAPABILITY OF JURORS TO CONSIDER
THE TOTALITY OF THE CIRCUMSTANCES

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Abstract

Both coercive yet currently acceptable police interrogation tactics and the presence of mental illness in a defendant have been separately identified as risk factors for false confessions by defendants. Extensive research has been completed regarding each issue individually, with researchers struggling to induce sensitivity in jurors to police interrogation tactics and defendants with mental illness separately. In this study, the researchers sought to examine juror's ability to understand the totality of the circumstances (mild or severe mental health issues as well as mild or severe police interrogation pressures) when clinical expert testimony was or was not present. Undergraduate psychology students were asked to read through a narrative trial transcript and answer questions regarding the trial and their decisions and perceptions of the case. The researchers predicted that the results would show jurors as sensitive to the situational characteristics of each scenario.

People With Mental Illnesses Who Face Coercive Interrogation:
The Capability of Jurors to Consider the Totality of the Circumstances

In January of 1984, honor student Michelle Jackson was abducted from a bus stop in Michigan (Wilgoren, 2002). Neighbors organized a search party when they realized she was missing and found her body strangled in a garage (Wilgoren, 2002). Months later, Eddie Joe Lloyd filed a Freedom of Information act request for the case, indicating that he had overheard a detail about the crime that was unreleased to the public (although potentially known by searchers) at a party (Wilgoren, 2002). At the time, Lloyd was in a mental institution for treatment for his paranoid schizophrenia (Wilgoren, 2002). Over the course of three interviews with Detective Thomas De Galan, the lead detective on the Jackson case, Lloyd was provided with extensive information regarding the case, including a walkthrough of a drawing of the garage where Jackson's body was found (Wilgoren, 2002). At the prompting of police to help them with their investigation, Lloyd confessed in detail to Jackson's murder and was subsequently tried and convicted (Wilgoren, 2002). Eighteen years later, however, DNA evidence proved his innocence (Wilgoren, 2002). This case is just one of over 1,800 exonerations recorded to date (Gross & Possley, 2016).

False confession has become an increasingly studied problem in the criminal justice system over the past thirty years, recognized by researchers and others as a pressing issue as the number of DNA exonerated people who had falsely confessed climbs higher and higher. Both police interrogation tactics and the presence of mental illness in a defendant can be risk factors for false confession, with intense ramifications when they intersect—as demonstrated by Eddie Joe Lloyd's unfortunate case.

Jurors form the final line of defense against injustice resulting from a false confession. Researchers have repeatedly attempted to induce sensitivity to these issues individually in jurors with little success (see Edens, Desforges, Fernandez, & Palac, 2004; Jones & Penrod, 2016; Jones & Penrod, 2017; Woestehoff & Meissner, 2016; Woody & Forrest, 2009). However, actual criminal cases involve the interplay of multiple factors.

In this study, the researchers seek to answer the question: Can expert testimony on the susceptibility of defendants with mental illness to false confession make jurors sensitive to the totality of the circumstances (i.e. mental health issues as well as police interrogation pressures and the potential interactions between these factors)? This is an essential question to be answered, as jurors must distinguish and are expected to be capable of distinguishing, between noncoercive and coercive interrogations and must be able to understand how different factors can interact to either increase or decrease the likelihood of a defendant falsely confessing. No actual case will involve a lone factor without the interplay of others.

Literature Review

The United States legal system rests on the notion that it is preferable to let 100 guilty people walk free than let one innocent person go to jail. However, the system is imperfect, and many innocent people end up convicted and incarcerated. Two of the major reasons for wrongful conviction come from the power of false confessions obtained through coercive interrogation and the inability of jurors to appropriately assess the influence of defendant's mental health issues in interrogation and confession. Expert testimony can address these issues, but has yet to come close to an answer to fix either

problem. A solution is needed to allow jurors to not only understand each type of factor individually but also understand the interactions between the two, and others, in order to consider the totality of the circumstances.

False Confession

The power and effects of false confessions have been researched extensively. Unfortunately, studies continue to indicate a rather bleak outlook for those who have fallen prey to false confession. The literature indicates that it is difficult to recant a confession once it has been given, and that the presence of confession—true or false—can be devastating for a defendant during trial. Three types of false confession have been identified by the literature: voluntary false confessions, coerced compliant false confessions, and coerced internalized false confessions (Kassin, 2008). This study will focus on coerced compliant false confessions, wherein suspects confess in order to “escape from a stressful situation, avoid punishment, or gain a promised or implied reward” (Kassin, 2008, p. 249).

Frequency of coerced false confession. According to the National Registry of Exonerations, approximately 13% of all exonerated prisoners falsely confessed (Gross & Possley, 2016). This estimation is lower than that obtained from the Innocence Project, where over 1 in 4 of the 350+ individuals exonerated by the project falsely confessed, provided a false admission, or otherwise falsely self-incriminated (Innocence Project, n.d.). However, the true rate of false confession unfortunately remains unknown (Kassin et al., 2010).

Problems caused by false confession. The aforementioned estimated yet unknown rate of false confession is particularly concerning due to the numerous issues

that arise during trial following a false confession. Even if a defendant recants their confession during the trial, jurors still take the confession into account when determining their verdict (Henkel, 2008).

Particular concerns arise over Appleby and Kassin's (2006) findings that indicated jurors will believe a false confession over DNA evidence exonerating the defendant. If the prosecutor attempted to explain the contradiction in any way, jurors were willing to overlook the discrepancy – even if the explanation was highly improbable. Appleby and Kassin's (2006) study suggests that juries may see confession evidence as nigh infallible, leading to serious consequences for individuals who falsely confess.

In Henkel's (2008) study, when a defendant claimed intense interrogation stress caused their confession, the defendant was still found guilty 65% of the time, almost 20% more frequently than the control condition where no confession was given. Even more concerning, when jurors were asked to estimate the probability of the defendant truly being guilty of the crime, jurors indicated that they believed there was a 75% chance that the defendant was actually guilty (Henkel, 2008). The confession due to interrogation stress was deemed by jurors to be the scenario with the highest probability of true guilt across all the recanted confession conditions (Henkel, 2008).

Another common fallacy is jurors' belief that they are capable of detecting false confessions. Although many people believe that they are capable of spotting false confessions, in practice they are often incorrect. When Kassin, Meissner, and Norwick (2005) asked college students to discern which video or audio confessions presented to them were false, students rated their confidence level of having chosen correctly as 6.18

or 6.25 out of 10, respectively. The students' actual ability to discern false confessions from true confessions could be accounted for by chance (Kassin et al., 2005). This lack of accuracy with unjustified high confidence is problematic, as a jury may incorrectly believe they have successfully determined a false confession is truthful and convict on that confidence.

This overconfidence also extends to the belief individuals hold that they would never falsely confess. Woody and Forrest (2009) had 361 college psychology and criminal justice students read a trial transcript that included a case summary, interrogation transcript, and, in some cases, expert testimony before responding to a series of questions surrounding how guilty they viewed the suspect to be, whether they or others would falsely confess without physical coercion, and deceptiveness and coerciveness of the interrogation, which included three different false evidence ploys. The results found that while 87.3% of participants agreed that someone else could falsely confess without physical coercion, only 32% believed they themselves would be susceptible to falsely confessing (Woody & Forrest, 2009). These findings are supported by Jones and Penrod's (2016) study, in which participants who perceived themselves as more likely to falsely confess convicted less frequently.

Interrogation

Using currently acceptable police interrogation tactics, officers induce an unknown number of false confessions. False-evidence ploys are the police interrogation strategy in which non-existent evidence implicating the defendant is presented during interrogation with the goal of inducing a confession (Woody et al., 2013). Kassin and Kiechel (1996) conducted an experiment on the likelihood an innocent person would

falsely confess when presented with a false-evidence ploy, the results of which demonstrated that the majority of individuals would falsely confess when false evidence is presented implicating them. Seventy-nine undergraduates were asked to complete either a fast or slow typing task while paired with a female confederate, and they were warned not to hit the “Alt” key on the computer or the computer would crash and data would be deleted (Kassin & Kiechel, 1996). In all conditions, the computer crashed after 60 seconds, and the apparently distressed interviewer accused the participant of hitting the forbidden key (Kassin & Kiechel, 1996). In half of the conditions, the confederate would suggest that they had seen the participant hit the forbidden key, thereby simulating the presentation of a false-evidence ploy (Kassin & Kiechel, 1996). When accused without the confederate speaking up, 48% of the participants signed a written confession; when the confederate implicated the participant, that percentage skyrocketed to 94% of participants signing the confession (Kassin & Kiechel, 1996). A meta-analysis of 19 studies on false confession found that in the 14 typing task studies employing a false evidence ploy, an average of 68% of participants confessed when presented with a false evidence ploy (Stewart, Woody, & Pulos, 2018). This is significantly more frequently than participants not presented with a false evidence ploy, who confessed 47% of the time (Stewart et al., 2018). These studies demonstrate that while people may believe that they are immune to false confession, as suggested by Woody and Forrest (2009), the vast majority of people are susceptible to the power of false evidence ploys.

People with Mental Illness

As indicated by Kassin (2008), the presence of a mental illness can increase a suspect’s risk of false confession. According to the National Registry of Exonerations,

72% of exonerated individuals reported to have a mental illness or intellectual disability had confessed (Gross & Possley, 2016). Henkel (2008) addressed participants' views when a defendant indicated their mental illness as a reason for recanting their confession. In this condition, the defendant was said to be undergoing therapy for anxiety and claimed the confession was due to the fear of a panic attack (Henkel, 2008). The percentage of guilty verdicts rendered for the mental illness condition was nearly identical to the interrogation stress condition (i.e. 65% voting guilty), with 64% of participants voting the defendant guilty (Henkel, 2008). The mental health condition showed a 16% increase in conviction rates when compared to the no confession condition (Henkel, 2008). The estimated probability that the defendant was actually guilty in the mental illness condition was 6% lower than the interrogation stress condition (75% chance), estimated to be a 69% chance (Henkel, 2008); however, the difference was not statistically significant (Henkel, 2008). These outcomes are troublesome, indicating that jurors may not understand the additional risks for false confession that come with having a mental illness. It is crucial to consider how different aspects of mental health issues, including the intensity of an illness, type of illness, and prior biases jurors may hold regarding different mental health issues, can impact a defendant's likelihood of false confession and obtaining a guilty verdict from a jury.

Intensity of illness. Many mental illnesses, including common ones such as depression and anxiety, vary in intensity, which can significantly change an individual's ability to function day-to-day. Different levels of depression, for example, may impair defendants mildly or substantially (Wondemaghen, 2014). While mild depression is more common and sufferers are generally able to function normally, severe cases often prevent

the sufferer from getting out of bed in the morning and can even result in psychosis (Wondemaghen, 2014). A case of depression involving psychosis could induce a false confession, although depression lacking psychosis may not induce a false confession (Weiss, 2003). This kind of variation is also present in people with more severe mental illnesses, such as schizophrenia. The difference in risk level depending on the severity of an illness is a particularly important concern that jurors need to be sensitive to in order to fully consider the totality of the circumstances surrounding a defendant's confession.

Types of mental illnesses. There are concerns that a diagnosis of psychosis, depression, schizophrenia, or even anxiety could significantly impair a suspect's ability to resist interrogation tactics that are known to induce false confessions. (Weiss, 2003). Whether an illness is considered milder (e.g., depression) or more severe (e.g., schizophrenia) by type, variations in intensity, as discussed above, can still lead to increased risk for false confession no matter how severe a person's mental illness is (Weiss, 2003). Generally speaking, legal precedent rejecting non-psychotic illnesses for insanity pleas indicates that depression is not widely accepted as a valid legal insanity defense (Wondemaghen, 2014). To have a reasonable likelihood to be considered mentally impaired, historically a psychotic illness (i.e. an illness which impairs an individual's ability to perceive reality) must be present (Wondemaghen, 2014). Non-psychotic illnesses have little ability to be presented as a problematic and influential circumstance (Wondemaghen, 2014). This presents yet another problem when a defendant with a generally milder illness, such as depression, falsely confesses, as the legal system as a whole, including both juries and courts, generally does not recognize depression as a potentially powerful influence on an individual's behavior, even if Weiss

(2003) views a diagnosis of depression as a risk for false confession, particularly given the hopelessness and lack of energy often reported by those with this diagnosis. While Wondemaghen's (2014) analysis focuses on Australian law, the Australian insanity defense parallels that of the United States.

Prior juror biases. Another important factor for consideration is the presence of prior biases or information jurors have regarding individuals with different mental illnesses. Optimistically, Mossière and Maeder (2015) found that jurors may not be influenced by or may be able to set aside previous biases against mentally ill offenders in non-capital trials. According to Vitello (2004), jurors instead tend to focus on the future risk a defendant presents to the public. While this seems like a positive finding, another study revealed that juror biases may appear indirectly in their decisions. Edens et al. (2004) conducted a study where defendants were diagnosed with either psychopathy, psychosis, or no mental illness. Expert testimony was then provided that indicated either high or low risk of future violence from the defendant (Edens et al., 2004). Through this experiment, Edens et al. (2004) discovered that despite expert testimony indicating otherwise, both "low-risk" defendants diagnosed with a mental illness were considered significantly more likely to be violent in the future than the "low-risk" non-mentally ill defendant. These results show that jurors carry biases about the level of danger mentally ill people pose, which is troublesome because Vitello (2004) indicates that future dangerousness is one of the most important factors in jury decisions. Presenting a defendant's mental illness as a defense to juries has mixed results for similar reasons. If jurors accept mental health factors as mitigating circumstances it can be beneficial to a defendant's case; however, if jurors reject mental health factors as mitigating

circumstances, these factors can become enormously detrimental (Gillespie, Smith, Bjerregaard, & Fogel, 2014). These findings are also supported by Wolbransky's (2012) study, where it was found that juries may mistake mitigating mental health factors for aggravating circumstances that indicate a harsher sentence is needed.

Expert Testimony

One way defense attorneys attempt to encourage jurors to be sensitive to particular issues in a case is through the introduction of expert testimony. Expert testimony provides jurors with additional information that may sway their decision by educating the court on factors that otherwise might not have been considered. However, the literature is controversial as to whether expert testimony on these topics truly works as intended.

Impact on jurors. The effectiveness of expert testimony is controversial in the field, but the impact on jurors in experimental studies is often found to be limited. In one study, despite expert testimony indicating defendants with a diagnosis of psychosis or psychopathy had a low risk of future violence, jurors still perceived the defendants to be highly dangerous (Edens et al., 2004). This was corroborated by Jones and Penrod (2016), who found that the impact of experimental expert testimony on juror sensitivity to the coerciveness of certain interrogation techniques was effectively non-existent. However, these results are contradictory to those in Woody and Forrest's (2009) study. Woody and Forrest (2009) found that expert testimony about false evidence ploys did, in fact, reduce the likelihood of conviction—although it did not affect length of recommended sentence. A middle ground to these two extremes would be Woestehoff and Meissner's (2016) study, in which expert testimony was only effective indirectly

through increasing juror knowledge of risk factors for false confessions. The first study to induce sensitivity in jurors was that done by Jones and Penrod (2017), in which the researchers created research-based judicial instructions for jurors. For sensitivity to be achieved, jurors must be capable of distinguishing between levels of influence by different factors. For example, juror sensitivity to expert testimony regarding false confession risk factors for different levels of mental illness would mean that frequency of conviction would reflect the severity of impairment (i.e. a severely schizophrenic defendant would be less likely to be convicted than would a mildly depressed defendant), whereas juror skepticism would show a general decrease in convictions when expert testimony is presented regardless of the form or severity of the defendant's mental health diagnosis or the severity of the interrogation. By providing instructions based in psychological research, Jones and Penrod (2017) were able to assist jurors in considering the individual impact of certain factors without simply becoming skeptical. The results of Jones and Penrod's (2017) study are promising and indicate that the sensitivity expected of jurors by the court system can be achieved.

Conclusion

False confession is more common than many jurors think, due to high-pressure and deceptive police interrogation tactics. Jurors tend to focus more on traits they associate with mental health issues (e.g., perception of future dangerousness) than the unique issues of mentally ill defendants. Based on current research, it is unclear as to whether expert testimony helps or harms defendants with mental illness; testimony accepted by jurors could work as intended, potentially sensitizing jurors to false confession and mental health issues, but testimony rejected by jurors often backfires. As

of yet, no studies combine the presence of mental illness in a defendant with expert testimony to indicate how even a low-stress interrogation could induce a false confession from said defendant. Jurors have not yet been presented with this combination of factors in any known study. It is essential to understand whether jurors can understand the interaction of multiple factors in a case, as no real case is so basic and controlled as to only require the examination of a single factor without the interplay of another. This is the gap in the literature that the current study seeks to fill.

Methods

The research question for the present study is: Can expert testimony about the susceptibility of people with mental illness to false confession make jurors sensitive to the totality of the circumstances which include defendants' mental health issues as well as police interrogation pressures? To answer this question, the researchers administered narrative trial transcripts to potential jurors and provided a questionnaire to determine how the manipulated situational factors (i.e. interrogation pressure, severity of mental illness, and presence or absence of expert testimony) impacted jurors' verdicts and opinions of the trial and the defendant.

Participants

Projected. The study originally sought to recruit approximately 360 participants using a convenience sample. Participants were from the General Psychology participant pool, psychology classes, or sociology classes in 2019. Participants were contacted through classes and through postings in the School of Psychological Sciences. All participants will be U.S. citizens who live in this jurisdiction and are over 18, as is required to serve on a jury, but there will be no upper limit on participant age, as there is

no age cap for serving on a jury. All participants were treated in accordance with ethical guidelines from the University of Northern Colorado as well as the American Psychological Association (2015). The tasks were described as presented in the consent form; participants were informed that it will not be possible to match data to individual participants, and participants were assured of their anonymity and confidentiality.

Obtained. At this time, 50 participants have completed the study. Of these, 18 (36%) identified as male, 30 (60%) identified as female, 1 (2%) identified as transgender, and 1 (2%) identified as nonbinary. Most of the participants were college freshmen ($n = 31$, 62%) with an average age of 19.28. Participants were excluded if they had previously taken the university's psychology and law class ($n = 1$, 2%) or if they failed the manipulation check ($n = 17$, 34%). Our final sample consisted of 32 participants (64% of total participant pool).

Data Collection Procedures

Potential participants were recruited from the General Psychology participant pool. Those who agreed to participate after reading the consent form were first asked to read a brief narrative trial transcript that depicts the mock defendant's confession as potentially coerced. This transcript had three manipulated elements to it: the intensity of police interrogation, the severity of the defendant's mental illness, and the presence or absence of clinical expert testimony regarding the effects of the defendant's mental illness on the defendant's vulnerability to false confession. The police interrogation conditions were either a high or low stress interrogation, in which the police officer in the transcript either used extremely coercive interrogation tactics or minimally coercive interrogation tactics, respectively. The conditions regarding the defendant's mental health

were mild depression (i.e. an individual still capable of normal day-to-day functioning) and severe depression (i.e. an individual whose day-to-day functioning is severely inhibited). The conditions for clinical expert testimony (i.e. testimony that centers around the defendant's mental illness as well as specific trait vulnerabilities to false confession) were either the presence or absence of such testimony. Once participants read the trial transcript, they were asked to answer a manipulation check questionnaire to ensure that they read the transcript carefully and understood the evidence presented to them. A subsequent series of questions asked participants about their verdict for the case, the perceived probability of commission by the defendant (i.e. how likely it is that the defendant actually committed the crime), the perceived impact of each manipulated factor on their decision, whether the defendant's confession was true or false, whether the police interrogation was coercive, how deceptive and coercive they perceive the police interrogation was, how likely they believe others are to falsely confess, and how likely they believe they themselves are to falsely confess. Once the questions had been answered, participants completed Day's Mental Illness Stigma Scale. Finally, participants responded to demographic questions regarding their age, race, gender, year in school. Participants were also asked if they had taken a criminal justice course and if they had any direct or indirect experience with mental illness. All materials were administered on paper and in person.

Data Analysis Procedures

Projected. Once all of the data have been collected, the researchers will examine the interaction of the three manipulated variables (intensity of police interrogation, intensity of defendant mental illness, and presence of clinical expert testimony) and their

impact on participants' sensitivity to or skepticism of risk factors for false confession experienced by the defendant. This will be studied through the examination of the frequency of guilty verdicts in each scenario as well as responses to the questions regarding participant opinions on different aspects of the trial. Demographic data will be purely informational and not studied as part of the interactions.

Actual. For the purposes of this thesis, the data collected were represented in tables (Tables 1, 2, and 3). The existing data were evaluated, although not enough data points were available to conduct statistical analyses.

Data Handling Procedures

All data were kept anonymous and confidential. Participants' names were not recorded in any way. Information was collected in a pen and paper format from individuals. To maintain confidentiality, data were not conveyed electronically or collected in interactive group settings. The data were confidential and completely anonymous; no one, including the experimenters, is able to match a participant to his or her data. All data were stored in a locked office by the faculty member. Participants were assured of these safeguards in the consent document and in the oral instructions they heard when they were greeted by the experimenter.

Results

Overall main effect results are laid out in Table 1. Individual main effects are broken down in Table 2. Participant's beliefs about false confessions are laid out in Table 3. Of the 50 participants who completed the survey, 17 participants were omitted for failing to pass the manipulation check. One additional student was excluded due to

previously taking the university's psychology and law class. This left a total sample of 32 participants.

Recorded data included participants' verdicts, their perceptions of the likelihood the defendant committed the crime, recommendations for sentencing if they voted the defendant guilty, their perceptions of how deceptive and coercive the police interrogation was, and their mental illness stigma scale scores. One sentencing recommendation was modified for the purposes of this study. The participant wrote in an answer above what is legally allowable for Colorado judges to sentence for second degree murder, and so this data point was converted into the maximum possible sentence.

Overall Main Effect

The researchers hypothesized that clinical expert testimony would induce sensitivity to the totality of the circumstances (i.e. severity of a defendant's mental illness and level of pressure in the police interrogation) in jurors. Sensitivity would show distinct differences in verdict outcomes based on the nuances of each case. The data were evaluated in a table format to determine whether there are any preliminary differences between verdict outcomes, ratings of probability of commission, average sentence in years, perceived level of deception in the interrogation, and perceived level of coercion in the interrogation.

While not enough data points were available to conduct statistical analyses, a narrative examination of the available data indicates that verdict outcomes generally do not appear to differ significantly among most of the conditions. Thirteen total participants (40.6%) convicted the defendant. The case in which the defendant was convicted least often ($n = 1$, 16.7%) was the scenario in which the defendant experienced high police

interrogation pressure while suffering from a mild form of depression and no clinical expert testimony was introduced. In contrast, the case in which the defendant was most often convicted ($n = 4$, 80.0%) was the scenario in which the defendant experienced low police interrogation pressure while suffering from a severe form of depression and clinical expert testimony was introduced.

In general, participants rated the probability of commission at 5.66 ($SD = 2.64$), which indicates that participants believe that it is slightly more likely than not that the defendant actually committed the crime. The conditions under which participants were least convinced that the defendant committed the crime ($M = 3.83$, $SD = 2.40$) were when the defendant experienced a high-pressure interrogation while suffering from mild depression and no clinical expert testimony was introduced. Participants were most convinced that the defendant committed the crime ($M = 8.00$, $SD = 1.41$) when the defendant experienced a low-pressure interrogation while suffering from severe depression and no clinical expert testimony was introduced.

On average, the defendant was sentenced to 15.31 years in prison ($SD = 7.80$). Average sentences varied between cases, however all but one scenario had an average sentence above or equal to 12 years. This preliminary narrative review of the data shows that the participants were most lenient when recommending a sentence ($M = 4$, $SD = 0.00$) in the case of a defendant who experienced high police interrogation pressure while suffering from severe depression without the introduction of clinical expert testimony. Participants sentenced the defendant most harshly ($M = 22$, $SD = 2.83$) in the scenario in which the defendant experienced high police interrogation pressure while suffering from a mild mental illness when expert testimony was introduced.

Participants rated the interrogation as being slightly more deceptive than not ($M = 5.50$, $SD = 3.01$) and slightly more coercive than not ($M = 5.86$, $SD = 3.07$) overall. The case in which the interrogation was found to be the least deceptive ($M = 1.50$, $SD = 0.71$) involved a low-pressure interrogation in which the defendant suffers from a severe form of depression and expert testimony is not present. The case in which the interrogation was found to be least coercive ($M = 2.60$, $SD = 2.51$) involved a low-pressure interrogation in which the defendant suffers from a severe form of depression and expert testimony is presented. Participants found the interrogation the most deceptive ($M = 8.20$, $SD = 1.30$) in the scenario where the defendant experiences a high-pressure interrogation while suffering from a mild form of depression and expert testimony is presented. Participants rated the interrogation as most coercive ($M = 8.33$, $SD = 0.58$) in the condition where the defendant experiences a high-pressure interrogation while suffering from a severe form of depression and expert testimony is presented.

Low Pressure Versus High Pressure Interrogation

Participants were evenly split between the low ($n = 16$) and high ($n = 16$) interrogation pressure conditions. In the low-pressure interrogation conditions, half of the participants ($n = 8$, 50%) convicted the defendant. In the high-pressure interrogation conditions, only five participants (31.3%) convicted the defendant. While no statistical effects are measurable with a data set this small, participants in the low-pressure conditions found the likelihood that the defendant actually committed the crime ($M = 6.56$, $SD = 2.22$) to be much higher than in the high-pressure conditions ($M = 4.73$, $SD = 2.79$). Sentencing recommendations were similar between high and low interrogation pressure conditions, with the high-pressure conditions garnering slightly lengthier

sentences ($M = 16.6$, $SD = 7.73$) than the low-pressure conditions ($M = 14.5$, $SD = 8.26$). The ratings for both deceptiveness and coerciveness of the interrogation were markedly higher in the high-pressure conditions ($M = 7.19$, $SD = 2.34$ and $M = 7.44$, $SD = 2.19$, respectively) as compared to the low-pressure conditions ($M = 3.81$, $SD = 2.66$ and $M = 3.94$, $SD = 2.86$, respectively). Stigma scores showed participants in each condition to have roughly equal levels of stigma, with an average score of 3.14 ($SD = 0.48$) for the low-pressure interrogation conditions and an average score of 3.40 ($SD = 0.60$) for the high-pressure interrogation conditions.

Mild Versus Severe Depression

In total, the mild depression conditions had more participants ($n = 20$) than the severe depression conditions ($n = 12$). No statistical analyses could be conducted to confirm the presence and determine the strength of the following effects anecdotally observed by the researchers. Only six participants (30.0%) convicted the defendant in the mild depression conditions. The defendant was convicted by 58.3% of the participants ($n = 7$) in the severe depression conditions. Participants rated the likelihood that the defendant actually committed the crime as higher in the severe depression conditions ($M = 6.83$, $SD = 1.95$) when compared to the mild depression conditions ($M = 4.94$, $SD = 2.80$). Sentencing decisions were harsher overall for the low depression conditions ($M = 17.8$, $SD = 5.60$), but had more variance in the high depression conditions ($M = 13.1$, $SD = 9.15$). In the mild depression conditions, the interrogation was overall viewed as both more deceptive ($M = 6.20$, $SD = 2.88$) and more coercive ($M = 6.10$, $SD = 2.96$) than in the severe depression conditions ($M = 4.33$, $SD = 2.66$ and $M = 5.00$, $SD = 3.36$,

respectively). Stigma score averages were roughly equal between the mild depression ($M = 3.32$, $SD = 0.59$) and severe depression ($M = 3.20$, $SD = 0.49$) conditions.

Presence Versus Absence of Expert Testimony

The participant groups were roughly equivalent between the expert present ($n = 17$) and no expert ($n = 15$) conditions. Although no statistical analyses were conducted to confirm a significant difference in conviction rates, participants convicted the defendant almost twice as frequently in the expert present conditions ($n = 9$, 52.9%) compared to the no expert conditions ($n = 4$, 26.7%). Probability of commission ratings did not appear to differ between the expert present ($M = 5.94$, $SD = 2.74$) and no expert ($M = 5.40$, $SD = 2.59$) conditions. Sentencing recommendations were slightly longer and more variable in the expert present conditions ($M = 16.9$, $SD = 8.43$) versus the no expert conditions ($M = 11.8$, $SD = 5.44$). Interrogations were viewed as slightly more deceptive than coercive in the conditions with no expert ($M = 5.87$, $SD = 2.95$ and $M = 5.80$, $SD = 3.05$, respectively) versus the conditions with an expert present ($M = 5.18$, $SD = 3.11$ and $M = 5.59$, $SD = 3.18$, respectively). Stigma score averages appeared not to differ between the no expert ($M = 3.24$, $SD = 0.53$) and expert present conditions ($M = 3.30$, $SD = 0.58$).

False Confession Possibility for Self Versus Others

Of all 31 participants who answered the post-test questions, 16 (51.6%) believed that the defendant's confession was true. In each main effect condition, over 50% of participants believed that it is possible for others to falsely confess without the presence of physical coercion. Overall, 23 participants (74.2%) believed that false confessions were possible for others. The conditions to which participants were assigned appeared to affect their perceptions of the likelihood of their own and another's confession. The

condition under which participants were least likely to believe the defendant's confession was true was mild depression ($n = 8$, 42.1%). Participants were most likely to believe the defendant's confession when presented with severe depression conditions ($n = 8$, 66.7%). Participants most frequently reported that a false confession by others was possible when presented with the low interrogation pressure conditions ($n = 14$, 87.5%). In contrast, participants least frequently believed false confessions were possible for others in the high interrogation pressure conditions ($n = 9$, 60.0%).

Participants reported the possibility of falsely confessing themselves as much lower across all conditions, with only 8 participants (25.8%) believing that they themselves could possibly falsely confess. Participants most frequently acknowledged the possibility of falsely confessing themselves in the mild depression conditions ($n = 7$, 36.8%). Only one individual (8.3%) believed they could potentially falsely confess in the severe depression conditions. Overall, participants rated the likelihood that they could potentially falsely confess as almost impossible ($M = 2.42$, $SD = 2.09$). Participants rated themselves most likely to falsely confess ($M = 2.84$, $SD = 2.48$) when presented with the mild depression conditions. Participants were most certain that they would not falsely confess ($M = 1.75$, $SD = 1.08$) when presented with the severe depression conditions.

Discussion

With the limited data set available for analysis, results are mixed and there are few observable differences between conditions. Average stigma scores were mostly even across all conditions. Most notably, the expert testimony had the opposite effect from what was intended. Instead of improving jurors' ability to be sensitive, the expert testimony almost entirely resulted in increased convictions regardless of other factors in

the condition. The only scenario in which the presence of expert testimony appeared to make jurors sensitive to nuances of a case was the most severe condition, in which the defendant faced a high-pressure interrogation while suffering from severe depression. These effects may be due to the small data set, but could also indicate that expert testimony is in fact harmful to defendants' cases when the defendant suffers a mental illness and the defendant's confession is disputed.

Jurors did seem to recognize different levels of deception and coercion between the interrogation pressure conditions, finding the high-pressure interrogation almost twice as deceptive and coercive as the low-pressure interrogation. Convictions rates also dropped considerably in high-pressure interrogation conditions when compared to low-pressure interrogation conditions. Participant ratings for probability of commission also dropped when presented with a high-pressure interrogation instead of a low-pressure interrogation. These effects are the most consistent between overall main effects and suggest that interrogation pressure is recognizable to jurors and is the most influential of the studied factors in determining jurors' perceptions of the trial and their trial decisions.

Participants were less sympathetic to defendants with severe depression, convicting the defendant almost 30% more frequently than when the defendant presented with mild depression. Probability of commission ratings were also much higher in the severe depression conditions than the mild depression conditions. While sentences were lighter on average for the defendant with severe depression, the standard deviation suggests that there was high variance present between recommendations. This tendency for participants to view defendants with severe depression more critically does not appear to be due to stigma, as the stigma score for participants who read through a trial with a

defendant with severe depression is lower than the stigma score for those who read through a trial with a defendant with mild depression. This could be due to social desirability bias, which would lead to lower stigma scores that do not accurately reflect the participants' prejudices. More research is necessary in order to determine if this is a real effect. If it is a real effect, the data suggests that defense attorneys should be careful if they intend to introduce a client's severe mental illness in court, as it may damage the jury's opinion of the defendant instead of garnering sympathy.

Participants' ratings for their own potential to falsely confess and others' potential to falsely confess is consistent with prior studies (see Woody & Forrest, 2009). While almost three-fourths of jurors believed that someone else could falsely confess without the presence of physical coercion, only one-fourth believed that they themselves could falsely confess. Overall, participants rated the likelihood that they would falsely confess as next to impossible. This indicates a disconnect between jurors and a class of people they have established as "other," the latter of which is susceptible to false confession while the jurors themselves are not.

Limitations

The present data set study is extremely small ($n = 32$) due to the availability of only preliminary data to analyze and a high manipulation check failure rate. Currently visible effects may only be apparent due to this small sample size. Additionally, this study uses data from college students and not real jurors. It is possible that college students hold different views and make decisions differently from actual jurors. This study is also highly controlled. In order to clearly view effects between variables,

richness and realism were sacrificed and the trial transcript is not as detailed or florid as it could be.

For the sake of practicality, this study was administered to participants individually. This means that no deliberation took place, despite the essential function deliberation plays in real trials. It is possible that some participants' opinions could have been swayed if they were to discuss the case in a group setting before deciding on a verdict and recommending a sentence. Finally, there may be some additional variances that are unaccounted for with the questions detailed in the post-trial survey. For example, having tangential experience with mental illness through another person could give a participant different perceptions from someone who has personally experienced mental illness. The perceived positive-ness or negative-ness of an experience with mental illness could also influence participant perceptions of mental illness and mental health professionals.

Conclusion

More data are needed in order to confirm the preliminary analyses laid out in this paper. Currently, the available data suggest that introducing a defendant's severe mental illness and expert testimony regarding the defendant's mental illness into the court room may in fact be detrimental to a defendant's case. Jurors are, however, able to distinguish between high and low police interrogation pressures, and this distinction is clear in their trial decisions. Further studies should explore whether trial decisions change depending on the type of mental illness presented (e.g., does a defendant having a psychotic illness lead to higher conviction rates) and continue the study of expert testimony's use and effectiveness in the courtroom. With further research into jury behavior, attorneys will be

able to truly provide their client with the best possible defense and, in turn, will be able to fulfill the ultimate goal of the justice system.

Table 1

Total N, N and Percent Guilty Verdicts, Means and Standard Deviations (in Parentheses) of Recommended Sentences by the 13 Participants Who Convicted the Defendant, and All Participants' Likert Ratings (1 = not at all, 10 = completely) of Commission Probability, Deception, and Coercion as a Function of Intensity of Interrogation Pressure, Severity of Mental Illness, and Presence of Expert.

Pressure	Depression	Expert	Total N	Guilty Verdict N (%)	Probability of Commission	Sentence in Years	Deception	Coercion
Low	Mild	Absent	5	1 (20.0%)	5.80 (2.59)	12 (0.00)	5.60 (2.79)	4.40 (2.41)
		Present	4	2 (50.0%)	6.50 (3.00)	18 (8.49)	3.00 (2.16)	5.50 (3.87)
	Severe	Absent	2	1 (50.0%)	8.00 (1.41)	16 (0.00)	1.50 (0.71)	3.00 (2.83)
		Present	5	4 (80.0%)	6.80 (1.64)	13 (11.02)	3.60 (2.79)	2.60 (2.51)
High	Mild	Absent	6	1 (16.7%)	3.83 (2.40)	15 (0.00)	7.17 (2.71)	7.17 (3.19)
		Present	5	2 (40.0%)	4.00 (3.37)*	22 (2.83)	8.20 (1.30)	7.00 (1.87)
	Severe	Absent	2	1 (50.0%)	6.50 (2.12)	4 (0.00)	7.00 (1.41)	8.00 (1.41)
		Present	3	1 (33.3%)	6.33 (3.21)	20 (0.00)	5.66 (3.51)	8.33 (0.58)
Means				13 (40.6%)	5.66 (2.64)*	15.31 (7.80)	5.50 (3.01)	5.86 (3.07)

*One participant did not complete this question.

Table 2

Total N, N and Percent Guilty Verdicts, Means and Standard Deviations (in Parentheses) of Recommended Sentences by the 13 Participants Who Convicted the Defendant, Stigma Scores for All Participants, and All Participants' Likert Ratings (1 = not at all, 10 = completely) of Commission Probability, Deception, and Coercion for Each Main Effect Condition.

Main Effect	Condition	Total N	Percent Guilty N (%)	Probability of Commission	Sentence in Years	Deception	Coercion	Stigma Score
Interrogation Pressure	Low	16	8 (50.0%)	6.56 (2.22)	14.5 (8.26)	3.81 (2.66)	3.94 (2.86)	3.14 (0.48)
	High	16	5 (31.3%)	4.73 (2.79)*	16.6 (7.73)	7.19 (2.34)	7.44 (2.19)	3.40 (0.60)
Depression	Mild	20	6 (30.0%)	4.94 (2.80)*	17.8 (5.60)	6.20 (2.88)	6.10 (2.90)	3.32 (0.59)
	Severe	12	7 (58.3%)	6.83 (1.95)	13.1 (9.15)	4.33 (2.96)	5.00 (3.36)	3.20 (0.49)
Expert	Absent	15	4 (26.7%)	5.40 (2.59)	11.8 (5.44)	5.87 (2.95)	5.80 (3.05)	3.24 (0.53)
	Present	17	9 (52.9%)	5.94 (2.74)*	16.9 (8.43)	5.18 (3.11)	5.59 (3.18)	3.30 (0.58)

*One participant did not complete this question.

Table 3

Total N, N and Percent Believing the Defendant's Confession is True, Agreeing False Confession is Possible for Others, and Agreeing False Confession is Possible for the Participant and Means and Standard Deviations (in Parentheses) of Participant's Likert Ratings (1 = not at all, 10 = completely) of Likelihood of False Confession by the Participant for Each Main Effect Condition.

Main Effect	Condition	Total N	True Confession	Possibility of Others Falsely Confessing	Possibility of Self Falsely Confessing	Likelihood of False Confession by Self
Interrogation Pressure	Low	16	9 (56.3%)	14 (87.5%)	4 (25.0%)	2.31 (1.70)
	High	16	7 (46.7%)*	9 (60.0%)*	4 (26.7%)*	2.53 (2.50)*
Depression	Mild	20	8 (42.1%)*	15 (78.9%)*	7 (36.8%)*	2.84 (2.48)*
	Severe	12	8 (66.7%)	8 (66.7%)	1 (8.3%)	1.75 (1.06)
Expert	Absent	15	7 (46.7%)	10 (66.7%)	4 (26.7%)	2.40 (1.80)
	Present	17	9 (56.3%)*	13 (81.3%)*	4 (25.0%)*	2.44 (2.39)*
Overall			16 (51.6%)*	23 (74.2%)*	8 (25.8%)*	2.42 (2.09)*

*One participant did not complete this question.

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