

Juror Perceptions of Coerced Confessions: The Influence of Mental Illness

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**Abstract**

This paper begins with a review of what is currently known about false confessions and their effect on criminal cases. It examines the three main types of false confessions, the situational and personal risk factors for making a false confession, and the impact of confession evidence on jurors. The purpose of this paper is to examine how jurors perceive an alleged false confession when the defendant has a mental illness. I hypothesized that if participants are informed that a defendant has been diagnosed with a mental illness, they will be more likely to discount a coerced confession when determining guilt than if the defendant is not mentally ill. I discuss the study conducted to test this hypothesis and the implications of the results.

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### Juror Perceptions of Coerced Confessions: The Influence of Mental Illness

In 1984, a sixteen-year-old girl was brutally raped and murdered in Detroit, Michigan. Police interrogated Eddie Joe Lloyd, who had been receiving treatment for a mental illness, after he had written to them offering advice on how to solve the murder. Lloyd eventually confessed to the crime and gave a tape recorded statement. He was convicted of felony murder and sentenced to life without parole. Lloyd maintained that he was innocent and had confessed because the police allowed him to believe that his confession would help them catch the real culprit. He was exonerated in 2002 after testing of DNA evidence from the crime scene revealed that he was not the perpetrator (<http://www.innocenceproject.org/>). What role did Eddie Joe Lloyd's mental illness play in his false confession? Did jurors consider his mental health when evaluating the validity of his confession? These questions are important in understanding the vulnerability of mentally disordered individuals when they are questioned by the police and accused of committing a crime. The present research investigates the influence that a defendant's mental health status has on jurors' decisions to consider coerced confession evidence when deciding upon a verdict.

#### **Types of False Confessions**

Kassin and Wrightsman (1985) proposed three distinct types of false confessions. Voluntary false confessions are offered without any sort of pressure from the police. These confessions may result from a pathological desire for notoriety, such as the hundreds of people who claimed responsibility for kidnapping the Lindbergh baby. These confessions can also result from an unconscious need to relieve either generalized feelings of guilt or guilt over a real or imagined act, an inability to distinguish fantasy from reality, or an attempt to protect the actual perpetrator (Gudjonsson, 1992*b*).

Coerced-compliant false confessions, in contrast, occur when a suspect, despite being aware of his or her own innocence, confesses to a crime as a result of substantial police pressure during an interrogation (Kassin & Wrightsman, 1985). These forms of confessions are generally retracted before the case goes to trial. Coerced-compliant false confessions are made when a suspect finds the interrogative situation so intolerable that he or she comes to believe that the immediate benefits of confessing are greater than the potential long-term penalties (Gudjonsson, 1992*b*). The immediate benefits that a suspect might see include ending the interrogation, being permitted to leave the police station, getting out of further police custody, and being able to deal with the stress and pressure of the interrogation.

The third type of false confession is known as coerced-internalized, in which the suspect comes to accept the accusations against him or her as true (Kassin & Wrightsman, 1985). This can occur as a result of exhaustion and the high-pressure and suggestive nature of interrogations. Certain interrogation tactics may contribute to coerced-internalized confessions (Ofshe, 1989). These tactics include: the interrogator affirming throughout the questioning that he or she is certain of the suspect's guilt, a suspect's lack of access to people or information that may contradict the accusations, especially lengthy and emotional interrogations, claims of undisputable proof that the suspect committed the crime, and the use of tactics that call into question the suspect's memory.

Internalized false confessions may arise from errors in source monitoring, the cognitive process by which individuals make judgments regarding the origins of their memories (Henkel & Coffman, 2004). Generally, memories of actual experiences are more detailed and vivid than memories that arise from one's imagination. However, when interrogators repeatedly assert their belief in a suspect's guilt and use techniques that involve creating vivid mental images of the

crime in the suspect's mind, such as asking leading questions and showing pictures of the crime scene, over time the suspect may develop unusually vivid false memories of the crime and become confused as to the original source of these mental images. The suspect may come to incorrectly attribute these memories to actual events, leading to an internalized belief in his or her own guilt and, ultimately, to a false confession.

### **Risk Factors**

**Situational risk factors.** Kassin et al. (2010) examined police interrogation methods, laws regarding the use of confession evidence in court, and psychological research, and they identified a wide range of risk factors that make certain suspects more vulnerable to falsely confessing. The use of certain interrogation tactics was identified as a contributing factor in false confessions. These practices include interrogations that last for an excessive amount of time, the use of false evidence during an interrogation, and the use of minimization, in which the police imply that the punishment for the crime will be lenient.

Many cases of known false confessions came after lengthy interrogations (Drizin & Leo, 2004). In a study of 125 confirmed false confessions, 80% of the confessions for which interrogation time was recorded occurred after at least six hours of questioning, and 50% occurred after an interrogation lasting more than twelve hours. The average interrogation length for the false confessors was 16.3 hours, which is substantially longer than most routine interrogations, more than 90% of which last less than two hours. Sleep deprivation and social isolation resulting from long interrogations may increase a person's feelings of distress, making them more prone to falsely confessing (Kassin et al., 2010).

The use of false evidence can cause individuals to internalize guilt for a crime of which they are innocent (Kassin & Keichel, 1996). Participants engaged in a computerized reaction

time task were told that hitting a certain key would cause the computer program to crash and data to be lost. During the reaction time task, the computer program appeared to stop working, and the experimenter accused the participant of pressing the wrong key. A confederate either claimed that she saw the participant hit the key or said that she did not see what happened. When the confederate claimed to have witnessed the event, participants were more likely to agree to sign a confession than when there was no alleged witness. Participants who were in the witness condition were also more likely to make statements demonstrating that they believed they were actually guilty than those in the no-witness condition. This demonstrates that presenting a suspect with false evidence of guilt can alter his or her own memory of events. Even bluffing about the existence of evidence that has not yet been tested can increase the occurrence of false confessions (Perillo & Kassin, 2011). Using the same computer crash paradigm as Kassin and Kiechel (1996), it was discovered that bluffing and actually presenting false evidence have similar effects on false confessions. However, in the case of bluffing, participants reported that they had confessed because they believed that once the alleged evidence was tested it would exonerate them. In this case, paradoxically, the participants' innocence is in fact what led them to confess.

Similarly, the influence of minimization and explicit offers of leniency on confessions were examined in the context of cheating during an experiment (Russano, Meissner, Narchet, & Kassin, 2005). Participants were asked to work on some logic problems. On some problems they were allowed to work with a confederate who was posing as another participant, but on other problems they were told to work alone and not share their answers. Participants were assigned to either an innocent or guilty condition. In the guilty condition, the confederate asked the participant to provide the answer to one of the individual problems, and the participants usually

complied. All participants were later accused of cheating by the experimenter and interrogated. Depending on the condition, the interrogator used minimization, offered the participant leniency if they signed a confession, used both techniques, or used neither. The dependent variable was whether the participant signed a confession or not. Both minimization and offers of leniency resulted in higher rates of true and false confessions than when neither technique was used. The ratio of true to false confessions was also examined for each condition. The ratio was highest when neither minimization nor an offer of leniency was used and lowest when both were used. This suggests that the use of these interrogation techniques reduces the reliability of confessions as evidence of guilt.

Evolutionary psychologists have theorized that false confessions may have been of adaptive value to human ancestors, which may help to explain the effects of tactic such as lying about the existence of evidence and minimization (Bering & Shackelford, 2005). Lying about evidence may contribute to false confessions if the suspect thinks that everyone else believes he or she is guilty. In ancestral times, when innocence could not be demonstrated by forensic evidence or jury trials, falsely confessing in such a situation may have increased reproductive success because the confession might be seen as a show of remorse, which would decrease the likelihood of a severe punishment. Minimization may contribute to false confessions because it can make the interrogator seem like an ally to the suspect. According to evolutionary psychology, in the past, confessing to a perceived ally may have promoted social aid, such as protection from others who were seeking retaliation. In current times, when a suspect is led to believe an offense is not serious, they may confess to the interrogator in the hope that he or she will help the suspect avoid a harsh punishment.

**Personal risk factors.** Various psychological factors may increase a suspect's vulnerability during an interrogation, increasing the likelihood that the suspect will give a false confession (Gudjonsson, 1992a). Although the presence of these vulnerability factors does not necessarily lead to a false confession, their interaction with certain situational variables, such as the severity of the crime and the pressure of the interrogation, may contribute to a suspect's false confession. The vulnerability factors identified by Gudjonsson include difficulty distinguishing between fantasy and reality; a mental state that interferes with rational decision-making, such as anxiety or confusion; and failure to take into consideration the serious consequences of making a false confession. Some of these vulnerability factors can be found in people who have been diagnosed with a mental illness. Additionally, a study involving a survey of 1,249 convicted offenders with mental disorders found that participants who were more symptomatic than their counterparts were also more likely to have self-reported false admissions (Redlich, Summers, & Hoover, 2010). Depression was strongly associated with self-reported false confessions among Icelandic students ages 16 to 24 (Gudjonsson, Sigurdsson, Asgeirsdottir, & Sigfusdottir, 2006). Over 10,000 students completed a questionnaire containing items regarding their family, social, and educational background, their behaviors, and their mental health. One section related to interrogations and confessions. The students who claimed to have made a false confession also reported higher levels of depression than the non-false confessors.

This could be partially explained by research suggesting that people with mental illnesses may be at risk for falsely confessing because they do not understand their rights during a police interrogation. The U.S. Supreme Court case *Miranda v. Arizona* (1966) established that prior to an interrogation, suspects must be informed of and understand their constitutional rights in order for any of their statements, including confessions, can be admissible in court. Suspects must be

informed that they have the right to remain silent and that any statement they make to the police can be used against them. They must also be advised of their right to an attorney and told that if they cannot afford to hire an attorney one can be provided for them. Suspects may choose to waive these rights, but they can also revoke their waiver at any time. Miranda warnings are instrumental in safeguarding defendants' rights during interrogations.

Unfortunately, these Miranda warnings are not necessarily effective. A study involving 107 mentally disordered defendants found that most lack a solid understanding of their Miranda rights (Rogers, Harrison, Hazelwood & Sewell, 2007). Participants were recruited from competency-to-stand-trial units and most were diagnosed with psychotic disorders, although defendants with mood and cognitive disorders were also present. The defendants were tested on their understanding of the content of Miranda warnings and their ability to think of the advantages and disadvantages of exercising these rights. When shown Miranda warnings designed for different reading levels, most of the defendants had difficulty understanding any but the most basic versions, despite most defendants having received at least some high school education. Cognitive deficits and poor general adjustment were correlated with low levels of understanding. Lower Global Assessment of Functioning scores also predicted an impaired ability to generate nonpsychotic reasons for exercising one's Miranda rights. Another study on Miranda comprehension among psychiatric inpatients found similar results (Cooper & Zapf, 2008). However, this study demonstrated that the presence of psychiatric symptoms is related to a decreased understanding of Miranda warnings, even when participant IQ is controlled for. This effect is especially strong for patients with psychotic diagnoses, such as schizophrenia, whose levels of Miranda comprehension were similar to the understanding of a juvenile comparison sample. The complexity of the Miranda warning versions used in this study also did not have an

impact on comprehension among the psychiatric patients, in contrast to the findings of Rogers et al. (2007) that mentally disordered defendants showed greater understanding for the simpler versions.

In addition to the problems posed by a poor understanding of their rights, many interrogation strategies used today place mentally ill suspects at a high risk for falsely confessing (Redlich, 2004). For example, a mentally ill person with symptoms such as impaired decision-making abilities or disorganized thought processes may be especially susceptible to minimization tactics because they may be more likely than someone without a mental illness to underestimate the consequences of confessing. Many people with mental illnesses also lack assertiveness, which may inhibit them from requesting an attorney or maintaining their innocence when the interrogator is repeatedly asserts that they committed the crime.

High suggestibility can greatly increase a person's risk for falsely confessing (Gudjonsson, 1992*b*). Gudjonsson and Clark (1986) define interrogative suggestibility as “. . . the extent to which, within a closed social interaction, people come to accept messages communicated during formal questioning, as the result of which their subsequent behavioural response is affected” (p. 84). Leading questions, questions that imply an expected answer, are the main source of suggestion in the context of police interrogations. Interrogative suggestibility can be tested using the Gudjonsson Suggestibility Scale (Gudjonsson, 1984). The scale assesses recall of events described in a narrative paragraph when a person is asked leading questions and given negative feedback for their responses. Scores depend on how frequently participants acquiesce to leading questions and how often they change a response after receiving negative feedback.

Gudjonsson and Clark (1986) propose a social psychological model of interrogative suggestibility. According to this model, suggestibility is a result of the interaction between the person being interrogated, their physical environment, and the interrogator. Both the interrogator and the witness have a general set of expectations for the interrogation. The expectations of the witness lead him or her to develop a coping strategy that may result in either a more suggestible or resistant response tendency. This coping strategy, combined with a cognitive appraisal of the trustworthiness of the interrogator and how certain the witness is of the right answer to a question, influence how interrogative questions are answered. The interrogator then gives either positive or negative feedback, which then reinforces or weakens the witness' suggestibility.

Empirical evidence has supported this theoretical model of interrogative suggestibility (Gudjonsson, 1988). State anxiety and the use of avoidance as a coping mechanism were found to predict higher scores on the Gudjonsson Suggestibility Scale. Low assertiveness and high evaluative anxiety were also positively correlated with suggestibility. Interrogative suggestibility can also be influenced by sleep deprivation (Blagrove, 1996). People who have been deprived of sleep are more suggestible, and less clearheaded and confident, than people who have received a normal amount of sleep. People may also come to distrust their own memory as a result of low self-esteem or depression, making them vulnerable to suggestions made by a police interrogator and putting them at risk of making an internalized false confession (Kopelman, 1999).

Individuals who are experiencing alcohol withdrawal may be vulnerable during an interrogation (Gudjonsson, Hannesdottir, Petursson, & Bjornsson, 2002). Compared to people not experiencing withdrawal symptoms, patients recently admitted to an alcohol detoxification center demonstrated higher levels of cognitive impairment and suggestibility. They also scored

higher on measures of state and trait anxiety. These effects of alcohol withdrawal may diminish an individual's ability to deal with the stress of an interrogation and make him or her more susceptible to leading questions. However, there are significant gender differences in the relationship between alcohol withdrawal severity and suggestibility and compliance scores (Gudjonsson et al., 2003). More severe alcohol withdrawal symptoms among men are related to higher levels of suggestibility and compliance, but no such correlation exists for women. Greater withdrawal severity in women is positively correlated with memory fabrication. This suggests that alcohol withdrawal places both men and women at risk during an interrogation, but in different ways.

Intellectual disability can also increase an individual's risk for making a false confession (Everington & Fulero, 1999). Individuals on probation were tested on their understanding of Miranda rights and their levels of suggestibility. In comparison with participants of normal intelligence, participants with mental retardation had a poorer understanding of their Miranda rights and were more vulnerable to suggestive questions and negative feedback. This study also found that comprehension of Miranda rights is negatively correlated with suggestibility. O'Connell, Garmoe, and Goldstein (2005) also found that IQ is positively correlated with comprehension of Miranda rights and negatively correlated with suggestibility. Additionally, they found that the type of negative feedback given to individuals with mild mental retardation can influence their likelihood to revise their answers when questioned about an event. Participants were more likely to change their answers when they received friendly feedback than when the experimenter gave them unfriendly or neutral feedback regarding their original answers. They also expressed greater confidence in their second answer when given friendly feedback. This suggests that individuals with mental retardation may be vulnerable to suggestion

when police use friendly interrogation techniques such as minimization, which may give these individuals a false sense of security.

Compliance, which is the tendency to acquiesce to the requests of others, is a major contributing factor in regards to false confessions that result from police coercion (Blair, 2007). The importance of compliance in explaining false confessions was demonstrated by an experiment in which participants were offered course credit for taking part in a computerized eyewitness identification activity. Participants were not given any time constraints for the task, and they were told not to press the Control, Alt, and Delete keys at the same time or the computer would crash. After several trials, the computer automatically crashed, and the experimenter accused the participants of pressing the Control, Alt, and Delete keys on purpose to ruin the experiment. Participants, none of whom were actually guilty, were asked to sign a statement saying they pressed the keys and would not be receiving their course credit for participation. They were then told that the experiment was actually about confessions and asked to complete a final questionnaire, which included measures of compliance. This study found that individual differences in compliance scores accounted for a quarter of the variance in false confessions. More compliant individuals were more likely to falsely confess than less compliant individuals.

Several psychological factors can have an influence on compliance (Gudjonsson, Sigurdsson, Brynjólfssdóttir, & Hreinsdóttir, 2002). A survey of 167 undergraduate students revealed a positive correlation between compliance and both state and trait anxiety. High compliance scores were also related to low self-esteem and paranoid thinking. This may be because people with these traits tend to engage in avoidance behaviors, and, in the case of low self-esteem, seek approval from their peers through complying with others requests. Compliance

was found to be negatively correlated with behavioral responses to feelings of anger. Individuals who tend to act upon their anger would be less likely to comply with something if it went against their own desires.

Certain personality traits are associated with compliance (Gudjonsson, Sigurdsson, Bragason, Einarsson, & Valdimarsdottir, 2004). Prison inmates and college and university students were assessed on measures of compliance and the personality factors of psychoticism, extraversion, and neuroticism. Among all groups of participants in this study, higher levels of neuroticism were found to predict greater compliance, while extraversion was negatively correlated with compliance. Psychoticism was also positively correlated with compliance, but only among prison inmates. Trait stability was also assessed, and stable neuroticism was associated with the highest levels of compliance.

Compliance is positively correlated with a number of personality disorders (Gudjonsson & Main, 2008). Among mentally ill criminal offenders, measures of compliance were most strongly associated with dependent, avoidant, passive-aggressive and masochistic personality disorders. Compliance was also higher among offenders with Axis I dysthymia, anxiety, and delusional disorders than individuals with other clinical syndromes. These particular personality disorders and clinical syndromes are related to high anxiety and low self-esteem, which likely explains the connection with compliance. People with these disorders also generally prefer to avoid conflict and use avoidance as a coping mechanism.

Paranoia is also related to compliance (Levy & Gudjonsson, 2006). Individuals suffering from persecutory delusions score significantly higher on measures of compliance than individuals without such delusions. This may be because paranoid individuals desire to avoid

confrontations in order to relieve feelings of anxiety. This can increase their chances of giving in to coercive tactics during an interrogation.

Juveniles are especially vulnerable during police interrogations (Redlich & Goodman, 2003). Groups of 12- and 13-year-olds, 15- and 16-year-olds, and college students participated in an experiment using the Kassin and Kiechel (1996) computer crash paradigm. This study found that younger participants were more likely to falsely confess to causing the computer crash, especially when false evidence was used during the questioning. This may be because juveniles view adults, including the experimenters in the study, as authority figures, and the tendency to obey perceived authority figures could make them more likely to comply when asked to sign a confession.

Attention deficit hyperactivity disorder (ADHD) can increase compliance in an interrogative setting (Gudjonsson, Sigurdsson, Bragason, Newton, & Einarsson, 2008). Recently admitted male prisoners were screened for ADHD symptoms and assessed on measures of compliance and suggestibility. While there was no relationship between ADHD and suggestibility, the presence of ADHD symptoms was positively correlated with levels of compliance, possibly because individuals with ADHD have higher levels of anxiety and lower self-esteem than people who do not exhibit ADHD symptoms. Participants with ADHD were also more likely to report having made a false confession than individuals without ADHD. One of the most common reasons the prisoners gave for making a false confession was a desire to avoid police custody. This could be a result of ADHD symptoms such as restlessness, impulsivity, and inability to concentrate.

### **Juror Perceptions of Confession Evidence**

In addition to examining the risk factors that may contribute to false confessions, research has also addressed the influence of confession evidence on jurors. Confession evidence has been found to be viewed as more incriminating than other common types of evidence (Kassin & Neumann, 1997). When participants read summaries of criminal trials involving a confession, an identification of the suspect by an eyewitness, character testimony, or none of these types of evidence, the confession evidence resulted in the highest rates of conviction. Additionally, when participants were presented with all three kinds of evidence and asked to make a series of midtrial judgments, they viewed the confession evidence as the most incriminating of the three types.

In spite of the powerful influence confession evidence can have over a jury, the U.S. Supreme Court decided in the case of *Arizona v. Fulminante* (1991) that coerced confessions that were wrongly ruled admissible by a judge can be seen as a “harmless error.” In other words, if there is enough corroborating evidence in a case, then wrongly admitted confession evidence will not have a significant impact on the verdict, and there will be no need for a retrial. As part of a study evaluating the validity of this decision, participants read a trial transcript involving either no confession or a confession resulting from either a high- or low-pressure interrogation (Kassin & Sukel, 1997). The confession also varied as to whether the judge ruled the confession admissible or inadmissible. Participants reported that the high-pressure confessions and the confessions ruled inadmissible were less voluntary than the low-pressure and admissible confessions and that the less voluntary confessions did not have a significant impact on their decision. However, the actual verdicts showed that the conviction rate still increased when there was a confession, regardless of if the participants said it did not influence them, demonstrating

the power of confession evidence and calling into question the notion that a wrongly admitted confession is a “harmless error”.

A survey of jury eligible individuals was conducted to examine people’s pre-existing attitudes and beliefs about false confessions (Henkel, Coffman, & Dailey, 2008). The results of the survey indicated that while people do realize that false confessions can occur, they do not fully understand the psychological and situational risk factors that can lead a person to falsely confess. Respondents recognized that mental illness, low IQ, youth, and suggestibility can contribute to false confessions. However, they did not view poor memory or interrogative stress as a significant risk factor. In reality, both of these factors may contribute to false confessions (Kassin & Gudjonsson, 2004). The survey also indicated that people have a strong bias against believing that they personally would make a false confession (Henkel et al., 2008). This could be due to the fundamental attribution error, in which people tend to attribute the behavior of others to dispositional rather than situational factors (Langdridge & Butt, 2004). The fundamental attribution error may prevent jurors from discounting a confession even when they know it was coerced (Kassin & Gudjonsson, 2004).

Other research suggests that although people may acknowledge that some interrogation methods are psychologically coercive, they do not think that those methods will lead to a false confession (Leo & Liu, 2009). Potential jurors were surveyed about their knowledge of interrogation techniques and their likelihood to lead to true and false confessions. The potential jurors rated various interrogation tactics, such as promises of leniency and the presentation of false evidence, as coercive and likely to result in a true confession. However, they did not think that the perceived coercive tactics would lead to false confessions. Additionally, participants rated techniques such as promises of leniency as less coercive than threats of harm, consistent

with research by Kassin and Wrightsman (1980). In their study, mock jurors read a trial transcript involving a voluntary confession, a confession resulting from a positive inducement (an offer of leniency), a confession resulting from a negative inducement (a threat of punishment), or no confession. The mock jurors then estimated the probability that the defendant had committed the crime. Results indicated that only the negatively induced confession was discounted by jurors, even though the positively induced confession was also seen as involuntary.

However, there is evidence that jurors may discount confessions obtained through the use of false evidence (Woody & Forrest, 2009). Mock jurors were less likely to convict a defendant when false evidence was used during the interrogation than when no false evidence was presented. They also rated the interrogation as more deceptive and coercive when false evidence was used. Tactics that attempt to alter a suspect's perception of his or her situation are also viewed as unacceptable by many people (Moston & Fisher, 2007). Mock jurors read an interrogation transcript involving a suspected child molester. They were then asked to rate the acceptability of some of the tactics that the interrogator used. These tactics included: generally prompting the suspect to explain what happened, directly asking the suspect if they committed the crime, establishing rapport by showing sympathy to the suspect and looking out for his well-being during the interrogation, pointing out the benefits of making a confession, implying that the police already know exactly what happened and that denial is pointless, pointing out alleged signs of lying, challenging the suspect's story either in relation to other witnesses or contradictions within their own statements, and minimization. Most of these tactics were rated as acceptable by a majority of the participants. However, three of the tactics used were deemed unacceptable. Pointing out supposed signs that the suspect is lying can lead a suspect to falsely

believe the police can recognize any sort of deception, implying that the police already know what happened can make the suspect believe there is more evidence than actually exists, and minimization can alter the suspect's perception of the seriousness of the crime. These tactics were all rated as unacceptably coercive by a majority of the participants.

Judicial instruction does not appear to prevent the misuse of confession evidence (Kassin & Wrightsman, 1981). After reading about a trial involving a voluntary confession, a confession after an offer of leniency, or a confession after a threat of punishment, mock jurors were instructed simply to disregard a coerced confession, to disregard a coerced confession, with both offers of leniency and threats of punishment being defined as coercive, or were not given any instruction. Although jurors did discount the confession resulting from a threat of punishment, which was in keeping with previous research (Kassin & Wrightsman, 1980), no form of instruction led jurors to discount the confession that resulted from an offer of leniency, even though it was seen as involuntary. This suggests that judicial instruction does not provide sufficient protection against the biasing effects of wrongly admitted confession evidence on members of a jury. There is, however, some evidence that expert testimony may be of use in educating jurors about false confessions. Leo and Liu (2009) propose that expert testimony may help to inform jurors how and why certain interrogation tactics may contribute to false confessions. Woody and Forrest (2009) found that when an expert witness testified about the coercive nature of using false evidence in an interrogation, conviction rates were lower than when no expert testimony was given. Expert testimony regarding confessions is often excluded from trials on the grounds that such information is common knowledge. However, a survey of jury-eligible citizens demonstrated that knowledge of false confessions is not, in fact, common knowledge, and that many potentially harmful misconceptions exist about confession evidence

(Chojnacki, Cicchini, & White, 2008). This suggests that expert testimony on the subject should be admitted in court.

In recent years, there has been a call for all police interrogations to be videotaped as a means of objectively documenting any form of coercion (Leo & Ofshe, 1998, Kassin et al., 2010). However, in many cases the use of a videotaped confession in court can actually increase juror bias (Lassiter, Geers, Handley, Weiland, & Munhall, 2002). When the video focuses on the suspect, as is customary for videotaped interrogations in the United States, jurors tend to perceive the confession as more voluntary and more likely to use the confession as evidence of guilt than if the video focuses on the suspect and interrogator equally. A video perspective that focuses on the interrogator may aid jurors' abilities to perceive coercive tactics and assess the validity of a confession. Further research demonstrated that the video perspective bias is not eliminated by jury deliberation, warning of a potential bias, or instructions to focus on the content of the confession (Lassiter, Beers, et al., 2002). This indicates that the videotaping of interrogations will not necessarily solve the problem of the impact of coerced confessions on jurors.

In addition to the circumstances of the confession, certain defendant characteristics may lead jurors to discount confessions perceived as resulting from coercion. In particular, research has focused on cases involving juveniles and people with intellectual disabilities. One study examined the effect of intellectual disability on jurors' perceptions of juvenile defendants in cases involving confession evidence (Najdowski, Bottoms & Vargas, 2009). The study found that compared to cases in which the confession was portrayed as voluntary, jurors were less likely to consider a coerced confession when deciding guilt. In fact, jurors completely ignored coerced confessions among intellectually disabled juveniles. However, coerced confessions did

have some effect on verdicts for nondisabled juveniles. When a juvenile is perceived as having confessed under coercive circumstances, jurors see the juvenile as more suggestible and more likely to have falsely confessed. Jurors also feel more sympathy and less anger towards juveniles who are thought to have confessed under coercion (Najdowski & Bottoms, 2012).

Similar results in regards to jurors' reaction to disability status have been found when the defendant is an intellectually disabled adult (Gibbons, Gibbons & Kassin, 1981). If the defendant is labeled as mentally retarded, mock jurors are more likely to believe that a confession was coerced, less likely to use the confession to determine guilt, and overall less likely to think the defendant committed the crime, than if the defendant is not labeled. Mock jurors are also more likely to attribute a defendant's actions to external factors, such as coercion, if the defendant is labeled as mentally retarded versus not labeled. This can be explained by the patronization effect, which is the tendency for people to make external rather than internal attributions about the behavior of intellectually disabled individuals, and therefore view them as less responsible for their actions (Gibbons, Sawin, & Gibbons, 1979).

Now research needs to be conducted in order to determine if jurors react in a similar manner in cases involving a mentally ill defendant. Henkel (2008) conducted a study involving mock jurors compared convictions rates when there was no confession versus recanted confessions resulting from a mental illness, a medical disorder, or interrogation stress. In the medical disorder condition, the defendant said he confessed because he had a heart condition and needed to take his medication, but the police would not let him. In the mental illness condition, the defendant claimed that he had confessed because he suffered from an anxiety disorder and was concerned about having a panic attack, and in the third confession condition, the defendant claimed he confessed because of the stress of the interrogation. A marginally higher conviction

rate was found in the mental illness and interrogation stress conditions than the condition that did not involve a confession. However, this study did not manipulate whether the recanted confession was originally made voluntarily or under coercive conditions, and jurors are more likely to discount a confession if it is seen as coerced (Najdowski et al., 2009). In fact, no research to date has examined jurors' reactions to coerced confessions when the defendant is mentally ill, despite the evidence suggesting that mental illness is a major risk factor for making a false confession (Gudjonsson, 1992*a*, Redlich, 2004).

The purpose of my study was to fill this gap in the literature. I asked jury eligible individuals to read one of six summaries of a trial. In the trial summaries, I manipulated whether the defendant was diagnosed with major depressive disorder or not and whether there was no confession, a voluntary confession, or a coerced confession. After reading one of the six trial summaries, participants decided upon a verdict for the case and answered a series of questions regarding their attitudes towards the defendant and the confession evidence. I hypothesized that if participants are informed that a defendant has been diagnosed with a mental illness, they will be more likely to discount a coerced confession when determining guilt than if the defendant is not mentally ill.

## **Method**

### **Participants**

Participants for this study consisted of 95 undergraduates (75 women, 20 men) who received extra credit for their psychology class in return for their participation. Nine additional participants were excluded: 4 because they failed the confession manipulation check, 3 because they failed the mental health manipulation check and 2 because they failed both manipulation checks. Participants were all jury-eligible U.S. citizens between the ages of 18 and 23 ( $M = 19$ )

and, in regards to ethnicity, were 92% Caucasian, 2% African American, 2% Asian, 1% Hispanic, 1% Pacific Islander, and 2% “Other.” All participants were recruited from a small Midwestern liberal arts university.

### **Materials**

**Description of defendant.** Jurors were given a brief written description of the defendant. In all conditions, the description stated that “the defendant, Justin Smith, is a 19-year old Caucasian male.” To manipulate mental health status, the description either stated that “psychological testing revealed that he does not suffer from any diagnosable mental disorders” or “he was recently diagnosed with major depressive disorder, with symptoms including anxiety, feelings of worthlessness and guilt and difficulty concentrating and making decisions.”

**Case summaries.** Participants read one of six versions of a criminal trial summary modified from a summary used by Sorenson and Stevenson (2010). Each summary was approximately three-quarters of a page to a page long. The defendant, a 19-year-old Caucasian male, was charged with aggravated robbery and felony murder. The murder weapon, a gun, was found in the defendant’s bedroom with his fingerprints on it, and the robbery victim’s wallet was found outside his window. However, the defendant claimed he had been framed for the crime, and that the murder was actually committed by his friend, who had previously been convicted of gang-related crimes. At the end of each of the summaries, jurors were informed that the defendant had not confessed at all, had confessed immediately after the police began questioning him but later retracted his confession, or had confessed after hours of questioning, being kept in tight, painful handcuffs, and being lied to about the evidence against him, but later retracted the coerced confession. These confession manipulations were modeled after those used in a study by Najdowski, Bottoms, and Vargas (2009).

**Case judgments.** Case verdicts were measured by first giving jurors the similar instructions to those that they would receive in an actual trial. Jurors delivered a verdict on both the charge of aggravated robbery (“Do you find the defendant, Justin Smith, GUILTY or NOT GUILTY of aggravated robbery?”: *GUILTY of aggravated robbery* or *NOT GUILTY of aggravated robbery*) and the charge of felony murder (“Do you find the defendant, Justin Smith, GUILTY or NOT GUILTY of felony murder?”: *GUILTY of felony murder* or *NOT GUILTY of felony murder*). Jurors were also asked how confident they were in their verdict (“How confident are you in this verdict that you selected for AGGRAVATED ROBBERY/FELONY MURDER? (In other words, how sure are you that your verdict judgment was the correct one for this case?)”), with response options ranging from 0% to 100%. I used a 6-point Likert scale with response options ranging from 1 (not at all) to 6 (completely) to assess jurors’ perceptions of the defendant’s responsibility for the crime (“How responsible is Justin for this crime?”) and credibility (“How believable was Justin’s testimony?”). The guilt judgment questions and defendant responsibility and credibility questions were taken from a study by Sorenson and Stevenson (2010). The same 6-point Likert scale was also used to evaluate jurors’ perceptions of the defendant’s vulnerability during the interrogation (“How much did Justin understand what was happening during the interrogation?” and “How vulnerable or susceptible was Justin to being coerced or forced by the police to say something that wasn’t true?”) and perceptions of police behavior during the interrogation (“How fair were the police during the interrogation?” and “To what degree did the police coerce or force Justin to say something that wasn’t true?”). These questions were taken from a study by Najdowski, Bottoms, and Vargas (2009).

**Manipulation checks.** In order to make certain that jurors noticed the manipulated variables, they were asked about the conditions surrounding the defendant’s confession (“When Justin was interrogated by the police did he”: *maintain his innocence throughout the questioning*,

*confess immediately but later take it back, or confess after hours of questioning and false evidence but later take it)* and the voluntariness of the confession (“Why do you think Justin confessed to the crime?”: *Justin did not confess, Justin confessed voluntarily, or Justin confessed because he was coerced by the police detective to say he committed the crime*). Jurors were also asked about the defendant’s mental health status (“What did psychological testing reveal about Justin?”: *no mental illness or major depressive disorder*). These questions were modeled after those used by Najdowski and Bottoms (2012).

### **Procedure**

Undergraduate students were recruited for the study in exchange for extra credit for their psychology class. Participants were first given an anonymous consent form and instructed about their role as jurors in the study. Then participants were randomly assigned to an experimental condition. After reading a description of the defendant and case summary, participants read the jury instructions and delivered their verdicts for the case. Participants then completed the questionnaire regarding perceptions of the defendant and the interrogation. After completing these questions, participants filled out the manipulation check and some questions about demographic information. Lastly, participants were thanked, given a debriefing statement, and released. All procedures and materials were in accordance with Institutional Review Board ethical guidelines.

### **Results**

Controlling for participant gender and age, I conducted a series of 2 (Defendant Mental Health: No Mental Illness or Depression) x 3 (Confession: No Confession, Voluntary Confession, or Coerced Confession) ANOVAs testing the hypothesis concerning the effect of defendant mental health status and type of confession evidence on case judgments (i.e., guilt,

defendant responsibility, defendant believability, the defendant's understanding of the interrogation, the defendant's vulnerability to coercion, police fairness during the interrogation, the degree of police coercion).

A degree of guilt scale was created for robbery and murder by combining dichotomous guilt judgments and verdict confidence scores to create a scale from 0 (Not Guilty, 100% confident) to 21 (Guilty, 100% confident).

### **Guilt Judgments**

I conducted two separate 2 (Defendant Mental Health: No Mental Illness or Depression) x 3 (Confession: No Confession, Voluntary Confession, or Coerced Confession) ANOVAs on degree of guilt for robbery and degree of guilt for murder. There were no significant main effects (all  $F_s \leq 1.25$ , *ns*; see Table 1 for means). There was no significant interaction for degree of guilt for robbery,  $F(2, 86) = .28$ , *ns*. However, for degree of guilt for murder, there was a marginally significant defendant mental health status by confession type interaction,  $F(2, 86) = 2.33$ ,  $p = .10$ . Simple effects analyses reveal a marginally significant tendency for participants to rate the defendant with depression who gave a coerced confession ( $M = 13.18$ ,  $SD = 7.28$ ) as more guilty than the defendant with no mental illness who gave a coerced confession ( $M = 8.76$ ,  $SD = 7.47$ ),  $F = 2.77$ ,  $p = .107$ . There was no significant effect of mental health status in the no confession and voluntary confession conditions (all  $F_s \leq 2.80$ , *ns*).

### **Responsibility and Credibility Judgments**

There were no significant effects or interactions of mental health status or confession type on judgments of the defendant's responsibility for the crime (all  $F_s < .85$ , *ns*) or on judgments of defendant believability (all  $F_s < .83$ , *ns*; see Table 1).

### **Understanding of the Interrogation and Vulnerability Judgments**

There was a significant effect of confession type on judgments of how much the defendant understood during the interrogation,  $F(2, 87) = 10.54, p < .001$ . Post hoc analyses using the Tukey HSD test found that participants rated the defendant as understanding less in the voluntary confession ( $M = 3.77, SD = 1.15$ ) and coerced confession ( $M = 3.29, SD = 1.13$ ) conditions than the no confession condition ( $M = 4.52, SD = 1.09$ ). There were no other significant effects or interactions (all  $F_s < 1.03, ns$ ; see Table 1). There was also a marginally significant effect of confession type on judgments of how vulnerable the defendant was to coercion,  $F(2, 87) = 2.92, p < .10$ . Post hoc analyses using the Tukey HSD test found that participants rated the defendant as marginally more vulnerable in the coerced confession condition ( $M = 4.14, SD = 1.24$ ) than in the voluntary confession condition ( $M = 3.42, SD = 1.36$ ). There were no other significant effects or interactions (all  $F_s < 1.39, ns$ ; see Table 1).

### **Police Fairness and Coercion Judgments**

There was a significant effect of confession type on judgments of police fairness,  $F(2, 87) = 9.91, p < .001$ . Post hoc analyses using the Tukey HSD test found that participants rated the police as less fair in the coerced confession condition ( $M = 3.17, SD = 1.22$ ) than the voluntary confession ( $M = 4.32, SD = 1.11$ ) and no confession ( $M = 4.17, SD = 1.17$ ) conditions. There were no other significant effects or interactions (all  $F_s < 1.50, ns$ ; see Table 1). There was also a significant effect of confession type on judgments of the degree to which the defendant was coerced by the police to say something that was not true,  $F(2, 87) = 12.47, p < .001$ . Post hoc analyses using the Tukey HSD test found that participants rated a higher degree of coercion in the coerced confession condition ( $M = 3.84, SD = 1.30$ ) than the voluntary confession ( $M = 2.52, SD = 1.06$ ) and no confession ( $M = 2.55, SD = 1.33$ ) conditions. There were no other significant effects or interactions (all  $F_s < 1.59, ns$ ; see Table 1).

Table 1

*Mean Case Judgments as a Function of Defendant Mental Health Status and Confession Type*

	No Mental Illness			Depression		
	No Confession	Voluntary Confession	Coerced Confession	No Confession	Voluntary Confession	Coerced Confession
Robbery Guilt	15.20(7.29)	14.47(7.26)	15.59(7.13)	16.71(6.23)	14.81(6.79)	18.41(4.08)
Murder Guilt	12.47(7.88)	13.53(7.33)	8.76(7.47)	11.00(8.27)	10.68(7.73)	13.18(7.28)
Responsibility	4.60(.91)	4.33(1.11)	4.33(1.14)	4.50(1.09)	4.44(.96)	4.53(1.18)
Believability	3.33(1.50)	3.07(.96)	3.39(1.20)	3.50(1.51)	3.13(1.26)	3.12(1.22)
Understanding of Interrogation	4.80(.86)	3.87(1.25)	3.22(1.11)	4.21(1.25)	3.69(1.08)	3.35(1.17)
Vulnerability	3.00(1.60)	3.33(1.50)	4.17(1.20)	3.93(1.33)	3.50(1.26)	4.12(1.32)
Police Fairness	4.33(1.18)	4.67(1.18)	3.17(1.38)	4.00(1.18)	4.00(.97)	3.18(1.07)
Police Coercion	2.47(1.30)	2.13(.99)	3.81(1.27)	2.64(1.39)	2.88(1.02)	3.88(1.36)

*Note.* Standard deviations appear in parentheses.

### Discussion

These results indicate that jurors are more likely to convict a depressed defendant when the case involves a coerced confession, despite depression being a risk factor for false confessions. This implies that jurors do not fully understand the psychological factors that contribute to false confessions. The results also suggest that jurors may have negative perceptions of depression that cause them to blame the depressed person when they are subjected to a distressing event, such as a highly coercive police interrogation, leading to higher ratings of guilt.

### Limitations

This study had a number of limitations. Participants mostly consisted of Caucasian women between the ages of 18 and 22. This, of course, is not representative of the entire population of jury-eligible adults in the United States. However, research has not demonstrated a significant difference between the judgments of college-aged mock jurors and those of the general population. This study also consisted of a small sample size, with only 15 to 19

participants per experimental condition. This may have decreased the power of statistical tests to detect significant results.

### **Future Directions for Research**

Further research on this topic should explore juror perceptions of other mental illnesses in relation to coerced confessions in order to determine whether there is a similar effect to that of major depressive disorder or if jurors are more sympathetic to individuals with other disorders, such as schizophrenia or bipolar disorder.

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