

Criminally Insane; Exploring Society's Attitude and Understanding of the Insanity
Defense

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Declaration

‘I declare that this thesis that I have submitted to Dublin Business School for the award of BA (Hons) Psychology / HDip Psychology [delete as appropriate] is the result of my own investigations, except where otherwise stated, where it is clearly acknowledged by references. Furthermore, this work has not been submitted for any other degree.’

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Abstract

The overall aim of the study is to explore society's understanding of why the insanity defense is necessary in a criminal court setting. This will be achieved by thematically analysing responses to an open-ended question based on society's understanding of why mentally ill defendants receive more lenient sentencing once convicted. Furthermore, the study will quantitatively identify any population trends in the sample population pertaining to gender, or a participant's generation. This will be achieved by conducting a variety of statistical analysing; including Chi Square, Simple Linear Regression and Independent T-Test. Four themes emerged in the thematic analysis; Diminished responsibility, Medical Intervention, Generational Gap in Language and Responsibility and Lack of Conscious Intent suggesting society has an empathetic and understanding attitude towards the defense. The statistical test supports this assumption and additionally suggests that neither gender or generation influence a participant's attitude toward the defense.

Introduction

In 2006, the Criminal Law (Insanity) Act was enacted in Ireland with the intention of aligning Irish law closer to European Union standards at the time. This act forms the basis of the criminal law on insanity in Ireland by permitting a verdict of ‘not guilty by reason of insanity’.

Insanity in this context, is interpreted as any mental disorder, “including mental illness, mental disability, dementia, or any disease of the mind but not including intoxication”. When basing a defence on insanity, there are three specific circumstances to consider: fitness to be tried on the basis of the accused being insane at the time of the trial, not guilty by reason of insanity and diminished responsibility, whereby the judge may decide to recognize mental disorders as a mitigating factor when sentencing. Prior to 2006, any person suffering from a mental disorder and convicted in court was tried under the legislation laid out in the trial of lunatic's act (1883). In the event that an individual was found guilty under this act, they would be found “guilty but insane” opposed to the modern day “not guilty by reason of insanity” (Criminal Law Insanity Act, 2006)(see Appendix 1). Individuals found to be “guilty but insane” were detained without questioning in a prison opposed to a psychiatric hospital (“IHRC to appear before Supreme Court to raise human rights issues in Criminal Law (Insanity) Act 2006 case - IHREC - Irish Human Rights and Equality Commission”, 2021).

In the case of DPP v Alchimionek 2019, Darius Alchimionek’s defence team pleaded to overturn a prior conviction of manslaughter by employing the defence of not guilty by reason of insanity for the manslaughter of John Gorman and for the harm of his brother Adam Gorman. Mr Alchimionek had previously collided into their oncoming car

with no time for the Gorman's car to react. Mr Alchimionek was initially found guilty of manslaughter and sentenced to nine years' imprisonment. However, in 2019, this verdict was overturned when the defendant's defence team built a case using the insanity defence. A panel of psychiatric doctors unanimously diagnosed Mr Alchimionek as a paranoid schizophrenic and their testimony included that Mr Alchimionek was having extreme terrorist ideations at the time of the incident and was suffering from hallucinations that could include hearing voices and experiencing a false reality as well as delusions, which could entail strong misleading false beliefs. The panel of psychiatrists clearly stated that it was possible that the collision could have been a suicide attempt (DPP v Alchimionek, 2019).

This professional testimony and diagnosis was sufficient evidence for the overturning of the guilty verdict to not guilty by reason of insanity. This case illustrates precisely how the Criminal Law Insanity act (2006) was designed to function. The court followed proper legal proceedings in terms of the legal aspect of the case and the mental disorder in question, which in this case was schizophrenia, which was medically diagnosed by a panel of experts. (American Psychiatric Association, 2013). According to Bleuler (1987), the symptoms of schizophrenia are caused by a "splitting" of the mental faculties (Bleuler, 1987). This abnormal connectivity or an inability to organize thoughts, is what leads to these often severe symptoms. As a result Schizophrenia is often referred to as a disconnection syndrome (Friston, 1996).

However, even with legal and psychological grounding, the insanity defence continued to face skepticism. In 2006, Neumann et al conducted a study that aimed to assess the factors influencing attitudes towards the defence of insanity; the data collected

was analysed using a hierarchical multiple linear regression. The findings were conclusive in clearly stating that there was a strong overall negative attitude toward the insanity defence.

Furthermore, the study identified the two dominant predictors of an individual having a negative attitude toward the defence. The predicting variables were as follows; a favourable attitude toward capital punishment and misperceptions about the overuse of the insanity plea (Bloechl et al., 2007). This data illustrates an obvious societal misunderstanding in relation to the use and frequency of use of the insanity defence in court. In reality, the defence is not often used and more often than not, unsuccessful (Resnick & Knoll, 2007).

Schizophrenia is not the only mental disorder that has mind altering symptoms that could be of interest in a defence of insanity, there are a variety, including posttraumatic stress disorder (PTSD). Posttraumatic stress disorder can be developed after a person endures an intense trauma. According to the diagnostic manual of mental disorders, PTSD can often involve flashbacks to the exact time of the trauma. These flashbacks could be accompanied by active hallucinations requiring an individual to become paranoid or react as if they were back in that traumatic situation. An individual suffering from PTSD can often experience an intrusion of the memory of the traumatic event (American Psychiatric Association, 2013). This intrusion can explain why an individual suffering from PTSD might spontaneously react in a violent or defensive manner.

Hallucinations and intrusions dominated reality in the case of Eddie Ray Routh who was an American Veteran Suffering from Posttraumatic stress disorder. Eddie was

triggered when in the presence of his friend Chris Kyle. Chris served in Iraq as a sniper and was celebrated for his exceptional service. Chris continued to help veterans who were perturbed once they returned home. Eddie, one of these troubled veterans, experienced hallucinations which recalled war times; during an episode Eddie erratically killed Chris Kyle. Chris was infamously played by Bradley Cooper in the award winning adaption of his life, the American Sniper (The Real-Life Story Behind American Sniper, 2021).

After analyzing the facts from the case it is clear that Eddie was not in sound mind when he killed Chris. However, the Judge presiding over the case, rejected Routh's defence of insanity and stated that it could not be concluded with certainty that Routh was not cognizant of his actions. Routh was sentenced to life imprisonment (Eddie Ray Routh Found Guilty in 'American Sniper' Murder Trial, 2015).

This dismissal is often the case when the insanity defence is employed in trial. There is rarely sufficient evidence, and it is more often than not dismissed (Resnick & Knoll, 2007). This phenomenon could be occurring for a number of reasons, including the stigma and mistrust associated with mental illness. Corrigan et al (2004) described mental illness as a "two-edged sword", on one hand an individual has to live with the symptoms of their mental illness and on the other hand, an individual is subject to the stigma still often associated with mental illness (Corrigan et al, 2004). Corrigan et al (2004) outlines different ways that society deems a disabled person or a person with a mental illness could be of harm to society including personal hygiene and an inability to properly handle weapons. This is not a substantiated fear as persons suffering from a mental disorder account for a fraction of the overall violence in society (Hiday, 1997). This fear of the unknown is a key driver in the stigma associated with mental illness and

is directly involved in society's understanding of the insanity defence (Corrigan et al, 2004).

This stigma surrounds all mental illnesses and in the case where a mental illness is developed due to injury, it can be even more difficult for society to understand the neurological effects of the brain trauma. This was true in the infamous case of Aaron Hernandez, an American footballer who played in the NFL. Hernandez was convicted of murdering Odin Lloyd in a criminal court and was indicted for a second double homicide. These actions were uncharacteristic of Hernandez who ultimately committed suicide in prison. Once a post-mortem was carried out it became clear that Hernandez was suffering from Chronic Traumatic Encephalopathy (CTE) (Ramesh, 2020). This disease developed from the countless head traumas endured during his football career. The degenerative disease similar to Alzheimer's causes an individual to experience cognitive impairment such as memory loss, organizational issues and can also result in personality changes such as impulsive or aggressive behaviours (Chronic traumatic encephalopathy - Symptoms and causes, 2021).

This case is an example of the effects that mental illness can have on behaviour and how an untreated individual is subject to become erratic or violent. A link between mental illness and violence is indisputable. Epidemiological studies have identified a correlation between cases of severe mental illness and violence (Hiday, 1997).

Although the above individuals including Darius Alchimionek, Eddie Ray Routh and Aaron Hernandez acted violently, they were not aware of the nature of their crimes at the time that the crimes took place. These cases substantiate the psychological need to maintain the Criminal Law Insanity Act (2006) in Ireland which was designed to

support individuals such as the above mentioned. In an Irish court, the defendants mentioned above would likely go through a psychological evaluation and plead the defence of insanity based on one of the following grounds; the defendant being insane at the time of the crime, the defendant being unaware of nature of their actions and as a result being held accountable to a diminished level of responsibility or to be unfit to stand trial (Criminal Law Insanity Act, 2006). This act protects those defendants suffering from a mental disorder and who themselves are vulnerable and in need of support.

In 2006, the Irish legal system portrayed an awareness and an understanding of the symptoms of certain mental disorders and the involuntary behaviours that individuals suffering from certain mental disorders can endure when they enacted the Criminal Law Insanity Act (2006) and ceased relying on the trial of lunatic's act (1883) when in a criminal court.

This support for the criminally insane by interpreting a convicted individual as 'not guilty by reason of insanity' opposed to 'guilty but insane' illustrated an understanding of mental illness in the eyes of the Irish Legal System, however, it did not indicate an understanding from the general population.

According to Perlin (2017), due to an overall lack of understanding and misperceptions surrounding the insanity defence there is an overwhelming negative attitude toward it within society. Perlin (2007) took the case of John Hinckley, who attempted to assassinate president Ronald Reagan and was ultimately found 'not guilty by reason of insanity' to assess society's understanding of the insanity defence. The findings stated that society had created nine myths surrounding the defence that were shaping their attitude towards plea. These myths included; that the defence is overused, the use of the

defence is limited to murder trials, there is no risk to a defendant who pleads insanity, a defendant who pleads insanity is quickly released from custody, that the defendants spend a lot less time in custody, most insanity trials are “battles” of experts”, defence attorneys overuse the insanity defence, it is a rich man's defence and finally, defendants who use the insanity defence are usually “faking it” (Perlin, 2017). These myths surrounding the insanity defence are incorrect and unsubstantiated because it is true that the insanity defence is more often than not rejected by the court and when it is used it is rarely successful (Resnick et Knoll, 2007).

This research supports the psychological need for the Criminal Law Insanity Act (2006). The cases of Darius Alchimionek’, Eddie Ray Routh and Aaron Hernandez substantiate the basis of the 2006 Act. The Act is well designed to protect these legally insane defendants and should be admired.

Limitations of Previous Studies

Accessing relevant literature in relation to society's understanding of the insanity defence is particularly arduous; there is a lack of research in this domain which is amplified in an Irish context, where little to no research exists in association with an Irish society's attitude toward defence.

The existing research of Neuman et al (2006) explains that there is an overall negative attitude toward the defence. Perlin (2017) additionally outlines myths that have been conjured by society based on unturths. However, neither studies examine society’s understanding of why the insanity defence is necessary in a criminal court. They decline to ask the participants about their understanding of the effects of mental illness on mentally ill defendants. As a result, it is challenging to say how these myths existed and

to correct society's untruths that have led to the conjuring of myths and negative attitudes.

Existing literature does not investigate any sub groups within the population, instead the population is investigated as one homogeneous group. This in nature deems it impossible to identify population trends within the data.

Rationale

This present study aims to fill the gap in the literature by providing up to date research within the domain of attitudes toward the insanity defence. The intent of the study is to explore society's understanding of why the insanity defence is necessary in a criminal court setting, and evaluate participants' attitudes of leniency once convicted towards mentally ill defendants. This will be achieved by adding to the previous work of Neumann et al (2006), Perlin (2017) and Resnick et knoll (2007) The intent of the study is to explore society's understanding of why the insanity defence is necessary in a criminal court setting, and evaluate participants' attitudes of leniency once convicted towards mentally ill defendants.

Additionally, this current study will quantitatively identify any population trends and demographic trends within the sample population, in particular pertaining to gender, or generation. This new data will support a plan to target the subsections of society that need further education and information on why the insanity defence is necessary in a criminal court setting.

To summarize, the present study aims to explore if society has developed a true understanding of why the insanity defence exists in a criminal court setting, and if so, who within society is yet to be educated.

Qualitative Research Question

“In your opinion, why do crimes that were committed by people suffering from a mental disorder (interpreted by the Criminal Law Insanity Act 2006 as a mental illness, mental disability, dementia or any disease of the mind but does not include intoxication) receive more lenient verdicts or reduced sentencing in a criminal court?”

Hypothesis

Followed by the following twotailed quantitative hypothesis;

Alternative Hypothesis (H1) = A relationship exists between gender and the likelihood that a participant will agree with the defence non guilty by reason of insanity when the defendant is suffering from a mental disorder.

Alternative Hypothesis (H2) = A relationship exists between generations (under/over mean age of 37) and the likelihood that a participant will agree with the defence non guilty by reason of insanity when the defendant is suffering from a mental disorder

Alternative Hypothesis (H3) = A participants age will predict levels of attitudes toward the social injustice and danger levels associated with the insanity defence.

Alternative Hypothesis (H4) = There will be a difference in a participants overall attitude toward the insanity defence based on their generation (under/over mean age of 37).

Alternative Hypothesis (H5) = There will be a difference in a participants overall attitude toward the insanity defence based on their gender.

Methodology

The researcher aims to explore society's understanding of the insanity defense, specifically, society's understanding of why it is necessary in a criminal court setting and to identify attitude trends within the population in relation to gender and generation. This was achieved by requiring participants to complete a self-report survey which consisted of demographic questions and a series of situational questions measured on 7-point likert scale designed specifically for the current study, as well as a self-assessment report designed to measure a participant attitude toward the insanity defence.

Research Design

A mixed-method quasi experimental design was employed in the study. The independent variables used in the analysis were age, gender and generation. The dependent variables tested were overall attitudes towards the insanity defence, overall attitude toward perceived injustice and danger associated with the defence as outlined in the Insanity Defense Attitude Scale-Revised IDAS-R (Skeem et al., 2004).

Participants

The sample population for this study was collected over a three week period and consists of 76 participants comprising fifty-three females and twenty-three males. Participants ranged from age nineteen to seventy-seven with a mean age of 37. For the purpose of certain inferential analysis the population was divided into two generational subgroups; thirty-four participants were above the mean age and forty were under the

mean age, two participants' responses were missing. Snowball-convenience sampling was the method used to recruit participants.

Process, Recruitment and Materials

The questionnaire was created using Microsoft Forms and was accessed by the sample population through a variety of online platforms such as LinkedIn, Facebook, and Whatsapp. Participants were invited to click on a link to access the survey which was hosted on Microsoft forms. A consent form, information sheet, contact sheet and debrief sheet were included within the questionnaire (see appendix 2 - 5).

The information sheet introduced the researcher, outlined the purpose of the study and explained what participating would involve. The information sheet outlines that participation is voluntary, that consent was necessary and included logistical information, for example, where the data would be stored and for how long (see appendix 2 - 3).

On top of this, a trigger warning stating that the questionnaire contains sensitive topics will be included on the information sheet. A contact sheet containing the contact information for organizations that have resources to support any affected participants will be included.

The questionnaire itself will include the following self-assessment report; the Insanity Defence Attitude Scale-Revised IDAS-R (Skeem et al., 2004).

Analysis

The qualitative data component was analyzed using thematic analysis as outlined by Braune and Clarke (2006). The qualitative responses were gathered from the online

survey. The data was then initially compiled on Microsoft Excel 2016 spreadsheet and subsequently imported to NVivo version 12 plus. The software aided the researchers analysis of the data by supporting the researcher in familiarizing themselves with the data and coherently mapping the data by assigning preliminary codes (nodes). These nodes help the researcher to identify trends or patterns within the data. Once all the data has been coded and patterns have been identified themes were then created. This was not a fixed mechanic process. The researcher maintained flexibility throughout, recognising common phrases and ideas that were recurring throughout the text. Once the themes were identified, defined, reviewed and named, further population analysis was conducted. The study looks for gender or generational trends or patterns within each theme. This was achieved by comparing the responses tied to each code with their gender and age which was completed on Microsoft Excel 2016.

The quantitative component utilised a variety of different descriptive and inferential statistical tests to accomplish a true and insightful exploration. A chi square test was employed to test for any existing trends or associations between the two nominal variables. The dependent variable in both tests was the likelihood that a participant will agree with the defence non guilty by reason of insanity when the defendant is suffering from a mental disorder at the time of the crime. The independent predictor variables were gender in hypothesis one, and generation meaning either over or under the mean age of 37 for hypothesis two.

A correlational simple linear regression tested hypotheses three, the independent variable used was the participants age which was tested to examine if it was a predictor of the dependent variable, levels of attitudes toward the social injustice and danger levels

associated with the insanity defence. Skeem et al., (2004) Insanity Defence Attitude Scale-Revised IDAS-R Scale was used as a scale to measure attitudes toward the social injustice and danger levels associated with the insanity defence.

An independent sample t-test was used to compare the difference within the independent grouping variables in hypothesis four and five which were gender and generation, respectively. This test determined whether either group had a higher average score. The dependent variable for both hypotheses was overall attitude toward the insanity defence. The researcher examined the data prior to performing statistical tests to search for any outliers that may skew the data. The current study's null hypothesis was determined at zero, assuming that there was no significant relationship between the two variables. The current tests used a 95% confidence interval to assess mean differences.

Measure

The Insanity Defense Attitude Scale-Revised IDAS-R, is a 32-item measure that is scored on a seven-point Likert scale (Skeem et al., 2004). This scale measures attitudes towards the insanity defence under the two following dimensions; 1. strict liability, 2. perceived injustice and danger associated with the defence (see appendix 5). The scale was measured as follows; 1 - Strongly Disagree, 2 - Disagree, 3 - Slightly Disagree, 4 - Neutral, 5 - Slightly Agree, 6 - Agree and 7 - Strongly Agree. This scale included several inverse questions which required the measuring scale to be inverted for those specific questions.

Ethics

The data for the study was not collected until the research proposal was approved by the ethics committee at Dublin Business School. The study did not require the

participation of any vulnerable group and participation was voluntary which was outlined clearly in the Information Sheet. All participants were informed of the purpose of the study as well as the management and storing of their responses. Each participant gave their informed consent before completing the questionnaire (see appendix 3). Participants were informed that certain sensitive topics would be included in the survey and that they could potentially trigger certain individuals. In this case support was made available in the Information Sheet with numbers to supporting organizations (see appendix 2).

Results

This section will present the findings obtained during the analysis of the data collected. Due to the nature of a mixed method study both qualitative and quantitative methods of analysis will be employed. Thematic analysis as outlined by Braune and Clarke (2006) will be used to explore themes identified in the qualitative data. The quantitative data will be analyzed using descriptive statistics and a variety of inferential statistical tests including; Non-Parametric Chi Square test, Simple linear regression test and Independent T-test.

Qualitative Analysis

Global Research Question:

Explore society's understanding of the necessity for the insanity defence in a criminal court setting and identify population trends particularly pertaining to gender (male/female) and generation (over the mean age of 37/under the mean age of 37).

Research Question included in survey:

In your opinion, why do crimes that were committed by people suffering from a mental disorder (interpreted by the Criminal Law Insanity Act 2006 as a mental illness, mental disability, dementia or any disease of the mind but does not include intoxication) receive more lenient verdicts or reduced sentencing in a criminal court?

After analysis, the open-ended responses collected for the above research questions on NVivo version 12 plus identified four main themes which emerged from the

data. The four main themes that appeared consistently throughout the participants. The first theme was ‘Diminished Responsibility’.

Diminished Responsibility, an individual suffering from a mental disorder is generally deemed to have less culpability for their actions. They can not be held responsible to the same extent as a person who had full control of their actions and understood the consequences. The assumption that the individual would not have committed the crime if they had been undergoing medical treatment or not suffering from mental illness is widely accepted.

Population analysis:

Diminished responsibility as the reason for a more lenient sentence for individuals suffering from mental disorders was widely accepted by both males and females as well as participants over the mean age and under the mean age

Table 1. Summary of codes and quotes for the theme ‘Diminished responsibility’

Codes/Nodes	Quotes
Not liable for their actions	“they are considered not to be 100% in their right mind so therefor cannot receive 100% of the punishment/sentencing”
Mental Illness is to blame not the offender	“mental illness is seen as the cause of the crime”
Involuntary action	“state of mind that involuntarily deteriorates their decision making”
Offenders do not have full control of their mind	“uncontrollable and irresistible impulse

Medical Intervention, a certain cohort of participants agreed that mentally ill perpetrators received a more lenient punitive sentence as they required medical attention opposed to sanction or incarceration.

Population analysis:

Medical Intervention as a reason for an increased leniency during sentencing was only stated by female participants. Age did not influence the likelihood of the response with an even spread of women over and under the mean age listing medical intervention as a reason.

Table 2. Summary of codes and quotes for the theme ‘Medical Intervention’

Sub Theme	Codes/Nodes	Quotes (All Female)
Female Orientation	Offenders themselves need help	“ people with a mental illness need support to him them with their illness rather than being put into prison”
	The offended as a result of being undiagnosed	
	To encourage medical intervention opposes to jail time	“Because they are very vulnerable and sick in the mind”
		“In the hope that they can receive medical help”

Lack of Conscious Intent participants identify a key lack of intent or awareness of the outcome for the mentally ill perpetrator when outlining their understanding of why the sentencing can be more lenient for menally ill defendants.

Population analysis:

Lack of conscious intent was a recurring theme for both genders and both generations that participate in the study.

Table 3. Summary of codes and quotes for the theme 'Lack of Conscious Intent'

Codes/Nodes	Quotes
An offender with sound mind has intent unlike mentally ill offenders	
Not premeditated	
No accurate concept of the nature of the crime	“There crime is influenced by then illness as opposed to a premeditated crime where the person is in full mind”
Acting outside of themselves	
General lack of awareness	“ less intent to these crimes, they may have acted without being conscious of their actions”
Impaired Judgment	“the perpetrator is not able to weigh the situation from our accepted moral code. Their actions are impulsive and instinctive rather than judged or planned. They operate outside the law without being aware of it.”
No access to rational thought	“It’s harder to punish someone who may not have been aware/ of sound mind while committing a crime”
	“Their actions are impulsive and instinctive rather than judged or planned”
	“therefore incapable of making a sound decision”

Generational Gap in Language and Responsibility There was an overall consensus that the individual who committed the crime was not completely at fault as there the medical illness has a part to play.

Population analysis:

This theme was concurrent between participants both male and female and over and under the mean age of 37. However, the language used varied between participants over

and under the mean age. Participants under the mean age generally took a person centered approach by stating the person was not in the right state of mind and this was the reason for the crime. Alternatively, participants over the mean age often stated that the sentencing was more lenient because “the law allowed for it”. Ultimately, the outcome was the same stating the mentally ill perpetrator did not deserve harsh punitive sentencing, nonetheless there was a lack of understanding for the participants over 37 and more of an acceptance of the law.

Table 4. Summary of codes and quotes for the theme ‘Generational Gap in Language and Responsibility’

Sub Theme	Codes/Nodes	Quotes (All Female)
Acceptance of the legal system - over mean age of	<i>Over the meage age:</i>	<i>Over the mean age:</i>
Understanding - under the mean age of 37	Law deems them to be criminally insane	“Because the law allows for this”
	Law states they were not in control	“Because in the eyes of the law they were not in full control of there full mental capacities so not fully responsible”
	The law is designed to allow a more lenient sentence	
	<i>Under the mean age:</i>	
	The individual is suffering	“The perpetrator is not able to weigh the situation from our accepted moral code”
Person centered	<i>Under the mean Age:</i>	
		“The person who committed the crime was not in a stable state of mind and therefore incapable of making a sound decision”
		“As they were not in their right mind upon committing the crime and require medical treatment “

Visual Illustration of Qualitative Data

The below word map can be used as a visual aid to identify the main Themes, Sub Themes, Codes and Quotes which emerged during the analysis. The map is created with a hierarchical system and must be read from the left which is the global question to the right across the Themes and Sub Themes.

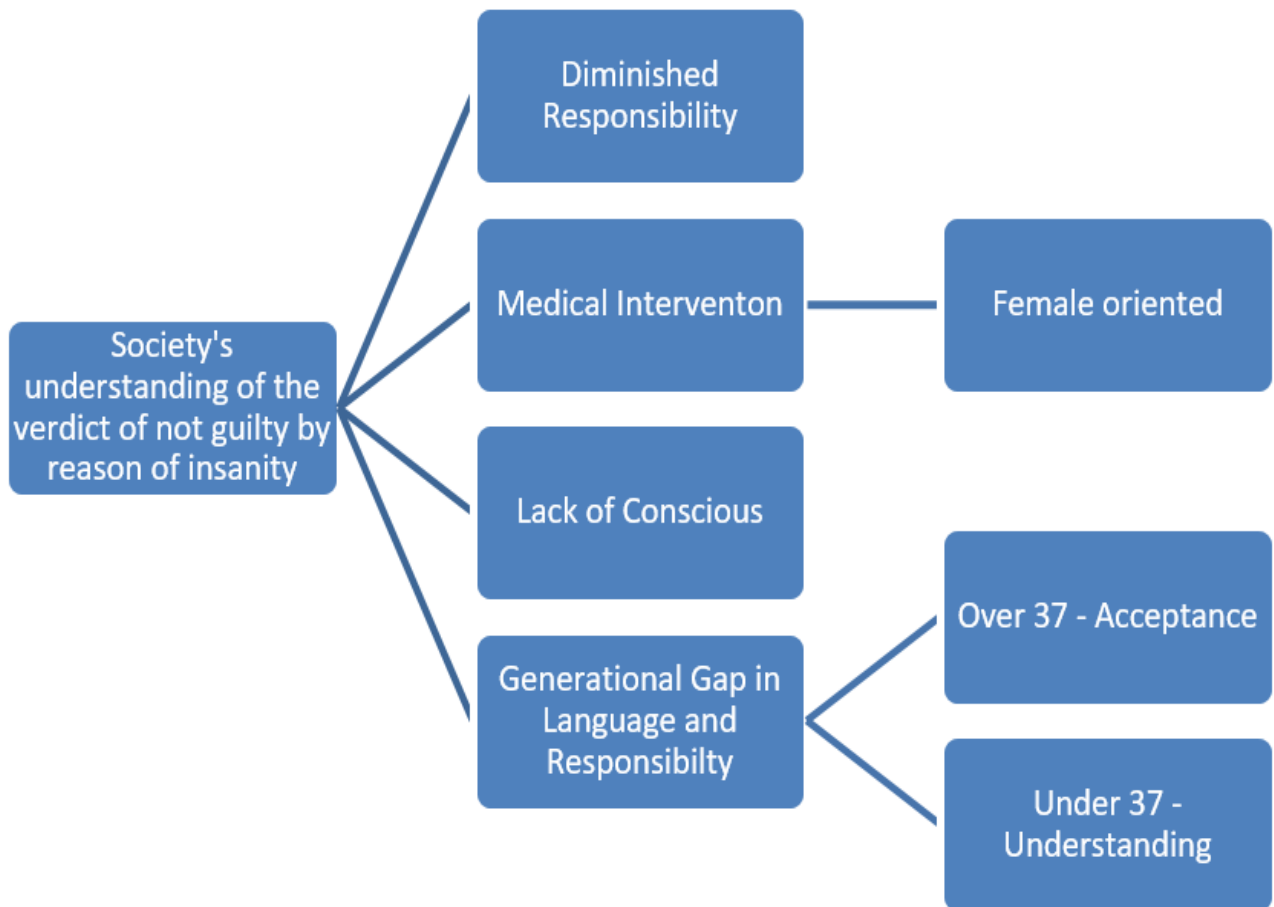


Figure 1. Word Map of qualitative data illustrating global research question, themes and Sub Themes which emerged in the data

The below word cloud can be read by assuming the larger more identifiable words were used more frequently within the thematic analysis. For example, In the below word cloud the words “mental” “Health” “resilience” “positive” “self” and “balance” are larger and used more frequently than words such as “challenge” “sadness” “triggers” and so on.

has applied to those who retain the power of reasoning but who in moments of confusion or absent mindedness fail to use their powers to the full”.

To what extent do you agree or disagree that the insanity defence is often misused?

b.) In the case of R v M’Naghten, the defendant Daniel M’Naghten was suffering from insane delusions that the conservative political party had planned to persecute him. His delusions led him to believe that the leader, Sir Robert Peel had to be killed, however on doing so the defendant killed Sir Robert Peel's private secretary by accident. During this trial, it was decided that the defendant due to a disease of his mind was not aware of the nature of the crime and that the act itself was wrong. The defendant was found not guilty on the grounds of insanity.

To what extent do you agree or disagree with a verdict of not guilty by reason of insanity based on the defendant suffering from a mental disorder that leaves them unaware of the nature of their action?

Table:5 Frequency of participants who felt the insanity pleas if often misused

	Frequency	Valid Percent
Strongly Agree (1)	2	2.7
Agree (2)	21	28.0
Slightly Agree (3)	18	24.0
Neutral (4)	3	4.0
Slightly Disagree (5)	15	20.0
Disagree (6)	11	14.6
Strongly Disagree (7)	5	6.7
Total	75	100.0
Missing	1	

Table:6 Frequency of participants who agree with a verdict of not guilty by reason insanity based on the defendant not being aware of their actions

	Frequency	Valid Percent
Strongly Agree (1)	14	18.4
Agree (2)	34	44.7
Slightly Agree (3)	14	18.4
Neutral (4)	4	5.3
Slightly Disagree (5)	3	3.9
Disagree (6)	4	5.4
Strongly Disagree (7)	3	3.9
Total	76	100.0

Table: 7 Combined frequency table stating means

Variables	Mean	Std. Deviation
Agree that the insanity defence is often misused	3.81	2.63
Agree with a verdict of not guilty by reason insanity based on the defendant not being aware of the nature of their actions	1.73	1.55

The descriptive statistics above identifies two key trends in the data collected. The first trend identified in table 7 is that the mean score calculated for the amount of people who agree that the insanity defence is often misused is 3.81. This numeric value falls between 3 (slightly agree) and 4 (Neutral). Further analysis of table 5 states that 54.7 participants agreed to some degree while 41.4 disagreed to some degree that the insanity defence is often misused.

The second key trend identified in table 7 is that the mean score calculated for the amount of people who agree with the verdict if guilty by reason of insanity based on the defendant being unaware of the nature of their actions was 2.63. This figure is sitting between 2 (Strongly Agree) and 3 (Slightly Agree) indicating that on average the participants did agree. This figure is substantiated by the data analyzed in table 6 which states that 81.5 percent of participants agree to some degree while 13.1 percent of people disagree to some degree with a verdict of not guilty by reason of insanity based on the defendant not being aware of the nature of their actions.

Inferential

A combination of parametric and non-parametric tests were employed to inferentially test the likelihood the results were obtained due to chance.

Non-parametric Assumptions: The below chi-square analysis should be analyzed with the knowledge that the two sets of variables used were nominal and categorical in nature. Participants were independently and randomly sampled. The expected frequency of each cell was greater than one and no more than 20% were under five.

Alternative Hypothesis (H1) = A relationship exists between gender (male/female) and the likelihood that a participant will agree with the defence non guilty by reason of insanity when the defendant is suffering from a mental disorder.

A Chi-Square test for association found that there was no significant relationship between the variables gender and the outcome of agree with the defence non guilty by reason of insanity when the defendant is suffering from a mental disorder ($\chi^2 (1, N=75) = .091, p = .956$). Therefore, the null hypothesis can be accepted.

Alternative Hypothesis (H2) = A relationship exists between generations (under/over mean age of 37) and the likelihood that a participant will agree with the defence non guilty by reason of insanity when the defendant is suffering from a mental disorder.

A Chi-Square Test for association found that there was no significant relationship between the variables generation (under/over mean age of 37) and the outcome of agree with the defence non guilty by reason of insanity when the defendant is suffering from a mental disorder ($\chi^2 (1, N=74) = 1.437, p = .487$). Therefore, the null hypothesis can be accepted.

Parametric Assumptions: The below simple linear regression results can be accepted with the knowledge that 76 Participants allowed for a sufficient normally distributed population for both criterion Variable, the criterion variable in this instance were attitudes toward the social injustice and danger levels associated with the insanity defence (H1) and attitudes toward strict liability associated with the insanity defence

(H2). This can be visually assessed in the below histogram figure 3. The assumptions of linear variability can likewise be identified in the scatter plots below figure 4.

Alternative Hypothesis (H3) = A participants age will predict levels of attitudes toward the social injustice and danger levels associated with the insanity defence.

Using simple regression, it was found that a participants age did not significantly predict attitudes toward the social injustice and danger levels associated with the insanity defence. ($F(1,72) = .203$, $p .654$, $R^2 = -1.1\%$) (Age, $\beta = -.05$, $p < .654$, CI (95%) $-.281$ - $.177$). Thus, the null is accepted.

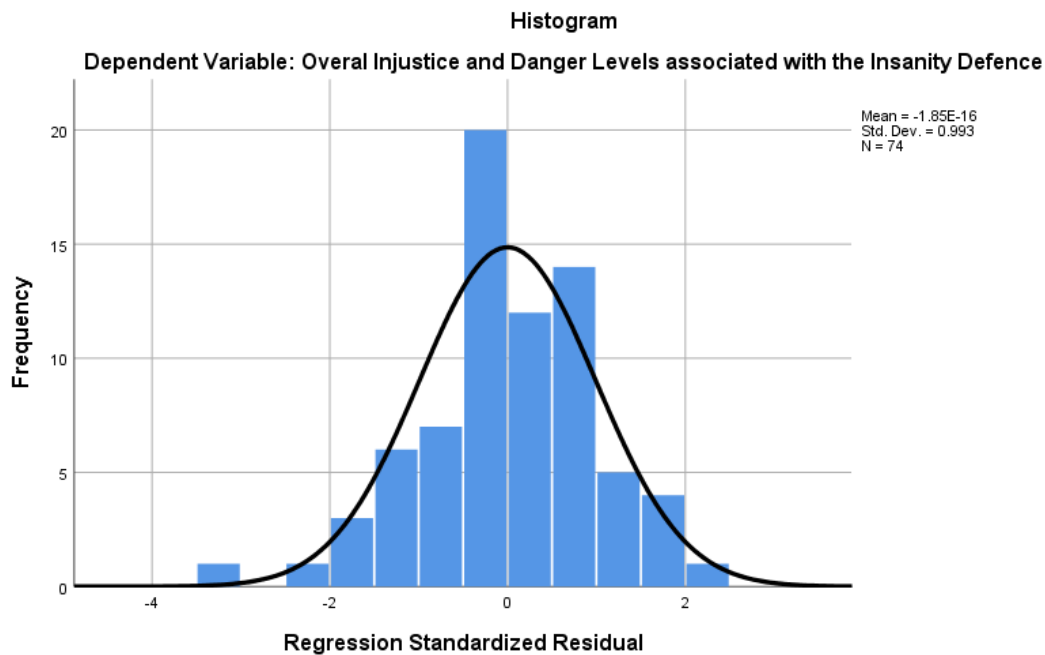


Figure. 3 Histogram representing the distribution of overall Injustice and Danger Levels Associated with the Insanity Defence

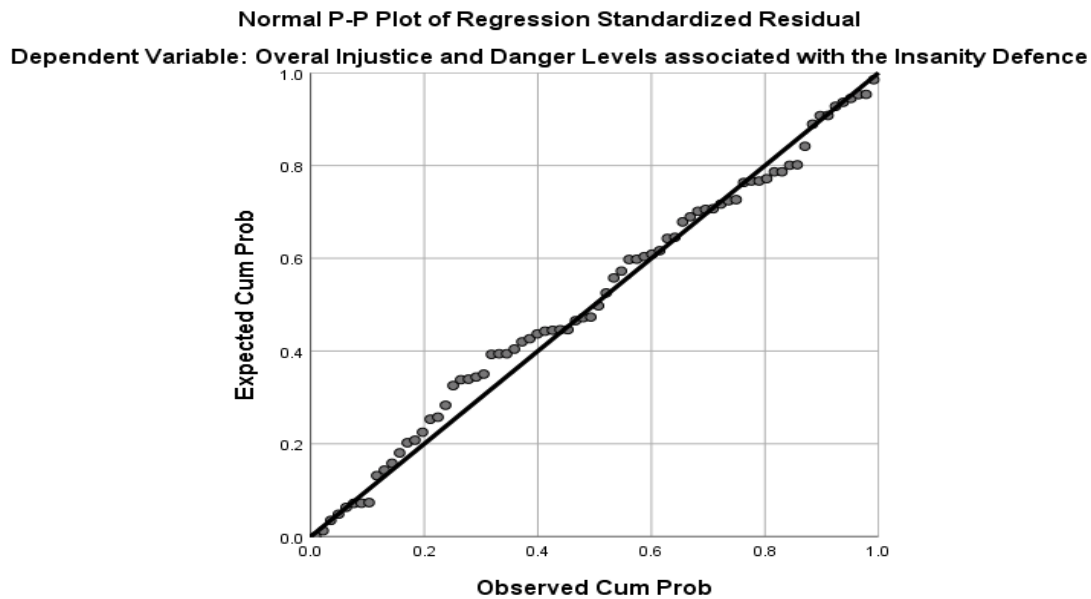


Figure. 4 Scatter plot representing the line of best fit for the variables overall resilience and overall Injustice and Danger Levels Associated with the Insanity Defence.

Parametric Assumptions: The below Independent T- Test results can be analyzed with the knowledge that the independent variable contained two categorical groups that were independent over each other and exempt from outliers. The assumptions of normality for the dependent variable is true and can be visually assessed in the below histogram which illustrates an approximate normal distribution. The dependent variable is measured using a continuous scale. The Sig. value was greater than .05 for each Levene's Test thus the variances were not significantly different and the homogeneity of variance was satisfied.

Table 8: Results of Independent T -Test

Variables	Groups	Mean	SD	<i>t</i>	<i>df</i>	<i>p</i>
Overall Attitude toward the insanity defence	Over Mean Age	113.59	32.70	-1.41	72	.162
	Under Mean Age	123.30	26.63			
Overall Attitude toward the insanity defence	Male	117.65	34.55	-.07	74	.943
	Female	118.19	27.95			

Alternative Hypothesis (H4) = There will be a difference in a participants overall attitude toward the insanity defence based on their generation (under/over mean age of 37).

An Independent Sample T-Test found that there was not a statistically significant difference between overall attitude toward the insanity defence based on their generation (under/over mean age of 37) . (Over Mean Age = 113.59, SD = 32.70) and (Under Mean Age = 123.30, SD = 26.63) ($t(72) = -1.41$, $p = .162$, CI (95%) -23.49 -> 4.00) Therefore, the null can be accepted.

Alternative Hypothesis (H5) = There will be a difference in a participants overall attitude toward the insanity defence based on their gender.

An Independent Sample T-Test found that there was not a statistically significant difference between overall attitude toward the insanity defence based on their gender (Male = 117.65, SD = 34.55) and (Females = 118.19, SD = 27.95) ($t(74) = -.07, p = .943$, CI (95%) -15.49 -> 14.42). Therefore, the null can be accepted.

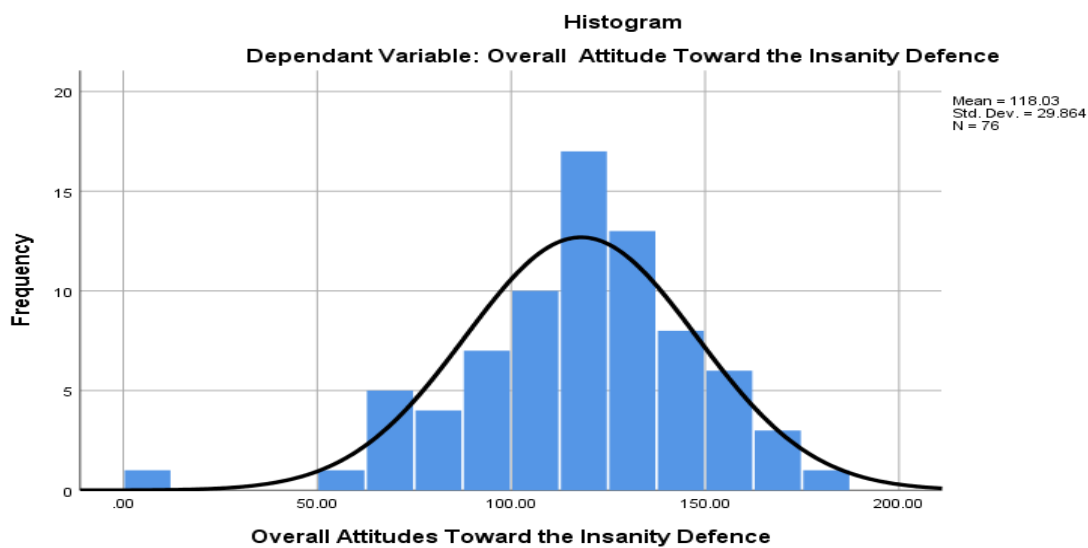


Figure. 5 Histogram representing the distribution of overall Attitude Toward the Insanity Defence

Discussion

Present study Aims

The purpose of this study was to explore society's understanding of why the insanity defence is necessary in a criminal court setting and inquire why participants think mentally ill defendants get a more lenient sentence once convicted. The current study aimed to build on the research outlined in Neuman et al (2006), Bloechl et al (2007) and Perlin (2017) which stated that overall, society has predominantly negative attitudes towards the insanity defence. Additionally, the present study aimed to pinpoint certain population trends in relation to gender and generation attitudes within the sample population.

Interpretation of results in relation to previous research

Society's understanding of the defence was examined by asking the open-ended question, 'why do crimes committed by people suffering from a mental disorder receive more lenient sentencing in a criminal court?'. Thematic analysis identified four main themes that appeared consistently throughout the participants. The first theme was 'Diminished Responsibility'. Participants overwhelmingly agreed that a person suffering from a mental disorder should have reduced accountability for their actions and that this is the reason their sentencing is often more lenient. This theme was common throughout both genders and generations.

The second theme identified was 'Medical Intervention'. This theme identifies the need for medical intervention opposed to incarceration. Participants felt, "people with mental illness need support to help them with their illness rather than being put in prison". This theme only exists among female participants. Medical Intervention

contrasts to the previous study by Bloechl et al (2007) which outlines the desire for capital punishment as a variable and a reason for individuals to acquire negative attitudes towards the insanity defence (Bloechl et al, 2007).

The third theme identified was 'Lack of Conscious Intent'. This theme considered intent as the source of the crime rather than the action itself and they agreed that intent, generally, was absent for mentally ill defendants. Participants stated that mentally ill defenders likely had no desire to cause harm, that the "perparturor is not able to weigh the situation from our accepted moral code, their actions are impulsive and instinctive rather than judged or planned". There is an overall sense that the defendant is void of conscious thought and therefore there is "less intent". This theme was evident throughout both genders and participating generations.

The final theme identified was the 'Generational Gap in Language in association with the Defence'. This theme identifies the generation discrepancy in language when participants expressed the necessity for the defence. Participants under the mean age of 37 generally blamed the symptoms of the mental illness for the crime committed. They felt "the person who committed the crime was not in a stable state of mind and incapable of making a sound decision". Alternatively, participants over the mean age of 37 more often stated that the lenient sentencing was solely down to the law and because "the law allows for it". Ultimately, both generations showed a tolerance to lenient sentencing, however, participants under the mean age showed an understanding of why the defense is necessary in court while participants over the mean age showed an acceptance and compliance toward the law.

The qualitative element of the present study was to build on the empirical data from Neuman et al (2006), Bloechl et al (2007) and Perlin (2017) that found society had overall negative views towards the insanity defence by exploring society's understanding of why the insanity defence is necessary in a criminal court setting and inquire why participants think mentally ill defendants get a more lenient sentence once convicted. This particular question was designed to discover if these negative attitudes as outlined in previous research were due to a lack of understanding surrounding the defence and the necessity to protect mentally ill defendants. The present study contradicts existing research from the outset, the above themes show an overall sympathetic view towards individuals suffering from mental illness and the lack of control and conscious awareness certain symptoms of mental disorder may incur. To sum, the current data does not align with previous research stating that there is a negative attitude towards the insanity defense, thus, it could not gather rich insight on negative attitudes. Alternatively, the current study identifies a sympathetic understanding toward the defense and the necessity for a more lenient medically inspired sentence. The findings also support the statement that females within the population are more inclined to suggest medical intervention.

The quantitative component of the study aimed to identify any population trends within the sample population pertaining to gender, or generation in order to pinpoint any subsection of the population that might need to be targeted with information as to why the defence is necessary. To test for this, the quantitative analysis included a variety of descriptive as well as an inferential tests.

The descriptive analysis examined two situational questions asking; 'Do you think the insanity defense is often misused?' and 'Do you agree with the verdict of non guilty

by reason of insanity based on the defendant being unaware of the nature of the crime?'. The current study found that 54.75% of participants agreed, while 41.4% disagree that the insanity defense is often misused. This data supports to some degree Perlin's (2017) myth that the insanity defense is often exploited by defendants who are "faking it" (Perlin, 2017). However, the current figures are far less significant than Perlin (2017) as almost half of the participants disagree that defense is often misused. For the second situational question, the participants overwhelmingly agreed with the verdict of not guilty by reason of insanity based on the defendant being unaware of the nature of the crime. This is a major contradiction to the existing research from Neuoman et al (2006) suggesting that society has overall negative views towards defence. However, these objective findings support the present qualitative findings of the thematic analysis which outlines society's understanding for the necessity of the defence.

The inferential quantitative analysis included five hypotheses which were aimed at identifying population trends along gender and generations in terms of opinion toward the defence.

The first and second hypothesis stated there would be a relationship between (H1) gender and (H2) generation, respectively, and the likelihood that the participant would agree with the verdict not guilty by reason of insanity based on the defendant is not aware of the nature of the crime. The analysis empirically stated that neither hypothesis were significant, furthermore, this supports the statement that societal support for the insanity defence is indiscriminate within the sample population.

The third hypothesis assumed that age would predict levels of attitudes towards social injustice and danger levels associated with the insanity defence. As stated above,

age was not a significant predictor of social attitude towards social injustice and danger levels. This was an investigatory hypothesis built on previous work suggesting that society assumes people suffering from mental illness to be a danger to society (Perlin 2017).

The fourth and fifth hypotheses are designed to test for population trends among gender and generations within the sample population in participants' overall attitude to the insanity defence. The findings for both tests suggested that neither independent group, gender or generation had a higher average than the other in association with their attitude toward the insanity defense.

Analyzing both the qualitative and quantitative section as one. The present findings blatantly contradict the previous research of Neuman et al (2006) and Perlin (2017) which empirically states that society has an overall negative attitude toward the insanity defence (Neuman et al, 2006) (Perlin, 2017).

Limitations and Strengths

The contradiction between previous and current research is acute and somewhat unexpected as the preceding research cited relatively recently, from 2007- 2017. An explanation for this could be found in the cultural context, as previously noted there was a vast dearth of research concerning attitudes toward the insanity defense; in an Irish context this became even more scarce. Therefore, the majority of previous literature cited was based in American cities with American participants. It could be said that the previous literature would not be contradicted if the present study had been conducted with American participants. Although participants were not asked to identify their nationality, convenient sampling was used so it can be assumed as the survey was

conducted in Ireland that the majority of participants are Irish. Thus, the contradiction is not due to a major societal shift in attitude but rather a cultural difference of attitudes between a predominantly American and Irish population.

An alternative limitation on the present data collected was the homogeneous nature of both the qualitative and quantitative findings. The qualitative answers illustrated very little individual thought. Each participant answered similarly almost in a robotic or trained manner with the exceptional outlier in the higher generation group which were over the mean age of 37, who showed their acceptance of the law rather than actual understating of the defence which is captured in the theme 'Generational Gap in Language in association with the Defence'. Opposed to this slight deviation, one could draw the conclusion that participants generated automated answers that they felt were acceptable or correct. Similar could be said for the quantitative answer which found no significant link between negative attitudes and the insanity defence in the five different startical tests carried out.

In addition, there was a gender imbalance in the sample, consisting in a greater number of females than there were males. A more even balance could potentially have altered the findings slightly. For example, the theme of 'Medical Intervention' as a reason for more lenient sentencing in a court setting was solely expressed by females. The sampling conducted for the current study was convenient sampling. This type of sampling lacks variety within a sample population, ultimately deeming the findings less applicable to the general population. For example, due to the gender imbalance, one can not conclusively state that males would not have expressed 'Medical Intervention' if the population had been evenly dispersed. A further weakness to the study is the cultural

component previously mentioned. It is a weakness to the study that the existing and present research was not drawn from similar geographic regions as the comparisons are not as strong.

However, this very weakness serves as part of the rationale for why the study was necessary. There was very limited research in this area, particularly in an Irish setting. Gathering and performing statistical tests in relatively unresearched areas is a strength to this paper as it is always a benefit to gather research on any existing phenomena.

In contrast to the gender imbalance, the present study had a remarkably balanced generational split of participants over the mean age of 37 and under the mean age of 37. Due to this any inferential data using generation as the grouping variable for example alternative hypothesis two and four can be assumed true within the general population from where the sample was extracted. The data collected in the survey for the current study was thorough and insightful. The survey was clearly constructed and collected sufficient and insightful data to complete the data analysis.

Future Research

Further research is required in this field due to the lack of existing data. Considering the present study to inspire for future studies it would be prudent to conduct semi structured interviews opposed to a survey style data collection. Collecting the data using surveys allowed the participant to easily conform their responses to societal expectations. Semi-structured interview questions would produce richer findings. Due to the contrast in the present study and previously existing literature it would be fascinating to conduct a cross sectional study comparing Irish and American participants' attitudes toward the insanity defense. This would empirically prove if the researcher's assumption

that the contraction with previous literature is due to a cultural context is true.

Independent T-Test could be employed to compare two demographic groups. Introducing a socio-economic variable would additionally be an interesting take on the current survey.

Using convenient sampling does not typically give a good socio-economic dispersion.

As a result participants likely came from similar socio-economic backgrounds. A cross-sectional study designed to compare attitudes toward the insanity defence between different socio-economic groups would be an interesting progression of the current study.

Application to Real-Life

As mentioned in the introduction, the current study aimed to identify any population trends in attitudes pertaining to gender or generation. This data could then potentially be used to support a plan to target the subsections of society that need further education and information on why the insanity defence is necessary in a criminal court setting. While the current study suggested society has an overall tolerance and acceptance towards the defense and absence of negative attitudes; importance should be drawn on the possible positive effects of an informative campaign to educate society on the need for the insanity defense. As stated above, the qualitative responses were overwhelmingly homogeneous. The four themes that emerged were repeated with little deviation and while there was a sense that participants acknowledged the fault of mental illness, the mental illness was at fault and the defendant was not aware of their actions. Responses indicated a distinct lack of knowledge evident on the symptoms of mental illness. These findings should aid the creation of a programme that demystifies the symptoms of PTSD, schizophrenia and other mental disorders and rolled out in educational settings such as schools and colleges. This clarity would promote acceptance and avoid misinformed

ideologies about mental health in society. A programme like such enables the general population to identify mental illness and seek support before the symptoms escalate and a crime is ultimately committed.

Conclusion

In conclusion, the present research qualitatively identifies participants' subjective empathy and understanding towards the defense. This is supported by the empirical, inferential statistical tests that state regardless of a participant's gender or generation, overall they agree with the verdict of not guilty by reason of insanity. Furthermore, the current study supports the statement that neither gender or generation influences a participant's overall attitude towards the insanity defence.

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Appendices

Appendix 1: the Criminal Law (Insanity) Act 2006



Number 11 of 2006

CRIMINAL LAW (INSANITY) ACT 2006

AN ACT TO AMEND THE LAW RELATING TO THE TRIAL AND DETENTION OF PERSONS SUFFERING FROM MENTAL DISORDERS WHO ARE CHARGED WITH OFFENCES OR FOUND NOT GUILTY BY REASON OF INSANITY, TO AMEND THE LAW RELATING TO UNFITNESS TO PLEAD AND THE SPECIAL VERDICT, TO PROVIDE FOR THE COMMITMENT OF SUCH PERSONS TO DESIGNATED CENTRES AND FOR THE INDEPENDENT REVIEW OF THE DETENTION OF SUCH PERSONS AND, FOR THOSE PURPOSES, TO PROVIDE FOR THE ESTABLISHMENT OF A BODY TO BE KNOWN AS AN BORD ATHBHREITHNITHE MEABHAIR-SHLÁINTE (AN DLÍ COIRIÚIL), OR, IN THE ENGLISH LANGUAGE, THE MENTAL HEALTH (CRIMINAL LAW) REVIEW BOARD, TO REPEAL THE TRIAL OF LUNATICS ACT 1883, TO AMEND THE INFANTICIDE ACT 1949, AND TO PROVIDE FOR RELATED MATTERS.

[12th April, 2006]

Appendix 2: Information Sheet

My name is Alyson Condon and I am conducting research in the Department of Psychology that explores society's understanding of the insanity defence, in a criminal court. This research is being conducted as part of my studies and will be submitted as a research study as well as being discussed in a formal presentation.

You are invited to participate in a study that asks you to complete an anonymous survey which will form the basis for a thesis paper. While completing the survey certain topics that arise may cause you to feel uneasy or distressed. If this is the case, contact details for support services have been provided on the final page. This study aims to gather comprehensive data illustrating society's understanding of the insanity defence as outlined in the Criminal Law (Insanity) Act 2006.

Participation is voluntary, you are not obligated to take part.

Participation is anonymous and confidential. This means that responses cannot be traced back to any one person. It also makes it impossible to withdraw your responses after submission. The data collected will be stored securely for a period of one year on a password protected computer and then permanently deleted. A sample of direct quotes will be used in the study to support the findings. These quotes cannot be traced back to any one person.

Please note this research has been ethically approved by the DBS College Human Research Ethics Committee.

Should you require any further information about the research, please contact Alyson Condon, ([REDACTED]@mydbs.ie). My supervisor, David McDonagh can be contacted at [REDACTED]@dbs.ie.

Thank you for taking the time to complete this survey. Your feedback is important.

Appendix 3: Consent

Please answer the following questions:

1. I have read and understand the information sheet. By selecting yes, you are giving your consent to take part in this survey. *

Yes

No

2. I am over 18. *

Yes

No

Appendix 4: Demographic questionnaire, qualitative question and situational questions.

Please answer the following questions by filling in the space provided:

1. State your age:

2. Your Gender: (Select One)

Female

Male

Other

3. In your opinion, why do crimes that were committed by people suffering from a mental disorder (interpreted by the Criminal Law Insanity Act 2006 as a mental illness, mental disability, dementia or any disease of the mind but does not include intoxication) receive more lenient verdicts or reduced sentencing in a criminal court? (Fill in your answer in the space provided)

-----.

4. Situational Questions:

In the case of R v M’Naghten, the defendant Daniel M’Naghten was suffering from insane delusions that the conservative political party had planned to persecute him. His delusions led him to believe that the leader, Sir Robert Peel had to be killed, however on doing so the defendant killed Sir Robert Peel's private secretary by accident. During this trial, it was decided that the defendant due to a disease of his mind was not aware of the nature of the crime and that the act itself was wrong. The defendant was found not guilty on the grounds of insanity.

To what extent do you agree or disagree with a verdict of not guilty by reason of insanity based on the defendant suffering from a mental disorder that leaves them unaware of the nature of their action?

Strongly disagree - slightly disagree - disagree - neutral - agree - slightly agree - strongly agree

In the case of R v Clarke, the defendant was accused of shoplifting. The defendant argued that she was suffering from diabetes and depression at the time of the offense and that because of these conditions she had no memory of the crime. The defendant pleaded not guilty by reason of insanity based on the absentmindedness of the crime. The judge on the case did not find the defendant eligible to plead the defense of insanity due to the fact that “it does not and never has applied to those who retain the power of reasoning but who in moments of confusion or absent mindedness fail to use their powers to the full”.

To what extent do you agree or disagree that the insanity defense is often misused?

Strongly disagree - slightly disagree - disagree - neutral - agree - slightly agree - strongly agree

Appendix 5: The Insanity Defence Attitude Scale-Revised IDAS-R (Skeem et Al, 2004)

Appendix H: Insanity Defense Attitudes Scale – Revised

Instructions: On the following pages, you will find statements that express commonly held opinions about the insanity defense. We would like to know how much you agree or disagree with each of these statements. Indicate your level of agreement with each of the following items by pairing each item with a number based on this scale:

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

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

___ I believe that all human beings know what they are doing and have the power to control themselves.

___ The insanity defense threatens public safety by telling criminals that they can get away with a crime if they come up with a good story about why they did it.

___ I believe that mental illness can impair people's ability to make logical choices and control themselves. R

___ A defendant's degree of insanity is irrelevant: if he commits the crime, then he should do the time.

___ The insanity defense returns disturbed, dangerous people to the streets.

___ Mentally ill defendants who plead insanity have failed to exert enough willpower to behave properly like the rest of us. So, they should be punished for their crimes like everyone else.

___ As a last resort, defense attorneys will encourage their clients to act strangely and lie through their teeth in order to appear "insane."

___ Perfectly sane killers can get away with their crimes by hiring high-priced lawyers and experts who misuse the insanity defense.

___ The insanity plea is a loophole in the law that allows too many guilty people to escape punishment.

___ We should punish people who commit criminal acts, regardless of their degree of mental disturbance.

___ It is wrong to punish people who commit crime for crazy reasons while gripped by uncontrollable hallucinations or delusions. **R**

___ Most defendants who use the insanity defense are truly mentally ill, not fakers. **R**

___ Some people with severe mental illness are out of touch with reality and do not understand that their acts are wrong. These people cannot be blamed and do not deserve to be punished. **R**

___ Many of the crazy criminals that psychiatrists see fit to return to the streets go on to kill again.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

___ With slick attorneys and a sad story, any criminal can use the insanity defense to finagle his way to freedom.

___ It is wrong to punish someone for an act they commit because of any uncontrollable illness, whether it be epilepsy or mental illness. **R**

___ I believe that we should punish a person for a criminal act only if he understood the act as evil and then freely chose to do it. **R**

___ For the right price, psychiatrists will probably manufacture a "mental illness" for any criminal to convince the jury that he is insane.

Instructions: Please place a check mark over the corresponding number.

21. How strongly do you feel about the insanity defense?

Not at all	1	2	3	4	5	6	7	Very Strongly
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22. How personally important is your opinion on the insanity defense?

Not at all	1	2	3	4	5	6	7	Very Important
------------	---	---	---	---	---	---	---	----------------

23. How much do you care about the insanity defense?

Not at all	1	2	3	4	5	6	7	Very Much
------------	---	---	---	---	---	---	---	-----------

Appendix 6: Debrief sheet

Thank you for your participation in this study. If you have further questions about the study, please contact Alyson Condon at [REDACTED]@mydbs.ie. If you wish to seek support regarding any negative feelings raised in this study, please refer to the contacts below.

Aware:

The Aware Support Line 1890 303 302

Available Monday - Sunday, 10am - 10pm

Email for support at: supportmail@aware.ie

Samaritans:

Call on: 116 123

Available 24hrs a day, 365 days a year. Free to call.

Email: jo@Samaritans.org