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# Do Our Perceptions Affect Our Decision Making in Legal Contexts?

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DO OUR PERCEPTIONS AFFECT OUR DECISION MAKING IN LEGAL CONTEXTS?

By

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Submitted in Partial Fulfillment  
of the requirements for the degree of

Bachelor of Arts

in

Honours Psychology

Faculty of Arts and Social Science

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## Abstract

Previous research has established that community interaction with the mentally ill, public education on the subject, and social integration all lead to a significantly more positive prognosis for sufferers of mental illness (Trute & Loewen, 1978), especially in ensuring less-frequent interaction with the legal system. Research has also shown however, that the misinformed and uneducated are more punitive and less empathetic (Shaw & Woodworth, 2013). The large representation of the mentally ill in the prison system necessitates revisions of policies regarding the handling of mental illness in social and community immersion, public education and legal contexts. The present study was designed to examine the relationships that exist between experience with mental illness, empathy, and views on punishment within the legal system. Undergraduate university students read an article about the attempted suicide of a similarly-aged student who was portrayed as mentally ill. It was hypothesized that a significant relationship between experiences with mental illness, both personal as well as centered around interaction, and levels of empathy would become apparent. Additionally, suggested punishment severity was hypothesized to have a strong correlational relationship with feelings of empathy. The results indicated a significant negative correlation between empathy levels and suggested punishment harshness, but indicated no significant correlational relationship between experience and interactions with mental illness and reported empathy levels.

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## Introduction

Globally, mental illness is a pervasive and complex problem that has a significant effect on numerous facets of social, economic, legal and educational systems. Worldwide estimates from 2001 indicate that over 450 million individuals suffer some degree of mental illness, with projections indicating that by the year 2020 over 15% of global disease will be accounted for by mental and behavioral disorders, a 4% increase from the 1990 statistics (World Health Organization, 2001a). As of 2002, in Canada alone, 2.6 million individuals (13%) reported symptoms associated with mental health disorders, including mood, anxiety and substance dependency (Statistics Canada, 2003). While in Canada many sufferers manage to cope with mental illness and participate functionally in their communities, many exhibit a profound inability to manage their mental health and require extensive and intensive treatments in a hospitalized setting (Mulvey, 1997).

The shift away from viewing individuals with mental illnesses as moral or spiritual deviants and the move to a medical model of mental illness took place in the 1700s. The medical model, which focused on the set of processes in which all doctors are educated, in such matters as taking history, physical examinations, supplementary test if necessary, diagnosis and treatment resulted in the widespread creation of mental institutions, the first of which in Canada was completed in 1714 (Robb, McGhie & McPherson, 1934). However, until the construction of the Rockwood Criminal Lunatic Asylum in 1856, penitentiaries housed all inmates in general population whether serious mental illness was present or not. The 1960s brought a shift towards deinstitutionalization, or the effort of the mental health

system to find community-based alternative treatments that would allow the circumvention of psychiatric hospitalization. The system of alternative community-based treatments paired with the psychopharmacological treatment models was predicted to be effective in the management of Canada's mental health issues, however, deinstitutionalization has arguably resulted in the criminalization of the mentally ill in Canada (Sealy & Whitehead, 2004).

In Canada, those suffering from some form of mental illness are astoundingly overrepresented in the federal corrections system. Recent statistical data have revealed that 13% of male inmates and 29% of female inmates in federal institutions are identified as presenting with some form of mental health issue upon admission. Beyond that, 14.5% of male offenders and 30% of female offenders have previously experienced hospitalization for psychiatric reasons (Library of Parliament, 2013). The steadily increasing number of mentally ill in the legal system has resulted in numerous reforms, and currently, according to Section 2 of the *Criminal Code of Canada*, mental disorder is defined as a "disease of the mind" and as such is interpreted as an abnormal condition or illness, which impairs the human mind from functioning correctly. This definition excludes states that are perceived as self-induced through drug or alcohol consumption or transient states, such as concussion or hysteria (Criminal Code of Canada, 2014).

There exist two conditions in which the mental health of the accused can have an effect on the legal proceedings and outcome (Criminal Code of Canada, 2014; Hucker, 2005). First, when a person is charged and subsequently brought before a court, the defense, prosecution or the court itself may question whether the



accused is mentally fit to stand trial. When a defendant is designated as unfit to stand trial the criminal proceedings are halted while the accused remains under some form of supervision or liberty restriction until their mental health returns to a state in which they are competent to resume proceedings. Secondly, even if an accused has been deemed fit to stand trial he or she can still be held not *criminally responsible on account of mental disorder* (NCRMD). In cases in which the accused is found competent and the case continues to trial, ultimately, the fate of the defendant rests upon the decision of the judge or jury, a circumstance in which consideration of the effects of mental illness on the accused actions may not be prompted nor recognized. This consistently results in exceedingly long and counter-productive prison terms that do little to reduce recidivism rates.

Partly in response to the alarming rates of mental illness in the prison and judicial system, and a lack of literature and study into the issue, the present research is focused on evaluating the relationships between personal and interactional experience with mental illness and levels of empathy towards sufferers and further, the relationship between empathy and suggested disciplinary severity.

### **Attitudes Toward Individuals with Mental Illness**

An imperative factor in the fair and appropriate management of mental illness in the legal system is that of attitudes and perceptions towards sufferers. Misconceptions, specifically, can be incredibly harmful. Poor judgment and decision-making can stem from misconceptions and result in misguided interpretations of situations and misattribution of responsibility and onus (Taylor & Kowalski, 2004). Once a misconception becomes part of one's knowledge base it becomes incredibly

hard to alter, and new information is consistently distorted or ignored, as individuals tend to be unwilling to commit the cognitive effort required to change basic beliefs (Shaw & Woodworth, 2013). Adjectives such as “unpredictable” as well as “dangerous” have been characteristic of public perceptions towards those who suffer from mental illness (Gross & Morgan, 2013). As well, public surveys conducted in the late 1980s revealed that only 17% believed the statement “mental patients are not dangerous” to be accurate (Link & Cullen, 1986). Efforts to alter public perception through dissemination of information and concentrated educational efforts resulted in the conclusion that the public’s attitude toward mental illness remains one of “denial, isolation, and insulation of mental illness” (Trute & Loewen, 1978, p. 80). Furthermore, when sociodemographic factors are controlled for, lack of contact with the mentally ill remains the most significant factor in the perception of the dangerousness and social desirability of the mentally ill. Ultimately, the more types of contact people have with the mentally ill, the more positive their opinion of them become, regardless of the age, gender and level of education of the individual doing the judging (Link & Cullen, 1996). Appeals to the public on an intellectual basis, through the distribution of information, and attempts to dispel negative stereotypes have generally been unsuccessful (Trute & Loewen, 1978). This may be attributed to the fact that these efforts have been primarily an attempt to increase the rationality of individuals when interacting with the mentally ill. Although noble in cause, these strategies lack any supporting evidence and consistently fail to alter public opinion sufficiently. The evidence remains in favor of direct exposure, as the most significant factor affecting perceptions of the mentally

ill is personal experience (Trute & Loewen, 1978). Willingness to react prosocially as well as hold positive views towards the mentally ill significantly increases in proportion to one's exposure to persons with mental illness. Those who have personal experience with the mentally ill not only have a more positive attitude towards the mentally ill but they tend to view them as less dangerous, fear them less, are less detached towards the sick and consequently are more willing to enter into social relationships with them. Furthermore, experience generally results in more compassionate and accepting attitudes toward the mentally ill (Brockington, Hall, Levings, & Murphy, 1993). Direct experience with individuals identified as mentally ill also results in significantly lower levels of social rejection, social exclusion and a significant positive increase in confidence in the social responsibility of the mentally ill, particularly in situations in which one places confidence in the actions of those with mental illness (Trute & Loewen, 1978).

### **Empathy and the Legal Process**

Empathy, the ability to understand and share the feelings of another (Greenberg, Leslie, Watson, Elliot, & Bohart, 2001), is a major contributing factor in the legal process. Jurors who are responsible for deciding the guilt or innocence of a defendant will undoubtedly engage in empathetic behaviour towards either the defendant, the victim (if applicable), or both. The effect of empathy on decision-making is incontrovertible, and although empathy can be seen as an affect that arises in response to salient situations for the individual, empathy can be derived from personal experience and personal associations with events (Wood, James, & Ciardha, 2014). Empathy may be elicited through numerous factors such as gender,

nationality, ethnicity or religious beliefs; however, relatable personal experience appears to be the strongest empathy-evoking factor (Wood et al., 2014). Research has indicated that in legal contexts empathy is a significant predictor of attribution of defendant remorse (MacLin, Downs, MacLin, & Caspers, 2009). Moreover, empathy was a significant predictor of perceived defendant responsibility and agreement with proposed disciplinary recommendation, with empathetic individuals showing an aversion to passing down what were perceived as unnecessary and often lengthy punishments. Notably however, individuals participating in mock jury studies who experienced an empathetic connection to the accused generally did not approve of punishments that would be considered legally inadequate (Chin, 2012). These findings suggest that morals and rationality are generally not overridden by empathy and that empathetic responses need not be associated with the misplacement of accountability. Furthermore, empathy has demonstrated a resistance to social conformity effects. Individuals who scored high on an empathy inventory demonstrated firmness and commitment to their opinions and attitudes regarding the guilt or innocence of the accused regardless of the opinion of the other jurors (Wood et al., 2014). Due to jurors legally being unable to personally know the defendant, they are forced to make judgments about the accused based on their interpretation of character testimony and the defendant's demeanor and emotional expressions in the courtroom. This absence of emotional insight leaves jurors unable to make concrete conclusions regarding the remorsefulness of the defendant as well as his or her behavior previous to the incident. Nevertheless, jurors tend to make decisions based on their emotional

intuitions and an empathetic connection to the defendant or victim is strong enough to significantly affect such decisions. Moreover, as mentioned previously, experience with sufferers of mental illness has a significant positive association with favourable perceptions of the mentally ill (Link & Cullen, 1996), and this lends to the assumption that this experience will generally result in a more empathetic awareness and presumably result in less-punitive legal recommendations.

### **The Punitive Nature of the Misinformed**

Finally, an examination of the effects of misconceptions and false stereotypes towards individuals with mental illness indicated that the misinformed are significantly more punitive in legal contexts. Research indicates that individuals generally asserted a “tough on crime” attitude towards defendants with mental illness previous to receiving education on the subject (Shaw & Woodworth, 2013). University undergraduates had their opinions regarding punitive punishments and the mentally ill measured previous to completing a forensic psychology course. The pre-course data revealed high levels of misconception endorsement towards the mentally ill and partiality towards punitive punishments. Post education data showed a significant decrease in this punitive attitude and individuals were more likely to suggest more-lenient sentences or alternative punishments. In other words, those who were misinformed or uneducated in the subjects of mental illness and law supported a considerably more-punitive system and believed that harsh punishments were the most effective approach to decreasing recidivism (Shaw & Woodworth, 2013).

## **The Present Research**

The previously cited research has focused on three factors: (1) the association between personal experience with mental illness and perceptions towards sufferers; (2) the importance and significance of empathy in legal decision making; and (3) the exceedingly punitive nature of the misinformed in legal contexts. The interplay of these factors has yet to be examined and the present study was designed to investigate the relationship between them, observe the association between experience with mental illness and empathetic feelings towards those who suffer and how these associations affect decision making in legal contexts.

To test the relationship between decision-making in legal contexts, empathy and personal experience with mental illness, individuals were asked to read a newspaper article detailing an incident involving the attempted suicide of a civilian that resulted in a bus crash and several injuries. The participants were subsequently prompted to answer several questions regarding their recommended punishments, judgments on responsibility, level of empathy, and personal experience with mental illness. It was hypothesized that personal experience with mental illness would be associated with greater empathy towards an offender with mental illness, and in turn, greater empathy would be associated with less punitive punishment for the offender.

## **Method**

### **Participants**

The participants in the study consisted of 42 undergraduate students from Huron University College, 18 males and 24 females, ranging in age from 18-25 ( $M =$

19.14,  $SD = 1.82$ ) years old. Eight participants were recruited through advertisements posted throughout the campus, and 38 were recruited through an introductory psychology class. Students who were not currently enrolled in the introductory psychology class were compensated for their participation by being entered into a draw from which they could win one of two gift cards valued at \$15 each. The draw was held after the final day of the data collection period. Students recruited through the introductory psychology class received one research credit towards their course. Students who did not wish to participate after reading the letter of information and consent form were not excluded from the draw nor from receiving participation credit. Two responses were excluded from the analysis, one response due to the participant completing the survey twice (the first submission was retained), and one participant was removed due to only submitting a name and email with no questions answered.

### **Materials and Procedure**

The study was administered through the use of an online survey application, Fluid Surveys, which could be accessed both on and off campus and stored all data securely on Canadian servers. The students were instructed to complete the survey in a quiet space and to minimize distraction. Students who were recruited outside of the Introductory Psychology course were also asked to provide their email address if they would like to be entered into the draw.

The survey began with a short fictitious news article in which an undergraduate student name Joseph Salomon attempted to commit suicide by throwing himself in front of an oncoming city transit bus. Joseph was struck by the

bus, which in turn, collided with a nearby utility pole, resulting in serious injuries to the driver, three passengers as well as to Joseph. The article concluded with a statement briefly detailing a history of mental illness in Joseph's family as well as his personal struggles with clinical depression over the past few years. For the full article see Appendix A.

**Accountability, responsibility, punishment and severity.** Immediately following the article were four questions focused on measuring participants' perceptions and philosophical positions on the event. All but one of the questions measured responses using a 5-point Likert scale ranging from 1 (not at all) to 5 (fully). The four questions were: "To what degree do you think Joe is financially accountable for the injuries that were suffered due to the incident?", "To what degree do you think Joe is responsible for the injuries that were suffered due to the incident?". The third question required participants to recommend a sentence contingent on the police pursuing criminal charges. The sentence options ranged from 1 (Two years probation and 1200 hours of community service) to 7 (10 years in prison) and were based on the Criminal Code of Canada's maximum sentence. The final question in the section, "In your opinion, how severe was the incident?" also utilized a 5-point Likert scale and had possible responses ranging from 1 (not at all severe) to 5 (extremely severe). The full questionnaire can be found in Appendix B.

**Affective empathy measures.** To measure participants' empathetic response to the protagonist in the article, a modified 4-question version of Batson's 8-item empathy scale (Wakabayashi et al., 2006) was employed, using a 5-point scale ranging from 1 (not at all) to 5 (extremely). The four inquiries were: "To what



degree do you sympathize with Joseph”, “To what extent do you empathize with Joseph”, “How would you describe your level of concern for Joseph” and “How compassionate towards Joseph are you?” The four empathy items showed considerable reliability ( $\alpha = .76$ ), and were averaged for each participant into a composite score of empathy.

**Personal experience with mental illness.** The fourth section of the survey focused on measuring the participant’s personal experience with mental illness and consisted of two questions. “To what extent have you had interactions with individuals who have a mental illness?” and “To what extent have you personally experienced mental illness?”. These items were both measured using a 5-point scale with anchors of 1 (none at all) to 5 (Very frequent). Each question was followed by an optional text area to describe their experience pertaining to the previous question.

**Comprehension check and demographics.** The final section of the survey consisted of a comprehension check, which was intended to ensure that the participants had noticed that the protagonist in the article was suffering from mental illness. The participants were presented with the item: “In the article, did Joseph have a mental illness?” which could be responded to with either “Yes” or “No”, as well as three demographic questions: age, gender and year of study. The survey concluded with an optional section for additional comments regarding the study.

## Results

All participants in the study were able to answer the comprehension check question correctly.

Zero-order correlations were performed to examine the relationships among the variables. The descriptive statistics and correlations can be found in Table 1.

**Zero-order correlations.** Several expected significant correlations emerged in the zero-order analysis. Strong positive correlations between perceived financial accountability and personal accountability, such that more financial accountability was associated with more personal accountability. Additionally, as predicted, empathy for the protagonist of the article and harshness of suggested punishment exhibited a significant negative correlation in that the more empathy participants felt towards the protagonist the more lenient they were towards punishment. The results also indicated a strong positive correlation between interaction frequency with person(s) with mental illness and personal experience with mental illness; essentially this indicates that as interactions with the mentally ill increases in frequency, so does personal experience with mental illness.

The correlational analysis also showed that suggested punishment positively correlated with both age and perceived severity of the harm. Specifically, harsher punishment was assigned with older participants and when the event was perceived as more severe. Because both age and severity were correlated with suggested punishment, a main variable of interest, the correlations were reanalyzed controlling for both age and perceived severity.

Table 1

*Zero-Order Correlations*

	M (SD)	Financial Accountability	Personal Accountability	Suggested Punishment	Severity	Interaction Frequency	Personal Experience	Age	Year of Study
Financial Accountability	3.19 (.97)								
Personal Accountability	3.48 (.89)	.68**							
Suggested Punishment	1.41 (1.00)	.14	.04						
Severity	3.26 (.94)	.27 <sup>†</sup>	.17	.41**					
Interaction Frequency	3.40 (1.01)	-.30 <sup>†</sup>	-.22	.08	-.19				
Personal Experience	2.81(1.37)	-.27 <sup>†</sup>	.12	.09	-.02	.64**			
Age	19.14(1.82)	.01	.03	.33*	-.04	.29	.28		
Year of Study	1.24 (.49)	.23	.19	.09	.02	.17	.25	.35*	
Empathy	3.49 (.63)	-.29 <sup>†</sup>	-.26 <sup>†</sup>	-.42**	-.27 <sup>†</sup>	.18	.18	-.14	-.04

*Note.* \*\*  $p < .001$ . \*  $p < .05$ . <sup>†</sup>  $p < .10$ .  $N$  ranged from 40-42

**Partial correlations.** Results for partial correlations controlling for age and perceived severity can be found in Table 2. The pattern of correlations when controlling for both age and severity indicated a similar pattern to the zero-order correlations. There was only one notable correlation whereby the negative relation between suggested punishment and empathy is only marginally significant,  $p = .056$ .

### **Discussion**

As observed in previous research (e.g., Brockington et al., 1993; Link & Cullen, 1986; Trute & Loewen, 1978), interaction with the mentally ill has a predominantly positive effect. Specifically, in that these interactions lessen fear and discomfort during socializing and working with the mentally ill, as well as result in significantly lower levels of misunderstanding surrounding the relationship between mental illness and violence. By way of previous research, it is established that public misconceptions with regard to mental health can be exacerbated by poorly implemented and executed community programs, inaccurate depictions in the media, and improper education of the public (Mulvey, 1997; Taylor & Kowalski, 2004). These misconceptions can be detrimental to decision making; specifically, the misinformed have consistently demonstrated an increased propensity to favour more punitive recommendations for punishment in legal contexts (Shaw & Woodworth, 2013). Fundamentally the hypothesis in the current study was that greater frequency of interaction and personal experience with mental illness should exhibit a significant positive correlation with empathy towards the subject of the article.

Table 2

*Partial Correlations Controlling for Age and Severity*

	M (SD)	Financial Accountability	Personal Accountability	Suggested Punishment	Interaction Frequency	Personal Experience	Year of Study
Financial Accountability	3.20 (.97)						
Personal Accountability	3.50 (.88)	.66**					
Suggested Punishment	1.4 (1.01)	.07	-.01				
Interaction Frequency	3.35 (1.00)	-.32 <sup>†</sup>	-.23	.10			
Personal Experience	2.73 (1.34)	-.31 <sup>†</sup>	-.13	.05	.61**		
Yea of Study	1.25 (.49)	.24	.19	-.05	.11	.22	
Empathy	3.46 (.64)	-.24	-.22	-.31 <sup>†</sup>	.17	.20	.35

*Note.* \*\*  $p < .001$ . \*  $p < .05$ . <sup>†</sup>  $p < .10$ .  $N = 36$ .

Despite the absence of statistically significant correlations between personal experience, interaction frequency and empathy, the finding did suggest a predominant negative correlation between feelings of empathy towards Joseph and perceiving the incident as severe, ascribing high levels of financial accountability to the subject and perceptions of personal responsibility for the incident. Furthermore, as predicted, greater levels of empathy towards Joseph ultimately resulted in decreased severity and harshness of suggested punishments for the offence. This significant negative correlation implies that empathy may play a mitigating role in the establishing of stances towards perspective punishments and reinforces the notion that empathy is a key component of providing a fair and unbiased legal system for those involved. Societal and community knowledge of, and experience with and education on mental illness, may act as mediating forces in the relationship between public opinion and empathy for those who suffer mental illness.

Moreover, a significant positive correlation emerged between personal experience with mental illness and interactions with person(s) with mental illness. This finding can be viewed as supplementary evidence towards the genetic and environmental interaction model of mental illness (e.g., Austin & Horner, 2007). Specifically, the results of the open-ended inquiries indicated that those who suffer mental illness are considerably more likely to have family members who are also afflicted, these inferences are supported by the descriptions provided by participants following both the personal experience with mental illness and interactions with sufferers questions. The voluntary responses received indicated that not only do genetic relatives (mothers, fathers, siblings, etc.) often also suffer

from mental illness when the participant indicated so, but that environmental influences such as peers and friends who suffer from mental illness of varying degrees also frequently co-exist. This relationship may give insight as to the lack of a significant relationship between personal experience, interaction frequency and empathy. As noted, most of those who indicated personal experience with mental illness or frequent interactions with sufferers indicated having experienced mental illness both personally and with others (66% of participants who elaborated), suggesting support for the findings of Crisp, Gelder, Rix, Meltzer, and Rowlands (2000) that sufferers of mental illness are more likely to have low self-compassion and exhibit lowered measures of empathy towards similar individuals, suggested to be fundamentally the effect of persistent stigmatization of the mentally ill in Western society. These patterns may indicate that personal experience with mental illness may negatively affect empathy measures, such that respondents are less likely to empathize or indicate high levels of empathy resulting in misrepresentative assessments of empathy.

Ultimately, a partial correlational analysis controlling for both age and severity indicated that the relationship between empathy and punishment harshness still exists when the two covariates are controlled for, even if only marginally significant ( $p = .056$ ). This suggests the relationship between empathy and how punitive individuals will be in their suggested punishments is still present regardless of age and perceived severity of the event. It should be noted that the partial correlational analyses maintained moderate positive correlations between moral responsibility and financial accountability, as well as between personal

experience with mental illness and frequent interactions with sufferers of mental illness.

Several limitations arise from the limited and small nature of the sample. The participants in the study showed a range of ages and years of study, however, the average age of participants limits the amount of exposure participants may have had to mental illness significantly. More importantly, mental disorders that have yet to surface by adolescence are substantially more likely to emerge during senior years of university in the early to mid-twenties. Thus, not only are the participants less likely to have themselves suffered serious mental illness but also are significantly less likely to have peers, classmates and friends who have emerging mental illnesses (Barlow, Durand, Stewart, & Lalumiere, 2014). More than just the age of the participants, the sample size itself was considerably smaller than is ideal ( $N = 42$ ), this small sample size severely limits the analyses as correlational analysis are best suited for larger numbers of observations and lose considerable statistical power and generalizability with small samples.

The reliability of several of the measures are sound as the empathy items have been subjected to numerous analyses of validity and reliability and also utilized in numerous studies and several other domains of research as well, adding to their value. The measure of experience with mental illness as well as the measure of interaction frequency, created for the purposes of the present study, may have diminished the significance of the results as the measures were fairly abstract and failed to measure the valence of interactions. Without an indication of valence there is a lack of insight into the true effects of such interactions, as negative interactions



predictably could have an equally profound effect on empathy as positive interactions.

### **Practical Implications and Further Areas of Research**

As with any correlational design and analysis, only causal relationships between variables can be established and causality cannot be inferred or determined by simply assessing the predictive nature of the numerous variables. This obstacle is inherent to these types of study designs and the only reasonable approach to observing causality for this particular subject is to utilize an experimental design.

In addition, sampling issues hinder the findings presented and limitations presented by both participant age as well as presumed experience. However, the data did reveal some significant correlations that indicate relationships that should be further explored. Specifically, the relationship between empathy and lessened punitive suggestions indicates that when mental illness is taken into account individuals are much less inclined to pass down severe terms. On the other hand, experience with mental illness as well as interactions with sufferers did not predict increased empathy, this may indicate that poor community immersion of the mentally ill, poor representations in media and lack of education of mental illness are having a serious effect on the emerging generation. Particularly, in failing to dispel myths surrounding mental illness through these mediums, negative perceptions and biases persist culturally and the negative consequences of these opinions and notions are far reaching, especially when the legal system is involved. As mentioned previously, mental illness is disproportionately represented in the

prison system, and even though long-standing myths about mental illness and violent behaviour have repeatedly been dispelled the effect of the average citizen on the lives of the mentally ill can be significant when the legal system is the means for interaction. Jurors and lawyers alike are responsible for making informed decisions and incorporating these decisions into their approaches towards the mentally ill. Without the lifting of the stigma around mental illness and specifically, misconceptions about the mentally ill and violence, the psychiatrically afflicted will continue to flood into our legal system and prisons until a more inclusive and modern model and approach to treatment, education and integration is developed and implemented.

Overall, those who empathize with the mentally ill are much more reasonable in their suggested punishments and hold more positive perceptions towards them, however, there still seems to be an incongruence between experience both in interacting and suffering mental illness and empathetic feelings. The need for further research as well as development of mental illness immersion programs and psychosocial interventions should be developed in order to alleviate the issue of overrepresentation of the mentally ill in the legal system in North America.

## References

- Austin, J. C., & Honer, W. G. (2007). The genomic era and serious mental illness: A potential application for psychiatric genetic counseling. *Psychiatric Services, 58*, 254-261.
- Barlow, D. H., Durand, V. M., & Stewart, S. H. (2009). *Abnormal psychology: An integrative approach*. Toronto: Nelson Education.
- Brockington, I., Hall, P., Levings, J., & Murphy, C. (1993). The community's tolerance of the mentally ill. *The British Journal of Psychiatry, 93-99*.
- Crisp, A. H., Gelder, M. G., Rix, S., Meltzer, H. I., & Rowlands, O. J. (2000). Stigmatisation of people with mental illnesses. *The British Journal of Psychiatry, 177*, 4-7.
- Current Issues in Mental Health in Canada: Mental Health and the Criminal Justice System. (2013). Retrieved November 17, 2014, from <http://www.parl.gc.ca/Content/LOP/ResearchPublications/2013-88-e.pdf>
- Greenberg, L., Watson, J., Elliot, R., & Bohart, A. (2001). Empathy. *Psychotherapy: Theory, Research, Practice, Training, 380-384*.
- Gross, N. R., & Morgan, R. D. (2013) Understanding Persons With Mental Illness Who Are and Are Not Criminal Justice Involved: A Comparison of Criminal Thinking and Psychiatric Symptoms. *Law and Human Behavior, 37*, 175-186.
- Hucker, S. J. (2005). Criminal responsibility. *Forensic Psychiatry*.
- Link, B., & Cullen, F. (1986). Contact with the Mentally Ill and Perceptions of How Dangerous They Are. *Journal of Health and Social Behavior, 289-289*.

- MacLin, M. K., Downs, C., MacLin, O. H., & Caspers, H. M. (2009). The effect of defendant facial expression on mock juror decision-making: The power of remorse. *North American Journal of Psychology*, 11, 323-332.
- Mulvey, E. P. (1997). Assessing the evidence of a link between mental illness and violence. *Violent Behavior and Mental Illness: A Compendium of Articles from Psychiatric Services and Hospital and Community Psychiatry*. Virginia, American Psychiatric Publication.
- Robb, J. M., McGhie, B. T. M., & McPherson, A. L. (1934). *The Hospitals of Ontario: A Short History*. Department of Health, Hospitals Division.
- Sealy, P., & P.C. Whitehead. (2004). Forty years of deinstitutionalization of psychiatric services in Canada: An empirical assessment. *Canadian Journal of Psychiatry*, 49, 249-257.
- Shaw, J., & Woodworth, M. (2013). Are the misinformed more punitive? Beliefs and misconceptions in forensic psychology. *Psychology, Crime & Law*, 19, 687-706.
- Statistics Canada (2009). Section A Overview of issues: Mental health and the criminal justice system. Retrieved November 18, 2014, from <http://www.statcan.gc.ca/pub/85-561-m/2009016/section-a-eng.htm>
- Taylor, A., & Kowalski, P. (2004). Naive psychological science: The prevalence, strength, and sources of misconceptions. *The Psychological Record*, 54, 15-25.
- Trute, B., & Loewen, A. (1978). Public attitude toward the mentally ill as a function of prior personal experience. *Social Psychiatry*, 79-84.

The Criminal Code of Canada. (2014). Retrieved November 17, 2014, from

[Http://laws-lois.justice.gc.ca/eng/acts/C-46/](http://laws-lois.justice.gc.ca/eng/acts/C-46/)

Wakabayashi, A., Baron-Cohen, S., Wheelwright, S., Goldenfeld, N., Delaney, J., Fine, D., Smith, R., and Weil, L. (2006). Development of short forms of the empathy quotient (eq-short) and the systemizing quotient (sq-short). *Personality and Individual Differences, 41*, 929–940.

Wood, J.L., James, M., & Ciardha, C.O. (2013). 'I know how they must feel': Empathy and judging defendants. *The European Journal of Psychology Applied to Legal Context, 6*, 37-43.

World Health Organization. (2001a). Retrieved November 17, 2014, from

[Http://www.who.int/whr/2001/chapter1/en/index.html](http://www.who.int/whr/2001/chapter1/en/index.html)

## Appendix A

### Article Employed for The Study

#### **Suicide Attempt Leads to City Bus Crash**

Early last week Joseph Salomon, a first-year undergraduate student, decided he wished to end his life. Joseph unexpectedly leapt in front of the oncoming number 5 bus to the horror of all those nearby. Joe collided directly with the front windshield causing the driver to swerve and strike a nearby utility pole. Five people were severely injured in total, including the driver and 3 passengers. Thankfully, none of the injuries were life threatening, and everyone, including Mr. Salomon, is expected to make a full recovery.

Reports indicate that Joseph has a family history of mental illness and has been struggling with clinical depression for the past few years.

## Appendix B

## Study Questionnaire

Please answer the following in the space provided:

1. To what degree do you think Joe is financially accountable for the injuries that were suffered due to the incident?

|1| not at all |2| somewhat |3| moderately |4| very |5| fully

2. To what degree do you think Joe is responsible for the injuries that were suffered due to the incident?

|1| not at all |2| somewhat |3| moderately |4| very |5| fully

3. The police are considering whether they should charge Joe with criminal negligence resulting in bodily harm. This charge is typically pressed when a person displays behaviour that shows wanton and reckless disregard for the lives and safety of others. Conviction under the Criminal Code of Canada states that the maximum sentence for this crime is 10 years imprisonment.

What sentence would you recommend? Circle your choice:

|1| two years probation and 1200 hours of community service

|2| two years imprisonment and two years probation

|3| five years imprisonment with two years probation

|4| six years imprisonment and two years probation

|6| seven years imprisonment

|5| seven years imprisonment with one year probation

|7| 10 years imprisonment

4. How severe was the incident?

|1| not at all severe |2| somewhat severe |3| moderately severe |4| severe |5|

extremely severe

5. To what degree do you sympathize for Joseph?

|1| not at all |2| somewhat |3| moderately |4| very |5| extremely

6. To what extent do you empathize with the individual in the article?

|1| not at all |2| somewhat |3| moderately |4| strongly |5| extremely

7. How would you describe your level of concern for Joseph?

|1| not at all |2| somewhat |3| moderately |4| very |5| extremely

8. How compassionate towards Joseph are you?

|1| not at all |2| somewhat |3| moderately |4| very |5| extremely severe

9. To what extent have you had interactions with individuals who have a mental illness?

|1| no interactions at all |7| very frequent interactions

*(optional)* Describe:

10. To what extent have you had interactions with individuals who have been

diagnosed with clinical depression? |1| no interactions at all |7| very frequent interactions

*(optional)* Describe

11. To what extent have you personally experienced mental illness? |1| not at all

|2| very much

*(optional)* Describe:



12. In the article, did Joe have a mental illness? Yes/No

Demographics

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

Gender: \_\_\_\_\_

Year of study at university: \_\_\_\_\_

Additional Comments:

## Appendix C

### Descriptive Statistics of Study Variables

#### *Descriptive Statistics*

	N	Minimum	Maximum	Mean	Std. Deviation	Variance
Financial Accountability	42	1	5	3.19	.969	.938
Personal Accountability	42	2	5	3.48	.890	.792
Suggested Punishment	41	1	6	1.41	.999	.999
Severity	42	2	5	3.26	.939	.881
Interaction Frequency	42	2	5	3.40	1.014	1.027
Personal Experience	42	1	5	2.81	1.366	1.865
Age	42	18	25	19.14	1.816	3.296
Year of study	41	1	3	1.24	.480	.239
Empathy Composite	42	1	5	3.48	0.62	0.39

## Curriculum Vitae

Name: Scott Benedict

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