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Public Opinion of Forensic Psychiatry Following the Hinckley Verdict

Dan Slater, Ph.D., and Valerie P. Hans, Ph.D.

The authors obtained opinions of forensic psychiatry in a community survey following the not guilty by reason of insanity verdict in the Hinckley trial. A majority of respondents expressed little or no confidence in the specific psychiatric testimony in the Hinckley trial and only modest faith in the general ability of psychiatrists to determine legal insanity. Respondents' general and specific attitudes were strongly related. Younger people and women were more positive in their views of psychiatry in the courtroom.

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The not guilty by reason of insanity verdict in the trial of John Hinckley, Jr., has brought under public scrutiny important and long-festering questions about psychiatry's role in the legal arena. In the wake of the Hinckley verdict, commentators across the political spectrum and the public in general have questioned the usefulness of psychiatric testimony in criminal proceedings, revealing an apparent distrust of forensic psychiatry. Even the American Psychiatric Association (1), in reaction to this public criticism, has recommended limiting the scope of psychiatrists' courtroom testimony. In actuality, however, very little is known about how the public views forensic psychiatry, the causes of this perception, or the impact of a controversial insanity verdict. In this paper we present empirical data on public opinion about forensic psychiatry following the Hinckley trial.

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Theoretically several factors could account for attitudes toward forensic psychiatry. The negativity the public historically has harbored toward psychiatry in general (2–4) may produce unfavorable views of forensic psychiatry. The public also has a negative stereotype of the mentally ill (5, 6) and, indeed, displays a tendency to link mental illness and criminality (7, 8), a connection perhaps fostered by frequent media representations of mentally ill offenders (9). To the extent that forensic psychiatrists are held accountable for releasing mentally ill persons whom the public perceives as dangerous (10), the public will view psychiatrists negatively. For instance, news reports involving psychiatry often focus on mistakes in the prediction of violence (11). Such prediction errors are taken as evidence that psychiatrists are failing miserably at their task (12, 13). Furthermore, negative perceptions of forensic psychiatry may be the result of the distrust the public has in the insanity defense. In public opinion surveys a majority of Americans consistently have agreed that the insanity defense is a loophole that allows too many guilty people to go free (14, 15). Compounding these effects is the impact of media representations of psychiatric testimony in highly publicized criminal cases. Forensic psychiatrists are given greater public exposure than practitioners in any other area of medicine, and that exposure is not always to their benefit (16). In the Hinckley trial, the fact that defense and prosecution psychiatrists presented opposing testimony may have evoked the public perception that forensic psychiatrists have no common standards for determining legal insanity.

Although many of these factors may lead to negative views of forensic psychiatry, an individual's personal experiences or familiarity with psychiatry might have a mitigating influence. It also is possible that certain demographic variables such as age, gender, or education are associated with more positive views of forensic psychiatry.

In this paper we focus on public attitudes toward

forensic psychiatry involved in the courtroom battle of an insanity trial. As the medium for exploring the factors affecting views of psychiatric testimony, we have used public reactions to the trial of John Hinckley, Jr. In a previous paper (15) we reported the results of a community survey of opinions about the Hinckley not guilty by reason of insanity decision, conducted soon after the announcement of the verdict. In that study, respondents felt that the verdict was not at all fair, believed Hinckley was not insane, and would have found him guilty had they been jurors in the case. Furthermore, the perceived fairness of the verdict was determined, in part, by respondents' trust in the psychiatric testimony. The central importance of views about such testimony in that study, and the paucity of research on the factors affecting attitudes toward forensic psychiatry, led us to examine in detail the determinants of public opinion about forensic psychiatry in our sample. In this paper we report our findings.

METHOD

The respondents were 434 men and women from New Castle County, Del., who were contacted by telephone (random digit dialing techniques were used). The demographic characteristics of the sample generally paralleled 1980 census data for the county, although women, people in the 25–34-year-old age range, and more highly educated individuals were overrepresented in the sample as compared with the census.

Nine trained and paid interviewers conducted the survey beginning 1 week following the announcement of the verdict on four consecutive evenings from June 28 to July 1, 1982. The interviewers introduced themselves to persons answering the telephone and asked for their reactions to the Hinckley trial. The refusal rate was estimated at about 5%.

The questionnaire contained items related to the Hinckley trial, the insanity defense, and views of forensic psychiatry. The questions concerning forensic psychiatry were as follows: If you had been a juror, how confident would you have been in the psychiatrists' testimony—on a scale of 1 to 5 where 1 is not at all confident and 5 is extremely confident? and To what extent do you think psychiatrists can determine whether someone is legally insane—do you think they can determine that all of the time, most of the time, some of the time, every once in a while, or never?

The questionnaire also included items on media use, attitudes toward the death penalty, perceptions of the fairness of the verdict, and the verdict respondents would have reached had they been jurors in the case. Respondents were asked for their judgments about whether Hinckley was legally insane, their estimated length of his confinement, and whether he should be punished, treated, or both; their knowledge of the definition of legal insanity and whether they thought the insanity defense is a loophole; and their age, sex, race, and level of education.

RESULTS

The respondents in our sample expressed little confidence in psychiatric testimony in the Hinckley trial (mean rating of 2.19) and in psychiatrists' abilities to determine legal insanity (mean rating of 3.27). Of the 407 respondents who provided an opinion, 40% (N=162) said that if they had been jurors in the Hinckley trial they would have had no confidence in the psychiatric testimony; another 20% (N=80) expressed only slight confidence. More than a quarter of the sample (28%, N=114) indicated moderate confidence, and just 12.5% (N=51) responded that they would have been very or extremely confident in the psychiatrists' testimony. A total of 421 respondents replied when asked for their opinion about the extent to which psychiatrists could determine legal insanity. Of that total, 48 (11%) answered "never" and 99 (23.5%) thought only "every once in a while." Almost half the sample (47%, N=198) selected the middle answer choice of "some of the time." Slightly less than one out of five respondents (18%, N=76) believed that psychiatrists could determine whether a person was legally insane most or all of the time. The responses to these two questions were strongly related ($\chi^2=105.31$, df=12, $p<.001$). The less respondents believed that psychiatrists were able to detect legal insanity, the less confidence they had in the psychiatric testimony in the Hinckley trial.

To ascertain which attitudinal and demographic variables were determinants of public opinion about forensic psychiatry, multiple regression analyses with dummy variable coding as appropriate were performed. In table 1 the strong relationship between perceptions of the Hinckley psychiatric testimony and general trust in forensic psychiatrists' abilities to determine legal insanity is apparent.

Respondents' perceptions of the fairness of the verdict also were related to confidence in the psychiatric testimony in the Hinckley trial. The more respondents perceived the verdict as fair, the more confident they were in the psychiatric testimony. Age was a significant predictor: Younger individuals expressed greater confidence in psychiatric testimony.

In the second multiple regression analysis, confidence in the psychiatric testimony at the trial, opinions about whether Hinckley was insane, and opinions of whether he should be treated or punished were significant predictors of respondents' perceptions of psychiatrists' general ability to determine legal insanity. Respondents who believed Hinckley was insane or who favored treatment over punishment for Hinckley expressed greater belief in psychiatrists' ability to determine legal insanity. Gender and age were significant predictor variables. Women were more likely than men to believe in psychiatrists' abilities and, consistent with the first multiple regression analysis, younger people expressed greater faith in psychiatrists' abilities to determine legal insanity.

Because age had a marked effect on responses to

TABLE 1. Results of Multiple Regression Analyses of Responses to Survey on Public Opinion of Forensic Psychiatry

Variable	Confidence in Psychiatric Testimony in Hinckley Trial		Confidence in Psychiatrists' Ability to Determine Legal Insanity	
	Beta	F[a]	Beta	F[a]
Knowledge of and attitudes toward Hinckley trial				
Perception of fairness of verdict	.17	7.01[b]	−.02	0.07
What respondents' verdict would have been	.08	1.77	.07	1.24
Confidence in psychiatric testimony			−.28	27.06[b]
Judgment of whether Hinckley was insane	−.02	0.13	.13	5.27[c]
Knowledge of consequences of not guilty by reason of insanity verdict	−.04	0.64	.01	0.07
Estimate of length of Hinckley's confinement	.07	1.93	−.05	0.98
Judgment of whether Hinckley should be punished, treated, or both	.06	1.25	−.20	12.82[b]
General knowledge and attitudes				
Confidence in psychiatrists' ability to determine legal insanity	−.29	27.06[b]		
Knowledge of definition of legal insanity	−.03	0.27	−.01	0.01
Perception that insanity defense is a loophole	.04	0.55	−.08	1.94
Scruples against death penalty	.00	0.00	.08	2.21
Ability to reach guilty verdict in a case involving the death penalty	−.05	0.61	.08	2.21
Demographic characteristics				
Sex	−.03	0.39	.12	5.95[c]
Race	.04	0.78	−.02	0.24
Age	−.11	3.99[c]	.16	8.86[b]
Education	−.08	2.04	−.02	0.14
Television is major source of information about Hinckley trial	.01	0.01	−.04	0.37
Number of television newscasts seen per week	.02	0.11	−.05	0.85
Number of hours spent watching television per day	.04	0.47	−.04	0.62
Newspapers are major source of information about Hinckley trial	.02	0.06	−.02	0.07
Number of days newspapers read per week	.03	0.42	−.01	0.04
Multiple R^2[d]	.28	5.97[c]	.30	6.58[c]

[a]df=1, 306.
[b]p<.01.
[c]p<.05.
[d]df=20, 306.

both forensic psychiatry questions, we explored its impact further. Additional analyses of the responses in different age categories revealed a split in confidence between respondents 45 years of age and older and those younger than 45 (χ^2=13.37, df=3, p<.004). Although just a third of those younger than 45 were not at all confident in the testimony, fully half of those 45 years old and older expressed no confidence in the courtroom testimony of psychiatrists. The same pattern exists in judgments about psychiatrists' abilities to determine legal insanity (χ^2=13.39, df=2, p<.002). Older respondents were more likely to hold the view that psychiatrists could determine legal insanity only once in a while or never.

To further explore differences in the structure of opinion between younger and older respondents, we performed separate multiple regression analyses on the forensic psychiatry questions for respondents under 45 years of age and on those 45 years of age and older. Among younger respondents the verdict they would have reached in the Hinckley trial was related to their views of the psychiatric testimony at the trial (beta=.19, F=5.41, df=1, 191, p<.05), whereas for older people the perceived fairness of the verdict was a predictor of their confidence in the testimony (beta=.38, F=12.18, df=1, 92, p<.01). Among older respondents only, estimates of the length of time Hinckley would be confined were related to views about psychiatrists' abilities (beta=−.24, F=5.89, df=1, 92, p<.05). Older people who predicted Hinckley would be confined only a short period of time had less trust in psychiatrists' abilities to determine legal insanity. Within the older subsample, age remained a significant predictor (beta=.18, F=4.02, df=1, 92, p<.05): The oldest respondents evidenced the least belief in the ability of forensic psychiatrists to determine legal insanity. As in the overall regression analyses, the strong relationship between the two questions was apparent in both subsamples, and preference for punishment or treatment continued to be a significant predictor of belief in psychiatrists' abilities for both subsamples (all betas significant at p<.05).

DISCUSSION

Reaction to the psychiatric testimony in the Hinckley trial was predominantly negative and was strongly related to a more general lack of faith in the abilities of forensic psychiatrists to determine legal insanity. The multiple regression analyses indicated that although the two dependent variables were the major predictors of each other, case-specific attitudes were also significant. Thus general views of psychiatry may be influenced by specific trials involving the not guilty by reason of insanity plea and psychiatric testimony. The close relationship between responses to the two questions underscores the importance of assessing the

public's general views of psychiatry at different times. If the Hinckley trial had resulted in a guilty verdict, public confidence in psychiatrists' ability to determine legal insanity as a general matter might have been higher. Whether the Hinckley trial will prove to have a lasting impact on attitudes toward forensic psychiatry cannot be answered by our data but is a critical issue for future research.

The most striking finding involving demographic characteristics was the effect of age. Older respondents were far more negative about forensic psychiatry. Older people are more fearful of crime (17) and may therefore react to the insanity defense and the role of psychiatry in a case involving the insanity defense as a crime control issue. Indeed, among our older subsample, the estimate of the length of time Hinckley would be confined was a significant predictor of attitude toward psychiatrists' abilities to determine legal insanity: Older people within the subsample who predicted Hinckley would spend a relatively short period of time in confinement expressed less trust in psychiatrists' abilities. Thus older respondents may be more concerned because, believing that forensic psychiatrists do not have the ability to determine legal insanity, they feel that a disturbed and dangerous person may be set free prematurely as a result of a successful not guilty by reason of insanity plea. Younger persons, on the other hand, are less suspicious of psychiatry.

The obvious split in opinion between younger and older age groups may result from the link between the respondents' age and the era when psychiatry, psychoanalysis, psychotherapy, and psychological counseling became more accepted and acceptable methods of treatment. It could also be argued that younger people identified with the defendant because of his age or his problems with his parents, were more sympathetic, and, as a result, were more trusting of psychiatrists' judgments about him. The possibility that people's view of the validity of psychiatric evidence at trials could be partly a function of their identification with the protagonists is an intriguing one. However, the overall pattern of results in the present study indicates that familiarity with psychiatry rather than identification with Hinckley is the most likely explanation for the age effect.

The finding that women were more likely than men to express confidence in psychiatrists' abilities is interesting. Williams (18) noted that women traditionally have been the main consumers of psychotherapy, and in Gove and Tudor's classic study of sex differences in mental illness (19), women were found to outnumber men as patients in psychiatric clinics and were more likely than men to receive treatment by physicians for mental disorders. Perhaps women's greater experience with psychiatry is responsible for reducing their level of mistrust in it. As a result of traditional sex roles, women also may be more likely than men to grant legitimacy to the authority figure of the psychiatrist.

Finally, some psychiatrists have blamed the media for fostering negative views of their profession (3, 20). In our study, however, none of the five media exposure variables was a significant predictor of opinion of forensic psychiatry. Thus ascribing responsibility to the media for creating or perpetuating negative attitudes toward psychiatry appears misplaced or at least premature, given the lack of scientific study of this issue.

As a sample of residents of one geographical area, this study has obvious limitations in its generalizability. Delaware residents are comparatively better educated and somewhat more affluent than the national average, characteristics that could enhance knowledge of and attitudes toward psychiatry. However, these data do offer new and significant evidence of the determinants of opinion about forensic psychiatry and do suggest some important areas for future research. The causal relationship between the two forensic psychiatry variables and the confluence of ingrained views of psychiatry and perceptions of specific trials are subjects that require investigation. In particular, the temporary or permanent impact of controversial trials involving the insanity defense on views about forensic psychiatry should be explored. Furthermore, the study of demographic characteristics and mass media influence might enhance our understanding of the formation of opinion about forensic psychiatry.

The public's opinion of forensic psychiatry is complex; it is complicated by the public's lack of knowledge of both psychiatry and law. The adversarial process within which forensic psychiatrists must operate can have a negative influence on the opinion of a public uninformed of the workings of the legal system and legislatively approved rules such as the insanity defense. It is of interest in this context to note the American Psychiatric Association's suggestion that psychiatric testimony in insanity trials be limited to the mental state, motivation, and psychiatric diagnosis of defendants (1): APA argues that by going beyond their medical expertise to make conclusory statements about whether defendants are legally insane, adversarial psychiatrists are likely to confuse the jury and undermine public confidence in psychiatry. Forensic psychiatrists should be cognizant of the various elements that make up the public opinion of their field and should pursue improvements in the public's understanding of the role of psychiatrists in the courtroom.

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ABPN Application Deadline

Applications for the 1985 Part I examination are currently being accepted by the American Board of Psychiatry and Neurology, Inc. All applications must be received in the Board's executive office *no later than September 1, 1984. No application requests will be taken after August 29, 1984.* The tentative date for the 1985 Part I examination is April 16, 1985.

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