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**SUPPORT FOR THE INSANITY DEFENSE: A STUDY OF THE RELATIONSHIP
BETWEEN BELIEF IN A JUST WORLD, OPINIONS ABOUT MENTAL ILLNESS,
AND ATTITUDES TOWARD THE INSANITY PLEA**

by

Jennifer Ann Reiss

B.A. (Honours), Concordia University, 1985

**THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS
in the Department
of
Psychology**

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Support for the Insanity Defense: A Study of the Relationship

Between Belief in a Just World, Opinions About Mental Illness,

and Attitudes Towards the Insanity Plea

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ABSTRACT

The public's perceptions regarding the insanity defense are important in that citizens may be called upon to serve as jurors in a case where such a defense is raised. It is therefore pertinent to examine the factors that may influence the public's attitudes toward the insanity plea. The present study was an attempt to replicate and extend, in a Canadian context, some of the existing American findings regarding attitudes toward the insanity defense. Specifically, the relationship between belief in a just world, attitudes toward the mentally ill, and opinions about the insanity defense were examined. The participants in the study were 226 male and female undergraduate students registered in an introductory psychology course at Simon Fraser University, Burnaby, B.C. It was predicted that, due to differential exposure to insanity defense standards and issues relating to them, Canadian subjects would exhibit a more favourable orientation to the plea of NGRI than have their American counterparts. It was also expected that participants holding a strong belief in a just world (BJW), as measured by the BJW scale, would be less well disposed toward the insanity plea and would be more likely to desire punishment, or treatment coupled with punishment, for the criminally insane than would subjects exhibiting weaker just world ideologies. Finally, it was suggested that the negative effects of a strong just world ideology on support for the insanity defense would be attenuated for those subjects who also held positive attitudes toward the

mentally ill, as measured by the Opinions About Mental Illness (OMI) questionnaire. Although it was indeed found that Canadian subjects evidenced greater support for the insanity plea than have US samples, no relationship was uncovered between BJW and insanity defense orientation. However, *post hoc* analyses did reveal a relationship between positive opinions about mental illness and support for the insanity defense, as well as a correspondence between negative attitudes toward the mentally ill and lack of insanity defense support.

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not least, I would like to recognize an obligation to two very important friends, my mother and father, Nellie and Frank Reiss. You have believed in me, reassured me, and always have been there when I needed you. Thank you!

There is an absolutely crucial distinction between the individual who has freely and knowingly undertaken to inflict violence or harm on another person and the individual who has brought about exactly identical harmful consequences while being in the grip of a mental condition precluding appreciation and control of his act. The legal defense of insanity captures this critical distinction. Ultimately, principles of fairness and morality lie at the foundation of the legal defense of insanity, and they are its final justification. (Hermann, 1983, pp. 151-152).

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INTRODUCTION

The Canadian justice system is based on the notion of free will and hence on the concept that individuals may be held accountable for their actions. Punishment is, therefore, a logical recourse against behaviour that contravenes legal prescriptions. However, an exception in law is provided for those individuals who are considered to be incapable of acting with intent. Thus the Criminal Code of Canada (Pocket Criminal Code, 1987, section 16.2) holds that if it is determined that, at the time of the offense, the defendant was in a "state of natural imbecility, or had a disease of the mind to the extent of being incapable of appreciating the nature and quality of an act or omission, or of knowing that an act or omission is wrong" (p. 16), then he or she may be found not guilty by reason of insanity (NGRI).

The public's perceptions regarding the insanity defense are important in that citizens may be called upon to serve as jurors in a case where such a defense is raised. Since, in any specific case, the application of the aforementioned law must be interpreted by the judge and jurors, it is of interest to examine the factors that may influence such a decision. Concurrently, it is necessary to gain some understanding of the insanity defense standard itself, through its evolution from British to American and Canadian law. Consequently, the history of the insanity plea will first be traced, followed by an

exploration of public attitudes toward the defense.

Evolution of the Insanity Defense Standard

The concept of *mens rea* (criminal intent) is an important one in the establishment of a defense of insanity. As Golding (in press) explains:

As a matter of fundamental 'fairness', we assume that judgment of both criminal and civil responsibility for proscribed behaviors is based upon an ethical calculus that assigns individual moral and criminal responsibility as a function of intentionality and mental capacity. The classic legal maxim, Actus non facit reum, nisi mens sit rea.... constructively translated... holds that 'An act is not legally cognizable as evil, and hence punishable, unless it is committed by a person who has the capacity to cognize the act as evil and then freely chooses to do it' (p. 6).

The idea that a person must both have committed a criminal act (*actus reus*) and have intended to do so (*mens rea*) in order to be considered guilty appears to be an old one, alluded to in the Old Testament (Weiner, 1985) and in the Talmud (Quen, 1983). Similarly, Greek law, in the fifth and sixth centuries BC, distinguished between intentional and unintentional acts of murder with respect to the severity of the punishment imposed (Hermann, 1983), while Roman law differentiated between negligence and intentional fraud such that children under the age of seven years were considered incapable of knowing right from wrong and thus of possessing the intentionality necessary for establishing culpability (Golding & Roesch, 1987). It was not until AD 230, however, that Justinian explicitly discussed

insanity as exonerating responsibility for wrong-doing (Walker, 1985).

In Britain, the Norman conquest of 1066 had resulted in the construction of a more unified legal system than that which had previously existed, but the Anglo Saxon rules that were imposed followed a doctrine of absolute liability (Hermann, 1983). Consequently, the theory that the insane should not be held responsible for criminal acts committed by them did not begin to hold sway in England until the twelfth century, when Gratian unified Canon law and cited the Justinian Digest as an authority (Hermann, 1983). By the thirteenth century insane criminals in Britain were being treated with clemency. Nevertheless, defendants manifesting symptoms of mental illness were first judged with respect to the act committed, and, if found guilty, were then pardoned by special decree of the King. Outright acquittals on the basis of insanity were not implemented until the sixteenth century (Walker, 1985).

With respect to the works of British legal scholars, the first explicit insanity standard was set out, in 1265, by Henri de Bracton who maintained that, in order to have criminal responsibility, both the act and the requisite state of mind (intent) were needed (Rogers, 1986). This notion was subsequently expanded upon, in 1719, by Sir Edward Coke (see Hermann, 1983), who attempted to differentiate between the types of insanity that should excuse responsibility and those that should not (such as cases in which the defendant voluntarily

deprived him/herself of understanding, for example through the consumption of alcohol or drugs). Sir Matthew Hale, writing in 1736, attempted to further refine insanity defense considerations by discussing the distinction between total and partial insanity, and by setting out a legal standard for determining exculpability in the latter case (Hermann, 1983). However, while Bracton, Coke, and Hale may be considered to have advanced the insanity defense through their writings, at least from a theoretical perspective, a more important honing of insanity defense standards occurred through English case law.

Rex v. Arnold

One early case that was material in establishing a standard of criminal responsibility was that of Edward Arnold who, in 1724, unsuccessfully pleaded NGRI. Often cited as the origin of the "wild beast test" of insanity, the judge's instructions to the jury provided authority for the proposition that in order for a defendant to be found not responsible on account of madness he or she must be totally insane (Walker, 1985).

Rex v. Ferrers

The trial of Rex v. Ferrers in 1760 echoes the Arnold decision. Ferrers' defense attempted to argue for partial insanity claiming that although the accused appeared to know what he was doing when he planned the crime, he nevertheless lacked the ability to tell the difference between good and evil on a moral level. This formulation presages the right and wrong

test developed half a century later. Despite the efforts of his counsel, Ferrers was found guilty and sentenced to death, a ruling which solidified the notion that the defendant must demonstrate complete insanity in order to obtain exculpation (Hermann, 1983).

Rex v. Hadfield

In 1800 James Hadfield was exempted from punishment for attempted regicide on the basis of a new insanity defense standard, to wit the "delusion test", whereby the defendant is relieved of responsibility for criminal behaviour that occurs as the direct result of delusions (Rogers, 1986). The Hadfield case is important for several reasons: First, the case established the procedure of involuntarily committing the defendant to a mental institution following a finding of NGRI (Moran, 1985). Second, Rex v. Hadfield was the first insanity trial in which the jury gave a reason for the verdict rendered, that is, explained that the defendant was not guilty "by reason of, or due to, insanity" (Moran, 1985). Third, it represents an anomaly in case law development in that it suggested that the total insanity of the defendant was *not* a prerequisite for acquittal (Simon, 1983). This concept failed to establish precedent in English law, although it appears to have influenced American legal thinking on the subject (Hermann, 1983).

Rex v. Bellingham

The case of Rex v. Bellingham, in 1812, is important in that it introduced the right-wrong test of insanity. The right-wrong test holds that if the defendant was sufficiently in possession of his or her reason to differentiate between good and evil at the time that he or she committed the offense, then he or she should be found guilty (Rogers, 1986).

The McNaughtan Rules

The landmark case in the formulation of an insanity defense standard was that of Daniel McNaughtan¹ in 1843. McNaughtan, while attempting to kill the Prime Minister, Sir Robert Peel, mistakenly assassinated the Prime Minister's secretary, Edward Drummond, instead. McNaughtan was found not guilty by reason of insanity and spent the rest of his life in a mental institution (Simon, 1967). The insanity standard that bears McNaughtan's name was not, in fact, established during his trial but was formulated shortly thereafter during a review instigated, as the result of governmental and public dissatisfaction with the NGRI verdict, by the House of Lords (Hermann, 1983). At the review the fifteen judges on the Queen's bench were asked to provide answers to several questions, and it is these answers that comprise what have come to be known as the McNaughtan rules (Quen, 1983). The McNaughtan standard holds that:

¹ See Moran (1981, pp. xi-xiii) for an explanation for and justification of this spelling.

1. jurors should be told that all defendants are to be presumed sane until proven otherwise.
2. in order for a verdict of NGRI to be returned, it must be shown that, at the time of the commission of the offense, the defendant was "labouring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing; or, if he did know it, that he did not know he was doing what was wrong" (McNaughtan, 1843 cited in Weisstub, 1980, p. 566).
3. in the case of partial delusions, the defendant "must be considered in the same situation as to responsibility as if the facts with respect to which the delusion exists were real" (McNaughtan, 1843, cited in Weisstub, 1980, p. 566).

Thus the McNaughtan rules establish a purely cognitive standard that excludes volition (Rogers, 1986).

The significant contribution of the McNaughtan rules to the development of British law is their clarification of the right from wrong standard. Thus, according to McNaughtan, "understanding" relates not to moral judgement in the abstract but rather to knowledge of right and wrong with respect to the specific act with which the defendant is charged (Hermann, 1983). However, the rules are considered by many to be overly inflexible and stringent (see, for example, Quen, 1983). Nevertheless, by 1851, the McNaughtan rules had been adopted by most federal and state courts in the United States (Simon, 1983). Similarly, when Canada seceded from Britain and entered confederation in 1867, the McNaughtan rules were also adopted as the Canadian standard in insanity defense cases (Verdun-Jones, 1979). In England, the McNaughtan rules are still employed and have undergone little modification in the last 140 years (Simon

& Aaronson, 1988). However, as the development of the insanity defense since McNaughtan has followed somewhat different courses in the United States and in Canada, its history in these two countries will, henceforth, be traced separately.

Insanity Defense Standards in the United States

Most states of the union imported and adopted the McNaughtan rules soon after their inception in England (Dix, 1984), and many maintain the McNaughtan standard, in one form or another, to this day. Nevertheless, dissatisfaction with the rigidity of the standard prompted other states to experiment with alternate insanity defense formulations. One state at least, however, never accepted McNaughtan, preferring instead to implement an original test of insanity.

The New Hampshire Standard

In 1869 the state of New Hampshire developed its own insanity standard, based on Hadfield's case of 1800, in State v. Pike (Simon, 1967). This standard states that a) the defendant should be found NGRI if his or her criminal act was the product of mental illness, and b) the jury should determine for itself what constitutes insanity and should not have this term defined for them by the courts (Rogers, 1986). The charge to the jury in the Pike case was confirmed in a subsequent case (State v. Jones in 1871) and the above definition of the insanity standard has remained the law in New Hampshire ever since (Simon, 1967).

Other states attempted to broaden the McNaughtan rules by adding to them a standard often referred to as the Irresistible Impulse standard.

The Irresistible Impulse Standard

The case of Parsons v. State in 1887 is usually cited as being influential in establishing a combined McNaughtan-Irresistible Impulse standard, while the standard became federal rule, ten years later, in Davis v. United States (Goldstein, 1967). The main concept behind irresistible impulse is that an individual may understand that what he or she is about to do is wrong, but may nevertheless be unable, due to mental illness, to refrain from doing it (Weiner, 1985). However, acts committed as the result of affective states such as rage or envy are not excused under the standard, unless the emotions were the product of a mental disorder (Rogers, 1986). Thus the standard presumes that madness may affect the volitional as well as the cognitive aspects of criminal behaviour. Opponents of the irresistible impulse standard have argued that will cannot be impaired without reason, and thereby knowledge of right and wrong, also being affected, thus rendering unnecessary a separate test of volition (Hermann, 1983). The difficulty of distinguishing between impulses that were irresistible and those that were not resisted has also been pointed out (Rogers, 1986).

The Durham Standard or Product Rule

Due to increasing dissatisfaction with the McNaughtan Rules, even when supplemented by the Irresistible Impulse standard, the District of Columbia set out, in 1954, to create a broader test of insanity. Based on a reformulation of the New Hampshire standard delineated in State v. Pike in 1869 (Hermann, 1983), the Durham rule states that "an accused is not criminally responsible if his unlawful act was the product of a mental disease or mental defect" (Durham v. United States, 1954, pp. 874-875). Disease is further defined as a "condition which is capable of either improving or deteriorating", while defect is described as a "condition which is not considered capable of either improving or deteriorating and which may be either congenital, or the result of injury, or the residual effect of a physical or mental disease" (p. 875).

The main purpose of the Durham standard was to encourage input from the medical professions, in the form of expert testimony, that would aid in the definition of mental disease or defect. Thus it was believed that psychiatrists should be allowed to present information relative to an accused's mental state as it related to and influenced the commission of the act with which he or she was charged, and not testify solely to the issue of whether or not the defendant could distinguish between right and wrong (Bazelon, 1974). It was hoped that this would discourage testimony phrased in conclusory terms, thereby allowing the jury to decide, based on comprehensive and

comprehensible descriptions of mental disorder, whether the act in question was or was not caused by the presence of mental illness (Bazelon, 1974). Unfortunately, this new standard was also not devoid of problems, principal among which were that a) psychiatrists continued to present conclusory evidence thus usurping the province of the jury, b) the standard did not provide enough structure, and relatedly c) the terms "product", "mental disease", and "mental defect" were not given precise definitions (Hermann, 1983). Attempts to clarify these terms in later decisions did not prove successful. Consequently, the Product Rule was overturned in United States v. Brawner (1972) in favour of the standard developed by the American Law Institute (Rogers, 1986). Nevertheless, Durham should be considered to have contributed to the development of the insanity standard in that it "produced a wealth of insanity defense jurisprudence unrivalled elsewhere", while its "solutions to some of the issues are reflected in other insanity defense formulations" (Simon & Aaronson, 1988, p.37).

American Law Institute Standard

The American Law Institute (ALI) standard, set forth in section 4.01 of the Model Penal Code, was the result of a nine year long study of criminal responsibility undertaken by members of the legal and medical communities (Simon & Aaronson, 1988).

The standard reads:

A person is not responsible for criminal conduct if at the time of such conduct as a result of mental disease or defect he lacks substantial capacity either to appreciate the criminality (wrongfulness) of his conduct or to conform his conduct to the

requirements of law.

As used in this Article, the terms 'mental disease or defect' do not include an abnormality manifested only by repeated criminal or otherwise anti-social conduct (Model Penal Code, 1962 cited in Weiner, 1985, pp. 10-11).

While the ALI approach bears a strong resemblance to the combined McNaughtan-Irresistible Impulse standard two changes in vocabulary are of note. First, the defendant need demonstrate only substantial incapacity to understand the import of his or her behaviour at the time that he or she committed the offense, as opposed to the McNaughtan requirement of total incapacity (Weiner, 1985). Second, the substitution of "appreciate" for "know" in the phrase "lacks capacity to appreciate the wrongfulness of his conduct" deepens the understanding required of the accused before a plea of NGRI can be rejected based on the finding that the defendant possessed *mens rea* (Simon & Aaronson, 1988).

The Model Penal Code insanity standard was favourably received at both the federal and state levels, and by 1980 all federal and at least half the state courts were employing the ALI formulation, albeit in modified form in some jurisdictions (Simon & Aaronson, 1988). However, with the attempted assassination of President Ronald Reagan in March of 1981, and the attendant furor raised by members of the press, the public, and the White House alike when the would-be assassin was deemed NGRI by a jury of his peers, alterations intended to curtail the use of the insanity plea were introduced (Dix, 1984; Simon & Aaronson, 1988). Consequently, the Insanity Defense Reform Act,

passed by Congress in 1984, abolished the "ALI test as the standard used in the federal courts on the question of criminal responsibility" (Simon & Aaronson, 1988, p. 45), and created a new insanity standard. The insanity test delineated in the Insanity Defense Reform Act is applicable only to defendants being tried in federal court. This means that other standards, such as McNaughtan and ALI, may still be employed in State courts.

The Insanity Defense Reform Act

The new test of insanity mandated in subsection (a) of the Insanity Defense Reform Act is reminiscent of a stringently interpreted version of the McNaughtan rules. It holds that:

It is an affirmative defense to a prosecution under any Federal statute that, at the time of the commission of the acts constituting the offense, the defendant, as a result of a severe mental disease or defect, was unable to appreciate the nature and quality or the wrongfulness of his acts. Mental disease or defect does not otherwise constitute a defense (cited in Simon & Aaronson, 1988, p. 49).

Thus the reformed insanity standard prohibits an NGRI defense raised on the basis of a criminal act committed due to absence of volitional control resulting from a mental illness. Moreover, the test resurrects the view that lack of understanding, with respect to the nature and quality or wrongfulness of the act committed, must be total (Simon & Aaronson, 1988). This position is reinforced by the stipulation that the mental disease or defect suffered by the accused must be "severe" (Insanity Defense Work Group, 1983).

As Rogers (1986) has commented, in the United States attitudes toward the insanity plea, and consequently the standards of criminal responsibility themselves, have, over time, alternated between tolerance and restrictiveness. It is also of note that changes have occurred both as the result of the progression of legal history and due to explicit discontent with the outcome of particular cases. Moreover, in America the distinctions between standards vary not only over time but also from one state to the next (see, for example, Simon & Aaronson, 1988 for a list of the various insanity standards, verdict forms, and burdens of proof currently in use across the 52 States). The situation in Canada, however, is somewhat different despite the geographic and social proximity of the two countries.

Insanity Defense Standards in Canada

The insanity standard adopted in Canada, upon confederation, was essentially identical to the McNaughtan Rules employed in England at the time (Verdun-Jones, 1979). The most famous case in which the McNaughtan Rules were applied in Canada was that of Louis Riel. As leader of the Metis rebellion in Saskatchewan in March of 1885, Riel was charged with treason. Although a defense of insanity was mounted at his trial, Riel himself refused to concede that he was or had been insane. Furthermore, although there was some consensus, among the medical witnesses called, that Riel suffered from delusions of grandeur and religious

persecution this state of affairs would not fulfill a strict interpretation of McNaughtan requiring the defendant to have been totally insane at the time the crime was committed (Verdun-Jones, 1979). The judge, apparently, charged the jury following just such an interpretation and Riel was found guilty. Despite a jury recommendation for clemency, Riel was executed on November 16, 1885.

Simon Verdun-Jones (1979) has commented that, similar to Riel, other reported insanity cases, of which there are few in Canada during the nineteenth century, appear to demonstrate a very rigid application of the McNaughtan Rules. He suggests, however, that unreported cases may have existed in which the rules were applied with more flexibility.

Enactment of the Criminal Code

Canadian legislators, desiring to set down a uniform criminal law, set about enacting a criminal code which came into effect on July 1, 1893 and made provision for a defense of insanity following a modified version of the McNaughtan Rules (Verdun-Jones, 1979). The innovations bear consideration because they broadened, somewhat, the scope of the standard. Thus the Canadian code makes reference to having an "appreciation" of the nature and quality of an act or omission while the McNaughtan Rules refer only to possessing "knowledge" of the nature and quality of the act. Further, the Canadian standard includes natural imbecility as grounds for exculpation whereas the

British code does not (Verdun-Jones, 1979)

Between 1893 and the present, there has been little modification of the standard for insanity contained in the criminal code (Verdun-Jones, 1979). Thus section 16 (subsections 1 to 4) of the present-day Criminal Code of Canada (Pocket Criminal Code, 1987) states:

1. No person shall be convicted of an offence in respect of an act or omission on his part while he was insane.
2. For the purposes of this section a person is insane when he is in a state of natural imbecility or has disease of the mind to an extent that renders him incapable of appreciating the nature and quality of an act or omission or of knowing that an act or omission is wrong.
3. A person who has specific delusions, but is in other respects sane, shall not be acquitted on the ground of insanity unless the delusions caused him to believe in the existence of a state of things that, if it existed, would have justified or excused his act or omission.
4. Everyone shall, until the contrary is proved, be presumed to be and to have been sane (p. 16).

In spite of differences between the wording of the Canadian insanity standard and that put forth in McNaughtan, a study of case law between 1893 and 1953, conducted in 1953 under the auspices of the Canadian Royal Commission on the Law of Insanity (McRuer Report), revealed that in many cases the Canadian standard was being applied as if it were exactly the same as McNaughtan (Verdun-Jones, 1979). Following the McRuer Report more emphasis was placed on the distinction between the words "know" and "appreciate". Nevertheless, as recently as the late 1970's there existed cases distinguished by their reliance on

the old McNaughtan Rules rather than on the Canadian Code test of insanity (see Milliken, 1985 for examples). This prompted one writer to remark that

Despite the very significant differences between the *M'Naghten* Rules and what is now Section 16 of the Criminal Code, Canadian courts have generally tended to view the Canadian insanity defence as being merely a written version of the English common law. Indeed, Canadian judges have shown a surprising lack of interest in the historical roots of the insanity provisions contained in the Criminal Code and little attempt has been made to consider the legislative intention underlying the changes made in the 1892 codification. (Verdun-Jones, 1979, p. 70).

Recently, however, attention has been directed toward new formulations of the term "appreciate" (Orchard, 1984). For example, as of 1980 it became clear, in the cases of Regina v. Barnier and Cooper v. the Queen (see Verdun-Jones, 1989), that "know" and "appreciate" were no longer being viewed as synonyms by the Supreme Court of Canada. On the contrary, in Barnier, "know" was described as relating to awareness or reception of information only, while appreciate was seen as indicating that some analysis of the information received had occurred (see Verdun-Jones, 1989). A similar distinction was drawn, in Cooper, between mere awareness that a certain behaviour was being undertaken ("know"), and an understanding of the significance of that conduct ("awareness") (see Verdun-Jones, 1989). Unfortunately, these liberal interpretations of the term "appreciate" have been offset, somewhat, by the Supreme Court's having construed the phrase "nature and quality of an act or omission" to mean "the physical consequences of an act or omission" (see Verdun-Jones' discussion of the *Kjeldsen* case,

Verdun-Jones, 1989, p. 198). Thus Verdun-Jones (1989) comments that recent interpretations of section 16.2 (of the Canadian Criminal Code) as a whole have been fairly restrictive despite the trend toward a relaxed definition of the term "appreciate" contained within that section.

Another instance in which the Canadian criminal justice system has followed the lead provided by England involves the definition of "wrong". British law has defined wrong to mean legally wrong, although the word elsewhere (e.g., Australia, see Verdun-Jones, 1989) has been interpreted to encompass moral wrongfulness as well. Canada, however, has maintained the strict definition of legal wrongfulness advocated in Britain (Orchard, 1984; Verdun-Jones, 1989). In fact, at the close of an extensive paper chronicling the history of the Canadian insanity standard, Verdun-Jones (1979) concluded that a "review of the evolution of the insanity defence in Canada reflects the surprising extent to which Canadian courts have followed the literal interpretation of the *M'Naghten* Rules by the English courts" (p. 70). Evidently while the United States has experimented with many varied insanity defense standards, Canada has not done so. Furthermore, Greenland's (1979) discovery that Canadian and American cohorts of NGRI acquittees differed substantially with respect to age and length of detention underscores the possibility that inter-country variations in the implementation and interpretation of the insanity defense exist. In addition, comments about the insanity defense have been passed on to the

American public not only following legislative changes arising from legal arguments but also as the result of the widespread reporting of several notorious insanity defense cases, for example following the shootings of U.S. Presidents John F. Kennedy and Ronald Reagan. In the latter instance, the reactions of the U.S. public were instrumental in bringing about insanity defense reforms. It would therefore appear that Canadian citizens have, on the the whole, received less exposure to their respective insanity defense formulations than have their American counterparts. This notion is supported by the observation that while many studies of public attitudes toward the insanity defense have been conducted in the United States, there is a paucity of similar Canadian research. Nevertheless, the attitudes of Canadian citizens regarding the insanity defense are important in that if biases and/or erroneous beliefs about the plea are held by those members of the Canadian public who are called upon to sit as jurors in cases in which the defense is raised, the outcome of the trial may be affected. Goldstein (1967), for example, has made the point that jurors' decisions will be affected by "the manner of men they are, [and] the attitudes toward crime and insanity which they bring with them from the popular culture..." (p. 5), while Reskin and Visher (1986) found that jurors may be influenced by extralegal factors. Indeed, misconceptions about the nature of the insanity defense have been uncovered by American researchers, and these have also been shown to influence attitudes.

Misconceptions About the Insanity Defense

A number of surveys conducted in the United States (Faulstich & Moore, 1984; Hans, 1986; Jeffrey & Pasewark, 1983; Pasewark & Seidenzahl, 1979) have reported that the majority of subjects contacted overestimated both the use and the success of the insanity defense (see Steadman, 1985 for estimates of actual national rates of success with the NGRI plea in the USA and Verdun-Jones, 1979 for comparable Canadian statistics). A widespread belief, among lay people and professionals alike, that the insanity plea is being abused, has also been documented (Hans, 1986; Hans & Slater, 1983; Jeffrey & Pasewark, 1983; Pasewark & Pantle, 1979; Pasewark & Seidenzahl, 1979), despite evidence that defendants found NGRI are confined for as long as, or longer than, defendants who are found guilty (Pogrebin, Regoli & Perry, 1986). Moreover, when participants in one study (Steadman & Coccozza, 1978) were asked to name an individual whom they thought to have been adjudicated NGRI, not a single person provided a correct response. These findings support Pasewark's (1981) conclusion that "accurate information is not held by elements of the population concerning such matters as the incidence and success of the [insanity] plea and who does or does not belong to the general group of the criminally insane" (p. 361). A more recent polling of a random sample of four hundred and thirty-four residents in one U.S. State (Hans & Slater, 1983) revealed that 70.8% could not give even a partially correct legal definition of insanity, although more

than half of them thought that the verdict (of NGRI) in the Hinckley trial was unfair.

Further evidence of public ignorance regarding the insanity defense comes from findings that most members of society would like to see mentally ill offenders receiving both treatment and punishment (Hans, 1986; Hans & Slater, 1983; Simon, 1967), or in some cases, only punishment (Roberts, Golding, & Fincham, 1987). These desires run contrary to the legal and moral assumptions upon which the insanity plea is based. It should be noted that although support for the insanity defense may be influenced by the subjective and priorly held attitudes of the jurors (for which evidence will be presented shortly), defense support may also be affected by factors inherent in the specific case in which the defense is raised.

Factors Influencing Support for the Insanity Defense

Objective Factors Relating to NGRI Judgments

With respect to the influence of objective factors, Goldstein (1967) has suggested that jurors "find it difficult to accept the idea of serious mental disorder unless it is accompanied by visible and gross psychotic symptoms - either a breakdown in intellect or the loss of self-control. In this respect, they share the reluctance of most people to concede that persons who seem very much like themselves may be seriously ill" (p. 63). Several studies lend support to this assertion.

First, using vignettes that outlined the behaviour and circumstances of accuseds prior to and during the perpetration of the criminal act, Roberts, Golding, and Fincham (1987) reported that hypothetical defendants portrayed as schizophrenic were adjudicated NGRI more often, by the one-hundred students serving as subjects, than were those described as having a personality disorder. Furthermore, for the schizophrenic defendants, the presence of delusional ideation relevant to the crime committed lead to the highest rates of insanity acquittals. In addition, intentionality was found to interact with the level of psychotic ideation such that when crime-related delusions were combined with a lack of planfulness 95% of subjects returned NGRI verdicts. When the act was portrayed as planned, however, only 59% of subjects found the hypothetical defendant to be NGRI. These results expand on research conducted by Monahan and Hood (1976) and by Faulstich and Moore (1984). Monahan and Hood (1976) discovered that hypothetical defendants described in vignettes as having a psychiatric history prior to the offense were seen by subjects as possessing less free will, being less morally responsible, and being less deserving of punishment for their actions than were defendants with either a criminal history or no history. Similarly, Faulstich and Moore (1984) asked subjects of both sexes to rate their degree of acceptance of a plea of NGRI for male and female defendants with and without a history of mental illness. It was found that psychiatric history rendered the plea more acceptable, as did being a female as opposed to a male

defendant.

Distinguishable from the case-related variables described above, Golding and Roesch (1987) have proposed that acceptance or rejection of the insanity defense is based on one's "fundamental moral, religious, and jurisprudential presuppositions" (p. 395). This implies that attitudes toward the insanity defense depend upon, and will be influenced by, individuals' already existing beliefs about free will, moral responsibility, justice, retribution, and the like. To date, this implication has received support from four research endeavors (i.e., Ellsworth, Bukaty, Cowan, & Thompson, 1984; Hans, 1986; Homant & Kennedy, 1987; Roberts, Golding, & Fincham, 1987).

Subjective Factors Influence NGRI Judgments

Homant and Kennedy (1987) were interested in uncovering the subjective factors, if any, that influence clinicians' judgements regarding the insanity defense. They found that attitudes toward the insanity defense were related to personal beliefs about the nature of human responsibility such that there was a correlation between liberalism and support for the defense, as well as one between conservatism and rejection of the defense. In addition, attitudes towards the insanity plea proved to be fairly reliable predictors of which verdict, that is NGRI or guilty, would be returned in a hypothetical case. Thus, 78% of the mental health professionals who had indicated

prior support for the existence of the insanity plea returned an NGRI verdict, while 100% of those subjects who had previously expressed negative attitudes toward the insanity defense found the defendant to be guilty (Homant & Kennedy, 1985; 1986). Similar results were obtained for a real case (Homant & Kennedy, 1987).

Theories of Responsibility Affect NGRI Verdicts

Roberts, Golding, and Fincham (1987) also documented the existence of individual differences in the underlying theories of responsibility espoused by the one hundred and eighty-one undergraduate psychology students who served as subjects in their research project. These differing theories of responsibility influenced whether or not the subject returned a verdict of NGRI. Thus it appears that some subjects believed that individuals who commit crimes should be held accountable and punished for their actions irrespective of mental status, while other subjects viewed insanity as a mitigating factor in the assignment of intentionality and therefore of blame and punishment.

Ellsworth, Bukaty, Cowan, and Thompson (1984) hypothesized that subjects who evidence a strong "crime control ideology", defined as an assumption that those who break the law should pay for it irrespective of the circumstances, would be more likely to find a defendant guilty in a hypothetical case involving the NGRI plea than would subjects who hold a strong "due process

ideology" (p. 83). Subjects were asked to render a verdict in four cases, two in which the defendant was schizophrenic and two in which the mental disorder connected to the crime was described as organic in origin. While there was no difference between the crime control and due process ideology groups regarding number of organic defendants charged as guilty or NGRI, eighty to ninety percent of the crime control group rejected a plea of NGRI for the schizophrenic defendants. The authors concluded that attitudes toward crime control in general can predict insanity defense orientation. They further suggested that many subjects may have desired a guilty verdict because of a belief that the accused was not "really" mentally ill.

Attitudinal and Socio-Political Predictors of NGRI Support

Valerie Hans' (1986) work is of relevance to the results delineated above. She hypothesized that the insanity defense may be reprehensible to the public for two reasons: First, while finding defendants NGRI absolves them of responsibility for their actions and therefore precludes punishment, failure to reprimand and demand retribution from those who have committed a legal and/or moral transgression may disturb many members of society who believe in and abide by the law. Second, citizens may believe that the insanity plea allows people who are guilty and not mentally disturbed to employ the defense to flout the legal system. These two positions have been labelled "retributive" and "utilitarian", respectively. Consequently, Hans (1986) attempted to discern attitudinal and demographic

variables that would point to support for, and reactions against, the insanity defense. Three hundred and thirty randomly selected male and female members of the community responded to forty-three questions during a fifteen minute telephone interview. Information regarding the demographic variables of age, gender, education, income, and religion was collected. In addition, politico-social attitudes were assessed using measures of authoritarianism, liberalism, fear of crime, and orientation regarding criminal justice issues. Degree of support for the insanity defense was also assessed.

The findings demonstrated that higher education and lower income both predict insanity defense support², while authoritarianism prognosticates lack of support for the insanity plea. Furthermore, desire for retribution, the perceived dangers to society of having an insanity defense, the perceived injustice of the insanity defense, lack of confidence in psychiatric treatment, and belief that the current procedures that relate to insane defendants are ineffective were significantly associated with lack of support for the insanity defense. In addition, those who estimated that many insanity acquitees are immediately released upon being found NGRI seemed to be less supportive of the insanity defense and more likely to view the defense as a loophole. It was concluded that the insanity defense is indeed disliked for both retributive and

² Interestingly, while Simon (1967) also found that lower income subjects were well disposed toward the insanity defense, she reports an inverse relationship between education and insanity plea support.

utilitarian reasons, indicating that these dimensions may predict negative reactions to the not guilty by reason of insanity verdict.

One Specific and Predictive Attitudinal Dimension Useful

While Hans (1986) and other researchers (e.g., Homant & Kennedy, 1987) have assessed various ideological and/or socio-political correlates of insanity defense support by posing a few pertinent questions to their subjects, to the knowledge of the writer, a more indepth study of the possible relationship between a specific attitudinal dimension and beliefs about the insanity defense has yet to be undertaken.

An advantage of isolating one particular attitude dimension that accurately predicts support for and/or bias against the insanity defense is that the orientation of potential jurors toward the plea could then be measured without inquiring directly as to their insanity defense attitudes, a question to which a frank response may not be forthcoming. It should be noted, however, that the discovery of an ideology that does accurately predict insanity defense orientation could be of less interest to the Canadian than to the American judiciary since the Canadian legal system, while permitting the dismissal of a juror "for cause", does not allow an indepth pretrial questioning of jury members in order to exclude jurors with potential biases (*voire dire*). From a differing perspective,

the isolation of an attitudinal dimension that predicts insanity defense orientation could provide more information about how attitudes toward the insanity defense develop. For example, it has been suggested (e.g., by Ellsworth, Bukaty, Cowan, & Thompson, 1984) that attitudes toward the insanity defense form part of a larger orientation toward crime-control in general. Hans (1986) derived a series of hypotheses about attitudes regarding the insanity defense based, in part, upon the findings of researchers in the area of crime-control ideology. Thus she predicted that authoritarianism, liberalism, fear of crime, criminal justice attitudes, gender, race, income, and education would all be predictive of either positive or negative support for the insanity defense. However, as reported earlier, only authoritarianism, income, and education significantly predicted orientation toward the plea, suggesting that perhaps insanity defense attitudes and crime-control ideology do not overlap as much as previously had been supposed.

Interestingly, evidence that the attributional concept of "belief in a just world" (BJW) may bear a relationship to criminal justice issues is emerging. Two unpublished studies (Gerbasi & Zuckerman, 1975 cited in Gerbasi, Zuckerman, & Reis, 1977; Izzett, 1974 cited in Rubin & Peplau, 1975) report that both mock and potential jurors who evidenced a strong belief in a just world tended to return harsher sentences and more severe verdicts than did jurors who did not exhibit strong BJW tendencies. It could be, then, that degree of belief in a just

world would be a sound predictor of acceptance or rejection of the insanity plea.

Belief in a Just World

The concept of a belief in a just world arose from numerous findings that many people, when they observe others suffering, tend to conclude either that the victim is not truly discomfitted, and/or that their misery is in some way deserved (Rubin & Peplau, 1975). Conversely, success is often interpreted as evidence of goodness or virtuosity (Rubin & Peplau, 1975). Belief in a just world, then, can be defined as the need to think that one is living in a society in which individuals get what they deserve (Lerner & Miller, 1978), and can further be described as a motivated perceptual defense mechanism (Lerner, 1980). In support of the latter point, it appears that the notion of a world in which fairness reigns may be affected by both individual and situational differences. Thus personal exposure to injustice is expected to reduce or modify the belief in a just world, while there is also a tendency for people to think that their own rewards are deserved rather than fortuitous (Rubin & Peplau, 1975). In addition, the type of reward or punishment incurred may affect perceptions of justice, as may the manner in which recompense or castigation is determined (Rubin & Peplau, 1975).

Most important to the present study, however, are findings that although people with a strong belief in a just world tend to derogate victims, this does not happen when incontrovertible evidence is presented that the victim's unjust suffering was caused by someone else. Under these circumstances, a strong desire for retribution is directed toward the culprit or the agent who "has already been singled out and accused of a crime" (Rubin & Peplau, 1975, p.72). It seems likely, then, that subjects evidencing a strong belief in a just world would want punishment for guilty defendants and would not see the presence of mental illness as a mitigating factor. The fact that authoritarianism and political conservatism have been reliably shown (Rubin & Peplau, 1975) to be among the personality correlates of strong believers in a just world lends support to this view, since presence of these characteristics, both alone and together, has also been found to be a predictor of rejection of the insanity plea (Hans, 1986).

Contrarily, it is possible that people with a strong belief in a just world will favour the existence of the insanity defense. Lerner (1980) has suggested that belief in a just world is self-serving, that is, that strong believers in a just world are, in effect, distorting reality to meet their own needs. Therefore, individuals who score high on a measure of BJW should tend not only to derogate victims and to desire punishment for people who are clearly responsible for the perpetration of injustices, but they should also be likely to "engage in costly

efforts to prevent an injustice" (Lerner, 1980, p. 143), at least in situations where their efforts are likely to be successful (Lerner, 1980 reviews several studies that support these contentions). Thus, if in addition to maintaining that the world is a just place some high-scoring BJW subjects also think that the mentally ill should not be held accountable for their actions, then they may believe that the insanity plea upholds this orientation and support it in an effort to avoid having an injustice appear to be committed.

Opinions About Mental Illness

Attitudes toward the mentally ill also would seem to be an important factor bearing upon support for the insanity defense, irrespective of their possible interaction with belief in a just world. Although Simon (1967) found that jurors' verdicts of guilty or NGRI could not be predicted based on their attitudes toward mental illness, recent findings (reviewed earlier) that subjects have a greater tendency to accept an insanity defense raised by an accused who has a prior psychiatric history suggest that opinions about mental illness may indeed have a bearing on support for the insanity plea. In addition, the recent trend toward deinstitutionalization of the mentally ill has induced a corresponding increase in the number of individuals suffering from a mental disorder who are processed through the criminal justice system (Treffert, 1981). On the one hand, this may contribute to the notion that the mentally ill are dangerous and

thereby also influence insanity defense rulings, albeit in a negative direction. On the other hand, augmented interaction between the general public and the mentally ill, due to the latter group becoming more visible and active in the community (see Rabkin, 1980), may affect an individual's views about the mentally ill either positively or negatively. This, in turn, then could be expected to influence response to the plea of not guilty by reason of insanity. Given these changes, it would seem prudent to gain more current information about the effects of opinions about mental illness on support for the insanity defense.

The Proposed Study

The present study is an attempt to replicate and extend some of the existing findings regarding the public's perceptions about the insanity defense. Specifically, the relationship between belief in a just world and opinions about the insanity defense will be examined in a Canadian context.

Given that Canadian citizens have, in general, received less exposure to Canadian standards of insanity than have their American counterparts, it is hypothesized that Canadian research participants will hold attitudes toward the insanity defense that are less negative than those expressed by American subjects. Second, it is anticipated that subjects who evidence a strong belief in a just world, as assessed using the BJW scale

(Rubin & Peplau, 1975), will be less likely to hold favourable attitudes toward the insanity defense and be more likely to desire punishment, or treatment coupled with punishment, for the criminally insane. Finally, it is expected that the negative effects of a strong just world ideology on support for the insanity defense will be attenuated for those subjects who also hold positive attitudes toward the mentally ill, as measured by the OMI questionnaire (Cohen & Struening, 1962).

Such an investigation is important for three reasons: First, to date, most of the studies examining public opinions regarding the NGRI verdict have been conducted in the United States. Consequently, it is of interest to know whether the results obtained in Canada--where the participants will have slightly different educational, historical, and cultural backgrounds--will be similar to those found in the USA. Second, a specific ideology, namely belief in a just world, and its relation to the insanity defense will be researched in an effort to strengthen the predictability of attitudes toward the insanity defense. Third, the effect of opinions about mental illness on support for the insanity plea merits further investigation.

METHOD

Subjects

The pool of potential subjects consisted of students registered in introductory psychology courses at Simon Fraser University, Burnaby, B.C. during the summer and fall semesters of 1988. The experimenter solicited participants by describing the study, at the end of a class, and asking for volunteers. Students who agreed to participate completed the survey immediately. In total, 226 subjects took part in the study, including 105 males ranging in age from 17 to 65 years ($M=23.63$, $SD=8.29$) and 119 females whose ages ranged from 17 to 64 years ($M=22.29$, $SD=7.78$). Two subjects were not classified above as they did not indicate either their gender or their age. Their other responses were, however, included in subsequent analyses.

Measures

Belief in a Just World Scale

The Belief in a Just World (BJW) scale, developed by Rubin and Peplau (1975), is a twenty item questionnaire in which subjects respond to statements on a six point continuum ranging from very much disagree (1) to very much agree (6) by circling the choice that most suits them. Eleven of the twenty statements are phrased so as to reflect a belief in a just world (e.g., crime doesn't pay, by and large people get what they deserve),

while nine describe injustices (e.g., good deeds often go unnoticed and unrewarded, many people suffer through absolutely no fault of their own) and are reverse scored. Scores are obtained by adding together the numbers that correspond to the circled response for each statement. Scores can range between 20, reflecting little belief in a just world, and 120, indicating strong acceptance of the concept of a just world.

There exists little information regarding the reliability and validity of the Belief in a Just World scale. Nevertheless, high internal consistency of the scale has been attested to by Rubin and Peplau, who reported an internal consistency coefficient of .79 after an initial administration of the scale to 58 draft-eligible nineteen year-old men (1973). The same authors later cite two unpublished studies, employing university students, in which alpha coefficients in the area of .80 were found (Rubin & Peplau, 1975). In addition, both Rubin and Peplau (1975), and Lerner (1980) review a body of research that supports the construct validity, the convergent validity, and the predictive validity of the scale. Lerner (1980) also has commented on the strong face validity of the items composing the BJW scale, while a significant relationship between high BJW scores and derogation of victims was reported by Wagstaff (1983) for a group of British participants, giving some evidence of the stability of the BJW construct across cultures. However, Hyland and Dann (1987) found belief in a just world to be a multidimensional construct for their group of British students.

Insanity Defense Attitudes Scale

The Insanity Defense Attitudes scale has been adapted from Hans (1986). Subjects were provided with the following information about the insanity defense: "As you probably know, the insanity defense can be used by defendants in criminal trials. They can plead Not Guilty by Reason of Insanity, arguing that because of their mental condition, they are incapable of appreciating the nature and quality of an act or omission or of knowing that an act or omission is wrong. When people are determined, by the courts, to be not guilty by reason of insanity, they are remanded to a psychiatric facility where they are held for an indefinite period of time". Following this description, subjects were instructed to express their opinions on twenty different attitude questions relating to the insanity defense, by indicating whether they "strongly agree" (4), "agree" (3), "disagree" (2) or "strongly disagree" (1) with them.

The first four items in the questionnaire addressed degree of support for the insanity plea (e.g., the insanity defense should be abolished, the insanity defense is sometimes justified). Responses to the items were coded, or recoded, so that higher numbers indicated greater insanity defense support, and were then added to produce an overall Support Score. A score of sixteen indicates complete support for the existence of the insanity plea while a score of four represents complete lack of support for the NGRI verdict. The remaining sixteen questions

assess attitudes towards the insanity defense (e.g., insane defendants are entitled to treatment, the insanity defense allows dangerous people out on the streets) and were factor analysed.

While Hans (1986) has reported an internal consistency coefficient of .70 for the Support measure, no other information regarding the reliability and validity of either the Support measure or the questionnaire as a whole is available.

Opinions About Mental Illness Scale

The Opinions About Mental Illness scale, developed by Cohen and Struening (1962), consists of fifty-one questions about the mentally ill which are answered on a six-point continuum ranging from strongly agree (1) to strongly disagree (6).¹ Each subject's responses are classified into five separate attitude dimensions using computational formulae based on an original factor analysis performed by the creators of the scale (Struening & Cohen, 1963). Each item in the scale contributes to only one of the five subscores or factors. The five factors are defined as follows: 1) *Factor A: Authoritarianism*. An authoritarian view of the mentally ill as inferior and in need of strict rules and coercive handling, 2) *Factor B: Benevolence*. An unsophisticated but generous and paternalistic attitude towards the mentally ill, 3) *Factor C: Mental Hygiene Ideology*.

¹ In the questionnaire booklet of the present study, however, so as to preserve continuity with the other surveys, the scale was presented to subjects as ranging from strongly disagree (1) to strongly agree (6) and then recoded before analysis.

An orientation stemming from the medical model and epitomized by the belief that "mental illness is an illness like any other", 4) *Factor D: Social Restrictiveness*. A view of the mentally ill as dangerous and threatening to society and the family, and advocating curtailment of mental patients' activities both during and after hospitalization, and 5) *Factor E: Interpersonal Etiology*. An orientation maintaining that mental illness is largely due to negative interpersonal experience, especially with the parents during childhood.

These factors have later been demonstrated to be reasonably stable across subjects (Cohen & Struening, 1963; 1965) and cultures (Koutrelakos & Zarnari, 1983; Rahav, Struening & Andrews, 1984). Furthermore, Cohen and Struening (1963; 1964) and Struening and Cohen (1963) have reported the factorial invariance of the five OMI subscales (with the possible exception of scale C) across personnel at ten geographically separate Veteran's Administration Hospitals in the USA. These results have been cited as evidence of the internal consistency of the OMI items (Shaw & Wright, 1967). With respect to validity, although Cohen and Struening (1962) report that intercorrelations between most of the factors are near zero, which would indicate that the factors are indeed measuring different things, various authors have reported intercorrelations as high as .66 (see, for example, Lawton, 1964; Sellick & Goodear, 1985). Other findings by researchers (e.g., Gelfand & Ullmann, 1961; Lewis & Cleveland, 1966) that

the exposure of nursing students to a psychiatric rotation at a hospital significantly and positively changed their opinions about mental illness, as measured by the OMI, speak to the concurrent validity of the scale. However, similar results were not obtained in studies employing university students exposed to psychology courses (Graham, 1968; Gulo & Fraser, 1967). Despite these potential problems with the OMI scale, it has been widely accepted as the most comprehensive, effective, reliable, and valid tool for the measurement of opinions about mental illness available (see Rabkin 1972; Link & Cullen, 1983; Weiss, 1985).

Procedure

Subjects who volunteered to take part in the study were asked to complete a booklet containing the Belief in a Just World scale, the Insanity Defense Attitudes scale, and the Opinions about Mental Illness scale, in that order. The booklet also included a blank page, at the back, on which subjects were encouraged to record any comments, difficulties, or criticisms they had entertained during completion of the questionnaires. Finally, as the label "Belief in a Just World" clearly conveys the nature of the construct being assessed, and as this might have encouraged subjects to respond in a manner consistent with that construct, the BJW scale was identified as the "Social Attitudes Scale" in the questionnaire booklets.

Although subjects remained anonymous, demographic data regarding age, sex, citizenship, and number of years of residence in Canada were collected. Subjects were also asked to indicate the number of credits obtained by them at the university level.

Several weeks subsequent to completion of the study, subjects were recontacted in their classes so that the exact nature of the measures employed in the survey could be described. At that time, subjects also were informed of the experimental hypotheses and provided with a summary of the results obtained to date.

RESULTS

As t-tests revealed no significant sex differences on any of the measures employed in the present study (all p 's $> .05$), the data were pooled and analysed without separating males and females.

For the analyses that follow, the .05 level of probability was selected for hypothesis testing.

Scoring

Belief in a Just World Scale

The mean Belief in a Just World (BJW) score for the present sample was 70.76 ($SD=9.91$) which falls in the middle of the scale and thus indicates that the respondents, on average and as a group, evidenced neither a strong rejection nor a strong acceptance of the just world ideology. Nevertheless, the range of total scores, from a low of 47 to a high of 97, was broad enough to permit classification of subjects in the bottom and top quartile of BJW scores as "low" and "high" believers in a just world, respectively. These two groups were then employed in analyses that will be described later.

The reliability of the BJW scale was determined by measuring the internal consistency of the questionnaire, and an alpha of .64 was obtained.

Support for the Insanity Defense Score

The first four items of the Insanity Defense Attitudes Scale, when recoded and combined, constitute the measure of degree of support for the insanity defense. The mean Support Score for all subjects in the present sample was 10.57 ($SD=1.97$), which is higher than that obtained by Hans (1986) for her sample of Delaware residents ($M=9.62$, $SD=2.10$). This difference is statistically significant ($t(554)=-5.37$, $p=.0005$).

An index of internal consistency calculated for the Support Scale ($\alpha=.77$) may be described as falling in the moderately high range of reliabilities.

Opinions About Mental Illness Scale

Using the computational formulae presented by Struening and Cohen (1963), scores were calculated for each of the five Opinions About Mental Illness (OMI) factors. The scale for each factor ranges from a possible low score of 1 on all factors, to different possible high scores on each factor.¹ Struening and Cohen (1963) have also provided sten scores (standardized scores with $M=4.5$, $SD=2$) that facilitate the comparison of a subject's

¹ The Benevolence factor (factor B) appears to be an exception to the rule with possible scores extending from -4 to 66. It therefore seems that an error, heretofore undetected, in the calculation of the scale range has occurred. If a constant of 36, and not 31 as reported, is used in calculating B, the range of possible scores becomes 1 to 71. However, as the potential error results only in the scale being shifted by a constant, and thus does not affect interpretation, the factor score reported for B in Table 1 has been calculated on the scale ranging from -4 to 66.

Table 1

Subjects' Opinions About Mental Illness Scores

Factor/Scale	Possible High Score	Mean Score	SD	Sten Score
A: Authoritarianism	56	19.5	5.9	4
B: Benevolence	66	44.6	6.2	3
C: Mental Hygiene Ideology	46	28.6	5.1	5
D: Social Restrictiveness	51	19.0	6.6	3
E: Interpersonal Etiology	36	13.9	4.4	3

or subject group's relative standing across the five OMI factors. Consequently, Table 1 summarizes the subjects' mean score, the highest possible score obtainable, and the standardized sten score for each of the five factors in order to provide an index of the present sample's placement on each subscale.

As can be seen from Table 1, on the whole, subjects in the present study did not believe that mental illness results from faulty interpersonal interactions, nor do they tend to a restrictive or authoritarian orientation toward the mentally disordered, although the Authoritarianism score obtained here is slightly higher than that found in other studies of students (e.g., Graham, 1968; Koutrelakos & Zarnari; McPherson & Cocks, 1983). In addition, consistent with their level of education,

subjects in the present study appear to have rejected the benevolent but unsophisticated approach to mental illness in favour of the more scientific but equally positive mental hygiene ideology. Thus, descriptively at least, opinions expressed by the present sample appear to be fairly positive.

One problem with the OMI questionnaire is that, to date, a manner of combining the scores obtained on the separate factors so as to yield a single total OMI score has not been documented. However, an attempt was made to calculate such a score in the present study.² The mean total OMI score for the present sample was -0.027 ($SD=1.794$), indicating a slightly negative attitude toward the mentally ill overall. However, the spread of -4.94 to 5.33 shows that individual subjects ranged from having very negative to very positive opinions of the mentally disordered. Furthermore, the total score may have been affected by the fact that although both Benevolence and Mental Hygiene Ideology were classified as tapping positive opinions toward the mentally ill,

² Factors A (authoritarianism) and D (social restrictiveness) were classified as tapping negative attitudes towards the mentally ill, while factors B (benevolence) and C (mental hygiene ideology) were seen as extracting positive attitudes toward the mentally ill (see for example Cohen & Struening, 1962; Koutrelakos & Zarnari, 1983) Factor E (interpersonal etiology) was not considered to indicate either positive or negative opinions about mental illness and thus was not used in the calculation to follow. By adding A to D, and B to C, two intermediate scores (one each for negative and positive opinions of mental illness, respectively) were created. Next the standard (Z) scores for the A+D and B+C sums were calculated. Finally, the standard score of A+D was subtracted from that of B+C yielding a total OMI score with a possible range of -6.24 to 5.69 . Scores above 0 indicate positive opinions about mental illness and those below 0 reveal negative opinions about mental illness.

the former scale has been described as capturing an unsophisticated attitude and was endorsed less than was the latter scale among members of the present sample.

Subjects' Support for the Insanity Defense

As can be seen from the mean Support Score reported above, and from the results presented in Table 2, subjects evidenced strong support for the existence of the insanity defense. Fully 8 of every 10 respondents (80.1%) rejected the idea of abolishing the insanity plea, while 86.3% of the sample conceded that the defense of insanity is sometimes justified. Moreover, 78.7% of people questioned agreed that the insanity defense is a

Table 2

Support for the Insanity Defense

Statement	% Strongly Agree	% Agree	% Disagree	% Strongly Disagree
Abolish Insanity Defense (Q1)	4.4	15.5	72.6	7.5
Reform Insanity Defense (Q2)	28.3	59.7	10.6	0.4
Insanity Defense Justified (Q3)	15.9	70.4	10.6	3.1
Insanity Defense Necessary (Q4)	15.9	62.8	16.8	4.4

necessary part of the legal system. However, a large number of participants in the survey (88%) also expressed a desire for reforms in the insanity plea. Thus it appears that while most subjects believe that the insanity plea should be an option available to defendants in criminal cases, they also hold the opinion that modifications to the defense, as it exists at present, are necessary.

Demographic Variables and Insanity Plea Support

The relationship between support for the insanity defense and subjects' sex, age, citizenship, years of residency in Canada, and number of university credits obtained (level of education) was explored using a multiple regression analysis with the insanity defense Support Scale as the dependent variable and the demographic data as independent variables. None of the demographic variables significantly predicted insanity plea support ($R^2=.03$, $F(5, 188)=1.437$, $p=.21$).

Attitudes Toward the Insanity Plea

Subjects' responses to items assessing their attitudes toward the insanity defense are presented in Table 3. Of the current sample, 93.8% say that those insane individuals who are charged with crimes are entitled to treatment, and 62.3% support treatment rather than punishment for insane persons who break the law. However, just over half of the respondents in the

TABLE 3

Attitudes Toward the Insanity Defense

Statement	% Strongly Agree	% Agree	% Disagree	% Strongly Disagree
Insane Entitled to Treatment (Q6)	36.3	57.5	5.3	0.9 ⁺
Treat Rather than Punish (Q11)	15.0	47.3	30.1	7.5
Should Punish Insane (Q14)	6.6	50.0	35.0	8.4
Punish Insane Like Everyone (Q20)	10.2	38.1	46.5	4.9
Wrong to Punish Insane (Q5)	5.8	29.2	47.8	16.8
Punishment Doesn't Work on Insane (Q12)	9.3	33.2	50.4	6.6
Hard to Tell Sane from Insane (Q17)	37.2	51.8	8.8	1.3
NGRI* Really are Insane (Q7)	2.2	35.0	52.7	10.2
Insanity Plea a Loophole (Q13)	21.2	42.9	33.2	2.7
NGRI Released when Safe to (Q8)	0.4	18.6	54.4	26.1
Plea Allows Dangerous People on Streets (Q16)	15.5	50.4	31.0	3.1
Rich Person's Defense (Q19)	2.7	12.8	70.8	13.7
Sends Message to Criminals (Q15)	14.6	42.9	38.1	4.4
No Effect on Crime Rate (Q10)	7.1	35.0	45.1	11.9
Psychiatrists Should Testify (Q9)	46.0	47.8	5.3	0.9
Psychiatrists Say Anything (Q18)	7.5	31.0	52.2	9.3

*Percentages may not add to 100 due to missing data.

⁺Not Guilty by Reason of Insanity

current survey (56.6%) believe that people who break the law should be punished even if they are insane, and just under half of those who answered the survey (48.3%) thought that insane defendants should be punished for their crimes like anybody else. Thus it seems that, similar to results from Hans' (1986) study, while there is very strong support for treatment of the insane, half the sample would also like to see insane criminals punished, even though this contradicts the legal principles underlying the insanity plea. This idea is further supported by the observation that while 42.5% of the sample agreed that punishment does not work on the insane, only 35% of respondents thought it actually wrong to punish the insane.

Despite the observation that subjects in the present sample strongly support the existence of the insanity defense, they appear to be less certain about the effectiveness of procedures surrounding the implementation of the NGRI verdict. Almost nine tenths of participants (89%) think that judges and juries have a hard time discriminating between sane and insane defendants and, perhaps because of this, only 37.2% of the sample have confidence that those defendants found to be NGRI really are insane. Furthermore, at least 3 of every 5 respondents (64.1%) view the insanity plea as a loophole in the legal system that "allows too many guilty people to go free". Seemingly related to the belief in the insanity defense as a loophole is the opinion, held by 65.9% of the sample, that the insanity plea allows dangerous people to walk the streets. In addition, a large

majority of subjects (80.5%) do not agree that insane defendants are only released when it is safe to do so. On the other hand, participants in the study largely (84.5%) reject the notion that the insanity plea favours rich defendants over poor ones.

With respect to opinions about the overall effects of the existence of an insanity defense, respondents in the present study appear to be almost evenly divided. Slightly over half the sample (57.5%) think that the plea sends a message to criminals that they can get away with crime, while a similar percentage of subjects (57%) hold that the presence of an NGRI option affects the crime rate. Thus while slightly over half the participants seem to believe that the insanity plea causes an increase in the crime rate, almost as many appear to have the opinion that the crime rate is not affected by the presence of the insanity defense.

Finally, the present sample seems to support the continued involvement of mental health personnel in the court process, at least with respect to the insanity plea. Thus, although 38.5% of respondents think that psychiatric testimony can be bought, an overwhelming majority (93.8%) nevertheless believes that psychiatrists should be called upon to testify at insanity hearings.³

³ Although the present questionnaire inquired only as to subjects' opinions about psychiatrists and psychiatric testimony, in the future it might be wise to investigate attitudes toward psychologists and psychological testimony as well since it cannot be presumed, *a priori*, that attitudes about the two groups are interchangeable.

Principal Factors Analysis of Attitudes Toward the Plea

In order to examine the relationship between attitudes toward, and support for, the insanity defense, items assessing subjects' attitudes about the plea were analysed using a principal factors analysis. The cumulative common variance across 6 factors was plotted for the 16 items used in the analysis. The fifth and sixth factors proved not to be primary in accounting for any of the variables. Due to this, and as the four factor model also was the more readily interpretable, four factors were chosen as best describing the data. The total variance explained by the four factors was 91.2%. These factors were orthogonally rotated employing the varimax procedure. Factor loadings are presented in Table 4. Considering only those items with absolute loadings on a factor of .28 and greater, the four factors may be described as follows:

1) Treatment/Punishment - A belief that it is wrong to punish insane lawbreakers and that providing treatment for insane defendants is a better option than castigating them.

2) Perceived Danger - A view of the insanity plea as a loophole that allows criminals who are dangerous and not truly insane to 'beat the rap' and get back onto the streets.

3) Perceived Injustice - A view of the insanity plea as unfair in that a) it favours rich defendants who can 'buy' psychiatric testimony and b) judges and juries have difficulty

distinguishing sane from insane defendants, presumably enabling sane criminals to act as though they were insane and thereby take advantage of the criminal justice system.

4) Belief in Efficacy of Procedures - A belief that the judicial procedures surrounding the insanity defense are effective both in identifying defendants who are insane, and in detaining them until such time as it is safe for them to be released.

The factors emerging from the present analysis resemble those reported by Hans in her 1986 study, and have therefore been given similar names. Hans' (1986) findings differ, however, in that a) the valence of her first factor is opposite to that found in the present study and thus is described by her as 'Punishment' rather than 'Treatment/Punishment', and b) Hans found a fifth factor which she labelled 'Belief in Psychiatric Treatment'. This factor does not appear with the present data, even when five factors are specified.

Attitude Factors and Support for the Insanity Defense

The degree to which the four NGRI attitude factors predict support for the insanity defense was assessed using a multiple regression analysis with the Support Score as the dependent variable and the Thurstone regression factor score estimates as the independent variables. A moderately strong relationship between support for the insanity defense and the four attitude

TABLE 4

Loadings for Four Rotated Principal Factors of
Insanity Defense Attitudes Questionnaire

Statement	Factor 1 Treatment/ Punishment	Factor 2 Perceived Danger	Factor 3 Perceived Injustice	Factor 4 Belief in Efficacy of Procedures	Communality
Wrong to Punish Insane (Q5)	0.678	-0.141	0.068	0.079	0.488
Insane Entitled to Treatment (Q6)	0.280	-0.012	-0.119	0.201	0.133
NGRI* Really are Insane (Q7)	0.246	-0.364	-0.059	0.389	0.348
NGRI Released when Safe to (Q8)	0.043	-0.218	-0.119	0.522	0.336
Psychiatrists Should Testify (Q9)	0.254	0.168	-0.133	0.116	0.124
No Effect on Crime Rate (Q10)	0.070	-0.473	-0.094	0.136	0.256
Treat Rather than Punish (Q11)	0.755	-0.161	0.047	0.262	0.682
Punishment Doesn't Work on Insane (Q12)	0.670	-0.187	-0.125	0.198	0.539
Insanity Plea a Loophole (Q13)	-0.220	0.719	0.155	-0.079	0.596
Should Punish Insane (Q14)	-0.815	0.260	0.105	0.141	0.763
Plea Sends Message to Criminals (Q15)	-0.242	0.709	0.175	-0.168	0.620
Plea Allows Dangerous People on Streets (Q16)	-0.152	0.618	0.383	-0.107	0.564
Hard to Tell Sane from Insane (Q17)	-0.088	0.210	0.356	-0.171	0.208
Psychiatrists Say Anything (Q18)	-0.054	0.081	0.685	-0.095	0.460
Rich Person's Defense (Q19)	-0.032	0.226	0.695	0.006	0.535
Punish Insane Like Everyone (Q20)	-0.711	0.308	0.148	0.121	0.638
Common Variance Explained by Each Factor	41.35%	29.90%	18.75%	10.00%	

*Not Guilty by Reason of Insanity

factors was revealed ($R^2=.36$, $F(4, 189)=26.94$, $p=.00001$). The regression coefficients and standard errors for the Treatment/Punishment, Perceived Dangerousness, Perceived Injustice, and Belief in Efficacy of Procedures factors are presented in Table 5. As can be seen, the last factor, Belief in Efficacy of Procedures, does not increase the predictive power of the model and thus can be ignored.

Relationships between Support for the Insanity Defense, BJW, and OMI Scores

Belief in a Just World and Support for the Plea

In order to investigate the hypothesis that subjects' beliefs in a just world would be related to their support for the insanity defense scores, subjects were first divided into quartiles based on their BJW scores. Second, the mean Support Scores obtained by subjects in the top and bottom quartiles of BJW (i.e., highest and lowest believers in a just world, respectively) were compared using the Student-t distribution. Results indicate that the mean Support Scores of the two groups are not significantly different ($t(109)=0.08$, $p=.94$).

Belief in a Just World, Opinions re Mental Illness, and Support

Since it had also been suggested that subjects' opinions about mental illness might affect the possible interaction between belief in a just world and support for the insanity defense, the relationship between BJW and Support, holding

Table 5

Regression Coefficients and Standard Errors
for Four Attitude Factors

Factor	Coefficient	Standard Error	P
Treatment/Punishment	.75	.12	.00001
Perceived Dangerousness	-.88	.14	.00001
Perceived Injustice	-.37	.14	.0089
Belief in Effectiveness of Procedures	.18	.17	.2768

constant the effects of OMI, was calculated. This partial correlation was very weak ($r=.04$). An analysis of covariance (ANCOVA) was also performed on the data and yielded similar results. To elaborate, an analysis of variance of the Support scores of subjects split into highest and lowest quartiles on BJW, and using the total OMI score calculated for each subject as the covariate, was not significant ($F(1, 104)=0.26, p=0.61$). It therefore appears that, for the present sample at least, there exists virtually no relationship between belief in a just world and support for the insanity defense.

Opinions re Mental Illness and Support for the Insanity Plea

It would, however, seem intuitively likely that opinions about mental illness may themselves be related to attitudes toward the insanity defense. In order to investigate this

possibility, the correlation between total OMI scores and Support scores was calculated and was found to be significant ($r=.36$, $p=.000001$). Consequently, correlations between each of the 5 OMI subscale scores and the Support score were also calculated. When corrected for the performance of multiple correlations, significant correlations, some negative and some positive, were found between the first 4 OMI subscales and support for the insanity defense. As can be seen from Table 6, which summarizes these findings, support for the insanity defense appears to be positively related to positive attitudes toward the mentally ill (as indicated by the Benevolence and Mental Hygiene Ideology subscales) and negatively related to negative attitudes toward the mentally ill (as illustrated by

Table 6

Correlations Between OMI Subscales and Support Scores

Factor/Scale	r	df	p
A: Authoritarianism	-0.26	223	.0001
B: Benevolence	0.26	223	.0001
C: Mental Hygiene Ideology	0.28	219	.00003
D: Social Restrictiveness	-0.31	221	.000002
E: Interpersonal Etiology	-0.15	224	.03*

*Not significant when corrected for multiple correlations.

the Authoritarianism and Social Restrictiveness subscales).

A canonical correlation was also performed in order to investigate the relationship between the 4 Attitudes Toward the Insanity Defense factors and the 5 OMI subscales. Four canonical variates, of which two were significant at the .01 level of probability using Bartlett's test, were discovered (see Table 7).

As can be seen from Table 7, the first canonical variate is defined by desire for treatment for defendants found NGRI, belief in effectiveness of procedures, and not perceived danger on one side, and by benevolence towards the mentally ill, mental hygiene ideology, not social restrictiveness, and not authoritarianism, on the other. It may therefore be interpreted as a dimension reflecting a positive orientation toward the mentally ill and the plea of Not Guilty by Reason of Insanity. The second canonical variate is defined by perceived danger of the insanity defense on one side, and by social restrictiveness of the mentally ill, interpersonal etiology, and authoritarianism on the other. Thus, this dimension likely captures a negative orientation toward the mentally ill and the insanity defense. All four insanity defense attitude factors are significantly predicted by opinions about mental illness, while the five OMI subscales are also significantly predicted by attitudes toward the insanity defense.

Table 7

Canonical Correlation between Insanity Defense
Attitudes and Opinions About Mental Illness

Number	Eigenvalue	Canonical Correlation	df	chi-square	p
1	0.25100	.50	20	89.12	0.0001
2	0.08456	.29	12	31.03	0.0020
3	0.05253	.23	6	13.27	0.0390
4	0.01198	.11	2	2.42	0.2977

Correlations between Variables
and Canonical Variates

Insanity Defense
Attitudes

1st Variate

2nd Variate

Treatment/Punishment
Perceived Danger
Perceived Injustice
Belief in Efficacy
of Procedures

.80
-.48
-.27
.46

.30
.82
.37
.25

Percentage of Variance
Redundancy

29%
7%

24%
2%

Total=53%
Total= 9%

OMI Factors

Authoritarianism
Benevolence
Mental Hygiene Ideology
Social Restrictiveness
Interpersonal Etiology

-.40
.86
.85
-.60
-.17

.39
-.07
.14
.71
.60

Percentage of Variance
Redundancy

40%
10%

21%
1%

Total=61%
Total=11%

Predictors of Support for the Insanity Defense

As the hypothesized relationship between Belief in a Just World and orientation toward the insanity defense was not supported, a *post hoc* attempt was made to discern which test variables best and most parsimoniously predict support for the insanity defense. For this purpose, an all-possible-subsets regression analysis was conducted with Support as the dependant variable, and the four Attitude Factors (Treatment/Punishment, Perceived Danger, Perceived Injustice, Belief in Efficacy of Procedures), Belief in a Just World, and the five OMI subscales (Authoritarianism, Benevolence, Mental Hygiene Ideology, Social Restrictiveness, Interpersonal Etiology) as the predictor variables. The "best" subset of predictors was defined as the combination of variables that minimized Mallows' Cp, while also appearing most frequently in subsets of increasing size. The set of variables that fulfilled these criteria consisted of the four Attitude Factors and the Authoritarianism subscale of the OMI (see Table 8). Thus it would appear that belief in treatment for defendants found NGRI and confidence in the procedures surrounding the insanity defense positively predict support for the insanity defense, while worries about the dangers resulting from the existence of the insanity plea, belief that the plea allows injustices to occur, and an authoritarian orientation towards the mentally ill negatively predict support for the NGRI verdict.

Table 8

All-Possible-Subsets Regression Predictors
of Support for the Insanity Defense

Analysis of Variance Summary Table for
 Best subset of Predictors for Support for the Insanity Defense

Source	df	F	p
Regression	5	22.19	.00001
Residual	196		

Statistics for Predictor Variables in Best Subset

Factor	Regr. Coeff.	Stand. Error	Stand. Coeff.	T Stat.	2.Tail Sig.	Tol- erance	Contrib. to R ²
Intercept	11.39						
Treat/Pun	.71	.12	.33	5.71	.0001	.97	.11
Danger	-0.72	.14	-.30	-5.16	.0001	.93	.09
Injustice	-0.35	.14	-.14	-2.48	.0140	.96	.02
Procedure	0.44	.16	.16	2.85	.0050	.98	.03
Authorit.	-0.04	.02	-.14	-2.34	.0200	.94	.02

DISCUSSION

The hypotheses investigated in the present study were threefold. First, it was anticipated that, due to differential exposure to insanity defense standards and issues relating to them, Canadian subjects would exhibit a more favourable orientation to the plea of NGRI than have their American counterparts. Second, it was hypothesized that participants holding a strong belief in a just world would be less well disposed toward the insanity plea and would be more likely to desire punishment, or treatment coupled with punishment, for the criminally insane than would subjects exhibiting weaker just world ideologies. Third, it was expected that subjects manifesting a high belief in a just world coupled with positive opinions about mental illness would support the insanity defense more often than would those who evidenced a negative orientation toward the mentally ill. Only the first hypothesis described above received demonstrable support.

Canadian Support for the Insanity Defense

The Canadian subjects employed in this research evidenced significantly more support for the insanity defense than did an American sample (Hans, 1986), assessed using the same attitude scale. While this finding is in line with what was hypothesized, several comments are in order. First, the sample in the present study consisted of West Coast university students while Hans'

(1986) assessed the attitudes of a random group of Delaware citizens. While one research project (Simon, 1967) did find that no relationship existed between level of education and orientation toward the insanity plea, another (Arrowood & Rogers, unpublished) reported that possessing an education up to, but not beyond, secondary school level was predictive of negative NGRI attitudes. The same study, however, found that attainment of a post-secondary school degree was not predictive of positive attitudes toward the defense. Yet another study (Hans, 1986) has demonstrated a positive relationship between education and insanity defense support. It may well be, therefore, that the results obtained in the present endeavor are attributable to the particular sample selected, rather than to any inter-country variations in attitudes toward the insanity defense. In support of this possibility, it is interesting to note that the only other Canadian survey to assess public opinion about the insanity plea (Arrowood and Rogers, unpublished), used a sample of Toronto citizens and concluded that a "significant bias against the NGRI plea exists in the community" (p. 10).

A second potential explanation for the discrepancy between the present findings and those of Hans (1986) exists. Hans intentionally conducted her research one year following the widely publicized and negatively received verdict of NGRI in the trial of John Hinckley Jr. Thus it is possible that, as the result of such salient and negative exposure, Hans' sample

reported a greater disgruntlement with the insanity defense than would have been present had they been polled at a different period of time. Consequently, the significant difference between Canadian and American support for the insanity defense may be simply a function of the different years in which the studies were undertaken. Two lines of reasoning support this possibility. First, research conducted by Doob and Roberts (1984) suggests that members of the public, when asked for their social attitudes concerning a criminal justice issue, generalize from the results of one or two dramatic and easily remembered court cases. Thus members of Hans' sample may have formed a general opinion about the insanity defense based largely on their specific reactions to the Hinckley verdict. Second, despite the difference in degree of support for the insanity defense found between the present Canadian sample and Hans' (1986) American one, some interesting similarities in the responses of the two groups of participants were noted. For instance, although many more subjects in Hans' sample indicated a desire for the abolition of the insanity defense, the two groups of participants were comparable with respect to the incidence with which they advocated insanity defense reform. Moreover, the present sample expressed an inclination for both punishing and treating insane defendants, a finding that has been commonly reported (e.g., Hans, 1986, Hans & Slater, 1983; Simon, 1967) despite its violation of the legal and moral predicates upon which the insanity plea is based. It would appear, therefore, that future researchers desiring to compare

the insanity defense attitudes of Canadian and American citizens should collect their data from the two groups at approximately the same time.

Relationship between BJW and Insanity Plea Support

No support was obtained for the hypothesis that a strong belief in a just world would be related to unfavourable attitudes toward the insanity defense. In fact, there was almost no relationship at all between BJW, as measured by the BJW scale, and support for the insanity defense, even when opinions about mental illness were taken into account. Thus the third hypothesis also was not upheld.

One immediate explanation of these findings is that the belief in a just world scale is insufficiently reliable to support correlating it with other measures. Mueller (1986) has postulated that for tests measuring psychological constructs, such as attitudes, the items making up the attitude scale should be moderately inter-correlated. He further describes "well-constructed attitude scales" (p. 64) as having reliability coefficients of above .80. Although past research has placed the BJW scale within the desired range of reliability, at .64 the alpha coefficient for the scale in the present study is appreciably lower than the level suggested by Mueller.

A second possible and related explanation for the lack of any significant relationship between belief in a just world and

insanity defense orientation could be that, as found by Hyland and Dann (1987), the BJW scale is, in fact, multidimensional. However, a factor analysis carried out on the data from the present study did not support this supposition.

Finally, Rubin and Peplau have shown that belief in a just world tends to be stronger in individuals possessing less formal education (1975) and in those who believe in an active God (1973). Consequently, the present sample of university students may not be an optimal one for the study of belief in a just world, by virtue of the high level of education they have obtained. In addition, it is conceivable that changes, over the last ten years, in the degree to which religion is practiced in the community have in turn had an effect on the prevalence and depth of belief in a just world, even though a range of BJW scores was obtained in the present study.

Despite the above noted reservations, it is believed that the hypothesized relationship between belief in a just world and support for the insanity defense remains sound in theory. However, future tests employing a wider sample from the general population are needed before more definitive conclusions can be drawn.

Opinions About Mental Illness Associated with NGRI Orientation

In order to further examine the relationship between support for the insanity defense and opinions about mental illness a series of *post hoc* analyses was performed. It was found that a relationship existed between OMI and support for the insanity plea. Subjects who are well disposed toward the mentally ill also uphold the insanity defense while participants who exhibit negative opinions about mental illness do not support a defense of NGRI. This finding is an interesting one, given that past research (Arrowood & Rogers, unpublished; Simon, 1967) has failed to demonstrate a relationship between attitudes toward the mentally ill and insanity defense orientation. Nevertheless, two potential problems with the use of the OMI scale must be explored. First, McPherson and Cocks (1983) have suggested that the type of procedures employed to collect information about opinions toward the mentally ill (e.g., open vs. closed-ended questions, self-report inventory vs. interview format) may influence the attitudes obtained. Thus it may be that the types of attitudes elicited have as much to do with the measurement technique employed as with the subjective beliefs of the volunteers. More importantly, although Cohen and Struening (1962) reported that the intercorrelations among their OMI subscales were small to nonexistent, subsequent research (e.g., Lawton, 1964; Moore & Castles, 1978; Sellick & Goodear, 1985), including the present study, has found much greater intercorrelations among many more pairs of subscales. This

raises the possibility that the five OMI subscales do not tap discrete orientations toward the mentally ill. Furthermore, Cohen and Struening (1962) validated their measure on personnel from Veteran's Administration hospitals. While the measure may be appropriate for use with VA hospital personnel, it does not necessarily follow that it is a valid test of students' opinions about mental illness, although it has been so employed by many researchers.

Limitations of the Present Study

The freedom to generalize the findings of the present study is constrained by the fact that only students were used as subjects. Field and Barnett (1978), for example, tested the hypothesis that simulated jurors selected a) from the student population at a large university and b) from the nonstudent residents of the city in which the university was located, would not be significantly different with respect to the length of sentence they returned in a mock trial. Instead, they found that students returned significantly more lenient sentences than did the nonstudent participants. Thus one should question whether the composition of the present study group is any more representative of the general population than any other of its kind. Moreover, since potential subjects were informed that the study for which their participation was being solicited concerned opinions about the insanity defense, it is conceivable that the subjects who agreed to participate predominantly were

those who already had some interest in and/or opinions regarding the plea. In other words, there may have been some systematic difference between subjects who agreed to participate in the study and those who did not. If so, that would limit the extent to which the results could be generalized even among students.

It might also be suggested that the students employed in the present study were biased in that they were selected from an introductory psychology class. It could be argued that some psychological knowledge, or even the motivation to have enrolled in a psychology class, may have affected attitudes toward either the mentally ill, or the insanity defense, or both. With respect to the effects of exposure to psychology on opinions about mental illness, Sellick and Goodear (1985) found that differential exposure to psychiatric hospitals, mental health clinics, and mental patients among the citizens of three Australian cities of varying sizes, had no effect on opinions about mental illness. They concluded that opinions about mental illness are unlikely to change through mere exposure to the mental health system. It would appear therefore that the fact, *per se*, that subjects were students in an introductory psychology course should not have affected their responses. However, it is possible, and even likely, that exposure to mental illness through a close family member or friend could have affected subjects' orientations about mental illness, although Rabkin (1974) claims that mere contact with someone who is mentally ill does not guarantee that opinions will be

altered. Nevertheless, it might be wise, in future endeavors, to elicit information regarding this variable. With respect to the effects, on NGRI orientation, of being enrolled in a psychology class, both Arrowood and Rogers (unpublished), and Simon (1967) found that prior exposure to and/or knowledge about psychiatry did not affect the verdict choice (as between guilty and NGRI) selected by subjects.

A second caveat to bear in mind with respect to the current study is that attitudes do not necessarily predict behaviour. Although the primary goal of this research was to assess the attitudes of the Canadian public toward the insanity defense, it is nevertheless tempting to speculate as to how certain attitudes about the NGRI plea would affect verdict selection in a jury situation. However, as Rabkin (1974) points out, attitude measures are "seldom the major determinants of behaviour. It is generally accepted that factors other than attitudes have great impact on actions. These may be broadly classified as personal and situational" (p. 25). Thus, even if a subject evidenced a strong bias against the insanity defense this does not necessarily mean that he or she would not return an NGRI verdict in a particular situation. Support for this possibility comes from an indepth study of the activities of several juries presented with cases in which the insanity defense was raised (Simon, 1967). It was found that jurors did indeed pay attention to the specifics of particular cases, a fact that was evident in both their deliberations and in the verdicts that ultimately

were rendered by them. These points highlight the need to assess not only subjects' attitudes but also their situation-specific behaviours. One way to have done this could have been to examine the relationship, if any, between subjects' expressed NGRI attitudes and the actual verdicts returned by them after they had read a vignette or a hypothetical case involving the insanity defense. However, unless the hypothetical case presented included details similar to those obtainable during a real court case, it is suspected that the correspondance between expressed attitudes and "actual" behaviour would be fairly high. In other words, it is suggested that simply describing a make-believe defendant's behaviours during and after the commission of a crime does not provide enough additional information to enable a mock juror to render a verdict that would be different from the one predicted by the juror's already articulated and previously held opinions about the insanity defense. This assertion is based upon the findings of several research teams (i.e. Doob & Roberts, 1984; Faulstich & Moore, 1984; Jeffrey & Pasewark, 1983; Steadman & Coccozza, 1978). Doob and Roberts (1984), for instance, found that when information, similar to that which a judge receives when sentencing convicts, was provided to members of the public they were in agreement that the sentences imposed were long enough. When not in possession of this information, however, (i.e. when individuals were asked for their opinions devoid of the context of specific cases) citizens tended to opine that sentencing practices in Canada are not sufficiently stringent. Doob and Roberts (1984)

suggested that the latter finding is linked to the biased information available to the public due to limited press coverage of court cases. Similarly, Steadman and Coccozza (1978) have theorized that the selective reporting, in the media, of only the most sensational and bizarre criminal cases involving mental illness has contributed to misconceptions with respect to the dangerousness of the criminally insane. This may in turn be expected to affect people's views regarding the insanity plea. In fact, Faulstich and Moore (1984) have contended that disparities between court NGRI decisions and the public's reactions to them are a function of the latter group having received only limited information. Finally, Jeffrey and Pasewark (1983) have found that providing students with information regarding the actual frequency and success rates of the insanity defense leads to alterations in those subjects' opinions about the plea's abuse. It seems clear, then, that providing subjects with more detailed information concerning the subject about which an opinion is requested has an effect upon the nature of the attitudes obtained. Consequently, future investigations of public opinion regarding the insanity defense should not only try to assess that opinion with behavioural-type measures, but should also try to fashion the measures such that they provide, as much as possible, the types of information that would have been available to the individuals had they been serving as jurors in a particular case.

The converse of the attitude-behaviour relationship problem explored above must also be addressed. To wit, subjects may also exhibit behaviours but not express, or recognize that they hold, the corresponding attitudes or beliefs. For example, it may be that while many subjects act, from day to day, as if they believe in a just world, they may not have so indicated on the BJW scale.

A third cause for caution in the use of questionnaires for the assessment of attitudes is that it is easy for the subjects to fake responses. Nevertheless, Mueller (1986) comments that for "most attitudinal objects, people are perfectly willing to express their opinions frankly and honestly. The caveat is that attitude scores may not be used to evaluate individual respondents or for any decision making that involves sanctions" (p. 97). Although subjects in the present study would have had no need to modify their responses for fear of sanction, they may nevertheless have attempted to give the experimenter the responses that they believed were being sought, since no deception was employed as to the purposes of the present study. It is the impression of the experimenter, however, upon consideration of the comments received in both written and verbal form, that most participants approached the task seriously and genuinely attempted to provide their own considered opinions,

Finally, a very ambitious and complete study conducted by Konecni and Ebbesen (1979) used a multi-method approach to

examine the external validity of research in the arena of forensic psychology. The authors set out to test the same hypotheses using a number of different subject groups and a number of different experimental designs. The results they obtained, to the same set of questions, varied widely between subject groups and methodological approaches. They therefore recommend adopting a multiple method approach to assessing criminal justice issues. It is suggested that this recommendation be implemented in further investigations of NGRI attitudes.

Suggestions for Future Research

In addition to the suggestions made above, future researchers in the area of attitudes toward the insanity defense should consider asking their subjects two questions in greater depth. First, it would be of interest to know from the subjects themselves, in the form of answers to an open-ended question, why they do or do not support the insanity defense. This might help to clarify the nature and origin of some attitudes. For example, on the one hand, one can object to the insanity defense as allowing defendants to escape responsibility for their actions. On the other hand, one may believe that the insanity defense should not be allowed because anyone who commits a violent crime must, by definition, be crazy and allowing them to plead NGRI enables them to "beat the rap". While the conclusion of these two lines of reasoning is the same, namely that the

defendant should be held responsible no matter what, the rationales employed are very different. A questionnaire that is purely Likert-format, however, does not allow one to make such finer distinctions. Relatedly, it could be useful to elicit the types of reforms that subjects would like to see made to the insanity plea. It is conceivable, for instance, that some members of the present sample would like to make the insanity defense standard more stringent. Conversely, there may be some subjects who would desire to modify the insanity defense such that defendants found NGRI are not committed indefinitely. Presumably, although both subjects would endorse the statement "the insanity defense needs a lot of reform" they would be doing so for very different reasons. It might be helpful, even important, to be able to distinguish between them.

Finally, juries and judges in insanity defense cases are usually presented with input from mental health professionals who have assessed the defendant and who provide testimony relative to the defendant's mental state at the time of the offense, among other things. Although these psychologists and psychiatrists do not decide the outcome of court cases, the information they provide is used, to a sometimes great and sometimes lesser degree, in the decision making process (Rappeport, 1981). One U.S. survey uncovered the belief, held by 15% of the 293 legal professionals interviewed, that one problem with the operation of the insanity defense is an "overreliance on psychiatric testimony which is imprecise and superficial"

(Burton & Steadman, 1978, p.178). Another study (Simon & Shackelford, 1965-66), found that 50% of the psychiatrists they interviewed were of the opinion that anybody who committs a serious crime is mentally ill. In view of these findings, it may be time to investigate the effects, if any, of the previously held attitudes toward the insanity plea of Canadian psychologists and psychiatrists upon the testimony they provide in court. Additionally, given the recent discovery (Rogers & Turner, 1987) that Canadian forensic psychiatrists and psychologists evidence "little understanding of the current standard for criminal responsibility" (p. 73) contained in the Criminal Code (section 16), future research should probably centre on the degree to which the testimony of such forensic clinicians affects the decisions made by judges and juries.

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