Individual Differences Relate to Support for Insanity and Postpartum Depression Legal Defenses: The Mediating Role of Moral Disengagement

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Postpartum depression defense (PPDD) is a form of insanity defense often used when mothers harm their children. Although courts have determined that insanity defenses, including PPDD, can be used as legitimate criminal defenses, such defenses are often misunderstood among jurors and laypersons. The current survey of 467 undergraduates examines relationships between individual differences and support for PPDD and the insanity defense. Need for cognition was found to be positively related to support for PPDD and the insanity defense, while legal authoritarianism (LA) was found to be negatively related to support for both defenses. Faith in intuition is negatively related to support for the insanity defense. In this sample, women are more likely than men to support the PPDD, but not the insanity defense. Additionally, relationships between support and both the need for cognition and LA are partially mediated by moral disengagement, which is negatively related to support for PPDD and insanity defenses. These results replicate a model used in different legal contexts. Implications for legal and academic communities are discussed.

Key words: faith in intuition; insanity defense; legal authoritarianism; mediation; moral disengagement; need for cognition; postpartum depression.

Introduction

Andrea Yates, the Texas woman who drowned her five children in a bathtub, suffered from postpartum depression. Prior to the drowning, she twice tried to commit suicide and was hospitalized in psychiatric facilities numerous times. Despite extensive documentation of her medical history and diagnosis, 12 jurors did not accept her insanity plea and found her guilty of capital murder. The Texas First Court of Appeals reversed the conviction and in a retrial – with a new jury – she was found not guilty by reason of insanity (Newman, 2006).

The two juries in Andrea Yates' trials might have arrived at different verdicts because different evidence was presented at each trial. They also might have, in part, rendered different verdicts due to jury composition. Specifically, jurors' individual differences might have played a part in the different outcomes of the two trials. Individual differences, such as cognitive processing style, legal authoritarianism (LA), moral disengagement (MD), and gender might affect individuals' perceptions of and reactions to women who use the insanity defense because of postpartum depression – and, more broadly, defendants who use the

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insanity defense. The purpose of the current study is to investigate relationships between cognitive processing styles, LA, MD, gender and support for the postpartum depression defense (PPDD) and the insanity defense. It attempts to replicate McDermott and Miller's (2016) research finding that these individual differences are related to attitudes toward vigilantism.

Postpartum Depression

Postpartum depression affects 10–15% of women after they give birth (Brett, Barfield, & Williams, 2008; Wisner, Sit, & McShea, 2013). The symptoms are similar to regular depression and include extreme sadness, anxiety, and exhaustion. Changing levels of hormones after women give birth cause chemical changes in the brain and can result in postpartum depression. These changes – coupled with the sleep deprivation, stress, and anxiety that often accompanies taking care of a newborn – have the potential to result in postpartum depression (National Institute of Mental Health, 2016). Postpartum psychosis is the most severe form of postpartum depression and occurs in a smaller subset of women; it is characterized by cognitive impairment, disorganized behavior, and paranoid or bizarre delusions or hallucinations (Sit, Rothschild, & Wisner, 2006). Sometimes, the content of women's hallucinations involves violence toward themselves or their children (Sit et al., 2006). Unfortunately, some women who experience postpartum illnesses kill their own children.

Postpartum Depression, Insanity, and the Courts

Many courts allow women with postpartum illnesses to assert the insanity defense to explain their actions (Nau, McNeil, & Binder, 2012). States differ in the tests that they use to determine insanity, and these standards have evolved over time (e.g., the M'Naghten Rule, the Durham test, the Model Penal Code

test). The argument is often made that such women should not be held accountable for their actions because of their mental state at the time the act was committed. Mental health professionals assess the defendant prior to trial to determine if the criteria for insanity for that jurisdiction can be met. Ultimately, it is up to the jury to determine whether defendants are criminally responsible for their actions.

In most jurisdictions, the insanity defense (including the PPDD) is a legitimate criminal defense. However, in part due to the differing verdict options and resulting consequences, jurors and laypersons often misunderstand and are skeptical of the defense and its outcomes (Silver, Cirincione, & Steadman, 1994). Jurors (and the public more generally) often have misperceptions about the insanity defense, such as beliefs that defendants can easily fake insanity or that defendants found not guilty by reason of insanity will be immediately released (Butler, 2006; Perlin, 1996). Because of misunderstandings associated with the insanity defense, controversies surround its use and there are concerns about whether jurors can fairly render a verdict when the insanity defense is presented (Daftary-Kapur, Groscup, O'Connor, Coffaro, & Galietta, 2011).

Women who have used postpartum depression as a basis for the insanity defense have received outcomes ranging from acquittal to the death penalty (Oberman, 1996). This suggests that mothers who assert an insanity defense on the basis of postpartum illnesses experience disparate outcomes (Kelly, 2003), which are likely due to differences in evidence and case facts. However, these inconsistencies might occur in part because of jurors' attitudes toward postpartum depression and insanity, and their beliefs about whether or not they should remove responsibility from an individual who commits a wrongdoing.

Although postpartum depression is used as a basis to employ the insanity defense, there is reason to believe that these two concepts are

different and that jurors might have different attitudes toward the two defenses; thus, this study investigates attitudes toward both the insanity defense and the PPDD. A mother who kills her own children might create a moral dilemma for jurors. Although postpartum illnesses are the basis of a legitimate legal defense permitted by the courts, society tends to feel moral outrage toward individuals who commit crimes against innocent children (Zgoba, 2004). Therefore, it might be difficult for jurors to show leniency toward mothers who commit such an act and find them legally not guilty, even if there is evidence that they were suffering from a postpartum illness that falls under the insanity defense. Another defendant who uses the insanity defense to justify a wrongdoing might not generate the same kind of outrage as a mother who kills her own children.

Some research suggests that insanity pleas lead to acquittal between 12% and 52% of the time depending on the state, although the average hovers around a 30% acquittal rate (Circione, Steadman, & McGreevy, 1995). Insanity pleas in infanticide cases (i.e., when a mother kills her child within one year of birth) are successful between 15% and 27% of time (Bourget & Bradford, 1990; d'Orban, 1979; McKee & Shea, 1998). This would suggest that jurors are not more lenient or less lenient toward mothers who kill their children compared to other defendants who attempt to employ the insanity defense for a variety of other crimes. However, women who employ the insanity defense (not in cases of postpartum depression or infanticide) are more successful in getting an acquittal than men (Circione et al., 1995). Thus, it is unclear whether support for mothers who assert postpartum illness as the basis for an insanity defense differs from support for defendants using the insanity defense in general.

This study investigates how individual differences relate to support for both the PPDD and the insanity defense separately. Support was measured by the extent to which participants agreed that a defendant should be

able to use the given defense, and whether or not they believed that postpartum depression and insanity actually exist.

Individual Differences

Individual differences can affect legal outcomes because they sometimes influence decision-making and verdicts (Chomos & Miller, 2014), even if the variance explained is small (2–16%; Miller, Maskaly, Peoples, & Sigillo, 2014). Although jurors are supposed to be impartial, pre-existing attitudes and biases can influence how they attend to, process, and interpret evidence, resulting in biased judgments (Lecci & Myers, 2008). Individual differences such as need for cognition (NFC), faith in intuition (FI), LA, and MD might influence individuals' perceptions and support for the PPDD and insanity defense, as it has been found in other legal studies that these variables are related to decision-making and verdicts (e.g., Chomos & Miller, 2014; McDermott & Miller, 2016). Gender could also affect perceptions and support for the PPDD and the insanity defense as the PPDD only applies to female defendants whereas both male and female defendants can utilize the insanity defense. Therefore, it would be expected that women would be more supportive of the PPDD but that there would be no differences between men and women in their support of the insanity defense.

Better understanding these relationships will be useful for legal professionals who wish to identify jurors who will be less likely to support these defenses or to show leniency toward a defendant who was suffering from postpartum depression or another mental illness at the time that she or he committed a crime. Investigating individual differences that relate to support for these defenses adds to the current literature on how individual differences affect legal decision-making. Furthermore, this study reveals individual differences that relate to moral decision-making in general, as well as expanding the research of McDermott and Miller (2016).

McDermott and Miller (2016) found that NFC (but not FI) and LA are related to support for vigilante justice (an illegal justification for a wrongdoing) and that MD mediates these relationships. The same model is tested in the current study, but with the addition of gender to determine whether it also predicts support for legitimate legal defenses such as the PPDD and the insanity defense.

Moral Disengagement (MD)

The propensity to morally disengage is a stable trait (Detert, Trevino, & Sweitzer, 2008) that varies from one person to another. MD is a cognitive process by which individuals utilize mechanisms such as dehumanizing, minimizing consequences, and attributing blame in order to commit actions that would ordinarily be considered morally wrong (Bandura, 1990; 2002). Moral agency develops alongside the moral self as the individual learns standards of right and wrong; this development is aided by self-monitoring (e.g., lack of conformity to standards leads to self-recriminations) and social influences (e.g., modeling the behavior of others; Bandura, 2002; Detert et al., 2008). MD allows the individual to refrain from self-sanctioning by reframing her or his behavior, the consequences of the behavior, and/or the characteristics of the victim of the individual's behavior in order to make the behavior appear more just (Bandura, 2002). For example, in a criminal trial, jurors who morally disengage from the defendant might be able to morally justify rendering a harsh verdict to that defendant. Therefore, individuals higher in MD might be less likely to support leniency toward defendants who use the PPDD or the insanity defense.

Need for Cognition (NFC)

NFC is a stable dispositional trait (Cacioppo & Petty, 1982). Individuals high in NFC tend to think and process information at a deeper level than those low in NFC (Epstein, Pacini,

Denes-Raj, & Heier, 1996). This tendency to think logically and methodically might make individuals more likely to be able to understand the effects of suffering from a postpartum or other mental illness; they would therefore be more likely to support the postpartum and insanity defenses. Individuals high in NFC might be more likely to put aside the emotional nature of a crime for which the postpartum defense is employed (e.g., a mother killing her own child) and be able to evaluate the cognitive and behavioral effects that a mental illness could have had on the defendant. Furthermore, individuals higher in NFC tend to be less punitive in general (Miller, Wood, & Chomos, 2014; Sargent, 2004); thus, individuals who are higher in NFC might be more likely to support leniency toward defendants who use the PPDD or the insanity defense. Finally, individuals high in NFC might be less likely to morally disengage from a defendant because of their tendency to think deeply about moral dilemmas.

Faith in Intuition (FI)

FI is a stable trait that is related to and yet independent from NFC; individuals high in FI tend to process information experientially rather than rationally (Epstein et al., 1996). Individuals high in FI are more likely to be influenced by emotions and persuasive messages that use emotional appeals (Nan, 2009). Oftentimes, prosecutors focus on the emotional and moral nature of the crime (e.g., the prosecutor in the Andrea Yates case asked the jury to take three minutes of silence to realize how long it took one of the children Yates drowned to lose consciousness; CNN.com, 2002). Although postpartum depression and insanity are legitimate legal defenses, individuals high in FI might be less likely to support them because of the emotional nature of the crime. Alternatively, individuals high in FI might be affected by feelings of sympathy for someone who is severely mentally ill (e.g., a mother who has to live with the fact that her own children are gone because she

killed them). Thus, the relationships between FI and support for the PPDD and the insanity defense are unclear.

Legal Authoritarianism (LA)

Authoritarianism is an individual difference that is defined as one's willingness to submit to authority figures (Adorno, Frenkel-Brunswick, Levinson, & Sanford, 1950). Individuals high in authoritarianism generally support conformity to societal values and norms, and condone the punishment of those who violate those norms (Adorno et al., 1950). LA is a type of authoritarianism in which individuals believe that, in legal matters, the rights of legal authorities are more important than the rights of individuals (Butler & Moran, 2007). Those high in LA tend to be more supportive of conviction (Narby, Cutler, & Moran, 1993) and give less consideration to mitigators in the sentencing phase of capital trials (Butler, 2010; Butler & Moran, 2007) compared to people who are low in LA. Individuals who score high in LA are also less likely to believe that mental illness can cause someone to commit a crime compared to those who are low in LA (Cutler, Moran, & Narby, 1992).

Individuals who are high in LA are more likely to be skeptical of an insanity defense in criminal cases (Butler & Wasserman, 2006) and are more likely to have negative attitudes toward psychiatrists who testify on behalf of a defendant pleading insanity (Cutler et al., 1992) compared to people who are low in LA. Thus, in a trial in which a mother is charged with murder for killing her children while she was suffering from postpartum depression, people high in LA might be more likely to ignore evidence or to be more skeptical of evidence which supports postpartum depression as a significant factor in the crime.

Past research suggests that individuals who are high in LA (compared to people who are low in LA) are more likely to convict a mother of first degree murder rather than find her not guilty by reason of insanity (Hurst &

Foley, 2005). This is consistent with research findings that those high in authoritarianism tend to be more punitive in general (Miller et al., 2014; Narby et al., 1993) and less likely to consider an insanity defense as legitimate (Butler & Wasserman, 2006; Cutler et al., 1992) compared to people low in LA. The current study expands the findings of Hurst and Foley (2005) by exploring specific attitudes: whether or not individuals believe that postpartum depression and insanity exist, and whether or not individuals believe that they should be used as legal defenses.

Individuals high in LA might also be more likely to morally disengage from mothers who have killed their children. They might see the crime of killing a child so horrendous that they feel justified in being more punitive toward the mother, despite mitigating evidence regarding the influence of her postpartum depression on her actions.

Hypothesis and Research Questions

McDermott and Miller (2016) measured support for vigilante justice by having participants read scenarios about defendants who killed a drug dealer, a child molester, and a murderer, and indicate the extent to which the defendant was justified in killing the criminal. Support for vigilante justice was found to be negatively related to NFC and positively related to LA and MD, while FI was not found to be significantly related to support for vigilante justice. The findings also show that MD mediates the relationship between the independent variables (LA and NFC) and the dependent variable (support for vigilantism).

It was hypothesized that the results of the current study would be similar to the findings of McDermott and Miller (2016), except that the directions of the effects for MD, LA, and NFC would be in the opposite direction. Furthermore, it was expected that these results would hold when including participant gender in the model.

It was expected that the effect for MD would be in the opposite direction because in the vigilante justice scenario, participants were likely morally disengaging from the *victim* of the vigilante justice (i.e., the drug dealer or child molester) and justifying the actions of the defendant (the vigilante). Morally disengaging increased support for vigilante justice. In the current study, it was predicted that participants would instead morally disengage from the *defendant* who killed her own children or committed a crime while in a state of clinical insanity. This likely occurs because the victim in the vigilante justice scenario is a criminal; thus, it is easier to morally disengage from the victim and justify punishment. In the present study, the victim is clearly innocent (e.g., a child) so it was not expected that any participants would morally disengage from the victim; instead, the participants might morally disengage from the defendant. Instead of viewing the defendant as a person who is mentally ill and needs help, participants might dehumanize her and view her as a monster. This allows participants to ignore legitimate legal defenses and be more punitive. Thus, MD should result in harsher punishments for the defendant and less support for the use of the PPDD or the insanity defense to receive a lesser sentence.

Additionally, it was hypothesized that the effect for LA would be in the opposite direction from that found by McDermott and Miller (2016), because in the vigilante justice scenario the victim was not innocent (e.g., a child molester) and thus likely seen as an outgroup member; therefore, individuals high in LA justified punishing the victim by supporting the actions of the vigilante. In contrast, a defendant utilizing the PPDD or the insanity defense harmed an innocent victim, and thus the defendant would potentially be seen as an outgroup member who warranted punishment, despite mitigating evidence of a mental illness.

It was expected that the effect of NFC would be in the opposite direction because the PPDD is a *legal* defense allowed in court,

while vigilantism is *illegal*. Thus, despite the moral dilemmas posed in PPDD/insanity defense cases and cases of vigilantism, individuals high in NFC are able to think deeply about the cases and follow the law. This results in individuals high in NFC not supporting vigilantism because it is illegal, and supporting PPDD and insanity defenses because they are legally permitted.

Hypothesis 1: LA will be negatively related to support for the PPDD and the insanity defense.

Hypothesis 2: NFC will be positively related to support for the PPDD and the insanity defense.

Hypothesis 3: MD will be negatively related to support for the PPD and the insanity defense.

Hypothesis 4: MD will mediate the relationship between both LA and NFC and support for the PPDD and the insanity defense.

Hypothesis 5: Women compared to men will be more supportive of the PPDD but there will not be gender differences in support for the insanity defense.

Research Question 1: Does FI relate to support for the PPDD and the insanity defense?

Research Question 2: Are levels of support similar for the PPDD and the insanity defense?

Research Question 3: Will the ways in which individual differences relate to the defenses be similar for both defenses?

Methods

Participants and Procedure

A total of 467 students (58% female, 52% Caucasian, mean age = 20.1 years, *Mdn* age = 19) at a mid-sized university in the western United States participated in this study. The participants completed an online survey about their legal attitudes. Participants read the following paragraphs describing the PPDD and the insanity defense, respectively:

Postpartum depression is a condition that a woman may suffer after she has a child. After giving birth, a woman may experience severe depression, which may lead her to injure her child, herself, or commit other crimes. The defendant claims that she should be found not guilty or receive a lesser sentence because of her postpartum depression;

In the insanity defense, the defendant claims that he should not be held responsible for his crime because he was insane at the time the crime was committed. The defendant usually has some sort of mental illness or disorder. The defendant claims that he should be found not guilty or receive a lesser sentence because of his insanity.

After reading each description, participants rated the degree to which they believed the defendant should be able to use the described defense in an attempt to get a not guilty verdict or a lesser sentence, and whether postpartum depression and insanity actually exist. They then completed a number of individual difference and demographic measures.

Measures

All tests used a 5-point scale where 1 = *strongly disagree* and 5 = *strongly agree*, and were created by averaging participants' responses to scale items. Gender was dummy coded using males as the reference group.

Predictor Variables

Participants' level of MD was measured using a 7-item scale based on the Moral Disengagement Scale (Bandura, 2002). Participants responded to items that capture the mechanisms of MD (e.g., dehumanization), such as 'These [torture] techniques are justified because terrorists are monsters' ($\alpha = .95$).

NFC and FI were measured using the 10-item Rational-Experiential Inventory (Epstein

et al., 1996). The NFC subscale contains 5 items (e.g., 'I prefer complex to simple problems'; $\alpha = .74$) and the FI subscale contains 5 items (e.g., 'I trust my initial feelings about people'; $\alpha = .89$).

LA was measured using the Revised Legal Attitudes Questionnaire-23 (RLAQ-23; Kravitz, Cutler, & Brock, 1993). This 23-item Likert scale measures the extent to which participants hold LA beliefs (e.g., 'Any person who resists arrest has committed a crime'; $\alpha = .68$).

Outcome Variables

The first outcome variable, support for the PPDD, was measured by participants' response to the questions: 'Do you agree that defendants should be able to use this argument at trial in an attempt to get a not guilty verdict or lesser sentence?' ($M = 2.43$, $SD = 1.10$) and 'Do you believe that postpartum depression actually exists?' ($M = 3.76$, $SD = 0.98$). These items are significantly correlated; thus, they have been averaged to create one measure of support for the PPDD, $r(468) = .36$, $p < .001$.

The second dependent variable, support for the insanity defense, was measured by participants' response to the questions: 'Do you agree that defendants should be able to use this defense?' ($M = 2.89$, $SD = 1.04$) and 'Do you believe that insanity actually exists?' ($M = 3.91$, $SD = 0.93$). These items are significantly correlated; thus, they have been averaged to create one measure of support for the insanity defense, $r(465) = .38$, $p < .001$.

Results

Two two-step hierarchical regressions were used to assess the relationships between individual differences and support for the PPDD and the insanity defense. Because MD was predicted as mediating the relationship, it was entered in a separate step.

Individual Differences, Gender, and Support for the PPDD

The step of the regression which included only gender, NFC, FI, and LA predicting support for the PPDD is significant, $R^2 = .09$, $F(4, 462) = 12.01$, $p < .001$. LA is negatively related to support for the PPDD, which supports Hypothesis 1, $\beta = -.19$, $p < .001$, and NFC is positively related to support for the PPDD, which supports Hypothesis 2, $\beta = .19$, $p < .001$. FI does not significantly predict support for the PPDD, $\beta = .03$, $p = .58$, answering Research Question 1. The women in this sample were more supportive of the PPDD compared to men, $\beta = .14$, $p = .002$, providing support for Hypothesis 5.

The model is also significant when MD is added, $R^2 = .10$, $F(5, 461) = 10.31$, $p < .001$, and increases the amount of variance explained, although the change is only marginally significant, $F \text{ change}(1, 461) = 3.27$, $p = .07$. MD is negatively related to support for the PPDD, $\beta = -.09$, $p = .07$, partially supporting Hypothesis 3. When MD is added to the model, the relationship between LA and support for the PPDD is reduced, $\beta = -.18$, $p < .001$, as is the case for NFC, $\beta = .18$, $p < .001$, and gender, $\beta = .12$, $p = .01$. FI is still non-significant in this model, $\beta = .03$, $p = .51$.

To test whether MD serves as a mediator between support for the PPDD and both LA and NFC (with gender as a covariate), PROCESS macro mediational analyses were used (Hayes, 2013). When MD is used as a mediator between LA and support for the PPDD (Figure 1), the direct effect remains significant, $t = -3.02$, $p = .03$; however the indirect

effect is also significant, indicating partial mediation, 95% CI $[-.17, -.02]$. MD also mediates the effect between NFC and support for the PPDD (Figure 2). The direct effect is again significant, $t = 3.9$, $p < .01$, and the indirect effect is also significant, 95% CI $[.01, .06]$, indicating partial mediation and providing partial support for Hypothesis 4.

Individual Differences and Support for the Insanity Defense

The first step in the regression model predicting support for the insanity defense – which includes gender, NFC, FI, and LA – is significant, $R^2 = .06$, $F(4, 459) = 7.66$, $p < .001$. NFC is positively related to support for the insanity defense, $\beta = .17$, $p < .001$, supporting Hypothesis 2. LA is negatively related to support for the insanity defense, $\beta = -.15$, $p = .001$, supporting Hypothesis 1. FI is a significant predictor of support for the insanity defense, $\beta = .10$, $p = .04$, answering Research Question 1. Gender is not a significant predictor, providing support for Hypothesis 5.

The second step, which adds MD to the model, is also significant, $R^2 = .08$, $F(5, 458) = 7.94$, $p < .001$, and significantly increases the amount of variance explained, $F \text{ change}(1, 458) = 8.56$, $p = .004$. When MD is added to the model, the relationships between both NFC, $\beta = .15$, $p = .001$, and LA, $\beta = -.12$, $p = .016$, and the dependent variable (i.e., support for the insanity defense) remain significant in the same directions, but the effects are weakened. The relationship between FI and support for the

Figure 1. Direct and indirect effects of LA on support for the PPDD through MD controlling for gender. Note: * $p < .05$; ** $p < .01$.

Figure 2. Direct and indirect effects of NFC on support for the PPDD through MD controlling for gender. Note: $*p < .05$; $**p < .01$.

insanity defense remains significant, $\beta = .10$, $p = .025$, and there is a negative relationship between MD and support for the insanity defense, $\beta = -.14$, $p = .004$.

To test MD as a mediator between the predictors (NFC, FI, and LA) and support for the insanity defense, three separate mediation analyses were conducted using PROCESS (Hayes, 2013). The direct effect of LA on support for the insanity defense is significant, $t = -2.39$, $p = .02$, and the indirect effect of LA on support for the insanity defense through MD is also significant, 95% CI $[-.14, -.02]$, indicating partial mediation and providing partial support for Hypothesis 4 (Figure 3).

The direct effect of NFC on support for the insanity defense remains significant, $t = 3.56$, $p < .001$, when MD is used as a mediator, and the indirect effect of NFC on the support for the insanity defense through MD is also significant, 95% CI $[.01, .07]$. This indicates that MD partially mediates the relationship between NFC and support for the insanity defense, providing partial support for Hypothesis 4 (Figure 4). MD does not mediate the relationship between FI and support for the insanity defense, 95% CI $[-.02, .02]$.

Discussion

The purpose of the current study is to investigate relationships between cognitive processing styles, LA, MD and support for the PPDD and the insanity defense. This study replicates McDermott and Miller's (2016) model, which includes NFC, FI, LA, and MD, to investigate the relationship between these individual differences and support for the PPDD and the insanity defense. Gender is also included in the present model, as the PPDD only applies to women and therefore gender could be an influencing factor. MD mediates the relationship between NFC and LA for both defenses, demonstrating that the model replicates McDermott and Miller's findings using other legal attitudes (e.g., support for the insanity defense). As predicted, the direction of the relationships between MD, NFC, and LA and support for both defenses are in the opposite direction from the original model due to the nature of the defense, the crime, and the victim (as discussed more below).

LA is negatively related to support for both the PPDD and the insanity defense, indicating that individuals high in LA believe that a person who commits a crime, despite suffering from mental illness at the time, is deserving of punishment. Thus, individuals

Figure 3. Direct and indirect effects of LA on support for the insanity defense through MD. Note: $*p < .05$; $**p < .01$.

Figure 4. Direct and indirect effects of NFC on support for the insanity defense through MD. Note: * $p < .05$; ** $p < .01$.

high on LA do not support a defense that mitigates wrongdoing. People who commit crimes violate societal norms – even if they are mentally ill. Thus, legal authoritarians are more likely to see these people as a deviant out-group member and support harsh punishment (Byrne & Kelley, 1981; Narby et al., 1993). This is consistent with findings that jurors who are high in LA are less likely to find a mother not guilty for reason of insanity than to convict her for first-degree murder even though she was suffering from postpartum depression at the time of the crime (Hurst & Foley, 2005). In McDermott and Miller (2016), individuals high in LA were found to be more likely to support an illegal act (i.e., vigilantism); however, in the current study individuals high in LA are less likely to support a legal defense (i.e., the PPDD or the insanity defense). This difference might be because individuals high in LA believed that the vigilantes' actions were justified because their victims (e.g., a child molester) were not innocent, whereas individuals high in LA do not view mental illness as a valid explanation for the harming of an innocent victim.

NFC is positively related to support for the PPDD and the insanity defense. This could be because individuals high in NFC are able to think rationally and deeply about the effects of crime and mental illnesses. Despite the horrific nature of a crime for which the PPDD is evoked, individuals higher in NFC might be more supportive of the defense and believe that postpartum depression exists because they recognize the many causes of a crime – including mental illness. These results are similar to those of

McDermott and Miller (2016), where individuals high in NFC were found to be less likely to support vigilante justice – an illegal act – and in this study were found to be more likely to support a legal defense. This might indicate that individuals high in NFC are more likely to follow the law.

For both defenses, MD is negatively related to support for the defenses. Individuals who are more likely to morally disengage are more accepting of violence and punishment toward others (Bandura, 2002). In the case of a person who commits a crime (even if mentally ill), participants would morally disengage from the defendant and justify increased punishment by not supporting the use of the defense. Mental illness, including postpartum depression, is misunderstood and stigmatized in society and the legal system (Kelly, 2003). Mental illness is often portrayed in the media inaccurately and unfavorably, which can result in negative beliefs toward the mentally ill, such as that they are homicidal and should be feared (Brockington, Hall, Levings, & Murphy, 1993; Hyler, Gabbard, & Schneider, 1991; Wahl, 1992). Individuals who morally disengage from defendants who suffer from a mental illness might view these defendants as monsters who commit heinous acts instead of people with illnesses who need help. McDermott and Miller (2016) found the opposite: MD was found to be positively related to support for vigilante justice, which is not inconsistent, as the participants were likely morally disengaging from the victim (e.g., a criminal) of the vigilante and justifying the legal wrongdoing of the vigilantism of the defendant. In the

present study, participants were likely morally disengaging from the defendant (e.g., a person suffering from a mental illness), resulting in increased punitiveness toward the defendant by not supporting the use of the defense. Although the effects are in the opposite direction, in both scenarios individuals high in MD support increased punishment (e.g., harm done to a criminal by justifying a vigilante's actions and punishment for a defendant suffering from mental illness by not supporting a legal defense that would mitigate the wrongdoing).

Similar to the results of McDermott and Miller (2016), FI is not significantly related to support for the PPDD. However, FI is significantly related to support for the insanity defense and remains significant when MD is added to the model. Individuals high in FI are more likely to be influenced by emotions (Nan, 2009). In the postpartum depression scenario, some individuals high in FI might have been affected by the emotional nature of a crime against an innocent victim, reducing support for the defense, while others might have been affected by feelings of sympathy for the mother, who must now live the remainder of her life knowing that she harmed her own children due to falling victim to mental illness, increasing support for the defense. These participants might have cancelled each other out, resulting in no significant effect of FI. In contrast, in the insanity defense scenario, FI might have been a significant predictor because of the emotional nature of a crime committed by an insane defendant – but, unlike a mother, participants might not feel sympathy for the defendant. However, it is not completely clear why FI predicts support for the insanity defense and not the PPDD or vigilante justice. Future research is needed to further investigate how FI is related to legal attitudes.

Gender is significantly related to support for the PPDD such that women are more supportive of the PPDD compared to men. There is no relationship between gender and support for the insanity defense, which might be

because only women can experience postpartum depression and are therefore more likely to believe that it exists. Believing that postpartum depression exists, and that it could possibly happen to them, might be why women are more likely to support the PPDD. In contrast, the insanity defense can be utilized by either men or women; therefore there are no gender differences in support for the insanity defense.

MD partially mediates the relationship between LA and support for both defenses. In terms of support for the PPDD, this mediation holds when controlling for gender. Although legal authoritarians tend to adhere to authority (Adorno et al., 1950) and thus would be expected to support a legitimate legal defense, other evidence indicates that individuals high in LA tend to be skeptical of defenses that use mental illness as a mitigator (Cutler et al., 1992). Thus, to ignore the legitimate defense, individuals high in LA might be more likely to morally disengage from a defendant suffering from postpartum depression or another mental illness, justifying punishment against the defendant. In addition, individuals high in LA might be more likely to morally disengage from the defendant because the act of killing an innocent person can be viewed as a severe violation of social norms. Because individuals high in LA tend to follow a strict moral code and adhere to traditional social norms (Adorno et al., 1950; Butler & Moran, 2007), they could be more likely to morally disengage compared to individuals low in LA. Finally, individuals high in LA are more punitive than individuals low in LA (Narby et al., 1993), and morally disengaging from a defendant could be the mechanism which enables these individuals to be more punitive, despite mitigating evidence concerning mental illness. McDermott and Miller (2016) also found that individuals high in LA were more likely to disengage morally.

MD also partially mediates the relationship between NFC and support for the PPDD and the insanity defense, indicating that individuals high in NFC are less likely to morally

disengage. This comports with the findings of McDermott and Miller (2016). The mediation holds for the PPDD when controlling for gender. Thinking deeply about a moral situation, such as attempting to empathize with an individual who commits a crime due to a mental illness, might inhibit MD so that individuals high in NFC are less likely to punish the defendant. Individuals low on NFC might not be able to think deeply and critically about the situation, therefore making it easier to morally disengage and be less supportive of a defense based on mental illness. MD does not mediate the relationship between FI and support for the defenses. Individuals high in FI tend to use emotions to make decisions, which does not always result in sound decision-making; however, FI had not been found to relate to the propensity to morally disengage.

Other than FI, the pattern of results for the relationship between individual differences and support for the PPDD are identical to those for the insanity defense. This suggests that, in general, the characteristics that lead someone to support and acknowledge postpartum illnesses as a legal defense also lead them to support the insanity defense.

Finally, these findings are similar to those of McDermott and Miller (2016), although in the opposite directions. This indicates that the model used in both McDermott and Miller and the present study replicates multiple legal attitudes, including when incorporating gender as a factor. Specifically, personality traits predict support for multiple types of legal defense.

Implications for the Legal System

These findings suggest a number of implications for the legal system, the first of which is that it is important for courts to implement an extended *voir dire*. This would allow attorneys and trial consultants to ask more questions to identify prospective jurors who might be biased toward their clients because

of individual differences that relate to attitudes toward the PPDD and the insanity defense. Identifying individuals who are high in LA and MD, and low in NFC, allows attorneys and trial consultants to recognize potential jurors who might not view postpartum depression or insanity as a legitimate legal defense. These individuals also might not consider mental illness a mitigating circumstance. Similarly, identifying individuals high in FI allows attorneys and trial consultants to recognize potential jurors who might not view insanity as a legitimate defense.

A second implication is that defense attorneys could use these findings to help construct their trial narratives to allow jurors to consider all avenues of this moral situation. Research on information-processing styles suggests that rational and experiential processing can be a state or a trait (Epstein, Lipson, Holstein, & Huh, 1992). The current study specifically examines NFC (i.e., rational information processing) and FI (i.e., experiential information processing) as individual traits, but attorneys can use these findings to construct their trial narratives to promote either rational or experiential processing states. Defense attorneys could construct the trial narrative to encourage jurors to think more deeply – that is, to use a rational information-processing route, when considering evidence of postpartum depression or other mental illnesses. If attorneys spend a substantial amount of time educating jurors on mental illness and then apply those facts to the specific case, jurors might be inclined to think more deeply about mitigators such as evidence of the presence mental illness, rather than only focusing on the horrific nature of the crime. In contrast, prosecutors could encourage jurors to think more experientially, by highlighting the emotional nature of the crime and the harm that the victims suffered. While the results are less robust for FI compared to NFC, it is possible that experiential processing does impact support for legal defenses.

Additionally, the results from this study on MD could also help defense attorneys shape their trial narrative. Presenting a mother or another defendant with a mental illness as someone who is ill and needs treatment could humanize the mother and decrease jurors' propensity to morally disengage from her. This might result in jurors considering evidence that supports the PPDD or the insanity defense. For example, it would be important for defense attorneys to shift jurors' perceptions from a mother as a monster who killed her children (i.e., dehumanization, Bandura, 2002) to a woman who was herself a victim of a serious illness that resulted in a terrible tragedy.

Finally, this research provides information to legal professionals about decision-making that involves moral dilemmas in general. This research investigates the mechanisms involved in moral decision-making, on which there is still little research. In the current study, MD has been found to mediate the relationship between LA and NFC and support for the PPDD and the insanity defense. In certain cases, jurors could be in a situation where they might experience a moral dilemma, which can make their job as triers of fact difficult. A mother who kills her own children because of postpartum depression creates a morally ambiguous situation. Some jurors might be unable to look beyond the fact that a mother killed her own children and impartially examine all the evidence, including mitigating factors such as evidence of the presence of postpartum depression. Understanding how individual differences relate to moral decision-making in general might allow attorneys and trial consultants to identify jurors who would be more likely to acquit or convict a defendant in cases that pose moral dilemmas.

Implications for Psychology

The first implication for psychology is that the findings of the current research add to the literature on how individual differences can

affect legal decision-making. Research suggests that individuals high in LA and low in NFC tend to be more punitive in general (Miller et al., 2014; Narby et al., 1993; Sargent, 2004) and thus are skeptical of the insanity defense (Butler & Wasserman, 2006). This study expands on this by demonstrating that individuals high in LA and low in NFC might not even view postpartum depression or insanity as a legitimate legal defense, which would likely lead to increased punitiveness toward defendants using these defenses.

Second, this research also provides further findings on MD. Past research has found that MD allows individuals to punish others (Bandura, 2002). In order to disregard a real illness that can be legally used to negate responsibly for crimes, such as postpartum depression, individuals might have to morally disengage from defendants to justifying punishment against them. These findings expand on the current literature on MD to include punishment of defendants in a morally ambiguous legal situation.

A third implication for psychology is that findings related to mediation analyses might provide a possible explanation for *why* individual differences relate to punitiveness. Previous research has found relationships between NFC and punitiveness (e.g., Miller et al., 2014) and LA and punitiveness (Miller et al., 2014; Narby et al., 1993), but could not explain the reasons behind these relationships. This study indicates that individuals high in NFC and/or low in LA might be less punitive because they are less likely to morally disengage and justify punishment against another person – even a person who has committed a horrible crime. Thus, the tendency to *not* morally disengage might be why individuals high in NFC or low in LA are less punitive toward others.

Finally, this research replicates the model used by McDermott and Miller (2016) and demonstrates that these individual differences relate to a variety of legal issues. McDermott and Miller's results suggest that people

morally disengage from victims of vigilante justice (rather than from the defendant who committed the crime) when the victim is known to have committed serious crimes (e.g., child molestation); however, the current study's results suggest that people can morally disengage from a defendant suffering from a mental illness. Therefore, it is important to consider the target of MD, because the relationship between MD and punitiveness can vary based on the situation. Specifically, the target is not always the defendant. This model could apply to other legal decision-making situations, such as sentencing decisions involving a defendant who helped a terminally ill family member commit suicide. This model could also have important implications for a broader range of judgment and decision-making areas in psychology. For example, today's political climate often evokes moral dilemmas, and research could explore how this model could apply to the decision-making of both policymakers and voters. In sum, these findings have implications for a broad range of psychological areas and lead to a greater understanding of how individual differences impact decision-making.

Limitations and Future Directions

There are several limitations to this study. First, an online survey was used to assess legal attitudes. The survey did not contain the same amount of detail or information that a juror would hear in a trial in which the PPDD or the insanity defense was used, which could affect the validity of findings. Specifically, participants were only given a lay definition of the PPDD and the insanity defense, rather than vignettes that included case facts and legal definitions. Second, a student sample was used, which could limit the generalizability of the results. Students in social science and criminal justice classes might have more knowledge about mental illness compared to a community sample, which could impact the results. Future research should use

community samples in order to increase ecological validity (Wiener, Krauss, & Lieberman, 2011).

Third, participants' attitudes had no real consequences (i.e., participants' decisions did not result in a defendant going to prison). In actual trials in which the PPDD or the insanity defense is used, jurors make decisions that greatly impact the lives of the defendant and the victim(s). Therefore, participants might not take their task as seriously as actual jurors (but see Bornstein & McCabe, 2004, who find that this is not necessarily true). Although elements of mock juror studies (e.g., lack of consequentiality) do not necessarily negate findings (Bornstein, 1999), it is important to consider these limitations.

Fourth, participants in this study did not deliberate about their attitudes toward the PPDD and the insanity defense. Deliberations could impact the results of this study, as previous studies have demonstrated that pre-deliberation and post-deliberation verdicts differ (e.g., Miller, Maskaly, Green, & Peoples, 2011). This could be because jurors tend to think more deeply during and after deliberations compared to beforehand (McCoy, Nunez, & Dammeyer, 1999), and because jurors have to be accountable and admit their reasons – and might hide their biases from other jurors (e.g., Miller et al., 2011).

Future research should investigate if being a parent – particularly being a mother – or having experienced postpartum depression or mental illness would influence decision-making and attitudes. Personal experience or knowledge of the effects of postpartum depression or mental illness could lead people to be more sympathetic or less sympathetic toward defendants asserting the PPDD or the insanity defense (for a discussion of how 'relevance' to an issue relates to attitudes toward that issue, see Yelderman, Miller, Forsythe, & Sicafuse, 2016). Participants with personal experience of mental illness might be more sympathetic and understanding toward someone who committed a crime while mentally incapacitated and may

therefore be more likely to support such a defense. Conversely, there can also be a 'black sheep effect' (Kerr, Hymes, Anderson, & Weathers, 1995) where participants who have experienced postpartum depression or another mental illness might be *more critical* of someone who committed a crime while mentally incapacitated. More research is needed to determine the impact of personal experience with mental illness on support for the PPDD and the insanity defense.

Additionally, future research should present participants with vignettes with varying case facts and legal definitions instead of a lay definition of the PPDD and the insanity defense. Attitudes toward these defenses might be more complex under difference circumstances. For example, a mother who kills her infant because she had a psychotic break might evoke different responses from jurors than a mother who killed her infant because she was too depressed to properly care for him or her. In addition, attitudes could be affected if a mother killed several of her children versus a mother who severely harmed her child or children but without this resulting in death.

Conclusion

A mother suffering from a postpartum illness or a defendant suffering from a mental illness who commits a crime might create a moral dilemma for jurors. On the one hand, a horrific act has been committed against an innocent person, which could elicit jurors' desire to inflict extreme punishment. On the other hand, the presence of a mental illness might negate or mitigate the defendant's responsibility, leading jurors to show mercy. This study demonstrates how individual differences such as cognitive processing style (i.e., NFC and FI), LA, MD and gender relate to the support of support that jurors have for these legal defenses. LA, FI, and MD are negatively related to support for the insanity defense and NFC is positively related, while LA and MD are negatively related to support

for the PPDD, NFC is positively related, and FI was not significantly related to either defense. Additionally, MD partially mediates the relationship between LA, NFC, and support for both defenses.

Individuals who do not support the use of the PPDD and the insanity defense might be more likely to convict defendants who use them, even if there is strong evidence to suggest that such defendants are not legally responsible for their actions due to the presence of serious mental illness. This study demonstrates the role that individual differences play in legal attitudes and how not all jurors have a similar view of moral dilemmas that arise in criminal cases. Understanding individual differences can be critical for protecting a defendant's rights to a fair and impartial trial. Despite committing horrendous crimes that many people cannot fathom, women who are suffering from postpartum depression or psychosis like Andrea Yates have the right to assert the PPDD or the insanity defense and to have jurors seriously consider the implications of the presence of severe mental illness when deciding the defendant's fate.

Disclosure Statement

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