**An Exploration of Mock Juror Experience During the Deliberations of a Defendant Diagnosed with a Personality Disorder**

[Wootton, S.](https://www.emerald.com/insight/search?q=Sophie%20Wootton), [Tkazky, S.](https://www.emerald.com/insight/search?q=Sophia%20Tkazky) and [Bergstrøm, H.](https://www.emerald.com/insight/search?q=Henriette%20Bergstr%C3%B8m) (2024), "An exploration of mock juror experience during the deliberations of a defendant diagnosed with a personality disorder", [*The Journal of Forensic Practice*](https://www.emerald.com/insight/publication/issn/2050-8794), Vol. 26 No. 1, pp. 73-86. <https://doi.org/10.1108/JFP-10-2023-0046>

**Author Note**

We have no known conflicts to disclose.

**Abstract**

Purpose: The purpose of the current study is to investigate how mock jurors’ experiences of deliberations are impacted by the defendant having a personality disorder.  
Design/methodology/approach: This study used a qualitative approach to explore mock jurors’ experiences during the deliberations of a fictional defendant, Sarah Priest. 10 participants formed two mock juries, and each mock jury were given two case studies to deliberate and provide a verdict for. Case study one described Priest as having ‘Severe Personality Disorder, Borderline Pattern’ (BPD) whereas case study two described Priest as having ‘Complex Mental Health Problems’ (CMHP). There were no changes to the content of the case studies aside from the change in language used to describe the defendant. Findings: An inductive thematic analysis identified two main themes relating to juror experience: ‘Interaction with Other Mock Jurors’ and ‘Language as a Barrier to a Verdict’. Participants constructed that prosocial interactions with other mock jurors in the deliberations helped them make a verdict decision, but some of these interactions led to disagreements between participants due to a wide variation of opinion. Secondly, the different description of the defendant in each case study was constructed to have made the deliberations and decision making difficult, but for different reasons. In case study one, a lack of knowledge surrounding BPD was the reason for this difficulty, and in case study two, participants thought that the applicability of diminished responsibility criteria were unclear, making it hard to reach a verdict.

Originality: There is a lack of studies that have investigated juror experience in the UK, and the few studies available have used a quantitative methodology. The approach taken in the current study is therefore unique in a UK context. The findings have key implications for the judicial system; common experiences can be identified and recorded to implement procedures to protect jurors from adverse experiences.

*Keywords:* borderline personality disorder, jury deliberations, juror experience, mock jury study, judicial system.

**An Exploration of Mock Juror Experience During the Deliberations of a Defendant Diagnosed with a Personality Disorder**

**The Jury**

Juries play a pivotal role in the English legal system (Elliott & Quinn, 2017). They are responsible for determining the facts regarding the events that led to the offence, evaluating the different types of evidence in the courtroom (Schweitzer & Nunez, 2018), and applying the law and facts to reach a verdict decision (Elliott and Quinn, 2017). Jurors must also forego their daily routine to attend court, follow the laws governing their involvement, and witness potentially distressing evidence (Welsh *et al*., 2020). However, there is a lack of published research in the UK that explores jurors’ experiences of jury service (Welsh *et al*., 2020).

Section 20D of the Juries Act (1974) prohibits jurors from disclosing, or others obtaining, opinions, arguments or votes expressed by other jurors in deliberations. For this reason, researchers cannot investigate decision making processes with real juries (Matthews *et al.,* 2004), and many jury experience studies have instead adopted a quantitative approach, with materials analysed by legal experts as to avoid infringement (e.g Matthews *et al.*, 2004; Robertson *et al*., 2009; Welsh *et al*., 2020). Consequently, there is a lack of nuanced understanding of UK jurors’ experiences that should be explored qualitatively (Matthews *et al.,* 2004; Yilmaz, 2013). The aim of the current study is to address this issue by exploring mock jurors’ experiences in deliberations using qualitative focus groups.

**Juror Experience in the UK Judicial System**

One of the first studies examining juror experience in the UK suggests that jurors have mixed experiences during their service (Matthews *et al*., 2004). Over half of this sample reported an increased understanding of the criminal trial, however a minority reported worries about reaching the ‘wrong’ verdict (Matthews *et al.*, 2004). This research benefits from the inclusion of qualitative methods, as the authors’ quantitative results were able to be contextualised with qualitative data that did not infringe legislation (Ruark and Fielding-Miller, 2016). Therefore, a nuanced insight into jurors’ own experiences was explored (Matthews *et al*., 2004) whereas other quantitative studies cannot for experience (e.g Robertson *et al*., 2009; Welsh *et al.*, 2020). Whilst this study utilises significantly more participants (N=361) than that of other studies in this field (e.g Robertson *et al*., 2009, Welsh *et al.*, 2020), the courts chosen were geographically limited. This is important given that factors such as employment and education, which vary across regions, have been shown to influence how jurors experience their service (Matthews *et al.*, 2004).

Juror experience in the UK has also been investigated through the lens of juror trauma. Robertson *et al.* (2009) quantitative results indicate that jury deliberation and decision-making processes were stressors for 95 percent of their sample, and jurors who had experienced property related trials were less likely to experience stress than those who served on person centred trials. As Robertson *et al.* (2009) were able to investigate the role of offence type on juror experience, it can increase the representativeness of their results, however their self-selected sample does decrease this further. These findings are significant for jurors in the UK in highlighting that jurors do experience stress which may continue after the trial has ended, and so further support is required (Robertson *et al*., 2009).

The largest study investigating juror experience was conducted by Thomas (2020), which utilised 1175 jurors who had served in courts in four different regions of the UK. This study addresses the limitations of Matthews *et al.* (2004) and Robertson *et al.* (2009) regarding geographical location of the courts and sample size respectively. Thomas (2020) findings show that 78 percent of their sample found jury service ‘interesting’, 58 percent found it ‘educational’ and 42 percent ‘stressful’. It was also able to identify that the Samaritans, a listed juror support service, would not be utilised by 95 percent of the jurors in their sample. Although these findings show that less than half of jurors found their service stressful, said jurors did not believe that their worries were serious enough to warrant using such a service; this was an important finding given that jurors may continue to experience stress beyond the trial (Robertson *et al.*, 2009). The picture is complicated further by the various factors that might influence their experience of deliberations and the overall complex process of jury decision making. These could be members of the jury’s personal characteristics such as age of the jurors (Mossière and Dalby, 2008) or their gender (e.g., Robertson *et al*., 2009). Other factors can be related to the defendant such as the defendant’s psychiatric diagnoses (Baker *et al*., 2021; Beryessa, 2018).

**Borderline Personality Disorder in the Judicial System**

One such potential psychiatric diagnosis is that of Borderline Personality Disorder (BPD). This term is used throughout to reflect the existing literature (Baker *et al.,* 2021). BPD is conceptualised by the DSM-5 Section II as a personality disorder that encompasses symptoms such as unstable relationships and self-image, impulsivity, and suicidal or self-mutilating behaviour (American Psychiatric Association, 2013). Individuals with BPD often exhibit additional psychiatric co-morbidities (Tate *et al.,* 2022), such as anxiety disorders, which have been shown to negatively impact traits such as impulsivity, anger, and hopelessness, however this research is in its infancy (Qadeer Shah *et al.,* 2023). It should be noted here that there are some differences in terminology and diagnostic criteria across diagnostic manuals. The ICD-10 used the terminology of “emotionally unstable personality disorder” with differentiation between impulsive or borderline type (WHO, 2019a). The ICD-11 made substantial changes to personality disorder diagnoses and has removed the different ‘types’ of personality disorders altogether (Bach *et al*., 2022; WHO, 2023). Personality disorders are now diagnosed based on severity (i.e., mild versus moderate versus severe) and reflect the degree in which the person experiences problems with, and within themselves, and how this presents across five ‘domains’ as well as how it impacts others and the individual’s behaviour (WHO, 2023). Interestingly, the ICD-11 also includes a specifier for individuals showing borderline symptomatology referred to as “Borderline pattern” (Bach *et al.*, 2022; Mulder *et al*., 2020; WHO, 2023). The research on BPD has shown that it is associated with problematic outcomes that might lead to criminal justice involvement such as violence (Gonzales *et al*., 2016; Jackson *et al*., 2015) and substance misuse (e.g., Trull *et al.*, 2018). While the exact mechanisms behind these relationships are not known (Nee and Farman, 2005), the prevalence of BPD in prison populations is estimated to be 14 percent in males and 20 percent in females; this is compared with 0.7 to two percent in the general population (National Institute of Clinical Excellence, 2007). This shows that BPD symptomology is a recurrent psychiatric diagnosis, especially in females within forensic settings (Coid *et al*., 2002; Fazel and Danesh, 2002). This over-representation in prison populations (e.g., Coid *et al*., 2002) may mean it is becoming more likely that jurors will sit on trials where the defendant has personality disorder symptomatology. However, jury trials may be problematic for this group of defendants due to stigma towards people with a BPD diagnosis (e.g., Baker *et al.*, 2021). Stigma against people with mental disorders have long been recognised in the literature, and early writings by Goffman (1963) theorised that people with mental health problems would be “shunned” and devalued in society. This is also evident in recent empirical studies. A study by Furnham *et al.* (2015) found that the public are less sympathetic towards those with BPD and are less likely to believe that individuals with BPD need professional support than other disorders such as depression and schizophrenia. The stigma and prejudice against people with BPD are quite powerful as it has even been found in contexts, where one could argue that such should not be present, such as rehabilitative settings (Klein *et al*., 2022; Ociskova *et al*., 2017; Ring and Lawn, 2019; Stiles *et al*., 2023). Taylor et al. (2017) has investigated the role of mock juror age and sentencing of a defendant with BPD. Their results show that mock jurors over the age of 50 gave longer sentences for defendants with BPD than those aged between 18 and 30, which was attributed to a lack of mental health literacy (e.g Furnham *et al.*, 2015).

Finally, Baker *et al.* (2021) has explored the role of BPD in jury decision making. Their quantitative results indicate that mock jurors who were presented with a case study which described the defendant as having ‘Severe Personality Disorder, Borderline Pattern’ perceived the defendant to be more dangerous, needing segregation and treatment than when they were presented with the same defendant described as having a ‘Complex Mental Health Problem’ (Baker *et al.*, 2021). Despite this, all participant groups gave a verdict of manslaughter as opposed to murder in both conditions and agreed that the diminished responsibility criteria had been met for both, highlighting the notion that mock jurors felt that professional help should be sought, irrespective of the terminology used to describe them (Baker *et al*., 2021). The findings may also suggest that the terminology used to describe the defendant, specifically ‘Severe Personality Disorder, Borderline Pattern’ had a stigmatising effect in regards to mock jurors’ perceptions of ‘dangerousness’ (Baker *et al.,* 2021).

**The Current Study**

To the authors’ knowledge, there have been no attempts to investigate how mock jury deliberations are impacted by a defendant diagnosis of BPD. This is an important area of research considering the criminal justice implications (e.g., *Baker et al.*, 2021). Much of the past research is quantitative (e.g., Lonergan *et al.*, 2016; Robertson *et al.*, 2009; Welsh *et al*., 2020), which limits the insight into the complexities of the jury experience (Yilmaz, 2013). The current study is therefore a qualitative exploration of jury deliberations when faced with a defendant with BPD symptomology. Because of the inability to research jury processes using real juries (Matthews *et al.*, 2004), most research has been conducted with mock juries to circumnavigate legal restrictions (Ormston *et al.*, 2019), and the current study will utilise this methodology for the same reasons. The present study aims to answer the question of: ‘what are the experiences of mock jurors during the deliberations of a defendant with Severe Borderline Personality Disorder and Complex Mental Health Problems?’

**Methodology**

**Design**

This study utilised a qualitative approach using focus groups to explore mock juror experience. Qualitative approaches allow participants to share their own thoughts, feelings and experiences without reducing these into predetermined response categories as seen in quantitative approaches (Yilmaz, 2013). The analysis of the transcripts was underpinned by a social constructionist epistemology, which emphasises interaction with others and their use of language in creating their own realities (Andrews, 2012). Furthermore, the transcript was interpreted from a relativist ontology, it was viewed that each participant has their own subjective reality, and multiple truths exist (Levers, 2013).

**Data Collection Method**

Data was collected via two in person focus groups which were conducted in a private seminar room at a University in the UK. Both focus groups were audio recorded and were between 75 and 90 minutes in length. Focus groups can simulate jury processes such as deliberations (Ormston et al., 2019) and use participant interaction to generate data for analysis (Ayrton, 2018). They were appropriate for the analysis method, thematic analysis, which can identify shared experiences across a group of people, or data set (Kiger and Varpio, 2020), whilst also providing a ‘complex account of the data’ (Braun and Clarke, 2006, p.81). However, it should be noted that group dynamics may limit contributions by other members of the group, perhaps due to domination of one or more participants (Sim and Waterfield, 2019).

**Data Analysis**

The audio recordings from both focus groups were transcribed verbatim before the data was analysed following the six stages of Thematic Analysis (TA) as outlined by Braun and Clarke (2006). Using TA, the researcher can identify shared experiences and analyse the language that participants use to construct their own realities and experience (Braun and Clarke, 2006, 2022).

TA was chosen over an Interpretative Phenomenological Analysis (IPA) as the objective of this research is exploration of the shared experiences across a larger group (Kiger and Varpio, 2020), and IPA is inherently idiographic (Smith and Osborn, 2015). As with a social constructionist epistemology, it was appropriate to analyse the data at a latent level, which goes beyond description of the data (Kiger and Varpio, 2020). This TA was undertaken inductively; the findings derived directly from the data gained in this study and subsequently were data-driven (Braun and Clarke, 2006; Nowell *et al.*, 2017). This type of analysis was not applied in any qualitative studies reviewed by Lonergan *et al.* (2016).

**Participants**

***Sampling Procedure***

Participants were recruited via volunteer sampling. Digital posters were posted on social media with the highest number of daily users per information from Dixon (2023).

***Inclusion Criteria***

The inclusion criteria for this study were chosen to reflect current jury service eligibility criteria, as outlined in the Juries Act (1974). Participants must have been aged between 18 and 76, and a resident in the UK, Isle of Man or Channel Islands for at least five years from the age of 13 (Juries Act, 1974).

***Study Sample***

10 university students in the UK formed two mock juries. Students are commonly recruited as participants in mock jury research, which has led to concerns surrounding potential differences between students and the public (Bornstein *et al.*, 2016, 2017). However, Bornstein *et al.* (2016) notes little cause for concern when using student participants but notes some limitations of doing so.

There were two participants in mock jury one and eight participants in mock jury two. This was because six persons who had signed up did not attend. All participants were aged between 18 and 26, and the mean and median age was 21. In this study, there were more female participants than male (2 males and 8 females). This was to be somewhat expected as 62 percent of students at the UK University in question identify as female, and so they are not equally represented in the university population (Higher Education Statistics Authority (HESA), 2023). Whilst this sample is not gender balanced, it is argued that the higher number of females in the study is representative of the increased numbers of females in the sampling population (Dickinson *et al*., 2012).

**Materials**

Two written case studies used in a previous mock jury study by Baker *et al.* (2021) were used in this study. Each case study included psychiatric information regarding the defendant, a summary of the offence, a prosecution statement, a defence statement, the prosecution response, and a diminished responsibility information sheet. The case studies described the circumstances surrounding the murder of Paul Simons (the victim) by Sarah Priest (the defendant), who stabbed Simons at her home after witnessing him act in a flirtatious way towards her sister at a party earlier that day (Baker *et al.*, 2021). In case study one, Priest was described as having ‘Severe Personality Disorder, Borderline Pattern’, and in case study two, Priest was described as having ‘Complex Mental Health Problems’. The description of the defendant was the only manipulation between the case studies. The language used in case study one that indicated a BPD diagnosis was in accordance with the characteristics outlined for a ‘severe’ personality disorder diagnosis in the International Classification of Diseases-11 (ICD-11) (Baker *et al*., 2021; World Health Organisation, 2019b; 2023).

## **Procedure**

Persons that were interested in the study read the participant information sheet and completed the consent form. Following this, participants were asked to attend a pre-booked research room at their chosen time slot. For clarity, two time slots were given. Participants who attended the first time slot formed mock jury one, and participants who attended the second time slot formed mock jury two. Participants were welcomed and briefed on the study, presented with case study one and asked to read this individually to provide an individual verdict. The verdict options were given as: ‘Guilty on the charge of murder’ and ‘Guilty on the charge of manslaughter on the grounds of diminished responsibility’. The verdict was then deliberated in the group until all mock jurors agreed. Following this, participants were asked to discuss their experiences of the deliberation process for case study one. An example prompt was: ‘what was your emotional response when deliberating that defendant?’. Participants were then given case study two and these steps were repeated. After the study was completed, all participants were provided with a copy of the debrief form and were verbally thanked for their time and participation. This procedure was repeated for the participants in mock jury two.

## **Ethical Considerations**

This study was granted ethical approval (ETH-2223-2955) by the authors’ institution and was conducted under the British Psychological Society Code of Human Research Ethics (British Psychological Society, 2021). To provide anonymity, all participants were required to create a pseudonym for use in their focus group, and any information that personally identified a participant was removed from the transcript before analysis was started.

**Analysis**

This analysis focuses on the experiences of the mock jurors in both focus groups. However, as more mock jurors were present in group two, more extracts are analysed from this group. From the transcripts, two main themes were identified: ‘Interaction with Other Mock Jurors’ and ‘Language as a Barrier to the Verdict’. Two sub themes were identified within each main theme, and these are illustrated using representative extracts from the transcripts.

## **Theme 1: Interaction with Other Mock Jurors**

Many of the mock jurors spoke about their interactions with others, and how this interaction shaped their experience of the deliberations. This theme encapsulated prosocial behaviours in the group, in that the mock jurors helped each other reach a verdict by discussing their different opinions. However, the wide variation of opinion between the mock jurors led to disagreements within the group later on, with some participants ‘attacked’ due to the intensity of these disagreements.

***Sub theme 1: Easier Decision Making***

This sub theme presents the prosocial nature of the deliberations in the group, in that most members of the mock jury shared their own ideas and opinions, which was constructed to make decision making easier. The variation of opinion, and the subjective interpretation of evidence, are presented to facilitate an easier decision-making process.

*Extract 1: ‘I think it makes it easier to come to a decision when you hear people from different places, different livelihoods, all say their own opinions. And then you can consider like if people know people with disorders or like you’ve had experience in the past, you can understand if you didn’t know in the first place. It just helps I think.’ (Amy)*

In this extract, it is constructed that interaction with other mock jurors in the deliberations makes decision making *‘easier*’, due to a varying range of opinions and experiences that each mock juror brings to the group. It is presented that some mock jurors may have more insight than others as to how BPD might have affected the defendant, and this suggests that the experience of deliberation and decision making becomes easier when others share this knowledge. It is also constructed that interaction with others in deliberations can aid personal decision making, as jurors can *‘begin to understand if you did not know in the first place’*, suggesting that jurors take on this information to form their own judgements before sharing with the group.

*Extract 2: ‘Yeah, I think it comes across in your own head completely different. Um, like different bits that you pick up on that other people might not have and vice versa. So like you emphasise, like I definitely emphasised on different things that other people wouldn’t have emphasised on again.’ (Lydia)*

In this extract, Lydia responds to Amy’s comment as above. Lydia constructs that rather than the different *‘opinions’* (Amy) that other mock jurors bring to the deliberations, it is the differing ways that evidence can be interpreted that makes decision making easier. Therefore, this suggests that an importance is placed on others in the group for easier decision making, as everyone has their own subjective way of interpreting evidence; some mock jurors will have placed more emphasis on different pieces of evidence than others. It is suggested that the different emphasis on different pieces of evidence by different mock jurors eventually led to the disagreements in the group, as mock jurors were ‘*not agreeing at all’* (Elizabeth) and some feeling *‘attacked’* (Amy), as seen in sub theme two.

***Sub theme 2: Disagreements Between Mock Jurors***

This sub theme presents the idea that even though the mock juror’s different opinions were presented to make decision making easier, it also made it more difficult due to the wide variation of opinion. Towards the end of the deliberations, mock jurors constructed the deliberations as becoming more difficult, with disagreements increasing, leading to others being ‘attacked’.

*Extract 1: ‘It was way more difficult. Yeah, we were not agreeing at all. No. Like, if this was a real case, we would've sat here for hours and hours.’ (Elizabeth)*

In this extract, Elizabeth constructs her experience of the deliberations as ‘*more difficult’* because of little agreement between other members in the group. The time constraints of the research are presented as a factor that made it difficult to reach a verdict, as the participant suggests that the group would have sat there for *‘hours and hours’*. The use of the term *‘way more’* implies that the disagreements between the mock jurors were significantly more pronounced in the CMHP case study than in the BPD case study. This suggests that there was a wider variety of opinion between the mock jurors, which made it *‘more difficult’* to agree on a verdict. It is presented that there are disagreements but not to the extent as seen in the next extract.

*Extract 2: ‘Like you’ve got your own view and then someone’s challenging it, like even if its slightly wrong, you feel slightly attacked that someone’s challenging your view.’ (Amy)*

In this extract, Amy talks about how she felt during the deliberations of guilt of the defendant with a personality disorder. The participant constructs that there is a variety of opinions in the group, highlighted by the use of the term *‘you’ve got your own view’*. Although, it is now presented that disagreements have become more intense, as now there is a ‘*wrong’* opinion. The use of the word ‘*attacked’* connotes with a physical fight, suggesting a significant shift in group dynamics from prosocial. Amy constructs that now that if someone’s opinion is *‘slightly wrong’*, then the other mock jurors will *‘challenge’* the view it if it does not align with theirs, whereas before there were only *‘disagreements’.*

## **Theme 2: Language as a Barrier to the Verdict**

This theme encapsulates the idea that the verdict was difficult to reach in both conditions, but for different reasons. When the defendant was described as having ‘Severe Personality Disorder, borderline pattern’, mock jurors found it difficult to come to a verdict, despite the value of other mock jurors' opinions, due to not knowing enough information about BPD. However, when the defendant was described as having ‘Complex Mental Health Problems’, it was considered ‘more difficult’ than the BPD case study, but because it was not a recognised medical condition, rather than not knowing enough information about CMHP.

***Sub theme 1: Diagnostic Labelling of ‘Borderline Personality Disorder’***

In this sub theme, the participants construct that the labelling of Borderline Personality Disorder made it more difficult to deliberate and make a verdict decision for the defendant, but not for the reasons as outlined in previous research.

*Extract 1: ‘It’s difficult when you are not a specialist in this either, so it’s like you, you know about it, but you don’t know the ins and outs of like any of the, like the disorder or anything. So, it’s difficult to….’ (Amy)*

In this extract, Amy expresses how it was difficult to come to a verdict decision. It is constructed that there is a difficulty in reaching a verdict decision as she is not a *‘specialist’* on the topic of personality disorder, suggesting that BPD is complex as it needs a *‘specialist’* who knows the *‘ins and outs’*. Amy positions herself as not being fully sure of the verdict as she does not have knowledge of the ‘*ins and outs’* of personality disorder and this is viewed as a barrier to reaching the verdict. It is also constructed that in this context Amy must use her existing knowledge, as she *‘knows about it’*, but not the *‘ins and outs’,* to understand how it might have affected the defendant, alongside the expert witness testimony.

*Extract 2: ‘Uh, it puts you in a bit of a difficult position because when you know, like how the alternative way that it could be framed and like her possibility of having like a severe personality disorder, it does make you feel, um, yeah, it’s very, yeah, I felt very conflicted trying to come to a verdict on that one.’ (Clare)*

In this extract, Clare is positioned as having difficulty in the deliberations due to the defendant’s ‘*severe personality disorder’* as outlined in the expert witness testimony. However, in this extract it is presented that there is uncertainty as to whether the BPD diagnosis is correct, due to the use of the word *‘possibility’.*  It is constructed that it is this uncertainty that is making the decision-making process ‘*difficult’*, rather than a lack of knowledge about the disorder as constructed by Amy. Clare’s use of the extreme ‘*very’* also indicates strong conflict, evidenced in that she was *‘in a difficult position’.*

***Sub theme 2: Non- Diagnostic Labelling of ‘Complex Mental Health Problems’***

In this sub theme, the non-diagnostic labelling of CMHP was constructed to make decision making more difficult due to issues relating to the ambiguity of the application of the diminished responsibility criteria, rather than not knowing enough about the disorder, as seen in the BPD case study.

*Extract 1: ‘I was kind of leaning towards the diminished responsibility because this one is a lot more difficult because while it does say complex mental health problems, which isn't a recognised mental condition, which is why I was thinking maybe it wasn't diminished responsibility, but the other boxes like check out.’ (Valerie)*

In this extract, it is constructed that deliberations and decision making is more difficult as CMHP was not a *‘recognisable mental condition’* and therefore did not fit the diminished responsibility requirements. This suggests that the labelling language of the first case study (severe personality disorder) made it easier than this case study, but was still difficult, as it was described as a recognisable medical condition and the defendant had a diagnosis. This meant that the diminished responsibility criteria applied. It is constructed that Valerie is unsure of the verdict as she was *‘leaning towards’* diminished responsibility, so implies that the ambiguity of a label made it difficult to make a decision. It is constructed that there is conflict as to how the diminished responsibility criteria could be applied, although CMHP had no diagnostic label.

*Extract 2: ‘I think it's, for me, just the fact that when it's framed in a way that she has complex mental health issues, I think because it's not, um, giving like a definitive label, I find that it kind of almost takes away from like the cred, credibility of their defence. Like it's, um, because it's not something that they can define and say, oh, this is the reason for her behaviour.’ (Clare)*

Within this extract, it is also presented that the barrier to decision making is the lack of labelling of CMHP. This extract suggests that Clare found it difficult to evaluate the evidence as there is no *‘definitive label’* attached to the defendant, which could explain her behaviour. It is presented that the participant is unable to determine a *‘reason for her behaviour’,* and therefore implies that a label is important for decision making as it confirms a ‘*reason for her behaviour’* and responsibility.

**Discussion**

The purpose of this research was to explore the experiences of mock jurors during their deliberations of two case studies. The first case study described the defendant as having ‘Severe Personality Disorder, Borderline pattern’ and the second described the defendant as having ‘Complex Mental Health Problems’. The findings indicate that mock jurors had different experiences in the two case studies, and these differences can be identified.

The first theme was titled ‘Interaction with Other Mock Jurors’. This theme encapsulated the interactions with the other mock jurors in the group, and how these interactions shaped the participants’ experience of deliberations. It should be noted that the ‘Interactions with Other Mock Jurors’ theme was not present in the first mock jury consisting of two participants but was present in mock jury two of eight participants.

Sub theme one acknowledged that the interaction with other mock jurors made decision making easier; it was the different opinions within the group that helped the mock jurors make a collective verdict decision in their deliberations. However, whilst the decision-making process may have been constructed as easier, there were many different opinions in the group, which led to some disagreements between participants. In sub theme two, it was constructed that this wide variety of opinion increased the difficulty of the decision-making process for case study two.

The difficulty in deliberations in the present study may be further explained in that there was a gender imbalance in both mock juries, despite being argued to be representative of the sampling population (Dickinson *et al.,* 2012). Eight out of 10 mock jurors were female, and previous research has suggested that females were more likely to report stress due to ‘dissension’ between jurors (Robertson *et al.*, 2009, p.8) and be more affected by stress when deciding on a verdict (Welsh *et al*., 2020).

The second theme was titled ‘Language as a Barrier to the Verdict’, and this theme is especially important considering the overarching aim of this study. Here it is clear how different uses of diagnostic terminology have an impact on jury deliberations. This theme encapsulated the difficulty of determining the verdict for both defendants, dependent on how they were described. The use of ‘Severe Personality Disorder, Borderline pattern’ terminology in case study one was constructed to make decision making more difficult, as participants viewed this personality disorder as complex. This confusion is perhaps not surprising considering the inconsistencies in diagnostic terminology and criteria across diagnostic manuals and recent changes to the ICD (American Psychiatric Association, 2013; WHO, 2019a, b; 2023). For the current study, the BPD symptomology was described based on the new ICD-11 (WHO, 2023), which could potentially limit the mock jurors' understanding. Confusion can be further exacerbated by how BPD is presented on social media (e.g., Dyson and Gorvin, 2017) and on the internet more broadly (e.g., Widuch, 2021). It is however interesting to see that the participants are engaging in reflection around the terminology and diagnosing and recognising their limitation in knowledge. One might suggest that these are signs that the participants are challenging some of the stigma around the disorder (e.g., Baker *et al.*, 2021; Catthoor *et al*., 2015; Klein *et al*., 2022; Ociskova *et al.*, 2017; Ring and Lawn, 2019; Stiles *et al*., 2023). This is further evidenced by them supporting a verdict of manslaughter as this can insinuate more sympathy towards a defendant (Baker *et al.*, 2021; Furnham *et al*., 2015). For this case, participants did not find it difficult to apply the diminished responsibility criteria. This shows that independent of the construction as language being a barrier, the mock jurors were able to reach a decision. While the theme found that an increased awareness of BPD is needed, as shown in the difficulty in deliberations due to a lack of knowledge (Furnham *et al*., 2015), it does show that the diminished responsibility criteria is effective when a clear ‘label’ is provided.

In case study two, participants determined that ‘Complex Mental Health Problems’ was not a *‘recognisable medical condition’* and so it was more difficult to determine a verdict as it was unclear if the defendant met the previously mentioned diminished responsibility criteria. This is interesting as Baker *et al*. (2021) found that their participants experienced little to no difficulty when deciding on the applicability of the diminished responsibility criteria, and consequently gave a verdict of manslaughter for both conditions. As shown earlier in this discussion, it was constructed that both case studies were difficult to deliberate and provide a verdict for, but this difficulty was attributed to different factors that related to the description of the defendant.

Interestingly, mock jurors found it more difficult to arrive at a decision when there was a lower number of other mock jurors in the group. They looked to others in the group for support and confirmation of their own opinions and decision-making processes, which illustrates a potential “majority persuasion effect” (Tanford and Penford, 1986, p. 323)[[1]](#footnote-1).

It could also be that for case study two, the terminology was perceived to be too vague, which could have increased the complexity of the case. The relationship between complexity of the trial and juror stress may have played a role in the difficulty voiced by the mock jurors. Past research has shown that more complex trials, reflected in longer deliberations, induced more stress on jurors than shorter trials (Welsh *et al.,* 2020).

The differential findings on the deliberation process and verdict between the BPD diagnosis and “Complex Mental Health Problems” show an interesting effect of labels. In contrast to the stigma literature more generally (e.g., Goffman, 1963), and on BPD more specifically (e.g., Baker *et al.*, 2021; Catthoor *et al*., 2015; Klein *et al*., 2022; Ociskova *et al.*, 2017; Ring and Lawn, 2019; Stiles *et al*., 2023), the label of a BPD diagnosis appears to have increased sympathy towards ‘Sarah Priest’. These findings are however similar to recent literature on attitudes toward mental health and sentencing (e.g., Berryessa, 2018). In line with Berryessa (2018), a clear label appears to simplify the decision-making process. These findings do highlight the need for increased and mental health literacy in the public as also highlighted by Furnham *et al.* (2015).

**Strengths**

Several strengths of the research can be identified. An emphasis on jury discussion and deliberation processes in mock jury studies is beneficial as they are sometimes neglected entirely, or participants are given little time to deliberate (Ormston *et al*., 2019). Also, the inclusion of a jury deliberation process can make the research more naturalistic (Bornstein *et al*., 2016). Furthermore, the qualitative design of this research allows the participants to use their own language to report their feelings and thoughts as to how they experienced the deliberations, which quantitative approaches cannot appreciate (Yilmaz, 2013).

**Limitations and Future Directions**

There are several limitations with the current study, which can be used as a basis for future studies in this area. For example, the ordering of the cases could have contributed to a ‘order effect’ in the mock juror deliberations as also discussed by Saks (1997)[[2]](#footnote-2). Another limitation of this study was the small sample and use of volunteer sampling. This sampling method inevitably decreased the representativeness of the sample, and so cannot be claimed representative of those who serve on a jury (Baker *et al.*, 2021; Thomas, 2020). Based on this limitation, future research should focus on recruiting a larger and more diverse sample using a different sampling method (Thomas, 2020). A sample utilising different subgroups of the general population may prove useful to develop a clearer depiction of how different crimes and or personality disorders are viewed outside this study’s sampling population, and how it affects deliberations and their overall experience.

Based on the findings in theme one, the present findings could be developed in the context of group dynamics and decision-making research, to explore how group dynamics can influence decision making and verdicts. To build on this, it would be interesting to investigate how beliefs and attitudes towards psychiatric diagnoses would influence these dynamics in line with recent research by Berryessa (2018).

Based on the findings in theme two, the difficulty experienced by the mock jurors was attributed to a lack of knowledge on BPD. To address this, future research could investigate the use of fact sheets on mental and or personality disorders in courtrooms to aid decision making and potentially reduce the difficulty experienced by the mock jurors in this study. Priority should also be given to public education of BPD (Furnham *et al*., 2015).

The present study can be viewed as the first step towards integrating two lines of research, juror experience and personality disorder that to the authors’ knowledge have not yet been directly investigated. The limitations and suggestions for future research as outlined above could be utilised as a foundation for further research in this under investigated area.

**Conclusion**

The aim of this research was to qualitatively explore mock jurors’ experiences during their deliberations. Despite some limitations such as the order in which cases are presented and sample size and composition, the themes are interesting and warrants further investigation and future research.

In the first theme, participants constructed that discussing their different opinions with others helped them reach a verdict. However, the wide variation of opinion between the mock jurors led to disagreements within the group as deliberations got more intense, shifting the group dynamics away from prosocial. Secondly, the difference in the way in which the defendant was described in the two case studies made decision making difficult in both case studies. In case study one this was attributed to a lack of knowledge surrounding BPD and in case study two this was attributed to participants being unsure if the diminished responsibility criteria were applicable.

The main implication of this research is that these findings can be used by the judicial system to help identify common experiences, and subsequently be able to implement procedures to protect them from adverse experiences that may arise during and after serving their public duty (Diamond, 1993; Thomas, 2020).

**Implications for Practice**

* More support for UK jurors is recommended. The literature and the findings from the current study’s mock jurors suggest that jury service is a stressful and challenging experience.
* Attention to jury selection and composition is needed within the UK court system. How jurors are selected can have an impact on group dynamics, and in turn, on the verdicts.
* Mental health education should be a part of the juror process. This is especially important in cases where complex mental health problems are present.

**References**

American Psychiatric Association. (2013), *Diagnostic and Statistical Manual of Mental Disorders (5th ed.), American Psychiatric Association.* <https://doi.org/10.1176/appi.books.9780890425596>

Andrews, T. (2012), “What is social constructionism?”, *Grounded Theory Review*, Vol. 11 No. 1, pp.39–46.

Ayrton, R. (2018), “The micro-dynamics of power and performance in focus groups: an example from discussions on national identity with the South Sudanese diaspora in the UK”, *Qualitative Research*, Vol. 19 No. 3, pp.323–339. <https://doi.org/10.1177/1468794118757102>

Bach, B., Kramer, U., Doering, S. *et al.* (2022), “The ICD-11 classification of personality disorders: a European perspective on challenges and opportunities”, *Borderline Personality Disorders and Emotion Dysregulation,* Vol. 9 No. 12. https://doi.org/10.1186/s40479-022-00182-0

Baker, J., Edwards, I. and Beazley, P. (2021), “Juror decision-making regarding a defendant diagnosed with borderline personality disorder”, *Psychiatry, Psychology and Law*, Vol. 29, No. 4, pp.516–534. <https://doi.org/10.1080/13218719.2021.1938273>

Berryessa, C. M. (2018), “The effects of psychiatric and ‘biological’ labels on lay sentencing and punishment decisions”, *Journal of Experimental Criminology,* Vol. 14, pp. 241-256. <https://doi.org/10.1007/s11292-018-9322-x>

Bornstein, B. H. (2017), “Jury simulation research: Pros, cons, trends, and alternatives”, Kovera, B. (Ed.)*, The Psychology of Juries,* American Psychological Association, pp.207–226. <https://doi.org/10.1037/0000026-010>

Bornstein, B. H., Golding, J. M., Neuschatz, J., Kimbrough, C., Reed, K., Magyarics, C. and Luecht, K. (2016), “Mock juror sampling issues in jury simulation research: A meta-analysis”, *Law and Human Behavior*, Vol. 41 No. 1, pp.13–28. <https://doi.org/10.1037/lhb0000223>

Braun, V. and Clarke, V. (2006), “Using thematic analysis in psychology”, *Qualitative Research in Psychology*, Vol. 3 No. 2, pp.77–101. <https://doi.org/10.1191/1478088706qp063oa>

Braun, V. and Clarke, V. (2022), *Thematic Analysis: a Practical Guide to Understanding and Doing*, Sage Publications, London, UK.

British Psychological Society (2021), “BPS code of human research ethics”, available at

<https://explore.bps.org.uk/binary/bpsworks/06096a55b82ca73a/9787a5959b2bfdff7ed2a43ad5b3f333a5278925cfd667b1b2e64b5387c91b92/inf180_2021.pdf>

Coid J., Bebbington P., Jenkins R., *et al.* (2002), “The National Survey of Psychiatric Morbidity among prisoners and the future of prison healthcare”, *Medicine, Science and the Law*, Vo. 42 No. 3, pp. 245-250. <https://doi.org/10.1177/002580240204200309>

Diamond, S. S. (1993), “What jurors think: expectations and reactions of citizens who serve as jurors”, Litan, R. (Ed.), *Verdict: Assessing the Civil Jury System,* Brookings Institution, Washington D. C., pp.282–305.

Dickinson, E. R., Adelson, J. L. and Owen, J. (2012), “Gender balance, representativeness, and statistical power in sexuality research using undergraduate student samples”, *Archives of Sexual Behavior*, Vol. 41 No. 2, pp.325–327. <https://doi.org/10.1007/s10508-011-9887-1>

Dixon, S. (2023), “Most popular social networks worldwide as of January 2023, ranked by number of monthly active users”, available at <https://www.statista.com/statistics/272014/global-social-networks-ranked-by-number-of-users/>

Dyson, H. and Gorvin, L. (2017), “How is a label of Borderline Personality Disorder constructed on Twitter: a critical discourse analysis”, *Issues in Mental Health Nursing*, Vol. 38 No. 10, pp. 780-790. <https://doi.org/10.1080/01612840.2017.1354105>

Elliott, C. and Quinn, F. (2017), *English Legal System* (18th Ed.), Pearson Education, pp. 239–277.

Fazel, S. and Danesh, J. (2002), “Serious mental disorder in 23 000 prisoners: a systematic review of 62 surveys”, *The Lancet*, Vol. 359 No. 9306, pp.545–550. <https://doi.org/10.1016/s0140-6736(02)07740-1>

Furnham, A., Lee, V. and Kolzeev, V. (2015), “Mental health literacy and borderline personality disorder (BPD): what do the public “make” of those with BPD?”, *Social Psychiatry and Psychiatric Epidemiology*, Vol. 50 No. 2, pp.317–324. https://doi.org/10.1007/s00127-014-0936-7

Goffman, E. (1963), *Stigma: Notes on the Management of Spoiled Identity*, Simon & Schuster, New York, NY.

González, R.A., Igoumenou, A., Kallis, C. and Coid., JW (2016), “Borderline Personality Disorder and violence in the UK population: categorical and dimensional trait assessment”, *BMC Psychiatry*, Vol. 16 No. 1, pp.1-10. <https://doi.org/10.1186/s12888-016-0885-7>

Higher Education Statistics Agency (2023), “Who’s Studying in HE?”, available at <https://www.hesa.ac.uk/data-and-analysis/students/whos-in-he>

Juries Act 1974, c.23, Legislation.gov.uk (2013), available at <https://www.legislation.gov.uk/ukpga/1974/23/section/1>

Jackson, M. A., Sippel, M., Mota, N., Whalen, D., and Shumacher, J. A. (2015), “Borderline personality disorder and related constructs as risk factors for intimate partner violence perpetration”, Aggression and Violent Behavior, Vol. 24, pp. 95-106. <https://doi.org/10.1016/j.avb.2015.04.015>

Kiger, M. E. and Varpio, L. (2020), “Thematic analysis of Qualitative data: AMEE Guide no. 131”, *Medical Teacher*, Vol. 42 No. 8, pp.846–854. <https://doi.org/10.1080/0142159X.2020.1755030>

Klein, P., Fairweather, A.K. and Lawn, S. (2022), “Structural stigma and its impact on healthcare for borderline personality disorder: a scoping review”, *International Journal of Mental Health Systems,* Vol. 16 No. 48. https://doi.org/10.1186/s13033-022-00558-3

Levers, M.-J. D. (2013), “Philosophical paradigms, grounded theory, and perspectives on emergence”, *SAGE Open*, Vol. 3 No. 4, pp.1–6. <https://doi.org/10.1177/2158244013517243>

Lonergan, M., Leclerc, M.-È., Descamps, M., Pigeon, S. and Brunet, A. (2016), “Prevalence and severity of trauma- and stressor-related symptoms among jurors: a review”, *Journal of Criminal Justice*, Vol. 47, pp.51–61. <https://doi.org/10.1016/j.jcrimjus.2016.07.003>

Matthews, R., Hancock, L. and Briggs, D. (2004), “Jurors’ perceptions, understanding, confidence and satisfaction in the jury System: A study in six courts”, available at <https://webarchive.nationalarchives.gov.uk/ukgwa/20110218141448/http://rds.homeoffice.gov.uk/rds/pdfs2/rdsolr0504.pdf> (does this need a page number?) if so its 1-89.

Mossière, A. and Dalby, J. T. (2008), “The influence of gender and age in mock juror decision-making”, *Europe’s Journal of Psychology*, Vol. 4 No. 4, pp.1–6. <https://doi.org/10.5964/ejop.v4i4.440>

Mulder, R. T., Horwood, L. J., and Tyrer, P. (2020), “The borderline pattern descriptor in the International Classification of Diseases, 11th Revision: A redundant addition to classification”, *Australian & New Zealand Journal of Psychiatry*, Vol. 54 No. 11, pp. 1095-1100. <https://doi.org/10.1177/0004867420951608>

National Institute for Clinical Excellence 2007, *Borderline Personality Disorder: treatment and management* , *https://www.nice.org.uk/guidance*, NICE, pp. 1–11.

Nowell, L. S., Norris, J. M., White, D. E. and Moules, N. J. (2017), “Thematic analysis: striving to meet the trustworthiness criteria”, *International Journal of Qualitative Methods*, Vo. 16 No. 1, pp.248–258. <https://doi.org/10.1177/1609406917733847>

Ociskova, M., Prasko, J., Latalova, K., Sedlackova, Z., Kamaradova, D., Sandoval, A., and Grambal, A. (2017), “F\*ck your care if you label me! Borderline personality disorder, stigma, and self-stigma”, *Activitas Nervosa Superior Rediviva*, Vol. 59 No. 1, pp. 16-22.

Ormston, R., Chalmers, J., Leverick, F., Munro, V. and Murray, L. (2019), “Scottish jury research: findings from a large-scale mock jury study, available at <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2019/10/scottish-jury-research-fingings-large-mock-jury-study-2/documents/scottish-jury-research-findings-large-scale-mock-jury-study/scottish-jury-research-findings-large-scale-mock-jury-study/govscot%3Adocument/scottish-jury-research-findings-large-scale-mock-jury-study.pdf>

Qadeer Shah, A, Prasad, D, Caropreso, L, Frey, BN & de Azevedo Cardoso, T (2023), ‘The comorbidity between Borderline Personality Disorder (BPD) and Generalized Anxiety Disorder (GAD): A systematic review and meta-analysis’, *Journal of Psychiatric Research*, Vol. 164, pp. 304–314. https:// [10.1016/j.jpsychires.2023.06.009](https://doi.org/10.1016/j.jpsychires.2023.06.009).

Ring, D. and Lawn, S. (2019), “Stigma perpetuation at the interface of mental health care: a review to compare patient and clinician perspectives of stigma and borderline personality disorder”, *Journal of Mental Health.* <https://doi.org/10.1080/09638237.2019.1581337>

Robertson, N., Davies, G. and Nettleingham, A. (2009), “Vicarious traumatisation as a consequence of jury service”, *The Howard Journal of Criminal Justice*, Vol. 48 No. 1, pp.1–12. <https://doi.org/10.1111/j.1468-2311.2008.00539.x>

Ruark, A. and Fielding-Miller, R. (2016), “Using qualitative methods to validate and contextualize quantitative findings: a case study of research on sexual behavior and gender-based violence among young Swazi women”, *Global Health: Science and Practice*, Vol. 4 No. 3, pp.373–383. <https://doi.org/10.9745/ghsp-d-16-00062>.

Saks, M. J. (1997), “What do jury experiments tell us about how juries (should) make decisions”, *Southern California Interdisciplinary Law Journal,* Vol. 6 No. 1, pp. 1-54.

Schweitzer, K. and Nuñez, N. (2018), “What evidence matters to jurors? The prevalence and importance of different homicide trial evidence to mock jurors”, *Psychiatry, Psychology and Law,* Vol. 25 No. 3, pp.437–451. <https://doi.org/10.1080/13218719.2018.1437666>.

Sim, J. and Waterfield, J. (2019), “Focus group methodology: Some ethical challenges”, *Quality & Quantity,* Vol. 53 No. 6, pp.3003–3022 <https://doi.org/10.1007/s11135-019-00914-5>.

Smith, J. A. and Osborn, M. (2015), “Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain”, British Journal of Pain, Vol. 9 No. 1, pp.41–42. <https://doi.org/10.1177/2049463714541642>

Stiles C, Batchelor R, Gumley A. *et al.* (2023), “Experiences of stigma and discrimination in borderline personality disorder: a systematic review and qualitative meta-synthesis”, *Journal of Personality Disorders,* Vol. 37, pp. 177-94.

Tanford, S. and Penrod, S. (1986), “Jury deliberations: discussion content and influence process in jury decision making”, *Journal of Applied Social Psychology,* Vol. 16 No. 4, 322-347. <https://doi.org/10.1111/j.1559-1816.1986.tb01144.x>

Tate, A.E., Sahlin, H., Liu, S. *et al.* (2022), “Borderline personality disorder: associations with psychiatric disorders, somatic illnesses, trauma, and adverse behaviors”, *Molecular Psychiatry,* Vol. 27, pp. 2514–2521. https://doi.org/10.1038/s41380-022-01503-z

Taylor, S., Alner, E. and Workman, L. (2017), “Mock juror age influences judgement of guilt and harshness of sentence on defendants with a record of “Borderline Personality Disorder””, *Forensic Research & Criminology International Journal*, Vol. 5 No. 4, pp.361–365. <https://doi.org/10.15406/frcij.2017.05.00166>

Thomas, C. (2020), “The 21st century jury: contempt, bias and the impact of jury service”, *Criminal Law Review*, Vol. 11, pp.987–1011.

Trull, T.J., Freeman, L.K., Vebares, T.J. *et al.* (2018) “Borderline personality disorder and substance use disorders: an updated review”, *Borderline Personality Disorder and Emotion Dysregulation,* Vol. 5 No. 15. https://doi.org/10.1186/s40479-018-0093-9

Welsh, E., Robertson, N., Ireland, L., and Davies, G. (2020), “The Impact of jury service on Scottish jurors’ health and well‐Being”, *The Howard Journal of Crime and Justice*, Vol. 59 No. 1, pp.3–16. <https://doi.org/10.1111/hojo.12346>

Widuch, K. (2021), “‘I am not a monster: the linguistic stigma of Borderline Personality Disorder”, *Psychological Applications and Trend*s, pp. 406–408.

World Health Organization (2019a), *International Statistical Classification of Diseases and Related Health Problems* (10th Ed.), World Health Organization.

World Health Organization (2019b), *International Statistical Classification of Diseases and Related Health Problems* (11th Ed.), World Health Organization.

World Health Organization (2023), *International Statistical Classification of Diseases and Related Health Problems* (11th Ed.), World Health Organization.

Yilmaz, K. (2013), “Comparison of quantitative and qualitative research traditions: Epistemological, theoretical, and methodological differences”, *European Journal of Education*, Vol. 48 No. 2, pp.311–325. <https://doi.org/10.1111/ejed.12014>

1. We would like to thank reviewer 2 for this point. [↑](#footnote-ref-1)
2. We would like to thank Reviewer 2 for this point. [↑](#footnote-ref-2)