MENTAL HEALTH STATUS AND VULNERABILITY TO POLICE INTERROGATION TACTICS

By William C. Follette, Deborah Davis, and Richard A. Leo

When Francis Connelly walked up to a police officer and said he murdered a woman, the officer advised Connelly of his rights to remain silent and have a lawyer representing him. Connelly said he understood, but still wanted to talk about the murder. The officer ascertained Connelly was neither drunk nor on drugs, but had been in several mental institutions. The officer again told Connelly he did not have to speak, but Connelly insisted he wanted to get it off his conscience. After being formally read his *Miranda* rights, Connelly confessed and led officers to the murder site.

During an interview with the public defender while in custody, Connelly became disoriented and said he confessed in response to hearing voices. At the state hospital, a psychiatrist determined Connelly was a chronic schizophrenic, suffering a psychotic episode. Connelly described his confession as reluctant and the psychiatrist concluded the confession was made in response to a "command" hallucination in which Connelly said he heard the "voice of God" instructing him to admit to the crime or commit suicide. The psychiatrist later testified that Connelly's volitional abilities, though not his cognitive abilities, were compromised and concluded his psychosis was his motivation to confess. The state supreme court ruled the confession be suppressed because it was "involuntary," though the police had done nothing wrong or coercive. The U.S. Supreme Court reversed, focusing on the lack of police misconduct. The American Psychological Association filed an amicus brief arguing, in part, that the confession was not necessarily involuntary just because it might have been the result of a command hallucination. (*Colorado v. Connelly*, 479 U.S. 157 (1986); *see* http://www.apa.org/psyclaw/colorado.html). Did Connelly have the ability to understand his rights or the implications of confession?

Now consider the case of Henry Lee Lucas, arrested on a firearms charge in Texas and suspected of murdering a girlfriend and an elderly acquaintance. Lee had been convicted of murdering his mother 23 years earlier, but was paroled. After the latest arrest, Lucas was held incommunicado for four days. At some point he confessed to the two murders; then he confessed to 60 additional murders. A special task force was established and police from around the country converged to ask Lucas to shed light on unsolved homicides. Henry Lee Lucas was not psychotic. He had an IQ of 89, which is in the normal range. He eventually confessed to the murder of Jimmy Hoffa and plotting to kill President Carter. Ultimately, he confessed to murdering 600 to 3,000 individuals. One of these resulted in a death sentence later commuted to life in prison. (Gisli H. Gudjonsson, *The Making of a Serial False Confessor: The Confessions of Henry Lee Lucas*, 10 (No. 2) J. FORENSIC PSYCHIATRY, 416-26 (1999).) Although

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Lucas was well acquainted with the legal process, he confessed to an incredible number of murders as a result of interrogation tactics that were as simple as an officer saying, "I'm not too bright and could use your help solving this murder."

While the *Connelly* case raises the issue of whether someone has the ability to resist an interrogation, the *Lucas* case raises the issue of the degree to which one is motivated to resist or cooperate with interrogations. In this article, we first describe a model of individual susceptibility to interrogative influence. Then we suggest which features of individuals diagnosed with particular mental disorders might render them prone to succumbing to either false or coerced confessions.

A model of susceptibility to interrogative influence

To understand how an individual characteristic will affect behavior in the interrogation room, we have to consider the chronic and acute states and abilities necessary for suspects to recognize and act on the wisest choices available. What helps individuals understand their rights, recognize when to talk and when not to talk, and know what questions to answer and how to answer them? What helps individuals recognize when they are being told the truth and when they are being misled and manipulated? What makes them able to resist intense pressure to confess and focus on what is legally in their best interests? What makes them *want* to resist? How are these abilities and motivations affected by mental status?

The skills needed to accomplish these goals boil down to two broad categories: (1) those affecting the person's *ability* to resist influence and (2) those affecting the person's *motivation* to resist influence. Each is determined by several other characteristics of the suspect, as well as aspects of the interrogation itself. For example, *ability* to resist interrogative influence is derived from three broad sources: relevant knowledge, intact cognitive resources, and self-regulatory capacity—or the ability to control emotions, thinking, and behavior. In turn, *motivation* to resist interrogative influence can be enhanced or undermined by a variety of chronic or acute individual characteristics.

Resisting interrogative influence

Resistance to interrogative influence is most effective when suspects invoke their *Miranda* rights and refuse to be interrogated without a lawyer. However, a great deal of relevant knowledge is needed to realize the importance of invoking *Miranda*. Suspects must understand what those rights are, as well as why they are important, and the damaging things that can happen if they agree to be questioned without a lawyer. Suspects must understand that insinuations made by police that the suspects must be guilty if they refuse to talk are less important than the long-term damage that can occur if they do talk. If they do agree to talk, then the relevant knowledge needed to understand and evaluate claims and arguments made by interrogators is almost endless.

Interrogation tactics are designed to mislead. Detectives present themselves as sympathetic individuals who imply that suspects are good people in bad situations. They imply that they want to help the suspects achieve the best outcome. Interrogators often deceive suspects about the nature and extent of evidence against them, the nature of the suspects' rights, the short- and long-term consequences of confession versus denial, and much more. All the while, interrogators will dominate the conversation, interrupt attempts by suspects to deny involvement, distract them from thinking of facts and information inconsistent with the interrogators' claims, accuse suspects of lying, and explicitly and implicitly threaten suspects with dire consequences for denying wrongdoing and promise leniency for a confession.

Suspects—even those who are innocent—must ask themselves: What evidence exists? Might it be inaccurate—as with polygraphs, eyewitnesses, and many forms of forensic evidence? Are police allowed to lie? Is the evidence really overwhelming? Is conviction guaranteed? Is it true that admitting guilt to the detective will more likely result in a better deal—or even release—than continuing to deny involvement? Is it wise to wait for the help of a lawyer or is it true that the detective can provide more help now? Although these are difficult questions for any suspect who lacks knowledge of the legal system to answer, the difficulties are enhanced for those with impaired relevant knowledge, with poor cognitive abilities, and with poor chronic or acute self-regulation abilities, including control of cognitive processes.

Generally, a person must be able to exert considerable self-control—or self-regulation—in order to resist the pressures of interrogation. This includes the control of attention and cognitive processes necessary to evaluate incoming information, and to think of relevant information available from one's own knowledge and experience. It also entails the ability to control behavior. One must be able to withstand the relentless pressures to confess posed by one or more interrogators, possibly over a period of many hours, or even days. Moreover, they must control the need to confess simply as a way to end the interrogation, or satisfy the need for sleep, or to get the interrogators "out of my face." The suspect must recognize and

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give priority to long-term best interests over immediate, and often overwhelming, impulses. This entails being able to recognize what will or will not serve those interests and act accordingly.

Even for those individuals able to control their thoughts and behavior, the *motivation* to resist interrogative pressures may be undermined by their own learning history. Resistance is fueled by (1) a history of accurately predicting successful outcomes under adverse circumstances and possessing an effective repertoire under duress, (2) an awareness of the interrogators' true motives and the devastating consequences of confession, (3) the priority given these consequences over immediate impulses, and, (4) innocence. All of these can be undermined by personal impairments in self-confidence, general motivational deficits, impaired awareness of relevant consequences, priority given to short- rather than long-term goals, an inappropriate liking, trust, and belief in the helpful motives of the interrogators, and by the sense of futility brought about by interrogation tactics.

Although both the ability and motivation to resist interrogative influences can be impaired by preinterrogation stressors, as well as by interrogation practices themselves, mental health issues may directly affect many of the relevant abilities and motivations. In the sections below, we summarize some of the ways in which specific mental health disabilities might affect susceptibility to interrogative influence at the sequential stages of the process.

The primary risk: targeting for interrogation

The risk of coercion begins when police first select suspects. It is at this stage that persons with mental disabilities first suffer enhanced risk. In fact, one researcher found that the probability of arrest was 67 times greater for persons demonstrating symptoms of mental illness than those without such symptoms. (Linda A. Teplin, *Keeping the Peace: Police Discretion and Mentally Ill Persons*, 244 NAT'L INST. JUST. J. 8-15 (2000).) Because common stereotypes associate mental retardation and mental illness (particularly the latter) with criminality and violence, any mentally ill individual with the reasonable opportunity to commit the crime—let alone an identifiable motive—may be unfairly targeted as a suspect. Moreover, many of the seriously mentally ill live in circumstances where they have no access to more knowledgeable adults who could advise them and explain the importance of refusing interrogation without an attorney or to ensure that an attorney is present during all interactions with authorities. The most seriously dysfunctional live disproportionately on the street where reasonable advice or personal or financial help is not available. Moreover, the mentally ill may engage in behaviors that appear consistent with deception during the preinterrogation interview, showing signs of anxiety, lack of eye contact, and other apparent indicators of evasiveness that can be mistakenly interpreted as reflecting guilt, encouraging detectives to proceed to interrogation.

Understanding and exerting *Miranda* rights

Although police often do not arrest and Mirandize suspects until *after* they've confessed, suspects have the right to refuse to be interrogated. The choice to avoid interrogation when not under arrest and to invoke *Miranda* when arrested is facilitated by understanding the potential dangers of the situation—an understanding that is compromised in those with impaired functioning in one or more psychological domains.

In *Moran v. Burbine*, 475 U.S. 412 (1986), the U.S. Supreme Court outlined the criteria to be used in determining the voluntariness of a *Miranda* waiver:

> First, the relinquishment of the right must have been voluntary in the sense that it was the product of a free and deliberate choice rather than intimidation, coercion, or deception. Second, the waiver must have been made with a full awareness of both the nature of the right being abandoned and the consequences of the decision to abandon it. Once it is determined that a suspect's decision not to rely on his rights was uncoerced, that he at all times knew he could stand mute and request a lawyer, and that he was aware of the State's intention to use his statements to secure a conviction, the analysis is complete and the waiver is valid as a matter of law.

(*Moran*, 475 U.S. 412, at 421.)

Individuals with psychological difficulties can suffer enhanced risk with regard to both susceptibility to coercion and failures of understanding. These problems have been most extensively investigated with respect to their impact on comprehension and invoking of *Miranda* rights as they apply to mental retardation. The definition of mental retardation is "a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills" (American Association of Mental Retardation). The *Diagnostic and Statistical Manual* (DSM-IV-TR, 1999, American Psychiatric Association) uses a similar definition. Mental retardation is present at birth or occurs during a development period and must have an onset before age 18. A diagnosis of mental retardation describes long-standing, generally maladaptive behaviors that have an onset in early life or adolescence. Individual IQ and adaptive functioning may be affected in other ways (e.g., traumatic head injury, medical condition, severe substance abuse) after a particular development

period has been successfully passed, but it is not called mental retardation and is described as the consequence of a medical, social, or behavioral event. The courts and many social agencies that determine benefits tend to rely on an IQ score of 70 or less. This cutoff does not adequately reflect the impairment in functional abilities of individuals with low IQ when moved into a more demanding situation such as a police interrogation.

The limited cognitive abilities, vocabularies, and general knowledge of those with mental retardation result in poorer understanding of the linguistic meaning of the rights as commonly administered, as well as of the risks of self-incrimination and other consequences of waiving these rights. For example, in two studies, 90 percent and 68 percent of adults with mental retardation received scores of zero on one or more tests of relevant vocabulary, understanding of the *Miranda* warnings, and understanding of the function of rights in interrogation (which was most poorly understood of all). Another study involving mentally retarded adult offenders found similar results, indicating that even experience with the criminal justice system did not enhance comprehension. (Saul M. Fulero and Caroline Everington, *Mental Retardation, Competency to Waive* Miranda *Rights, and False Confessions* in INTERROGATIONS, CONFESSIONS, AND ENTRAPMENT at 163-79 (Daniel Lassiter ed., 2004).)

> *Miranda* wording ranges from 50 to 500 words.

The impact of mental retardation on understanding *Miranda* rights is likely to vary by jurisdiction, as the exact wording of *Miranda* warnings and waivers has not been specified in the courts. As a result, warnings range from fewer than 50 to more than 500 words, and the required reading comprehension levels range from that of a third grader to a postcollege education. (Richard Rogers, Kimberly S. Harrison, Lisa L. Hazelwood & Kenneth W. Sewell, *An Analysis of* Miranda *Warning and Waivers: Comprehension and Coverage*, L. & HUM. BEHAV. (forthcoming 2007).)

Mental retardation is also likely to have enhanced negative impact on comprehension of *Miranda* warnings given in the context of real-life encounters with police. The poor comprehension scores above were obtained in the absence of any police behavior that might affect how the actual statements are interpreted. Imagine the detective who begins, for example, by saying something like "Well, John, we need to talk to you and get what happened tonight straightened out. We need you to explain some things we need cleared up. But before we can do this we need to read you some rights. . . ." The mentally retarded individual is often overly compliant and more likely to respond to detectives expressing a *need* rather than to *Miranda* rights read in a very formal manner. Mentally retarded individuals can be particularly attuned to the desires of those around them, and particularly motivated to please them, and therefore more susceptible to influence and coercion. They are generally more likely to rely on others for indications of what is appropriate or correct, more motivated to please others, more susceptible to influence, and more highly suggestible to leading questions, false information, and selective reinforcement of compliant responses. The desire to please and dependence on others can be sufficiently strong such that many mentally retarded persons will tell interviewers whatever they appear to want to hear, regardless of the actual facts. They also have a bias toward acquiescence that leads them to say "yes" regardless of the blatant untruth or the absurdity of the question, for example, "Are you an alien?" "Yes." These tendencies can be enhanced by problems with "social intelligence" and the ability to understand the true motives and intentions of those to whom they are responding, rendering them more susceptible to deception. These problems, combined with those of comprehension, are sufficiently profound as to lead some scholars to argue that, of the personal factors relevant to the "totality of circumstances test"—such as IQ, age, education, experience with the justice system or with entering a waiver of rights or a confession—the disability of mental retardation can be so great as to trump all other factors. (*See* GISLI H. GUDJONSSON, THE PSYCHOLOGY OF INTERROGATIONS AND CONFESSIONS: A HANDBOOK (Wiley, 2003); Michael J. O'Connell, William Garmoe & Naomi E. Goldstein, Miranda *Comprehension in Adults with Mental Retardation and the Effects of Feedback Style on Suggestibility*, 29 (No. 3) L. & HUM. BEHAV., 359-69 (2005).)

Although research on the relationship of mental status to comprehension has focused primarily on the young and the retarded, other mental disorders place the person at enhanced risk for failures of comprehension and/or coercion. Research has just begun to study mentally disordered defendants. Ethical concerns make it inappropriate to create the high-stress environment of an interrogation, but in interview-like situations with mentally ill defendants, the ability to understand *Miranda* rights was highly compromised, as were the quality of their reasons for

waiving or invoking those rights. The DSM-IV-TR's Global Assessment of Functioning Scale (utilized to consider psychological, social, and occupational functioning) was another predictor of mentally ill defendants' reasons for waiving or invoking their rights, with lower functioning levels correlating with fewer numbers of reasons behind their *Miranda* decisions. (Richard Rogers, Kimberly S. Harrison, Lisa L. Hazelwood & Kenneth W. Sewell, *Knowing and Intelligent: A Study of* Miranda *Warnings in Mentally Disordered Defendants*, L. & HUM. BEHAV. (forthcoming 2007).)

In the *Connelly* case, discussed earlier, the suspect confessed his crime before and after being Mirandized. On the day of primary investigation, he did not appear psychotic to the police. There are other cases in which the person being interrogated is clearly not functioning normally but can be cooperative if approached in a comforting way. As an example, author Follette once had a patient with a history of paranoid schizophrenia who was delusional and in need of hospitalization. His delusions were fairly circumscribed around being hunted by "the mafia." The significance of his cognitive impairment became evident when asked to sign a consent form to be admitted to the hospital. He believed the form contained invisible text that was his death warrant. After nearly an hour of conversation, the patient finally relented and signed the consent form saying he did so because "you [Follette] seem like a nice young man, so I'll sign my 'death warrant.'" The point is that persons with severe mental illness can be extremely compliant even if they believe the consequences for doing so can be life threatening, calling into question the meaning of voluntary waiver in such circumstances.

The above case represents an obvious deficit associated with a mental disorder that can affect the outcome of an interrogation. In schizophrenia in general, there are a significant number of cognitive deficits that are not part of the hallucinations or delusions seen in the florid cases of schizophrenia. These cognitive deficits are common and affect broad domains of cognitive functioning. Recently the National Institute of Mental Health began an initiative to develop measures of cognitive functioning in schizophrenia (Stephen R. Marder & Wayne Fenton, *Measurement and Treatment Research to Improve Cognition in Schizophrenia: NIMH MATRICS initiative to support development of agents for improving cognition in schizophrenia*, 72 (No. 1) SCHIZOPHRENIA RESEARCH 5-9 (2004).) The purpose of the initiative was to develop a core battery of cognitive tests so that drug therapies could be assessed for how they might improve these deficits. Although a wide variety of deficits have been described in the literature, the test battery established by the MATRICS initiative assesses seven domains: speed of processing, attention/vigilance, working memory, verbal learning, visual learning, reasoning and problem solving, and social cognition. Even in the absence of active psychosis, individuals with schizophrenia still may not necessarily exhibit adequate cognitive skills to understand the implications of questions and answers, to understand the motives of the interrogator, or to weigh alternatives and evaluate how they serve their best interests.

> Interrogation tactics are intended to mislead.

It cannot be assumed that mental impairment seen in the mentally ill is the same as similarly appearing deficits in the mentally retarded. Much study remains to be done in order to understand how these processes affect each population when subjected to interrogation.

Susceptibility to interrogation tactics

Once arrested and subject to interrogation, issues of comprehension and susceptibility to coercion are magnified many times over. Although police may do or say things while reading suspects their rights in order to impair comprehension of *Miranda*, interrogation tactics are far more misleading. They are intended to mislead, impair thought processes, and relentlessly push a suspect, against his or her best interests, in the direction of confession. Though *Miranda* is limited to a few statements, interrogations can last for hours, with detectives presenting multiple classes of "evidence" and arguments. Topics are extraordinarily wide-ranging. They may include forms of evidence ranging from DNA to the mechanisms of polygraph or other "lie detection" devices. Reasons to confess range from the religious or familial to the ultimate reactions of judge and jury and how those reactions depend on whether and how suspects "explain" their role in the crime during the interrogation. Interrogators will provide various scenarios for how the crime was committed, designed to convince suspects it was not so serious. They will make counterarguments against claims of innocence, and provide alleged reports of coperpetrators, statements of the detective's feelings and motives toward the suspects, and many other tactics. Faced with this overwhelming amount of information to process and relentless demands from powerful authorities, the ability to understand and accurately judge the information and read the motives and credibility of the

police become ever more crucial. Thus, anything that compromises their mental faculties makes suspects more susceptible to being led into unintended confessions. Certainly mental retardation and/or mental illness place interviewees at increased risk.

Although these cognitive limitations and tendencies toward compliance are crucial in determining an individual's reaction to interrogation, additional vulnerabilities become relevant as well. There are many, but we focus on three that are likely to be affected by mental health status: (1) the tendency to respond to immediate impulses and demands rather than long-term goals; (2) self-regulation abilities, or the ability to control thinking, emotions and behavior, and (3) suggestibility (the tendency to actually change one's mind about what happened as opposed to simply comply with demands to recount it in a particular way).

Immediate versus long-term goals

Police interrogation is a very powerful social situation, with demands pushing suspects toward confession. Coincident with these external demands are internal states, some pushing suspects toward obtaining immediate relief from the aversive qualities of the situation, others toward the goal of protecting long-term interests and freedom. If, as is true of many suspects, the interviewees fail to understand that they can stop the interrogation at any time, they may believe that the only way to terminate questioning is to comply with the interrogator's demands to "explain" what happened, making or agreeing to incriminating statements or a full confession in the process. If suspects give priority to immediate needs over long-term best legal interests, they may confess simply to terminate the interrogation. This can happen through two mechanisms, one involving simple lack of interest in long-term goals, the other involving an inability to override the impact of immediate needs and demands despite extreme concern with long-term goals.

Several mental disorders entail dysfunctional levels of responsiveness to immediate stimuli and motivations at the expense of long-term well-being. Substance abusing patients are the clearest clinical example of impulsivity. Impulsivity is valuing a short-term, smaller reward over a delayed, larger reward. Considerable research exists studying this phenomenon, termed delayed discounting, in substance abusing participants. (*See* Gregory J. Madden, Warren K. Bickel & Eric A. Jacobs, *Discounting of Delayed Rewards in Opioid-Dependent Outpatients: Exponential or Hyperbolic Discounting Functions?* 7 (No. 3) EXPERIMENTAL & CLINICAL PSYCHOPHARMACOLOGY 284-93 (1999).)

Although it is not clear whether the preference for immediate, smaller rewards versus delayed, larger rewards is the cause of or an effect from substance abuse, it is clearly present, and it is clearly relevant for substance abusing individuals who face interrogation. In experimental settings, the tendency in heroin addicts to discount delayed rewards is almost identical to that exhibited by 12-year-olds. The point is that the interrogation situation presents to a drug abusing interviewee many opportunities to take the short-term way out of the interrogation—that is, to confess, over the delayed reward of possibly being released. This tendency to be under the control of immediate consequences may be greatly exacerbated by a substance abuser going into withdrawal during the course of being detained and interrogated.

Self-regulation

Self-regulation refers to the ability to control one's thoughts, emotions, and behavior. As noted earlier, control of mental processes is crucial for the ability to understand and evaluate information and arguments, as well as to evaluate the motives and truthfulness of others. Although individuals may have the required knowledge and abilities, they may be unable to use them in the situation at hand, as, for example, when test-taking anxiety interferes with focusing attention on the test, remembering known information, or being able to think clearly during the test.

Control of emotions is also crucial. Uncontrolled, powerful emotions can both interfere with rational thought and provide a strong impetus to emit dysfunctional behaviors. In fact, interrogation manuals such as the popular *Criminal Interrogation and Confessions* by Fred E. Inbau, John E. Reid and Joseph P. Buckley, (3d ed., Williams & Wilkins (1986)), instruct interrogators that emotions such as fear, guilt, and anxiety render the target much more susceptible to interrogation tactics and confession. Indeed, studies of social influence have long demonstrated that one need only arouse a negative emotion, such as fear or anxiety, and then present the desired behavior as the way to reduce it in order to facilitate persuasion. The more intense the negative emotion, the more powerfully attractive the apparent solution will seem. Thus, those prone to experience powerful negative emotions, to be intolerant of the distress, and unable to control it will be more susceptible to confession as an escape mechanism—a vulnerability characteristic of several mental disorders.

Self-regulation is also important, entailing the ability to override impulses toward dysfunctional or undesirable behavior. The person must avoid temptations to act in favor of immediate needs by eschewing such dysfunctional behaviors as procrastination, overeating, overspending, or making incriminating statements against long-term self-interest in order to achieve immediate relief from the interrogation.

A prerequisite for successful self-regulation is having a behavioral goal clearly defined. If a person engages in a particular strategy to reach a goal, the behavioral strategy

can change if the goal is not attained. The strategy is reinforced if the goal is attained. At the beginning of an interrogation, an interviewee may have the goal of establishing his or her innocence. As the interrogation progresses, many alternative goals are presented and made attractive by the interrogator. Interrogators thwart self-regulation strategies directed at establishing innocence, but strongly encourage other goals such as being seen as cooperative, explaining how one might have been caught up in the moment, avoiding a bad legal outcome through cooperation, or, in the case of the prisoner's dilemma, assigning blame before it is assigned to you. Assuming one consents to being interrogated, already a self-regulation failure, the interrogation is designed to confuse one with respect to what is the most salient goal. If that occurs, behavioral strategies at self-regulation are inevitably weakened. As is the case for emotion regulation, impaired self-regulation of behavior is characteristic of some mental disorders.

Cluster B of the personality disorders listed in DSM-IV-TR are characterized by some degree of dramatic, emotional, or erratic behavior. Cluster B includes antisocial personality disorder, borderline personality disorder, histrionic personality disorder, and narcissistic personality disorder. The clinical reliability of the specific labels for these and other personality disorders is generally poor. Thus, these labels have often been subsumed as being one of a cluster of similar symptom presentations. In part, the common definition of a mental disorder requires meeting some specified criteria and experiencing significant psychological distress that impairs desired role functioning. In the case of personality disorders, these patterns of behavior begin in adolescence or early adulthood and are persistent and maladaptive. Patients rarely present for treatment of a personality disorder but rather for the treatment of the short-term consequences of these behavior patterns. Common presentations are depression, anxiety, or job or relationship failures. There is reason to believe that stressful situations, such as a police interrogation, will increase the likelihood that regulation of thought, emotion, and behavior will fail in persons characterized by some Cluster B disorders.

One would expect that persons with anxiety disorders would find the additional stress of an interrogation extremely aversive and seek a quick end to the proceedings, even if it meant a poor distal consequence. Generalized anxiety disorder, social phobia, panic disorder or specific phobias related to confinement or health-related concerns could hasten a false confession. One feature of anxious individuals is a tendency to overestimate how aversive an event is and to make risk averse decisions. Interrogators implicitly and often explicitly threaten that if individuals do not explain how they were caught up in a bad situation, the district attorney, the judge, and a jury will surely infer that there is no "good" story and, unless the suspects explain what happened (i.e., confess), the worst story will have to be believed and acted upon—risks anxious persons, in particular, will be more motivated to avoid. The interrogator offers an apparent way out through suggestions of how and why the crime was committed that give suspects the impression it would not be a legally serious offense to confess to (commonly referred to as "minimization"). (Saul M. Kassin & Karlyn McNall, *Police Interrogations and Confessions: Communicating Promises and Threats by Pragmatic Implication*, 15 L. & HUM. BEHAV. 233-51 (1991).) We have seen many interrogations where the interrogator induces a signed confession that is inferred or construed by the suspect as a simple formality before being allowed to go home. Of course, the suspect is then arrested, much to his or her chagrin.

Clinical depression also presents increased risks of self-regulation failures. Clinical depression is associated with a host of deficits in cognitive processing. (*See* Susan Mineka, Eshkol Rafaeli & Iftah Yovel. *Cognitive Biases in Emotional Disorders: Information Processing and Social-Cognitive Perspectives*, HANDBOOK OF AFFECTIVE SCIENCES, 976–1009 (R.J. Davidson, K.R. Scherer & H. H. Goldsmith eds., Oxford University Press (2003).) In particular, dysphoric mood and depression tend to be associated with distortions of self-worth as well as inaccurate estimates of performance in a variety of social situations. Several experimental studies could lead one to predict that depressed persons would be less inclined to assert their rights, be less resistant to challenge by an interrogator, and less able to accurately judge how well they were meeting their goals in an interrogation.

Suggestibility

Among the most disturbing effects of interrogation is its ability to alter a suspect's beliefs about the reality of what occurred. Rather than simply inducing suspects to comply with demands to admit involvement, whether or not they believe what they are saying, interrogators may be so persuasive as to change the suspects' internal beliefs—in some cases causing them to believe they committed a crime of which they are innocent and to report false beliefs or "memories" of having committed it.

This is most likely to occur when suspects (a) are uncertain what happened or what is true—for example, due to lack of knowledge, intoxication, or poor comprehension; (b) lack confidence in their own memories or ability to understand—for example, due to long-standing subjectively known cognitive impairments; or (c) suffer impaired "reality monitoring" or the ability to discriminate between what is real and what is not, such as the difference between imagination and reality, or something one was told and something that happened. Impairments in

reality monitoring may result from the side effects of medication, drug or alcohol use, or tendencies toward hallucinations or delusions. A number of disorders render individuals more susceptible to suggestion through one or more of these mechanisms.

Gisli Gudjonsson and his colleagues have extensively tested the enhanced susceptibility of mentally retarded persons to interrogative suggestion; that is, their tendency to change accounts in response to suggestive questioning, showing that the mentally retarded are substantially more likely to change their accounts when told they are wrong or when subject to disapproving responses. (*See* Gudjonsson, HANDBOOK, *supra*.) Due to poor comprehension and reduced general knowledge, such persons are less likely to know what is actually true; and due to a history of failures and awareness of personal deficits in understanding, they possess less confidence in their own memories and beliefs.

Persons with schizotypal personality disorders, schizophrenia, delusional disorder or the manic phase of bipolar disorder, can be prone to suggestibility through all three mechanisms of failure of knowledge, confidence, and reality monitoring. Moreover, they are prone to simply produce imagined memories or confabulation. If the interrogator asks particularly leading questions or continually reinforces the interviewee for adding details or helping the interrogator make sense out of the situation, a tendency to confabulate can lead both parties to believe in the reality of a false confession.

Conclusions

The model for understanding the sources of individual vulnerability to coercive interrogation we have outlined offers a framework for understanding how both chronic and acute individual characteristics can enhance susceptibility to coercion. Here we have focused on chronic mental disabilities. However, many mentally healthy individuals are susceptible to enhanced risk of coercion under certain circumstances. Acute states such as sleep deprivation, intense distress, drug use, and other factors can enhance susceptibility directly through their effects on such factors as cognitive processing or self-regulation, or indirectly, such as when impaired self-regulation can decrease tolerance for distress and enhance the need to terminate the interrogation. Understanding the basis of enhanced susceptibility to coercion is complex, requiring appreciation of the diverse coercive processes inherent in interrogation, as well as the way in which they act on the basic underpinnings of resistance to coercion and the processes through which susceptibility to these effects are affected by both chronic and acute vulnerabilities. Given the necessity for this multilevel analysis and understanding, it is not surprising that the courts have yet to recognize the majority of relevant vulnerabilities as sufficient grounds for suppression. ■