

# The Occupational Hazards of Jury Duty

Stanley M. Kaplan, MD and Carolyn Winget, MA

Jurors on criminal trials carry a considerable burden of responsibility. They determine the defendant's fate. Additionally, during trials they can be exposed to stressful, frightening, and sordid aspects of life. The stressfulness varies depending upon the nature of the trial, its length, the nature of the testimony and evidence, the jurors' interpersonal relationships, the difficulty establishing guilt or innocence, the public's attitude, etc. These experiences can create psychological and/or physical discomfort that can be transient and mildly or moderately intense, or more serious and constitute illness. The authors have studied juries of four criminal trials—two murder cases, one child abuse case, and one obscenity case. Forty jurors were interviewed. Twenty-seven had one or more discomforting physical and/or physiological symptoms. These involved gastrointestinal distress (10 jurors); generalized nervousness (4 jurors); heart palpitation (6 jurors); headaches (4 jurors); sexual inhibitions (4 jurors); depression (4 jurors); anorexia (4 jurors); faintness (2 jurors); and numbness, lump in throat, chest pain, hives, and flu (1 juror each). Seven of the jurors became clearly ill. Illnesses included: peptic ulcer reactivation and hives, phobic reaction, anxiety state and increased alcohol use, hypertensive episode and visual scotomata, sexual inhibition, chills, fever, and depression, and post-traumatic stress disorder.

Jurors, especially those serving on criminal trials, carry a heavy burden of responsibility. The defendant's future, indeed even his or her life, can be in their hands. The significant stresses that arise under these circumstances can lead to a variety of physical and psychological disturbances that range from mild and transitory to overt illness. Interestingly, few reports of these effects on jurors have been described in the literature.<sup>1-3</sup>

The degree of stress jurors experience depends upon such factors as: the nature of the trial (e.g., whether it involves the death sentence); its duration; the difficulty establishing the defendant's guilt or innocence; the nature of the testimony and evidence presented (e.g., heart-rending, gory, frightening); the relationships that develop among jurors; the length of sequestration; the public's attitude about the trial; and the backgrounds of individual jurors.

## Method

The authors have studied the juries of four criminal trials:<sup>2,3</sup> two for murder; one for child abuse and one for pandering obscene videotapes. Forty jurors

Dr. Kaplan is professor, Department of Psychiatry, University of Cincinnati College of Medicine, Cincinnati, OH 45267-0559. Ms. Winget is associate professor of psychology, Department of Psychiatry, University of Cincinnati College of Medicine. This paper was presented at the 21st Annual Meeting of the American Academy of Psychiatry and the Law, October 28, 1990, Coronado, California.

were seen to assess their reactions to the jury experience. The interviews were tape-recorded.

The jurors of the four trials were contacted by mail. They were asked to participate in the study and the letters indicated our research interest in learning about their experiences as jurors. The investigators' academic credentials were described and a phone number was provided for their response. In three of the four trials (see below) financial reward was offered for the jurors' participation in the study.

If a juror failed to respond to the letter, a personal phone call was made to encourage him or her to come in for interviews. Provision of a fee unquestionably encouraged participation. However, despite this, 10 jurors refused to respond. This was unfortunate inasmuch as some of them, at least according to the other jurors, were among the most affected by the trials.

While the jurors were not told in advance explicitly of our interest in whether the stress they experienced had affected their physical or mental state, it must have been apparent to them as the interviews progressed. Therefore, they were not blind to our hypothesis although many additional areas of interest were pursued during the interviews.

Interviewing, except for the pornography trial jurors, was done without a specifically designed series of questions to be covered. The interviews were free-flowing although certainly directed to some extent by the interviewer into channels of interest that emerged. The importance of certain issues would be-

come apparent as the individual sessions progressed and as more jurors from any trial were seen. The intent of the interviews was to determine the nature of the jurors' thoughts, feelings, and behaviors during and after the trials. A great deal of information was obtained in addition to that pertaining to their physical and mental reactions to the stresses of the trial.

The list of questions developed for the jurors of the pornography trial were covered in a conversational rather than interrogating fashion. If a topic relating to the questions originally did not arise, they were posed more directly toward the end of the interview but, even then, every effort was made to weave them into the conversation.

### The Trials

The first trial involved the murder of a pretty 19-year-old girl by an itinerant house-to-house salesman whom the victim had allowed to enter her home in her parents' absence. She was severely beaten and raped, her throat was severed with a paring knife the defendant found in the kitchen. The jurors in this case had little doubt of the defendant's guilt, and they recommended that he die in the electric chair. All but one of the 17 jurors (including alternates) were interviewed for one hour on two separate occasions. Additionally, a number of them participated in a group discussion several months after the trial. They were paid \$50.00 for each session.

Six jurors of a second murder trial were interviewed. In this case, an irate alcoholic shot and killed his former girl-

## **The Occupational Hazards of Jury Duty**

friend and her new suitor. Here, too, the jury believed the defendant was guilty; however, one juror held out for a lengthy period before agreeing to condemn the man to the electric chair. These jurors were not paid. They agreed to participate for the sake of research. Each was seen once for an hour.

In the third trial, three adults responsible for a summer camp were charged with sexually abusing the young campers. The accusations were made by the mothers of two of the girls who attended the daytime facility. In this case, the jurors mainly felt that there was little evidence to support the charges. In fact, most questioned the grand jury's judgment for having allowed the case to progress. All defendants were found innocent. Each of the nine jurors were interviewed once and were paid a \$50.00 fee.

Finally, the fourth, an obscenity trial, involved the owner of a videotape rental store who was accused of pandering unacceptable pornography. The defending attorney, the defendant, and all nine jurors were individually interviewed, each on one occasion. They too were paid \$50.00. The jury could not reach a unanimous decision—it split six to two in favor of acquittal.

### **Psychological and Physical Effects on the Jurors**

Of the 40 jurors interviewed, 27 had one or more physical and/or psychological symptoms that could be related to jury duty. Their symptoms ranged from transient psychophysiological responses to significant illnesses, which developed

in seven of the jurors, three of whom required the care of a physician. Symptoms were reported more frequently by women than by men. Possibly the men felt it unmanly to admit to becoming upset by the trial.

The events of the first murder trial evoked the greatest incidence of symptoms in the jurors. This seemed due to the high level of stress associated with exposure to an especially brutal crime. Viewing the explicit photographs of the badly beaten and lacerated victim, handling her blood-stained clothing, and signing the death penalty were among the more upsetting experiences for them.

The jurors of the obscenity trial were required to view several sexually explicit video movies. While this could be interesting if not entertaining for some, especially if seen in privacy, it often proved uncomfortable for the jurors because they viewed these intensely erotic films while seated before the courtroom audience. They felt scrutinized.

The child abuse trial was stressful principally because of the perverse nature of the alleged activity of the accused adults and because of the jurors' feelings for the young children who became upset while testifying. The jurors were also concerned about the defendants whom they felt had been wrongly accused.

The stress of the second murder trial was related mainly to the lengthy sequestration that was caused by one juror, the lone holdout. This woman agonized over imposing the death penalty. She had identified with the defendant who had experienced a deprived early life much like her own.

## Symptoms

Sleeplessness was the most frequent complaint that 13 of the 40 jurors experienced. For example, Mrs. C. would awaken at night thinking about the trial:

For the first week, I couldn't sleep at all. It was very difficult. Even for a week after it was over, I couldn't sleep.

Mrs. K. was unable to sleep because of recurring nightmares in which the defendant threatened to cut her throat.

Ten jurors developed stomach symptoms, which were mainly related to revulsion over viewing the photographs of the mutilated victim of the first murder trial. Mrs. K. said she wanted to "throw up" when she looked at the pictures.

Mrs. C. reported, "I would go home sick to my stomach—had to go home and lay down." Others complained of "butterflies," a "knot in my stomach," "nausea," and "queasiness." One juror who will be described later developed a flare-up of a peptic ulcer.

Twelve jurors complained of nervousness or tension that was induced by anything from showing up for the voir dire to signing the death penalty. Typical comments were: "I was really nervous—scared—I'd get shaky and have sweaty palms," and "Nervous, sort of shaky." Examples of more severe anxiety will be described later.

Six jurors developed headaches; four experienced heart palpitations. Four women developed transient sexual inhibitions. Four jurors became depressed; four became anorexic; two experienced faintness; and one juror each described numbness, lump in the throat, chest pain, generalized hives, and flu that oc-

curred immediately after the conclusion of the trial.

A few examples of jurors' comments relating to these less frequently occurring symptoms are the following:

Mrs. R.: I thought I was going to pass out when they were going to show the pictures (of the brutalized victim). And when they read the verdict, they were all looking at us. . . . I tried to grasp for air and I thought (everyone) might see my heart beat. It was beating so hard.

Mrs. C.: So at night, I went home ill (after looking at the pictures). I couldn't eat for three days. . . . Your body would feel numb.

Mr. S.: I'm sure my pulse increased and my blood pressure rose. My hands were quite clammy.

Mrs. L.: I had a migraine throughout the whole trial, but I'm prone to migraine.

The intensity of their feelings became evident during the interviews. Some appeared clearly depressed, and many, particularly the women, cried. An older man was obviously shaken when he associated the photographs of the murder scene with scenes he experienced during World War II on Okinawa where he witnessed the bodies of his dead buddies. He was choked up by his recollections and unable to speak for several minutes.

## Occurrence of Overt Illness

Some of the jurors experienced overt illness. The following examples are presented in greater detail:

**Peptic Ulcer and Hives** Mrs. T., approximately 40 years old, was on the child abuse jury. It proved to be an emotionally trying experience, in fact, so trying that partway through the trial she asked to be excused from the jury because of epigastric distress. The court refused her request.

Mrs. T. took her job as juror very

## The Occupational Hazards of Jury Duty

seriously. She carefully weighed every shred of evidence. Meanwhile, she questioned the interest, intelligence, and sincerity of the other jurors, and consequently felt that much of the burden of the outcome of the trial rested upon her shoulders. She felt "terrible" at times.

*My stomach got upset a lot. I was worried that I couldn't remember all the fine points. Several jurors just laughed about it (the trial), and that bothered me a great deal. . . . It (stomach) would get real upset and start hurting. It would start tumbling, and I had butterflies.*

Mrs. T., a nurse, had a history of peptic ulcer that began five years previously when two young men with leukemia who were under her care died within a short time of each other. She had become attached to both. Ulcer symptoms had recurred over the years, but she had been asymptomatic for some time. During the trial, however, she developed abdominal discomfort. She visited her physician who prescribed a "lot of cimetidine" and told her "to try not to worry." She described jury duty further:

*I didn't want to make a mistake. The children—I felt they'd never forget it (tearful). And these young people (defendants) just starting out their lives.*

The extent to which she personalized the experience was evident.

*I cried a lot. I'd be on the bus and say to my self, "Jimmy (talking in fantasy to one of the defendants), you didn't really do it, did you? 'Cause if you did, I'll kill you. . . . Why did you screw up?" And I'd cry and say, "Jimmy, you couldn't do that. You wouldn't do that."*

Mrs. T. also experienced the onset of hives during the second week of the trial. They occurred during the cross-examination of the children.

*I started itching. I thought, "There are fleas in the courtroom," and I really meant it. Next thing I knew I was full of hives. Never had a hive in my life. . . . As soon as the trial was over, I never had another one.*

She volunteered that she falls apart if a child as much as stumbles and cuts its knee. When asked about feelings she had at the time the hives occurred, she said:

*When the children got on board, then I was really mad inside. . . . I kept feeling that the men should be shot. . . . Very much sadness that these poor little kids had to be exposed to this sorrow. And the poor little things—all they wanted to do was go to school.*

**Phobic Reaction** Miss I., an overprotected 18-year-old, was the youngest juror of the first murder trial. The jurors became very protective of her, fearing she would find the trial very upsetting.

Miss I. developed a transient phobia of bathrooms. The body of the murdered victim in this case had been found on the bathroom floor. She volunteered:

*Oh, I forgot something. When I'd go to bathrooms, especially strange people's bathrooms, I'd freak out. I can't explain it. I'd picture her (the victim) lying on the bathroom floor. It used to happen to me when I was home. It doesn't bother me any more.*

She became upset on the Fourth of July weekend at her aunt's home.

*Her bathroom is small and blue. I hadn't pictured it (the victim's bathroom) for a long time, but I did then.*

A week later, she was asked about the bathroom experiences.

*I used to be scared to death to go to bathrooms. For awhile, I'd make someone go with me—my sister—in a public bathroom. But now I'm not scared, but a little nervous. Just if I'm in a strange place.*

**Anxiety and Increased Alcohol Intake** Mrs. K., a 41-year-old white

woman, the most upset of all the jurors of the first murder trial, had clearly identified with the victim. She realized that she too could have invited the defendant into her own home had he knocked on her door. She found him attractive. Her symptoms during the trial became so disabling that she visited her physician who prescribed Ascenden and Valium. When asked about experiences relating to the trial, tears came to her eyes.

It was very traumatic—most horrible experience of my life. I got your letter (to participate in the research). I woke up (that night). I was screaming in my sleep, dreaming I was on the courthouse steps, and E. (the defendant) had me. . . . I sent my kids to their grandparent out of town . . . to hide them. . . . I'm paranoid. I can't shake it. I went to the Smoky Mountains and twice I ran into a fellow who looked like him. I flipped out. I got hysterical, shook, and just ran. . . . I dreamed he broke into my apartment on several occasions. Same dream over and over of E. standing there with that smirking look on his face. I'd wake up in a cold sweat.

Mrs. K.'s use of alcohol increased substantially and continued for some time after the trial. A long-time relationship with a boyfriend broke up because he could not understand why she was so upset.

***Elevated Blood Pressure and Visual Scotomata*** Mrs. Y., a 63-year-old woman, who served on the second murder trial, was carried out of the jury room on a stretcher because of chest pain. She developed the pain after the jury had been out for five days because one of the jurors was unwilling to sentence the defendant to the electric chair. The bailiff summoned a physician who

ordered an ambulance to take Mrs. Y. to the hospital.

According to Mrs. Y., the physician found her blood pressure to be 170/100. She had never knowingly experienced a hypertensive episode. When seen by her personal physician several days later, her blood pressure had returned to normal. A few weeks after the trial, the patient experienced flashing lights in her right eye. Her ophthalmologist told her that this could be a warning of an impending retinal detachment. This did not occur.

Mrs. Y. was upset by the five days of sequestration. Shortly before the symptoms began, the judge had sent word to the jury that they must remain sequestered until they reached a decision. While she was annoyed with the holdout juror, Mrs. Y. too had struggled over whether to invoke the death penalty. Ultimately, she went along with the group even though she was reluctant to do so because of her religious convictions, which questioned taking another's life. She worried that her family, especially her daughters, and her friends would not understand.

***Sexual Inhibition*** Three women, two from the pornography trial and one from the child abuse case experienced transient sexual inhibitions.

Mrs. L., a 39-year-old, was upset that her fellow jurors had decided that the defendant was not guilty of pandering pornography. Only she and another juror believed otherwise. The highly erotic nature of the videotapes disturbed Mrs. L., and affected her sexual responses to her husband. As she put it:

When I came home, I didn't even want my

## The Occupational Hazards of Jury Duty

husband to touch me. I said, "Honey, just give it some time, you know." He said, "It's not me?" I said, "No, it's not you, but I've been watching the movies day in and day out, every day, and right now that's the last thing I want to do. I don't want to have any relations with you, you know. I just want to be left alone. Just let me get through this. . . . It just made it so unclean and so dirty in my mind. . . . That didn't last too long. I mean, I got over that.

Some weeks later, however, she was again asked whether she had gotten over this problem completely.

I can't say that I have. I really haven't because it's like it comes in and out of my mind. . . . Like when we go to bed, and he wants to make love to me. Well, just for a second I see a part of one of the movies. I have to shake it off. . . . My husband said, "Come on, dear, this is your husband, the man that you love." . . . So I mean, it's not like it's permanently damaging me. I hope this goes away after awhile. . . . Just even talking about the trial, it brings back everything.

It is possible that this juror's impulses to engage in some of the sexual acts depicted in the videotapes were stirred. These deeper wishes that were unacceptable and conflictful were then dealt with by a broad suppression of her sexual desires.

***Post-Trial Chills, Fever, and Depression*** Mrs. J., a 38-year-old juror of the second murder trial, was mentioned above. She had steadfastly held out against the death penalty, a decision agreed upon by all the other jurors. With the encouragement of her fellow jurors, she went into the jurors' bathroom where she could be alone, to carefully study all the trial data. She emerged several hours later and reluctantly agreed to assign the death penalty.

When Mrs. J. returned home after the

conclusion of the trial, she became ill and was bedfast for three days. She described the post-trial illness:

When we were sequestered, I had problems sleeping. I got very little sleep, and I guess I was run down. So after I got home, I got sick. I must have gotten the flu bug. About an hour after I got home, I went to bed, and began shaking. I shook all night. Guess I had chills and fever because my pillow was wet. . . . I guess my resistance was low.

The shaking subsided the next morning, but it was followed by three days of diarrhea. Although her temperature had not been taken, her husband felt that she had been warm. Mrs. J. described her tension during sequestration:

It's just the responsibility I felt I had on my shoulders. . . . I felt there was a good possibility he would be getting the death penalty. Guess I was more upset than I realized. . . . Well, I was the last holdout. We had reached the guilty verdict. . . . I felt the law should be different. I was trying to put my interpretation on the law instead of what it was. There were a lot of mitigating circumstances. I kept going over and over all the facts . . . and came to the defense of the defendant. I felt they hadn't considered everything. . . . It was the law. I had a lot of doubts. . . . I felt he didn't know what he was doing. . . . I wasn't happy at all about doing this, but I gave it all I could. The last day I was the only one holding out. For awhile there, I felt like I was on trial. (tearful) I know he took two people's lives and he should be punished for it, but I don't see where we have the right to take his life.

Anything reminding her of the trial made her tearful. She compared the defendant's life to her own.

I think about him and his family. He has six children. . . . He was about a year younger than I. I'm from a poor background too. . . . There were six of us then. My mother did a marvelous job.

Interestingly, when she was ten, Mrs. J.'s

father was killed by a man who had lived with their family. While in a drunken stupor, this man hit her elderly sick father with a lead pipe. He was jailed for seven years. "Yes," Mrs. J. said, "I guess I had a lot of the same background, so, I guess it must have affected me more than some of the others."

Her depression was evident. Ever since the trial, she had been tired. "If I'm sitting at home on the sofa, I fall asleep at 9 or 9:30. . . . I've probably lost some of my enthusiasm." When asked, she said, "Well, I guess you can say (I'm) depressed. . . . Like I'm working on getting my real estate license. I was enthused about it. Now, I haven't opened up the book to study for the exam." While ordinarily she became excited about Christmas, this year she was not. She was uncertain how long it would take to get over being "down." Her husband felt that she had been depressed. "She was from a large family. I think she related it (the trial) to her own background."

#### *Post-Traumatic Stress Reactions-*

Symptoms of post-traumatic stress disorder were experienced by several jurors of the murder trials. The following juror's symptoms fulfill the DSM-III-R criteria for post-traumatic stress disorder.

Mrs. C., about 67 years of age, was very upset by the trial. In an article appearing in the local newspaper headlined, "Juror Hopes to Never Again Face Question of Someone's Execution", Mrs. C. described her experience as "traumatic." "It was terrible and I'm still shaken," she said. "I just hope I never

have to go through something like that again." Comments during the interview held about six weeks after the trial included:

Then they brought in those pictures. That was horrible, absolutely more than I could bear. I had to look at them. You could see where she was beaten and stabbed. It looked like he pulled her whole throat open. And then his footprint on her breast and blood all around. So that night I went home ill. I couldn't eat for three days. You'd see that constantly. . . . Your body would feel numb. It was such a traumatic experience to look at that.

She was asked how often she thought about the photos.

Every so often. Her lying in the morgue or the bathroom. I couldn't understand why he had to cut her throat and step on her. So cruel. . . . Not so often now. It's over a month. I'm beginning to feel like my old self; but when someone brings it up, I get nervous, unstable feelings inside. . . . Guess I had sort of guilt feelings. . . . You have that feeling that you are putting someone to death.

Concerning dreams:

Oh, I still have those. I'd wake up and go through all of it again. I could see E. (the defendant) sitting there, and I'd see the girl in my sleep. All the gory pictures. . . . I still wake up twice or three times at night. So it has affected me that way. I can't erase it from my mind.

#### **Discussion**

The purpose of this study was to understand the juror experience in highly charged criminal trials. It represents an exploratory study of a somewhat commonplace judicial event experienced by a significant number of citizens of ours and other societies. This report deals mainly with the psychological and physiological sequelae of four such trials. Naturally, conclusions drawn from



## The Occupational Hazards of Jury Duty

them are limited by a lack of controls; for example, juror responses to less emotionally charged trials from which one might derive the frequency of physical and emotional reactions. Nevertheless, it was apparent to the interviewers that the discomfort the subjects experienced was directly related to the events of the trial. Naturally, not all jurors reacted in all situations in a similar fashion. An event stressful to one juror might be based upon his or her past personal life and present personality configuration that could be completely different than another's.

It seems clear that jury duty can affect jurors' health. Although such experiences do not have deleterious effects on the health of everyone who serves, significant symptoms occur frequently enough to be noteworthy. Symptoms can be mild and transient, or more serious and lasting.

Jurors provide their time and efforts to fulfill a community responsibility. They often miss work, are separated from their families for periods of time,

or are otherwise inconvenienced. Meanwhile, they are poorly compensated for their time.

Does the community have a responsibility to jurors? Should jurors receive closer attention before they are accepted for duty to determine whether the trial could prove too stressful for them? Should they be prepared for any obvious stresses that will occur during the trial; for example, exposure to photographs of mutilated victims or the possibility of having to impose the death sentence?

Debriefing by a professional after the trial to allow jurors to talk about their thoughts and feelings should prove useful. At the conclusion of a stressful trial, an assessment could be made to determine whether any juror needs medical care or psychological counselling.

### References

1. Feldmann TB, Bell RA: Crisis debriefing of a jury murder trial. *Hosp Community Psychiatry* 42:79-81, 1991
2. Kaplan SM: Death, so say we all. *Psychology Today* 19:48-53, 1985
3. Kaplan SM, Whitman RM: The pornography trial. Presented at the 19th Annual Meeting of the American Academy of Psychiatry and the Law, San Francisco, 1988