Chapter 6

Psychological and Psychiatric Foundations of Criminal Behavior It's How We Think

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Learning Objectives

6.1 What are the major principles of psychological and psychiatric perspectives on criminal behavior?

6.2 What two major ideas characterized early psychological theories, and what was the difference between them?

6.3 How do personality disturbances explain criminality?

6.4 What are cognitive theories, and what three types of cognitive

6.5 What insights into criminal behavior does the psychoanalytic perspective offer?

6.6 How does behavior theory explain the role of rewards and punishments in shaping behavior?

6.7 What are the policy and treatment implications of psychological and psychiatric understandings of criminality?

6.8 How can psychological and psychiatric theories of crime be critiqued?

6.9 What are some assumptions underlying the practice of criminal psychological profiling?

6.10 How does the legal concept of insanity differ from behavioral understandings of the same concept?

Introduction

A number of studies appear to show that most mentally ill people do not commit crimes,[446] and a direct link between mental illness and crime is difficult to demonstrate. Nonetheless, American correctional institutions are filled with persons suffering from psychiatric issues, and many of them never receive the care they need.[447] When some mentally ill people do become violent, however, their crimes can have horrific consequences. Take, for example, the strange case of 61-year-old John Waszynski of Wethersfield, Connecticut.[448] In 2016 Waszynski was found not guilty by reason of insanity in the strangling death of his 86-year-old mother, Krystyna. Waszynski had long been known to residents of his small hometown as "strange." One neighbor told reporters, "Everyone thought he was strange. You just got a creepy feeling from him."[449] Waszynski, who had been diagnosed as a schizophrenic, had been known to wander around his yard naked, and neighbors thought that he lived by himself. After authorities were called by his brother to do a welfare check on Waszynski, they found that he had been living with his mother's decomposing corpse for five or six months after he killed her. Following the "not guilty by reason of insanity" verdict, Waszynski was ordered committed to a state psychiatric hospital.[450]

Psychological and Psychiatric Theories

6.1 What are the major principles of psychological and psychiatric perspectives on criminal behavior?

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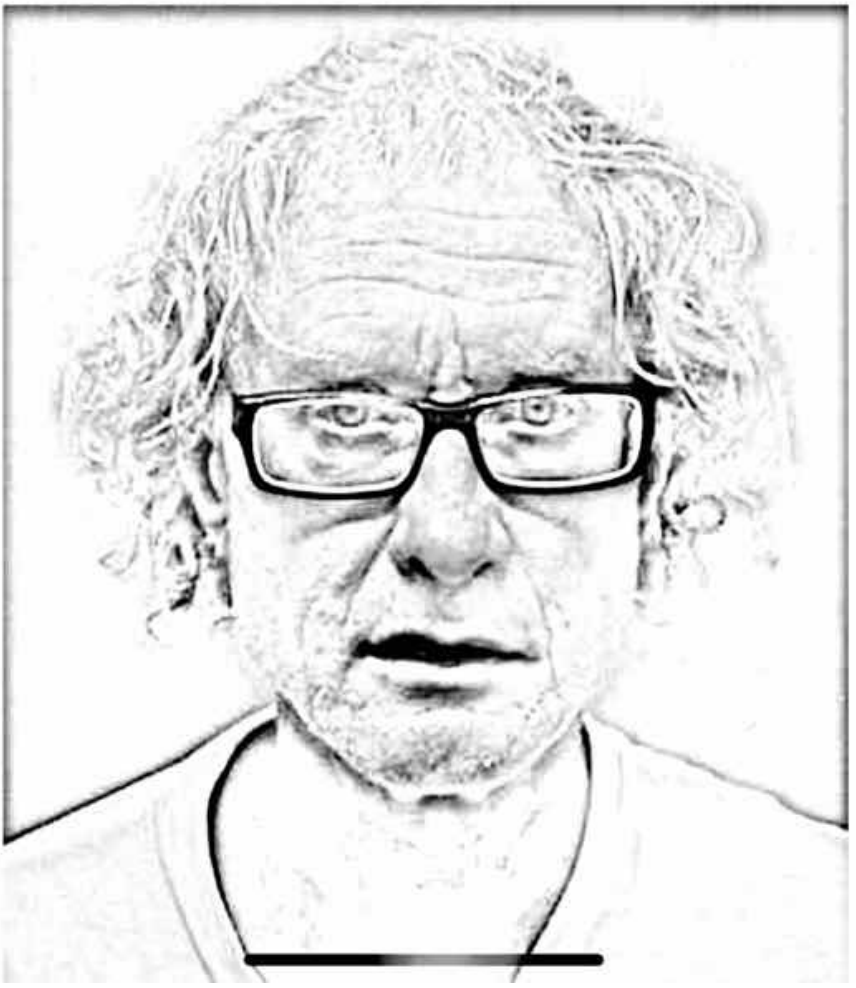
We might ask whether Waszynski was sane at the time he killed his mother; or, more importantly, we might inquire into the nature of insanity itself. What does the term mean, and how is it relevant to criminology? Can we identify features of Waszynski's personality that led to crime commission? If so, might he have been stopped? Questions like these concern all criminologists, but they are especially relevant from a psychological perspective.

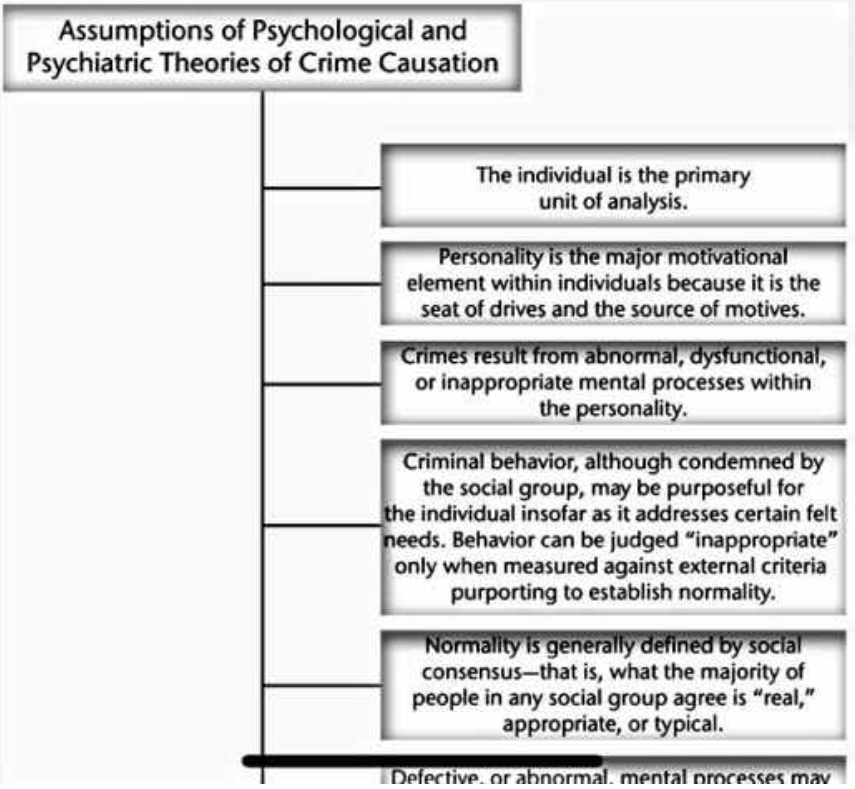


John Waszynski, 61, who was found not guilty by reason of insanity after killing his mother and living with her corpse for five months. What role might have Waszynski's mental state played in the murder?
Mugshots.com

Psychological determinants of deviant or criminal behavior are couched in various terms, as *exploitative personality characteristics, poor impulse control, emotional arousal, an immature personality*, and so forth. Before beginning a discussion of psychological theories, however, it is necessary to provide a brief overview of the terminology used to describe the psychological study of crime and criminality. Forensic psychology, one of the fastest-growing subfields of psychology, is the application of the science and profession of psychology to questions and issues relating to law and the legal system.[451] Forensic psychology is sometimes referred to as criminal psychology, and forensic psychologists are also called criminal psychologists, correctional psychologists, and police psychologists. Unlike forensic psychologists (who generally hold PhDs), forensic psychiatrists are medical doctors, and forensic psychiatry is a medical subspecialty that applies psychiatry to the needs of crime prevention and solution, criminal rehabilitation, and issues of criminal law.[452] The assumptions that characterize psychological and psychiatric theories of crime causation are shown in **Figure 6-1**.

Figure 6-1

Assumptions of Psychological and Psychiatric Theories of Crime Causation



Criminal behavior, although condemned by the social group, may be purposeful for the individual insofar as it addresses certain felt needs. Behavior can be judged "inappropriate" only when measured against external criteria purporting to establish normality.

Normality is generally defined by social consensus—that is, what the majority of people in any social group agree is "real," appropriate, or typical.

Defective, or abnormal, mental processes may have a variety of causes, including a diseased mind, inappropriate learning or improper conditioning, the emulation of inappropriate role models, and adjustment to inner conflicts.

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Survey

Psychological and Psychiatric Theories

History of Psychological Theories

6.2 What two major ideas characterized early psychological theories, and what was the difference between them?

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Two major ideas characterized early psychological theories: personality and behaviorism. Personality theory built on the burgeoning area of cognitive science, including personality disturbances, the process of moral development, and diseases of the mind, whereas behaviorism (also known as *behavior theory*) examined social learning with an emphasis on behavioral conditioning. Together, these two areas formed the early foundation of psychological criminology. This chapter discusses theories of cognitive science and behaviorism as they relate to criminality. A separate discussion of psychoanalytic theory, an outgrowth of personality theory, rounds out this chapter.

Personality Disturbances

6.3 How do personality disturbances explain criminality?

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Psychologists working in the first half of the twentieth century adapted the disease model—a paradigm that had worked so well in the field of medicine—in an effort to cure mental and emotional problems. Consequently, early cognitive perspectives in psychology were couched in terms of mental disease, personality disorder, and psychopathy.

Psychologists and psychiatrists today distinguish between the terms *psychopathy* and *psychopathology*. In the psychological literature, psychopathology "refers to any sort of psychological disorder that causes distress either for the individual or for those in the individual's life."[453] Today, depression, schizophrenia, attention deficit hyperactivity disorder, alcoholism, and bulimia are all considered forms of psychopathology, or mental disease. One of the most serious of mental diseases is psychopathy, "a very specific and distinctive type of psychopathology."[454]

The Psychopath

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Psychopathy is a personality disorder characterized by antisocial behavior and by a lack of sympathy, empathy, and embarrassment. Psychopaths, many of whom are known as effective manipulators, and who clearly understand the motivations of others, are said to dissociate emotionally from their actions and lack empathy or sensitivity toward others.

The concept of psychopathy, called "one of the most durable, resilient and influential of all criminological ideas,"[455] may have evolved from the work of French physician Philippe Pinel (1745–1826), who described a form of "insanity without delirium." The concept is summarized in the words of Nolan D. C. Lewis, who wrote that "the criminal, like other people, has lived a life of instinctive drives, of desires, of wishes, of feelings, but one in which his intellect has apparently functioned less effectually as a brake upon certain trends. His constitutional makeup deviates toward the abnormal, leading him into conflicts with the laws of society and its cultural patterns."[456]

The term *psychopathy* comes from the Greek words *psyche* (meaning "soul" or "mind") and *pathos* (meaning "suffering" or "illness"). The word, which appears to have been coined by German neurologist Richard von Krafft-Ebing (1840–1902),[457] made its way into English psychiatric literature through the writings of Polish-born American psychiatrist Bernard H. Glueck (1884–1972)[458] and British psychiatrist William Healy (1869–1963).[459]

The psychopath has been historically viewed as perversely cruel, often without thought or feeling for his or her victims.[460] By World War II, the role of the psychopathic personality in crime causation had become central to psychological theorizing. The concept of a

The psychopath has been historically viewed as perversely cruel, often without thought or feeling for his or her victims.[460] By World War II, the role of the psychopathic personality in crime causation had become central to psychological theorizing. The concept of a psychopathic personality, which by its very definition is antisocial, was fully developed by neuropsychiatrist **Hervey M. Cleckley** in his 1941 book *The Mask of Sanity*[461]—a work that had considerable impact on the field of psychology. Cleckley described the psychopath as a "moral idiot," or as one who does not feel empathy for others, even though that person may be fully aware of what is happening around him or her. The central defining characteristic of a psychopath is described as a "poverty of affect," or the inability to accurately imagine how others think and feel. Therefore, it becomes possible for a psychopath to inflict pain and engage in cruelty without appreciation for the victim's suffering. Charles Manson, for example, whom some regarded as a psychopath, once told a television reporter, "I could take this book and beat you to death with it, and I wouldn't feel a thing. It'd be just like walking to the drugstore."[462]

Characteristics of Psychopaths

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In *The Mask of Sanity*, Cleckley describes numerous characteristics of the psychopathic personality, some of which are shown in **Figure 6-2**. For Cleckley, "psychopathy was defined by a constellation of dysfunctional psychological processes as opposed to specific behavioral manifestations."[463] Cleckley noted that in cases he had observed, the behavioral manifestations of psychopathy varied with the person's age, gender, and socioeconomic status.

Figure 6-2

Selected Characteristics of the Psychopathic Personality

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Selected Characteristics of the Psychopathic Personality

Source: Schmalleger, Frank, *Criminology*. Printed and Electronically reproduced by permission of Pearson Education, Inc., Upper Saddle River, New Jersey.

Even though psychopaths have a seriously flawed personality, they can easily fool others into trusting them—hence the title of Cleckley's

Even though psychopaths have a seriously flawed personality, they can easily fool others into trusting them—hence the title of Cleckley's book. According to Cleckley, indicators of psychopathy appear early in life, often in the teenage years. They include lying, fighting, stealing, and vandalizing. Even earlier signs may be found, according to some authors, in bed-wetting, cruelty to animals, sleepwalking, and fire setting.[464] Others have described psychopaths as "individuals who display impulsiveness, callousness, insincerity, pathological lying and deception, egocentricity, poor judgment, an impersonal sex life, and an unstable life plan."[465]

Cleckley believed that there were two kinds of psychopaths: primary and secondary. In later work, psychologist David Lykken refined those terms, saying that *primary psychopaths* are somehow neurologically different from other people, and that makes them behave the way they do.[466] Hence, primary psychopaths are born with psychopathic personalities, whereas *secondary psychopaths* (sometimes called sociopaths) are born with a "normal" personality, but personal experiences (frequently physical and emotional abuse or trauma) when they are young cause them to develop psychopathic characteristics.

Other types of psychopaths have also been identified, including the *charismatic psychopath* and the *distempered psychopath*. Charismatic psychopaths are charming and attractive, but also habitual liars. They manipulate others to achieve their personal goals, without considering others' feelings. Distempered psychopaths are easily offended and fly into rages even at slight provocations. They have been characterized as having strong urges, including sexual drives, that often lead to addiction.

A definitive modern measure of psychopathy can be found in the Psychopathy Checklist (PCL), developed by Robert Hare (sometimes called the Hare Psychopathy Checklist).[467] The checklist, when used by qualified experts employing information from subject interviews and official records, produces a series of ratings assessing degree of psychopathy. The checklist uses two kinds of indicators: affective and interpersonal traits (glibness, emotional detachment, egocentricity,

superficial charm, shallow affect) and traits associated with a chronic unstable and antisocial lifestyle (irresponsibility, impulsivity, criminality, proneness to boredom).[468] Hence, psychopathy has both emotional and behavioral components. A number of studies have demonstrated that the presence of callous unemotional traits, when present in adolescence, reliably predicts later antisocial behaviors.[469]

Mads Mikkelsen as Dr. Hannibal Lecter in the NBC-TV series *Hannibal*. What are the characteristics of a psychopath?
WENN US/Alamy Stock Photo

One study of eight Canadian maximum-security male prisoners classified as psychopaths according to the PCL found that the men were not only impaired emotionally but also unable to efficiently process abstract words, perform abstract categorization tasks, understand metaphors, and process emotionally weighted words and speech.[470] During a test on abstract concepts, the men's brains were scanned using functional magnetic resonance imaging (fMRI), and scans showed that a section of each of their brains did not activate as it should have. The researchers concluded that their findings "support the hypothesis that there is an abnormality in the function of the right anterior superior temporal gyrus in psychopathy."[471] Other studies in neurobiology have linked this part of the brain with abstract problem solving and insight.[472] Deficiencies in this part of the brain may also be associated with autism and the development of childhood schizophrenia.[473]

Some have questioned whether psychopaths merely lack empathy or really don't know the difference between right and wrong. Recent research seems to show that the ability to tell right from wrong is something that human beings are born with, that the human brain is hard-wired to make moral distinctions, and that the same distinctions tend to be made across cultures.[474] You can test your own sense of right and wrong by taking the Moral Sense Test (MST) online. The MST, which researchers are using to detail the nature of moral psychology, is accessible online at **http://www.moralsensetest.com.**

Traditionally, psychopathology has been regarded as difficult or impossible to treat. But a recent study of adolescent psychopaths found that "youth with psychopathic features who received intensive treatment" in sanction-based programs that held youth accountable for their actions "had significantly lower rates of violent recidivism and a longer time to rearrest for violent behavior" than those who received treatment in a typical juvenile correctional facility.[475] In 2007, the United Kingdom launched an unprecedented treatment and research program focused on "Dangerous People with Severe Personality Disorder" (DPSPD).[476] Although not everyone placed in the program had been diagnosed as a psychopath, in order to be eligible for the program participants had to be diagnosed with a severe personality disorder, and there had to be a demonstrable link between that disorder and the risk of violent offending. Some stated that the program "holds the best chance yet of showing whether violent psychopaths can be reformed." Learn more about the concept of the psychopath as a clinical construct by visiting the Society for Research in Psychopathology via **http://www.psychopathology.org.** Read about the issues involved in identifying criminal psychopaths via **https://www.csc-scc.gc.ca/publications/forum/e012/e012l-eng.shtml** and see a detailed yet concise FBI discussion of the psychopath at **https://justicestudies.com/pubs/FBI_Psychopathy.pdf.**

Antisocial Personality Disorder

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In recent years, the terms *sociopath* and *psychopath* have fallen into disfavor. In an attempt to identify sociopathic individuals, some psychologists have come to place greater emphasis on the type of behavior exhibited rather than on identifiable personality traits. By 1968, the American Psychiatric Association's (APA's) *Diagnostic and Statistical Manual of Mental Disorders* (DSM) had completely discontinued use of the words *sociopath* and *psychopath*, replacing them with the terms *antisocial personality and asocial personality.*[477] In that year, the APA manual changed its description of antisocial personality types to "individuals who are basically unsocialized and whose behavior pattern brings them repeatedly into conflicts with society. They are incapable of significant loyalty to individuals, groups, or social values. They are grossly selfish, callous, irresponsible, impulsive, and unable to feel guilt or to learn from experience and punishment. Frustration tolerance is low. They tend to blame others or offer plausible rationalization for their behavior."[478] In most cases, individuals exhibiting an antisocial personality through their behavioral patterns are said to be suffering from antisocial personality disorder (sometimes referred to in clinical circles as APD, ASPD, or ANPD). Although the incidence of ASPD is estimated at 2% in the general population, studies have shown that as many as 60% of male prisoner populations may be suffering from the condition.[479]

The DSM-IV-TR (text revision) divides personality disorders into three behavioral clusters: A, B, and C. Cluster A personality disorders are those that encompass "odd or eccentric behavior"; Cluster B disorders show "dramatic, emotional, or erratic behavior"; and Cluster C disorders center on "anxious, fearful behavior." Psychologists who work with criminal offenders typically focus on Cluster B disorders, which include what the DSM-IV-TR calls narcissistic, borderline, antisocial, and histrionic personality disorders. In addition, the DSM-IV-TR diagnosis of oppositional

applicable to criminals. However, the American Psychiatric Association does not consider ODD and CD to be personality disorders, even though they show strong continuity and often lead to an adult diagnosis of antisocial personality disorder. Nonetheless, ODD and CD are often considered prerequisites for an adult diagnosis of antisocial personality disorder.[480]

Individuals exhibiting Cluster B disorders can also be diagnosed as having "borderline personality disorder." Some studies have found that borderline patients are more likely to engage in aggressive acts against other people than those diagnosed with only antisocial personality disorder. The most likely explanation is that borderline personalities demonstrate elevated impulsivity.[481]

The causes of ASPD are unclear. Somatogenic causes (those based on physiological features) are said to include a malfunctioning of the central nervous system, which is characterized by a low state of arousal driving the sufferer to seek excitement, and brain abnormalities, which may have been present since birth. Some studies show that an electroencephalogram(EEG) taken of an individual diagnosed as having ASPD is frequently abnormal, reflecting "a malfunction of some inhibitory mechanisms" that makes it unlikely that someone characterized by ASPD will "learn to inhibit behavior that is likely to lead to punishment."[482] It is difficult, however, to diagnose ASPD through physiological measurements because similar EEG patterns show up in patients with other types of disorders. Psychogenic causes (those rooted in early interpersonal experiences) include inability to form attachments to parents or other caregivers early in life, sudden separation from the mother during the first six months of life, and other forms of insecurity during the first few years of life. In short, a lack of love or the sensed inability to unconditionally depend upon one central loving figure (typically the mother in most psychological literature) immediately following birth is often posited as a major psychogenic factor contributing to the development of ASPD.

Most studies of ASPD have involved male subjects. Only rarely have researchers focused on women with antisocial personalities, and it is believed that only a small proportion of those afflicted with ASPD are

similarly early ages.[484] The lifestyles of antisocial females, however, appear to include sexual misconduct and abnormally high levels of sexual activity, but such research can be misleading because the cultural expectations of female sexual behavior inherent in early studies may not always have been in keeping with reality—that is, early researchers may have had so little accurate information about female sexual activity that the behavior of women judged to possess antisocial personalities may have actually been far closer to the norm than originally believed.

Trait Theory

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In 1964, **Hans J. Eysenck**, a British psychologist, published *Crime and Personality*, a book in which he explained crime as the result of fundamental personality characteristics, or **traits**, which he believed are largely inherited.[485] Psychological traits are stable personality patterns that tend to endure throughout the life course and across social and cultural contexts. They include behavioral, cognitive, and affective predispositions to respond to a given situation in a particular way. According to trait theory, as an individual grows older or moves from one place to another, his or her personality remains largely intact—defined by the traits that comprise it. Trait theory links personality (and associated traits) to behavior and holds that it is an individual's personality, combined with his or her intelligence and natural abilities,[486] that determines his or her behavior in a given situation.[487]

Eysenck believed that the degree to which just three universal supertraits are present in an individual accounts for his or her unique personality. He termed these supertraits (1) introversion/extraversion, (2) neuroticism/emotional stability, and (3) psychoticism. Eysenck

situation.[487]

Eysenck believed that the degree to which just three universal supertraits are present in an individual accounts for his or her unique personality. He termed these supertraits (1) introversion/extraversion, (2) neuroticism/emotional stability, and (3) psychoticism. Eysenck thought that people who score high on extraversion, neuroticism, or psychoticism are not easily conditioned or socialized, and thus commit more crime in adulthood. Like many other psychologists, he accepted the fact that personality holds steady throughout much of life, but stressed that it is largely determined by genetics. He argued that what we call *personality* is a reflection of variations in the component operating systems of the major behavioral pathways of the brain.

In support of his idea of the genetic basis of personality, Eysenck pointed to twin studies showing that identical twins display strikingly similar behavioral tendencies, whereas fraternal twins demonstrate far less likelihood of similar behaviors. Eysenck also argued that psychological conditioning occurs more rapidly in some people than in others because of biological differences, and that antisocial individuals are difficult to condition (or to socialize) because of underlying genetic characteristics. He believed that up to two-thirds of all "behavioral variance" could be strongly attributed to genetics.[488]

Of Eysenck's three personality dimensions, one in particular—psychoticism—was thought to be closely correlated with criminality at all stages.[489] According to Eysenck, psychoticism is defined by such characteristics as lack of empathy, creativeness, toughmindedness, and antisociability. Extroverts, Eysenck's second personality group that was associated with criminality, are described as carefree, dominant, and venturesome, operating with high levels of energy. "The typical extrovert," Eysenck wrote, "is sociable, likes parties, has many friends, needs to have people to talk to, and does not like reading or studying by himself."[490] Neuroticism, the third of the personality characteristics Eysenck described, is said to be typical of people who are irrational, shy, moody, and emotional.

According to Eysenck, psychotics are the most likely to be criminal

According to Eysenck, psychotics are the most likely to be criminal because they combine high degrees of emotionalism with similarly high levels of extroversion; individuals with such characteristics are especially difficult to socialize and to train and do not respond well to the external environment. Eysenck cited many studies in which children and others who harbored characteristics of psychoticism performed poorly on conditioning tests designed to measure how quickly they would respond appropriately to external stimuli. Because conscience is fundamentally a conditioned reflex, Eysenck said, an individual who does not take well to conditioning will not fully develop a conscience and will continue to exhibit the asocial behavioral traits of a very young child. In essence, criminality can be seen as a personality type characterized by self-centeredness, indifference to the suffering and needs of others, impulsiveness, and low self-control —which, taken together, lead to law-violating behavior.

Today, trait theories of personality have expanded beyond Eysneck's basic three-trait model to encompass five basic traits: (1) openness to experience, (2) extraversion, (3) conscientiousness, (4) neuroticism, and (5) agreeableness. People are said to possess more or less of any one trait, and the combination of traits and the degree to which they are characteristic of an individual define that person's personality. Psychologists call these traits the *Big Five*, and they form the basis of the Five Factor Model of psychology (see **Figure 6-3**). According to many psychologists, "the Big Five are strongly genetically influenced, and the genetic factor structure of the Big Five appears to be invariant across European, North American, and East Asian samples,"[491] which suggests that personality traits, to a greater or lesser degree, are universally shared by all peoples. Conscientiousness, for example, is related to self-control and is unlikely to be associated with criminality.

Check Your Understanding

Figure 6-3: The Big Five Personality Dimensions

Post-Traumatic Stress Disorder (PTSD)

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The term post-traumatic stress disorder (PTSD) has been used to refer to a cluster of symptoms suffered by some military combat veterans returning from the Vietnam War and wars in the Middle East.[492] As the term indicates, PTSD is a psychological disorder characterized by anxiety. It typically arises following the experience of a traumatic or life-threatening event, including physical assault, sexual violence, natural disaster, car accidents, or even following the diagnosis of a life-threatening or serious disease. Symptoms of PTSD include trouble sleeping, feeling upset for no apparent reason, being "jumpy" or on-edge most of the time, distorted feelings of guilt, and the spontaneous recurrence of traumatic memories—or flashbacks (sometimes in dreams). PTSD, however, can also be characterized by physical symptoms, and people who suffer from it will generally experience impaired functioning in various aspects of their lives. Until the modern era, PTSD was referred to as "shell-shock" when it occurred among combat veterans.

Not all people who experience dangerous or scary events develop PTSD, and it is normal to experience anxiety following such experiences—a condition called Acute Stress Disorder (ASD). When symptoms of anxiety persist months after the upsetting experience, a person is likely to be diagnosed with PTSD. Both ASC and PTSD may be accompanied by depression, substance abuse, and/or feelings of alienation from friends and family.

Although most people with PTSD can be treated successfully with medication, counseling, or through participation in support groups, some sufferers do not recover and can become angry, aggressive or violent. Experts say that the combination of anger and PTSD can be explosive, and lead to outbursts; but most agree that the prior existence of antisocial personality disorder in a person who develops PTSD is the combination most likely to produce violence.[493] In short,

violent. Experts say that the combination of anger and PTSD can be explosive, and lead to outbursts; but most agree that the prior existence of antisocial personality disorder in a person who develops PTSD is the combination most likely to produce violence.[493] In short, few people with PTSD ever become violent, and those who do may already have had a propensity towards antisocial behavior before ever being diagnosed with PTSD.[494]

Post-partum Depression

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Post-partum depression (PPD), sometimes called *post-natal syndrome,* has occasionally been used as a defense against criminal charges. Often called the "baby blues," it is a mood disorder characterized largely by depression that between 10-22% of women experience after giving birth. Some experts say that after giving birth women are more likely to experience psychological issues than at any other times in their lives.[495] A far more rare disorder is *postpartum psychosis*, and it is likely to have impacted Andrea Yates, the Houston, Texas, woman who killed her five children – all between the ages of 6 month and 7 years. A Criminal Profiles box at the end of this chapter describes the Yates case in more detail.

Criminal Profiles

Andrea Yates—Child Killer

Few crimes have shocked American society as deeply as the drowning of five young children by their mother, Andrea Pia (Kennedy) Yates, in a bathtub in their suburban Houston, Texas, home on June 20, 2001. Her subsequent trial, conviction, life sentence, successful appeal, and second trial brought under intense scrutiny the insanity defense based on a claim of postpartum psychosis.

Yates's early life showed promise for future success. High school valedictorian and swim team captain, she went on to earn an undergraduate degree in nursing from the University of Texas. After obtaining a job as a registered nurse, she met Rusty Yates. Their shared deep Christian faith was a significant factor in their attraction to each other.

When Andrea and Rusty finally married, they planned on having as many children as God intended. The birth of their first child, Noah, a year after their marriage, however, brought unexpected difficulties.

Unaware of the extent of mental illness that had plagued her own family, the new mother was tormented when she began to have violent visions of stabbings and came to believe that Satan was speaking directly to her. Yates hid these frightening experiences from everyone, including her husband. The Yates's had two more children, after which Andrea miscarried. She then had their fourth child, but the birth was followed by pronounced depressive manifestations—including chewed fingers, uncontrollable shaking, hallucinations, voices in her head, suicidal and homicidal thoughts, and two suicide attempts. Soon she entered into a series of psychiatric counseling sessions with various doctors. A wide variety of drug therapies were tried, many of which Andrea rejected by flushing the prescriptions down the toilet.

Despite extensive hospitalizations and medication for her ongoing depression and emerging psychosis—and against the advice of her psychiatrist—Yates became pregnant again, delivering her fifth child, Mary, in November 2000. The pregnancy had resulted from the urging of her husband, who also ignored the strong medical opposition to the birth of another child.[i]

When Yates's father died just four and a half months after her fifth child was born, her mental health declined dramatically.[ii] Both a hospitalization at the end of March and her medication, however, were terminated by her psychiatrist, Dr. Mohammed Saeed, because, he claimed, she did not seem psychotic. Yates returned to the hospital again for ten days in May. Upon her release, she was advised to think positive thoughts and to see a psychologist.

Two days later, she systematically drowned each of her five children.

Following a sensational trial, Yates was convicted and sentenced to life in prison. That conviction was subsequently overturned. In July 2006, Yates was retried, but this time she was acquitted of capital murder charges and found not guilty by reason of insanity. She was immediately ordered to be committed to a mental hospital, where she will remain until she is no longer considered a threat to herself or others.[iii] Today, Yates is held at the Kerrville State Hospital, located 70 miles south of San Antonio. She has been diagnosed with bipolar disorder and is medicated by daily injection.[iv]

The case of Andrea Yates raises a number of interesting questions. Among them are the following:

1. Could Yates be considered a psychopath? Why or why not?

2. How could Yates's mental issues be seen in light of the theories presented in this chapter?

3. Could the irresistible-impulse test be applicable to Yates's case? The M'Naughten rule? Which seems to fit best?

Notes:

i. Charles Montaldo, "Profile of Andrea Yates," About.com: Crime/Punishment, 2007, **http://crime.about.com/od/current/p/andreayates.htm** (accessed June 16, 2010).

ii. Charles Montaldo, "Profile of Andrea Yates," About.com: Crime/Punishment, 2007, **http://crime.about.com/od/current/p/andreayates.htm** (accessed June 16, 2010) .

iii. "Jury: Yates Not Guilty by Reason of Insanity," July 26, 2006, MSNBC/Associated Press, **http://www.msnbc.msn.com/id/14024728** (accessed June 16, 2007).

iv. Andrew Cohen, "How Andrea Yates Lives, and Lives with Herself, A Decade Later," *The Atlantic*, March 12, 2012, **http://www.theatlantic.com/national/archive/2012/03/how-andrea-yates-lives-and-lives-with-herself-a-decade-later/254302** (accessed July 3, 2013).

The first branch of cognitive theory, moral development theory, holds that individuals become criminal when they have not successfully completed their intellectual development from child- to adulthood. One of the first comprehensive maps of human psychological development was created by Swiss developmental psychologist **Jean Piaget**. Piaget believed that human thinking and intellectual processes went through a number of biopsychological stages of development—something that Piaget saw as a natural extension of evolutionary adaptation. Just as a species adapts to its environment, Piaget believed, individual human beings respond to their environment by developing intellectually. He posited four stages of human intellectual development:[496]

1. The *sensory-motor stage*, which lasts from birth to age two. During this stage, children are extremely egocentric (or focused on themselves and their personal experiences) and learn about the world through the physical senses and the movement of their bodies.

2. The *preoperational stage*, which lasts from ages two to seven. During this stage, children are not able to reason well or to use logical thinking, but egocentrism begins to weaken, and motor skills are acquired. Piaget said that this stage was dominated by magical thinking, explaining why beliefs in Santa Claus, the Easter Bunny, and similar mythical characters are typical among younger children.

3. The *concrete operational stage*, which runs from ages 7 to 11. In this stage, children start to develop the ability to reason and to think logically, although they are very concrete in their thinking, and often require practical aids such as buttons or coins to aid in counting and arithmetic. By the time children reach the end of this stage, they are no longer egocentric and are able to appreciate the needs and feelings of others.

4. The *formal operational stage*, which lasts from ages 11 to 16 and continues into adulthood. During this stage, the developing adolescent acquires abstract reasoning skills and learns how to think and reason without the need for external aids.

Central to Piaget's perspective on moral development is the idea that

Central to Piaget's perspective on moral development is the idea that as children grow and learn, they become able to reflect on their own actions—acquiring a sense of the unspoken rules that govern human interaction. According to Piaget, children apply their burgeoning ability to reflect and use it to examine themselves; in the process, they learn right from wrong. In his words, "the child is someone who constructs his own moral world view, who forms ideas about right and wrong, and fair and unfair, that are not the direct product of adult teaching and that are often maintained in the face of adult wishes to the contrary."[497]

Once a child has moved through the four developmental stages, said Piaget, he or she would have moved from moral absolutism (in which the child unquestioningly accepts the dictates of his or her parents or caregivers) to moral relativism (where actions are seen as right or wrong depending on the circumstances in which they are undertaken).

Following Piaget, **Lawrence Kohlberg** offered an expanded cognitive structural theory of morality in a six-stage typology (**Figure 6-4**).[498] In Kohlberg's first stage, people only obey the law because they are afraid of being punished if they don't. By the final, or sixth, stage, however, obedience to the law becomes an obligation that is willingly assumed, and people chose not to violate the law because they value the principle of fairness and believe in interpersonal justice. Those who have evolved to higher stages of moral reasoning are unlikely to commit crimes because they appreciate not only their own needs, but also the needs and interests of others as well.

Check Your Understanding

Figure 6-4: Kohlberg's Six Stages of Moral Development

Kohlberg argued that a preference for higher levels of moral thinking must be universal in human beings, although not necessarily inborn. He believed that people who have successfully moved through all stages of moral development have developed the ability to objectively evaluate opinions and either accept them or reject them without irrationally clinging to their own beliefs. Kohlberg posited that people may turn to crime if they are unsuccessful at making the normal transition between developmental stages of moral reasoning.

Research based on Kohlberg's work has demonstrated that offenders have less ability in making moral judgments than do noncriminals, even when they have similar backgrounds and experiences. In 2015, for example, researchers associated with the Pathways to Desistance project at the Office of Juvenile Justice and Delinquency Prevention found that youths experience protracted maturation, into their mid-twenties, of brain systems responsible for self-regulation. Researchers concluded that "Youth whose antisocial behavior persisted into early adulthood were found to have lower levels of psychosocial maturity in adolescence and deficits in their development of maturity (i.e., arrested development) compared with other antisocial youth."[499]

Cognitive Information-Processing Theory

Audio

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A second major area of cognitive theory applicable to criminology is cognitive information-processing theory (CIP). CIP involves the study of human perceptions, information processing, and decision-making. Psychological research suggests that people make decisions by engaging in a series of complex thought processes, or steps. In the first step, they encode and interpret the information they are presented with or the experiences they have. In the next stage, they

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Some information-processing theorists believe that violent individuals may be using information incorrectly when making decisions. Violence-prone individuals, for example, may see people as more aggressive or threatening than they actually are. Such a view may result in violence even at the slightest provocation. Supportive research suggests that some people engage in violent attacks on others because they believe that they are actually defending themselves, even in the face of misperceived threat.[501] Because of the way that some people process information, they are unable to recognize the harm they are doing to others.[502]

Cognitive Dissonance

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In the mid-1950s, the psychologist **Leon Festinger** developed his theory of cognitive dissonance. Festinger argued that a stressful psychological state, which he called cognitive dissonance, could arise in individuals who held two or more contradictory ideas, values, or beliefs at the same time. The same uncomfortable mental state, Festinger proposed, could also occur in people who were called upon to perform an action or engage in behavior that contradicted one or more of their ideas, values, or beliefs.

Cognitive dissonance might help explain the actions of U.S. Army Major Nidal Malik Hasan, who fatally shot 13 people and injured more than 30 others at Fort Hood, Texas, during a mass shooting in November 5, 2009. The killings rank as the worst mass murder ever committed at a U.S. military installation.[503] Hasan, a psychiatrist, had spent six years at Walter Reed Medical Center in Washington, D.C., treating soldiers returning from the middle east conflict with post traumatic stress syndrome and other psychological problems. Shortly before the shootings, he was promoted to the rank of Major and reassigned to Ft. Hood. Reviews undertaken by the Pentagon and by U.S. Senate investigators following the shooting, found that Hasan, a Muslim, had repeated email communications with Anwar al-Awlaki, an influential and wellknown English-speaking Jihadist. Investigators concluded that Hasan had become radicalized by those conversations and other experiences, and was likely an Islamic extremist for some time before he acted. Earlier, Hasan had stated publicly that the war on terrorism was actually a war against Islam. Prior to his trial on murder charges, Hasan admitted to a judge that he had attacked the Fort Hood soldiers because they had been preparing to deploy to Afghanistan, and he wanted to protect Muslim and Taliban leaders. In a psychological report prepared for his trial, Hasan admitted to shouting "Allah Akbar" during the attack. In that same report, he stated "I don't think what I did was wrong because it

military jury found him guilty of 45 counts of attempted murder and premediated murder, and he was sentenced to death.[504] He is currently being held on death row at the military prison in Fort Leavenworth, Kansas.

Hasan's position as a Major in the United States Army was clearly at odds with his personal position on American involvement in Middle East wars. Consequently, Festinger's cognitive dissonance theory would predict that someone as conflicted as Hasan, would act to resolve the mental stress produced by that conflict. The full report of the military's "sanity board" evaluation of Hasan is available at **https://justicestudies.com/pubs/hasan.pdf**.

Script Theory

Audio

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In the late 1970s, **Roger C. Schank** and **Robert P. Abelson** of Yale University developed script theory in order to explain the understanding process that occurs during a situation or event.[505] Scripts refer to generalized knowledge about specific types of situations that is stored in the mind. More formally, Schank and Abelson described a script as "a predetermined, stereotyped sequence of actions that define a well-known situation." Script theory is an offshoot of cognitive information processing theory.

People use ready-made scripts in everyday life to anticipate an appropriate sequence of events in a given context. We build scripts in our minds to allow for a number of different roles for those actors (others than ourselves) whose presence is anticipated to play out in the script, and we allow for possible variations in the physical scene and in the progression of events. In this sense, scripts are like stories that we use to structure our expectations of and reactions to

progresses, including the eventual arrival of the check or bill, and the amount or percentage of a tip to be left at the completion of the evening. Because most events play out according to the scripts that we have in mind, things typically go smoothly. Sometimes, however, we can be surprised and find ourselves forced to innovate. In our restaurant example, we might unexpectedly be served the wrong meal, or (worse) the server might trip and spill food onto us. Unless we are surprised, however, things generally go according to plan and events fit with previous experiences we have had involving the same

The Criminal Mind-Set

Audio

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The third branch of cognitive theory focuses on the world view that often characterizes established criminal personalities. In 1970, **Stanton E. Samenow**, a young clinical psychologist, began working with psychiatrist **Samuel Yochelson** in the Program for the Investigation of Criminal Behavior at St. Elizabeth's Hospital, a large federal psychiatric facility in Washington, D.C. Yochelson had abandoned a lucrative psychiatric practice in New York and moved to Washington to direct the criminal behavior research project, which studied and treated serious criminal offenders. After Samenow joined the program, he and Yochelson began to realize that many of the patients they were seeing "were in conflict with society [and] not suffering from internal psychological conflicts."[508] The two came to believe that criminals make entirely different assumptions about living and behaving than noncriminals do because of ingrained and pervasive errors of thinking. Those errors, combined with other cognitive features, form a criminal world view.

After more than six years of working together, Yochelson and Samenow published a three-volume series, *The Criminal Personality*, in which they wrote that many offenders share an identifiable mind-set that is largely immune to environmental influences and that, for the most part, develops independently of social experience.[509]