1

The Idea of Criminal Thinking

Cognitive-behavioral treatment methods have become the dominant clinical intervention in offending behavior (Gorman, O'Byrne, & Parton, 2006). Such treatment attempts to change offending behavior by changing the thinking of those who offend. It comes in a variety of forms and packages, including cognitive-behavioral therapy (CBT), delivered by professional therapists, and cognitive skills training delivered by nonprofessionals following highly structured ("scripted") lesson plans. Our treatment process, Cognitive Self Change, lies within this broad spectrum of cognitive-behavioral treatment, with aspects of both CBT and cognitive skills training. However, our way of thinking about offending behavior and offender thinking – and the effort to change it – is significantly different from mainstream thinking. These differences are what this book is all about.

Historically (that is to say, before cognitive-behavioral treatment methods became "mainstream"), a number of scholars and clinicians looked to criminal thinking as an explanation of criminal behavior. These theorists represented a variety of clinical and academic fields, and a wide variety of theories and perspectives within each of these fields. We briefly review a few of these here, together with several contemporary theorists, as a background and introduction to our own observations and interpretations of criminal thinking. They are not presented in chronological order.

Adler

Alfred Adler (1956) was a psychiatrist and philosopher from the era and tradition of Freud and Jung. Adler worked closely with both Freud and Jung for a time and, like them, his theories went well beyond psychopathology and clinical treatment to embrace a broad spectrum of human life and experience. His theory of "individual psychology" placed "social interest" at the center of a healthy human personality. He defined "social interest" to include both participation in a social community and, more broadly, as a sense of unity with humanity as a whole.

Adler described criminals as "lacking social interest." While he did not use the language of modern cognitive psychology, his descriptions of criminals are explicitly cognitive.

> Criminals look and speak and listen in a different way from other people. They have a private logic, a private intelligence.
>
> Criminals treat themselves as a body of exiles and do not understand how to feel at home with their fellow men. They are suffering from a wrong outlook upon the world, a wrong estimate of their own importance and the importance of other people …
>
> The main features of the criminal's personality have already been decided by the time he is four or five years old. By that time he has already made those mistakes in his estimate of himself and of the world which we see displayed in his criminal career. From then on it is easy for such a child to deceive himself and intoxicate himself with the feeling that he is neglected. He looks for evidence to prove that his reproach is true. His behavior becomes worse; he is treated with more severity; he finds a confirmation for his belief that he is thwarted and put in a back seat. Because he feels deprived, he begins to steal; he is found out and punished and now he has still more evidence that he is not loved and that other people are his enemies.
>
> Later on, the criminal turns everything which he experiences into a justification for his attitude; and if his experiences do not quite fit into his scheme, he broods on them and licks them into shape until they are more amenable. If a man has the attitude, "Other people misuse me and humiliate me," he will find plenty of evidence to confirm him. He will be looking for such evidence, and evidence to the contrary will not be noticed (Adler, 1956: 413–414).

Adler's description of criminals as lacking social interest, together with his premise that social interest is essential to a healthy personality, renders criminals – by definition – to be unhealthy personalities. But Adler did not think of criminals as the victims of a disease. As Adler saw it, no

pathological agent or process produces criminals' lack of social interest. Their condition is not the result of forces beyond their control, but of acts of their own agency.

> If you trace back the life of a criminal, you will almost always find that the trouble began in his early family experiences … But it is not the environment itself that counted … There is no compulsion either in environment or heredity. Children of the same family and the same environment can develop in different ways … Heredity and environment contribute something to a child's development; but we are not so much concerned with what a child brings into the world, or with the experiences he encounters, as with the way he utilizes them … (Adler, 1956: 418)

Several aspects of Adler's thinking are echoed in later chapters of this book. We are not by any stretch of the imagination "Adlerians," and, historically, our ideas do not derive directly from those of Adler. We do not accept as a premise Adler's view that social interest is essential to a healthy personality. (On the contrary, we believe it is important to keep open the questions of whether offending behavior is pathological, and what kind of pathology that might be.) But our own observations of offenders' thinking (see Chapter 2) are consistent with Adler's; and Adler's explanation of offenders' ways of thinking as being generated by acts of their own agency is akin to our own.

Issues of responsibility, volition, pathology, and causal determinism – as they pertain to offending behavior – are recurring themes throughout this book.

Sutherland

The American criminologist, Edwin Sutherland, offered a sociological view of criminality (Sutherland, 1947). According to Sutherland, criminality is learned through social interactions, and involves learning both (a) techniques of committing crimes, and (b) motives, drives, rationalizations, and attitudes favorable to violation of the law. Sutherland's views were "socially deterministic" in the sense that he believed that criminal behavior, like other social behavior, is the product of social influence, which he described as "definitions." A person becomes delinquent[1] when he is exposed to a preponderance of definitions favorable to violation of the law over definitions favorable to the law. Sutherland's theory, termed

"differential association," has sustained considerable influence in the field of in criminology and in important respects anticipated psychological theories of "social learning."

Sykes and Matza

Sykes and Matza (1957) accepted Sutherland's idea that social behavior is learned through a process of social influences, but argued against the idea that delinquency is the product of a "delinquent subculture" with values and norms contrary to those of the dominant society. They argued that delinquents, for the most part, hold to the same values and norms as everybody else, but effectively escape the influence of these conventional norms and values by what they call "neutralizations." Neutralizations are cognitive processes – beliefs or attitudes – by which offenders neutralize the influence of conventional social values. These include:

- denial of responsibility ("I'm a victim of circumstances beyond my control");
- denial of harm ("I'm not doing real harm");
- denial of victim ("They deserved what they got");
- condemnation of the condemners ("You do worse things"); and
- appeal to higher loyalties ("My friends depend on me").

They also noted that "some delinquents may be so isolated from the world of conformity that techniques of neutralisation need not be called into play" (1957: 669). Such "isolated" delinquents seem broadly equivalent to those offenders the current authors call "hard-core."

Bandura

Bandura is a psychologist best known for his theory of social learning (Bandura, 1977). Social learning theory adds "observational" or "vicarious" learning to the classical and operant conditioning of traditional learning theory. Social learning theory states that, in addition to the mechanisms of reward and punishment, people learn to perform behaviors by observing others perform them.

   Like Sutherland, Sykes and Matza, Bandura's theory of social learning renders socially compliant behavior as the natural and normal order of things. We all observe – and according to social learning theory, are inclined to learn from – the behavior of others. How then, to explain socially deviant behavior?

Bandura identified specific cognitive processes that effectively nullify positive social influences. He called these "mechanisms of moral disengagement" (Bandura, 1986). Bandura (2001) identified the following mechanisms:

- moral justification (the action is portrayed as in the service of a higher moral purpose);
- euphemistic labeling (the use of language that makes the action seem more benign);
- advantageous comparison (the action is compared with worse behavior, so it appears trifling by comparison);
- displacement of responsibility (the action is portrayed as being caused by someone else);
- diffusion of responsibility (when the action requires several actors, each actor can minimize their personal responsibility);
- disregard for, or distortion of, consequences (the detrimental effects of one's actions are minimized or ignored);
- dehumanization (viewing the victim as less than human); and
- attribution of blame (placing blame on the victim or others).

Unlike many theorists, Bandura placed the concept of agency at the center of his theory: "People are sentient, purposive beings. Faced with prescribed task demands, they act mindfully to make desired things happen rather than simply undergo happenings in which situational forces activate their sub personal structures that generate solutions" (2001: 5).

A key factor of agency is that people intend to act in certain ways, they form plans to behave in a particular way in anticipation of achieving a future goal: "People set goals for themselves, anticipate the likely consequences of prospective actions, and select and create courses of action likely to produce desired outcomes and avoid detrimental ones" (Bandura, 2001: 7).

To do so requires an ability to self-reflect, which leads to personal moral standards:

> By making self-evaluation conditional on matching personal standards, people give direction to their pursuits and create self-incentives to sustain their efforts for goal attainment. They do things that give them self-satisfaction and a sense of pride and self-worth, and refrain from behaving in ways that give rise to self-dissatisfaction, self-devaluation, and self-censure. (Bandura, 2001: 8)

This gives rise to an understanding of moral agency:

> A complete theory of moral agency must link moral knowledge and reasoning to moral conduct. This requires an agentic theory of morality rather than one confined mainly to cognitions about morality. Moral reasoning is translated into actions through self-regulatory mechanisms, which include moral judgment of the rightness or wrongness of conduct evaluated against personal standards and situational circumstances, and self-sanctions by which moral agency is exercised. (Bandura, 2001: 8–9)

Bandura recognized that moral beliefs will be acted upon only if the person believes that they have the ability to achieve their moral goals:

> Unless people believe they can produce desired results and forestall detrimental ones by their actions, they have little incentive to act or to persevere in the face of difficulties. Whatever other factors may operate as guides and motivators, they are rooted in the core belief that one has the power to produce effects by one's actions. (Bandura, 2001: 10)

The current authors do not base our interpretation of offending behavior – or the internal processes that support that behavior – on Bandura's theory of social learning. (We do not dispute that theory; we just do not make use of it.) At the same time, Bandura's descriptions of the mechanisms of moral disengagement are similar to the ways of thinking we find in many offenders, several examples of which are given in Chapter 2. Perhaps more importantly, Bandura's conceptions of internal cognitive processes – and particularly his view of agency and self-efficacy as important aspects of personality – are specifically echoed in the authors' model of cognitive–emotional–motivational structure (Chapter 3).

Yochelson and Samenow

Yochelson and Samenow (1976) explicitly dissociated themselves from what they regarded as mainstream psychiatry and clinical psychology. They worked with several hundred patients found not guilty by reason of insanity at St. Elizabeth's Hospital in Alexandria, Virginia, between 1970 and 1978. They gave special attention to patients who had no obvious sign of psychosis and whose "disorder" consisted primarily of long-standing patterns of criminal behavior. They trained these patients in a technique they called "phenomenological reports," in which these offenders reported, as accurately and completely as possible, the thoughts

they had had during their past commission of crimes. That technique has been adopted, with significant changes, in the Cognitive Self Change process that is central to this book.

In the course of their work at St. Elizabeth's, Yochelson and Samenow claimed to have made two surprising discoveries:

1. These patients were not mentally ill at all, but were instead, simply (and profoundly) irresponsible. They were, simply put, criminals, and Yochelson and Samenow came to use the term "criminal" both in their theoretical work and in their clinical work with offenders; and
2. Traditional clinical methods were worse than useless in promoting change. Such methods (they concluded) simply reinforce criminals' belief that they should not be held accountable for their actions.

Even though their early work partly overlapped with the work of Ellis and Beck in CBT, and the thinking they observed in offenders is strikingly similar to the descriptions of criminal thinking offered by followers of CBT, Yochelson and Samenow seemed not to have been aware of these connections at the time they wrote *The Criminal Personality*. The clinical methods they so strongly opposed predated the widespread use of cognitive-behavioral methods. They were particularly opposed to what they perceived as the tendency of clinicians at the time to find an emotional basis for psychological problems in general, and offending behavior in particular. The subsequent development of CBT as "mainstream" has brought Yochelson and Samenow and CBT together within a broader, cognitive-behavioral tradition.

The Criminal Personality, Vol. I, contains hundreds of patients' self-reports of their thinking during and prior to their commission of crimes. From these self-reports, Yochelson and Samenow identified 52 recurring patterns of thinking. They labeled these "criminal thinking errors," and claimed (rather remarkably) that all criminals exhibited all of them. Their list of thinking errors include:

- *Victim stance*: the criminal blames other people for his behavior. When held accountable, he portrays himself as the victim.
- *Pride*: the criminal sees himself as superior to others.
- *Power thrust*: the criminal needs power and control over others. His or her greatest thrill is doing the forbidden and getting away with it.
- *Failure to put oneself in another's position*: the criminal demands every consideration and every break for himself, but rarely stops to think about what other people think, feel, and expect.

- *Failure to assume obligation*: the concept of obligation is foreign to the criminal's thinking. Obligations interfere with what he wants to do. Obligation is viewed as a position of weakness.
- *Failure to consider injury to others*: the criminal's life involves extensive injury to those around him. However, he does not view himself as injuring others. When held accountable, he regards himself as the injured party.
- *Ownership*: when a criminal wants something that belongs to someone else, it is as good as his. "Belonging" is established in his mind, in the sense that he feels perfectly justified in getting his way.

When it was published in 1976, *The Criminal Personality* met with a mix of responses, some of them quite emotional.[2] Correctional officers and counselors tended to be enthusiastic supporters. They believed that the book accurately described the offenders they worked with every day. Clinical psychologists tended to be critical; some were outraged. They complained (and still do) that Yochelson's and Samenow's conclusions[3] are not supported by data, and that they used a method (phenomenological reports) that delved into the subjectivity of offender experience in a way that seemed, and to many still does seem, beyond the realm of objective science. And many clinicians resented what they saw as a cavalier dismissal of traditional psychotherapy with offenders.

Yochelson's and Samenow's claim that criminal behavior arises out of criminal thinking is now a generally accepted principle of cognitive-behavioral practice (Andrews & Bonta, 2010), despite the fact that they are almost unacknowledged in modern writings on criminal thinking.[4] Their phenomenological method remains controversial. Their reliance on offender self-reports has been overwhelmed, in the field of forensic research, by the demand for a new order of evidence: statistical methods and outcome data have become the bedrock standards of an era of "evidence-based practice." We apply a phenomenological perspective and a process of phenomenological self-reports similar to that of Yochelson and Samenow. We describe and defend our own phenomenological approach in Chapters 3 and 5. We discuss the importance of data – and its limitations – in providing an adequate understanding of offending behavior in Chapter 7.

The Criminal Personality provoked yet another level of criticism. Some clinicians perceived Yochelson's and Samenow's description of criminals and their errors in thinking as a kind of demonization of offenders. Yochelson and Samenow were unflinching in labeling offenders as criminals and in rejecting the idea that criminals are sick. Criminals are, they insisted, simply – and profoundly – irresponsible. This was interpreted by

some clinicians as portraying offenders as essentially bad, or worse, as less than human – as being different in their essence from ordinary human beings, and this was an affront to some clinicians' humanistic values.

The conflict between liberal (sympathetic, humanistic) and conservative (punitive, controlling) attitudes toward offenders pervades the history of correctional theory and practice (Mays & Winfree, 2005). By and large, treatment providers tend to be liberal (treatment is a "helping profession"), and ideological conservatives tend to reject treatment in favor of punishment and control (Cullen, Cullen, & Wozniak, 1988). Cognitive treatment of offenders has remained within the liberal, humanistic tradition in part by conceiving the cognitive differences between offenders and normal people as ways of thinking overlaid on perfectly normal (and perfectly good) moral sentiments (e.g., "neutralizations"), or as "skill deficits" that prevent offenders from exercising their inherently good social sentiments along with everybody else.

These issues of pathology versus responsibility – and its correlative: treatment versus punishment – are major themes of this book. We begin that discussion here.

Ellis, Beck, and Antisocial Schemas

Aaron Beck and Albert Ellis are commonly regarded as the fathers of cognitive-behavioral therapy, though their work differs in significant respects. We group them with more recent practitioners of CBT who identify "dysfunctional schemas" as the target of their therapy. Our interest here is not primarily in their therapy, but in their descriptions of the thinking that led offenders to offend.

Ellis

Albert Ellis is best known for the idea of "irrational beliefs." Ellis posited that: "emotional disturbance … essentially consists of mistaken, illogical, unvalidatable sentences or meanings which the disturbed individual dogmatically and unchallengingly believes, and upon which he therefore emotes or acts to his own defeat" (1967: 82). Some examples of common irrational beliefs are:

- we must have love or approval from all people we find significant;
- we have to view things as catastrophic when we are seriously frustrated, are treated unfairly, or are rejected;

- emotional misery comes from external pressures, and we have little
  ability to control or change our feelings (Ellis & Harper, 1975); and
- I must perform well in my sexual life (Ellis, 1979).

Lester and Van Voorhis (2000) reported that in Ellis' work with psycho-
paths he "tried to show them that their pattern of behavior was self-defeating.
It was crucial to demonstrate to the psychopath that his criminal behavior
harmed himself" (pp. 172–173).

Ellis and Tafrate (1998) identified two clusters of irrational beliefs that
lead to anger and violence:

- you must treat me kindly and fairly (respect); and
- conditions must be the way I want them to be (entitlement).

Beck

Aaron Beck's earliest work focused on depression (Beck, 1963; Beck,
Rush, Shaw, & Emery, 1979). He discovered that cognitive processes –
beliefs and attitudes – accompanied the experience of depression,
and focused his therapy on helping patients change these beliefs and
attitudes. When the beliefs and attitudes changed, patients' depression
improved.[5]

Beck developed a larger theory of personality based on the idea of "schemas."
Schemas are defined as "integrated cognitive–affective–motivational
programs [that] decide an individual's behaviour and differentiate him or her
from other people" (Beck, et al., 1990: 28), and as "cognitive, affective and
motivational processing systems … that constitute the fundamental units of
personality" (p. 22). These processing systems (schemas) are organized around
core beliefs that "represent the content of the schema and consequently
determine the content of the thinking, affect, and behaviour" (p. 4).

In much of the contemporary CBT literature, the terms "schema," "core
belief," and "implicit theory" are used practically interchangeably.

Personality disorders, including Antisocial Personality Disorder (ASPD),
are conceived as the result of dysfunctional schemas centered on dys-
functional ("maladaptive," "distorted," or "irrational") beliefs. Perhaps
because CBT is a form of therapy, and not, primarily, a theory of person-
ality, the term "schema" in contemporary CBT literature almost always
denotes a faulty or dysfunctional schema: almost no one ever describes a
healthy one.

Beck and colleagues (1990) described ASPD as being associated with six particular "self-serving" beliefs (p. 134):

1. Justification: "Wanting something or wanting to avoid something justifies my actions."
2. Thinking is believing: "My thoughts and feelings are completely accurate, simply because they occur to me."
3. Personal infallibility: "I always make good choices."
4. Feelings make facts: "I know I am right because I feel right about what I do."
5. The impotence of others: "The views of others are irrelevant to my decisions, unless they control my immediate consequences."
6. Low-impact consequences: "Undesirable consequences will not occur or will not matter to me."

Beck and Freeman explicitly conceived ASPD as a form of pathology: they spoke of patients "having" ASPD, in much the same way as one speaks of a patient having the measles.

In *Prisoners of Hate* (1999), Beck described a range of attitudes that support criminal violence. Beck distinguished what he called the "reactive offender," who, he said, has "a very labile sense of self-esteem," from the "primary psychopath," who, he said, "coasts on a tide of grandiosity and perceives others as weak and malleable" (p. 126). His descriptions quoted below pertain to the violent offender:

> As a result of the interaction between his personality and his social environment, an individual may develop a cluster of antisocial concepts and beliefs. This cluster shapes his interpretation of other people's words and actions. The offender's sense of personal vulnerability is reflected in a hyper-sensitivity to specific kinds of social confrontations, such as domination or disparagement. He reacts to such perceived assaults by fighting back or by attacking a weaker, more accessible adversary. (pp. 125–126)

Beck listed examples of "rigid beliefs" that shape the thinking of violent offenders:

- "authorities are controlling, disparaging, and punitive";
- "spouses are manipulative, deceitful, and rejecting";
- "outsiders are treacherous, self-serving, and hostile"; and
- "nobody can be trusted" (p. 126).

According to Beck, the conception of oneself as victim is fundamental to this way of thinking.

> Whether a juvenile or an adult, the violent offender sees himself as the victim and the others as victimizers. (p. 126)

The internal logic of the violent offender's thinking dominates his behavior. The logic of victimization poses a stark choice: victimize others or be victimized yourself.

Violence is perceived not only as both permissible (because it is a response to others' unfair actions toward him), but as necessary (if he does not use violence, he will be hurt himself).

Beck gave special attention to the thinking of domestic violence offenders. He listed the following examples of the beliefs of violence-prone husbands:

- physical force is the only language that my wife understands;
- only by inflicting pain can I get her to change her abusive behavior;
- when she "asks for it" (physical abuse), I should respond and give it to her; and
- hitting is the only way to get her to shut up.

Beck described domestic violence as the outcome of an extended conflict that may engage both parties:

> The wife may resort to needling, name-calling, hitting, and throwing objects, while her husband swears, threatens, and finally beats her. Since he is stronger, physical assault is his ultimate weapon.
>
>   … the husband perceives himself as psychologically vulnerable to her words and action. In his eyes, she has wronged him, and he must use force to reduce the perceived threat and restore the proper balance to the relationship. (p. 128)

The issue is not that the female partner victimizes the male perpetrator, but that the male partner perceives himself to be victimized.

> In reality, his skewed beliefs magnify the damage to his psyche and channel his thoughts toward violence as the only solution. (p. 128)

Young

Jeffrey Young (1999) extended Beck's notion of schemas to what he called "Early Maladaptive Schemas." Young said such schemas are acquired early in life, are more deep-seated, and more problematic than the more

superficial schemas treatable by short-term cognitive therapy. These schemas consist of "unconditional beliefs and feelings about oneself in relation to the environment … They are self-perpetuating and therefore … resistant to change" (Young, 1999: 9).

Young described these beliefs as pathological conditions:

> Early Maladaptive Schemas, by definition, must be dysfunctional in some significant and recurring manner. We hypothesize that they can lead directly or indirectly to psychological distress like depression or panic; to loneliness or to destructive relationships; to inadequate work performance; to addictions like alcohol, drugs, or overeating; or to psychosomatic disorders like ulcers or insomnia. (1999: 10)

Young described a schema he called "Entitlement/Grandiosity" that closely relates to offending behavior:

> This schema refers to the belief that people should be able to do, say, or have whatever they want immediately regardless of whether it hurts others or seems reasonable to them. They are not interested in what other people need, nor are they aware of the long-term costs of alienating others. (1999: 75)

As noted above, Young attributed "psychological distress" to those who suffer from Early Maladaptive Schemas. But, in the case of the schema he called "Entitlement/Grandiosity" he did not specify exactly what this distress consists of or how it is to be detected. Young reflects a persistent ambiguity in the field about the "pathology" of criminal behavior and the thinking behind it. We return to this issue at the end of this chapter.

Young's conception of maladaptive schemas has significantly influenced correctional treatment, particularly in relation to sexual and violent offending. In recent years several clinicians have focused on "underlying schemas" (Ward & Keenan, 1999; Ward, 2000; Gannon, Ward, Beech, & Fisher, 2007).

Ward et al.

Ward, Polaschek, and Beech (2006) use the term "implicit theory" (IT) instead of "schema," which they regard as being too unclear and ambiguous. ITs are organized around beliefs and desires, are actively involved in interpreting and organizing incoming information, and (these authors claim) are more useful in predicting behavior.

Marziano, Ward, Beech and Pattison (2006: 103) identified five ITs in the thinking of offenders who sexually abuse children:

- *Entitlement*: individuals with this IT regard themselves as superior, and to have a right, therefore, to impose their desires upon individuals they see as less important.
- *Dangerous world*: this IT centers on a view of the world as a dangerous place, and that other people are likely to be abusive and rejecting. As a result, children are seen as less threatening.
- *Children as sex objects*: children are viewed as having sexual needs and desires, and as being capable of making plans that will enable them to achieve sexual experiences.
- *Uncontrollable*: individuals holding this IT regard their personality and sexual preferences as unchangeable. They also believe that they have no control over the expression of these preferences. Instead, they see themselves as being at the mercy of uncontrollable external forces. As a result, they do not see themselves as responsible for their actions.
- *Nature of harm*: individuals with this IT do not regard sexual activity alone as being sufficient to cause harm to another person.

Fisher and Beech (2007) explored the presence of Implicit Theories in rapists. They found some overlaps with those in child offenders. These were the presence of entitlement and dangerous world ITs. With respect to the latter, women are seen as threatening, abusive and rejecting, and as warranting sexual assault as a way of exerting retribution. Fisher and Beech found three other ITs in this group of offenders:

- *Women as sex objects*: men who hold this IT see women as existing in a constant state of sexual reception. They view women's most significant needs and desires as being centered on the sexual domain. This means that they believe that women constantly desire sex, even if it is coerced or violent. One implication of this theory is that there is often a discrepancy between what women say and what they actually want.
- *Male sex drive as uncontrollable*: this IT states that men's sexual energy is difficult to manage, and that women have a key role in its loss of control. Men with this IT attribute the cause of their offending to external factors.
- *Women are unknowable/dangerous*: men with this IT hold that women are inherently different from men and that these differences cannot be understood readily by men.

Polaschek, Calvert and Gannon (2009) identified the following four ITs in male violent offenders:

- *Normalization of violence*: violent prisoners spoke of violence as a routine occurrence that hardly needed explaining and as a helpful way of achieving personal and social goals. Whatever the end-goal, violence is believed to be both acceptable and effective with little or no lasting negative consequences.
- *Beat or be beaten*: this IT has two subtypes. Both of these refer to the need to act violently to maintain agency, status, and autonomy in a violent world. The term *beat or be beaten* refers to the preemptive nature of violence. Holders of this IT predicted that if they had not taken the first step they would have been assaulted or disrespected. The first subtype is *self-enhancement*. Holders of this IT view their self-image as constantly under construction and seek out opportunities to demonstrate their social dominance as a way of enhancing their status. The second subtype is *self-preservation*. Men who hold this IT are resentful and mistrustful of others, believing themselves to be victims of and/or vulnerable to exploitation.
- *I am the law*: this IT is linked to beliefs about being morally superior to and entitled – even obliged – to attack, harm, or discipline others when their behavior requires it. The hallmark of this IT is that violence is delivered in the service of others – e.g., to protect family members, friends, the social order.
- *I get out of control*: this IT refers to a belief some violent men have about being unable to regulate their own behavior. Because they perceive themselves to be incapable of adequate self-regulation, these men may hold other people responsible for their violence.

Psychopathology or Irresponsibility

The authors cited above describe the thinking of a wide variety of offenders: violent and nonviolent, some diagnosed with ASPD, some described as psychopathic, others identified simply as criminal. The authors came from different academic and clinical backgrounds and applied different theoretical perspectives. Yet they describe remarkably similar patterns of thinking. Underlying the thinking of different types of offenders there is a common thread: the thinking is self-centered and self-serving. It embraces a self-declared entitlement to do and to have whatever one wants. Entitlement nullifies feelings of guilt with thoughts of being victimized:

Whoever denies me is victimizing me.

Of the authors quoted, only Beck and Freeman et al. identified the offenders they described as having been diagnosed with ASPD.[6] All of them, however, agree that the thinking of criminals is mistaken, distorted, dysfunctional, and, in one way or another, pathological. That pathology is located in discreet cognitive processes: irrational beliefs, cognitive distortions, thinking errors, dysfunctional schemas, etc.

Pathology

The idea that extreme and chronic criminal behavior is a kind of, or a sign of, psychopathology has a long history. Prichard (1833) used the term "moral insanity" to describe serious, chronic offenders. Cleckley's (1941) title, *The Mask of Sanity*, reflects this same idea: chronic offenders have a kind of mental disorder, but it is not exactly clear what that disorder is.

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) specifies criteria for the clinical diagnosis of ASPD. The *International Statistical Classification of Diseases and Related Health Problems* (ICD-10, World Heath Organization) specifies diagnostic criteria of Dissocial Personality Disorder. Although they use different terms, there is general agreement that these two designations refer to essentially the same underlying condition (American Psychiatric Association, 1995: 668).

Psychopathy is not recognized as a clinical diagnosis in either the DSM-V or the ICD-10. Nevertheless, with the broad acceptance of Robert Hare's Psychopathy Checklist, the "designation" of psychopathy has become widely accepted in clinical practice (Litwack, Zapf, Groscup, & Hart, 2006). Some clinicians refer to this test as "the gold standard" for identifying psychopathy. Psychopathy is generally regarded as a more severe condition than ASPD, and is frequently regarded as being rooted in the neurophysiology of the psychopathic individual (Kosson, Lorenz, & Newman, 2006).

Psychopathy is commonly regarded as unchangeable and untreatable (Polaschek, 2006). Hare (1999) made no such claim, but he did claim that treatments that work with nonpsychopaths do not work with psychopaths, and that no effective treatment of psychopathy has yet been found. He paints a bleak picture: psychopathy is a dangerous and practically unchangeable characteristic, grounded in the neurobiology (and the genes) of the psychopath. That bleakness enshrouds practically all applications of the concept of psychopathy.[7]

The diagnosis of psychopathy, far from prescribing a course of treatment (as is desired and expected from a medical diagnosis) is more often used as a reason to provide no treatment at all. In several American states, offenders diagnosed as psychopaths (or equivalent designations) face incarceration beyond the terms of their criminal sentences. United States

law generally refers to "sexually violent predators" (Fitch & Hammen, 2003) – a designation that requires that the person "suffers from a mental abnormality or personality disorder which makes the person likely to engage in predatory acts of sexual violence" (Fitch & Hammen, 2003: 29). In most jurisdictions in America where psychopaths are incarcerated for being psychopaths (i.e., not as part of a specific criminal sentence), some form of treatment is generally offered – it being morally and politically untenable to incarcerate for a disease without offering some hope of a cure – but without much real hope of success. In Australia, while such post-sentence detention does not require a diagnosis (Keyzer & McSherry, 2013), the law is clearly targeted at a similar population of offenders.

In 1999, the Home Office and the Department of Health in England and Wales led a cross-governmental proposal to address "the challenge to public safety presented by the minority of people with severe personality disorder, who because of their disorder pose a risk of serious offending" (Home Office/Department of Health, 1999: 2). This proposal established a program of work that became known as the Dangerous and Severe Personality Disorder (DSPD) Programme. The government at that time stated its intention to introduce additional legislation to support this program. Government ministers' preferred option for this legislation proposed new laws supporting indeterminate preventive detention based not on committal of an actual offense, but on the perceived risk of offending (Rutherford, 2010). Despite several attempts to cement DSPD in legislation, first in 2000 and on subsequent occasions since, this goal was never achieved, and plans were eventually shelved in 2006.

The DSPD program is currently being reworked and resources redirected to the development of community-to-community pathways of services for offenders who are deemed "likely to have severe personality disorder." Although predominantly based in criminal justice, the pathway is jointly funded, commissioned, and delivered by the health and criminal justice services. The multiagency nature of the pathway implicitly recognizes the problems inherent in the dichotomies between deviance and pathology, and punishment and treatment.

There is a sharp conceptual difference between criminality and psychopathology, and clinicians have generally been careful to distinguish between the two. In 1992, Widiger, Corbitt and Millon equated ASPD with psychopathy, but clearly distinguish that condition from simple criminality:

> An understanding of the pathology of ASPD is fundamental to its validation as a mental disorder … The psychopathic person is not a career criminal simply for the potential rewards but as a result of a dysfunction or impairment. (Widiger, Corbitt, & Millon, 1992: 69)

The condition of "distress or impairment" is generally accepted as essential to the concept of pathology itself. A definition of an antisocial pathology exclusively in terms of deviation from social norms – that is, without the criterion of distress or impairment – is problematic on two counts:

1. It begs the question of whether a given society is itself healthy enough to qualify as a standard, not just for social acceptability, but for fundamental human functioning.
2. By failing to distinguish the condition of pathology from plain criminality, it provides no reason to label the condition as pathological. In effect, criteria of pathology based purely on social norms simply presume that antisocial behavior is pathological. Criminals, (naturally enough) and some others do not make that assumption, and clinicians are left with no argument to defend the label of pathology.

Chronic criminal behavior is, notoriously, an ego syntonic condition – in general, those who have it do not complain about it. ASPD causes discomfort not to those who have it, but to those around them and especially to those who are the victims of their crimes. It is often not apparent that antisocial individuals suffer any distress or impairment at all. This is especially obvious with offenders classified as psychopaths, for whom lack of discomfort with their pathological condition is (paradoxically) regarded as a defining characteristic of that pathological condition.

In this book we give special attention to offenders we call "hard-core." These are offenders who are so committed to, and identified with, criminogenic ways of thinking that they offend with no discernible vestige of discomfort, guilt, regret, or dissatisfaction. These offenders are not necessarily psychopaths. It is a common treatment strategy to try to convince offenders that, in spite of their own sentiments to the contrary, they would be better off if they stopped being criminal (Ward, 2002). The assumption is that offenders' true needs are not being met (or their needs are not truly being met) by offending, and if and when they recognize this fact they will be motivated to change. With many offenders (and not just psychopaths) this is a hard case to make. The strategies of intervention presented in this book are designed to address offenders who are difficult to persuade.

Irresponsibility

Of the several theorists quoted in this chapter, only Yochelson and Samenow described criminals in explicitly moral terms. Criminality, they said, is not pathology but irresponsibility. Adler attributed criminal attitudes to criminals' own agency, and so, by implication, made criminals

responsible for their own condition, but he did not use moral language to describe that condition.

Yochelson and Samenow agreed with Adler – and with the other clinicians quoted above – that treatment, rather than punishment, is the appropriate response to criminal behavior. They agreed that criminal behavior comes from criminal thinking; that this thinking must change if the behavior is to change; and that this change is something criminals are generally not in a position to accomplish by themselves. This set of ideas broadly defines the contemporary approach to cognitive treatment of offenders, including that of the current authors.

Yochelson and Samenow developed the experience of moral "self-disgust" to motivate offenders to change. Other therapists typically ground motivation to change in a patient's recognition that their thinking is distorted (irrational and untrue), or recognition that non-criminal thinking – and the noncriminal behavior it leads to – would better meet their needs. Cognitive therapists typically teach patients techniques of "disputation" to help them to experience the irrationality in their thinking, and various methods to demonstrate that the cost of their current thinking outweighs its benefits – processes that work notably better for personality disorders other than ASPD (Beck et al., 1990).

Traditionally, the debate over whether criminality is immoral or pathological – and its corollary, whether punishment or treatment is the appropriate intervention – has been waged as a strict dichotomy: it seems it cannot be both (Morse, 2003). Pathology implies a condition beyond the willful control of the person who has it. Moral responsibility implies the capacity for willful control. If a person cannot help but perform an action (or cannot help not doing it), then that person cannot be held responsible for doing (or not doing) that action. In terms of Kant's famous dictum, "ought implies can" (Stern, 2004).

Recent conceptions of criminality obscure the terms of this dichotomy, but they do not resolve it. The idea of psychopathy, for instance, conceives that condition as being beyond the willful control of the psychopath, but with strong implications that psychopaths are morally reprehensible and deserving of punishment. Most contemporary clinicians reject the idea that the pathology of patients diagnosed with ASPD excuses their criminal behavior, and most clinicians encourage their patients to accept at least some degree of responsibility for their condition and for the process of their cure (for an exception, see Palermo, 2014). Still, exactly how and to what extent offenders are responsible for their actions – and for the underlying habits of thinking that produce them – remains obscure and hence, to at least some extent, questionable.

Correctional treatment providers have argued long and hard that treatment rather than punishment is society's best response to crime (Gendreau, Goggin, Cullen, & Paparozzi, 2002), but, in the domains of public opinion and public policy, they are not winning that argument.[8] In these domains the debate continues to be waged as a strict dichotomy. "Tough on crime" policies continue to capture public support, and "treatment" sounds, to the ears of many, like an excuse for criminal behavior. The public supports the idea of treatment, but has not seen its way to reconciling treatment with the idea of responsibility, and it is unwilling to abandon the latter.

We sympathize with the public view. Even though there is good evidence that treatment is more effective than punishment in changing criminal behavior (Andrews & Bonta, 2010), the difference is not so great as to invalidate the idea of punishment: criminals do bad things, and any theory or strategy that negates their responsibility for doing these things comes, for many, at too high a price.

An Alternative Point of View

Clinicians and theorists who advocate for treatment have failed to reconcile the concepts of responsibility and pathology in their interpretations of criminal behavior. It is one ambition of this book to start to remedy that situation. We display the internal behavior of offenders (their thoughts and feelings) in relation to their external behavior (their overt criminal acts) in a way that illuminates both the extent and the limitations of their willful control over that behavior. Responsibility versus pathology – and its corollary, punishment versus treatment – are both, in the opinion of the authors, false dichotomies. Offenders are both responsible and not responsible for their behavior, in ways that can be understood without contradiction when we pay attention to the details of their thinking. And personal responsibility is perfectly consistent with the need for treatment: legal accountability – arrest and physical control – is an essential first step, but most offenders need help to change.

Our starting point is to view offenders' subjective experience – their thoughts and feelings – as objective events, and in so doing we abandon a century-long tradition in psychology of aversion, in principle, to treating subjective experience as a legitimate object of study. We wholeheartedly embrace a phenomenological point of view – phenomenology being defined as the objective examination of subjective experience. We depart

even further from psychological tradition by suspending judgment about the pathology or rationality – as well as the morality – of offenders' ways of thinking. We treat offenders' subjective experience, including their cognitive experience, as the neutral "raw data" of our inquiry.

Our suspension of judgment regarding offenders' thinking helps to open a channel of communication between us and them. We ask them to tell us what they think and feel, and we give them nothing to be defensive about. We are not looking to find fault. But objectivity is only one key to a reliable channel of communication. We present ourselves to offenders as genuinely curious about how they think and feel. We want to understand how their inner thoughts and feelings connect to their offending behavior, and we do not presume to know that in advance. In this, they are the experts and the final authority. And we respect the fact that they, not us, are in a position to decide how they will think, even regarding those thoughts and attitudes that lead to them to offend. In this, we respect their autonomy, their freedom to choose their own attitudes in the face of anything we might say or do to them. This, we suggest, is nothing more or less than respecting their humanity. Our common humanity is the ultimate foundation of our communication.

> Everything can be taken from a man but one thing: the last of the human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way. (*Man's Search for Meaning*, Victor Frankl, 1985)

These principles of communication – objectivity, curiosity, and respect – pervade our understanding of offending behavior and what to do about it. For example, our treatment process, Cognitive Self Change, includes no "disputation" of offenders' thinking. Rather than try to make offenders change by curing them (or threatening them with punishment, or bribing them with promises of a richer life), we exploit offenders' freedom to choose as a pathway to self-change.

Our suspending of judgment as to the pathology of criminal thinking puts us outside the framework of clinical diagnosis from the beginning, and nothing in our theoretical explorations or experience in treatment convinces us to return to that framework. Our conclusion is that clinical diagnoses in the domain of criminal behavior are more of an impediment than an aid in understanding that behavior and in treating it. We could say somewhat the same for the other dimensions of our suspended judgment, the moral (judgments of good and bad) and the logical (judgments of irrationality and distortion), though with perhaps somewhat less conviction. A good deal of offender thinking certainly is illogical and distorted, but

that fact alone does not seem to us to matter much. Offenders do not have a monopoly on distorted thinking, and it is not at all obvious that rational and undistorted thinking is an important criterion of good mental health (Seligman, 1990). We believe it is more realistic, and more useful, to locate the problem with offenders' thinking in its production of behavior that hurts others, and not in any intrinsic flaw of that thinking itself, or in the damage it does to the person who thinks that way.

The immorality of offending behavior – and the thinking that produces it – is a different question. Moral judgments do not enter into our understanding or treatment of criminal behavior, but neither does our understanding of criminal behavior nullify our moral judgments. We think most criminal behavior is morally bad, and some of it is fairly described as downright evil. Our moral stance is never called into question by our theoretical framework or our practical work with offenders. Should our suspension of judgment in our discussions with offenders lead them to think that we think their behavior is morally permissible, we make it clear that we do not. Our moral judgment (and theirs) is simply not relevant to our discussion. This is what we mean by suspension of moral judgment, and this is what we make clear to the offenders with whom we work. In the larger scope of our lives, our moral judgments remain intact (though the concepts of moral guilt and righteous punishment, we admit, get some-what transformed, if not completely left behind).

In the descriptions that follow in Chapter 2, the subjective underpinnings of criminal behavior – the thoughts and feelings of those who do it – provide a view of offending behavior from the perspective of those who do it. This perspective does not mitigate or diminish the evil of their deeds, but it does render that evil as a thoroughly human condition. We look through the lens of suspended judgment at the inner thoughts and feelings of offenders. We look both to the content of that experience and to how that thinking leads them to offend.

In Chapter 3, we interpret offenders' experience and behavior in terms of a model that displays structural relationships between cognition, emotion, volition, motivation, and overt behavior. The model pertains to offenders and non-offenders alike, and so represents aspects of our common humanity that are a potential foundation for mutual respect and communication. In Chapter 4, we describe strategies of communication with offenders based on consideration of how they hear what we want to say. We describe a comprehensive strategy of intervention that embraces both law enforcement and treatment that we call "Supportive Authority." In Chapter 5, we describe a treatment process based on concepts that we call "Cognitive Self Change." In Chapter 6, we explore some wider applications of Supportive

Authority – and the broader strategy of paying attention to how offenders experience our attempts to intervene in their behavior – for the criminal justice system and public policy. Finally, in Chapter 7, we examine some epistemological questions regarding the role of evidence, statistical data, and subjective experience in our understanding of criminal behavior.

Notes

1. While Sutherland (and others) use the term "delinquent" rather than "criminal," we treat these as broadly equivalent and prefer the term "offender."
2. This interpretation of the reception of Yochelson and Samenow by mainstream psychologists is based on the personal observations of the authors (and particularly JB) from many conversations and attendance at several conferences in the 1970s and 1980s when the popularity in America of *The Criminal Personality* was at its height.
3. Yochelson and Samenow themselves did not claim to have achieved large-scale changes in criminal behavior. In fact, of the hundreds of criminal clients they worked with at St. Elizabeth's, they claimed that only seven had made the complete change to becoming responsible persons – hardly even a blip on the radar screen of statistical outcomes. On the other hand, they claimed that the scope of change achieved with these seven men, was, in the dimension of criminality and responsibility, total and complete.
4. An edited book titled *Aggressive Offenders' Cognitions*, by Gannon, Ward, Beech, and Fisher (2007), fails to cite Yochelson's and Samenow's work at all. In an edited book, *Offending Behaviour Programmes*, there is only one brief mention of Yochelson and Samenow. A search of numerous criminological and offender treatment texts reveals a similar lack of attention to their work.
5. Pharmaceuticals and CBT are both commonly used to treat depression. It is interesting that when pharmaceuticals are effective, the patient's depressive thinking changes, and that when CBT is effective in changing beliefs and attitudes, the biochemical processes underlying the experience of depression change too (Simons, Garfield, & Murphy, 1984). This two-way connection between consciousness and neurobiological process anticipates aspects of our conception of "conscious agency" (Chapter 3).
6. Beck did not reference this or any other diagnoses in his cognitive account of violence in *Prisoners of Hate*.
7. This same bleakness is found in Cleckley's *The Mask of Sanity*, which forms the foundation of Hare's concept of psychopathy, including the specific items on his checklist. Cleckley advocated preventive detention for psychopaths.
8. The cited chapter by Gendreau et al., gives a good explanation of the factors influencing which correctional policies will be implemented, and why that often results in interventions that are not supported by evidence.