

CRIMINAL SOCIOLOGY, ETHICS, AND HUMAN RELATIONS

PART TWO

STUDY OF CRIMINAL BEHAVIOR

TERMS TO PONDER

- **Psychology** – is the science of behavior and mental processes. This means that psychologists use the methods of science to investigate all kinds of behavior and mental processes, from the activity of a single nerve cell to the social conflict in a complex society.
- **Criminal Psychology** - is a sub-field of general psychology where criminal behavior is only, in part by which phenomena psychologists choose to study. It may be defined as the study of criminal behavior, the study of criminal conduct and activities in an attempt to discover recurrent patterns and to formulate rules about his behavior.
- **Normal Behavior (adaptive or adjusted behavior)** – the standard behavior, the totality accepted behavior because they follow the standard norms of society.
- **Abnormal Behavior (maladaptive/maladjusted behavior)** - A group of behaviors that are deviant from social expectations because they go against the norms or standard behavior of society.
- **Overt and Covert Behavior** - outwardly manifested or those that are directly observable are overt behaviors. Covert Behavior - are hidden – not visible, not observable.
- **Conscious and Unconscious Behavior** - behavior is conscious when acts are within the level of awareness. It is unconscious when acts are embedded in one's subconscious – unaware.
- **Simple and Complex Behavior** - these are acts categorized according to the number of neurons involved in the process of behaving. Simple behavior involves lesser number of neurons while complex behavior involved a greater number of neurons, a combination of simple behaviors.
- **Rational and Irrational Behavior** - there is rational behavior when a person acted with sanity or reason and there is irrational behavior when the person acted with no apparent reason or

explanation – as when a man loses his sanity and laugh out loud at nobody or nothing in particular.

- **Voluntary and Involuntary Behavior** - Voluntary behavior is an act done with full volition or will such as when we discriminate, decide or choose while involuntary behaviors refer the bodily processes that goes on even when we are awake or asleep like respiration, circulation and digestion.
- **Intellect** – aspect of behavior pertains to our way of thinking, reasoning, solving, problem, processing info and coping with the environment.
- **Emotion** – aspect of behavior that pertains to our feelings, moods, temper, and strong motivational force.
- **Social** – aspect of behavior that pertains to how we interact or relate with other people
- **Moral** – aspect of behavior that refers to our conscience and concept on what is good or bad.
- **Psychosexual** - aspect of behavior that pertains to our being a man or a woman and the expression of love
- **Political** – aspect of behavior that pertains to our ideology towards society or government
- **Values or Attitude** – aspect of behavior that pertains to our interest towards something, our likes and dislikes

STANDARDS OF INSANITY DEFENSE

- **M'Naghten Rule** - not knowing right from wrong - A defense on the ground of insanity to be established, it must be clearly proved that, at the time of the committing of the act, the party accused was laboring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing; or if he did know it, that he did not know he was doing what was wrong. (The Daniel M'Naghten's Case, 1843)
- **Irresistible Impulse Test** - It provides an accused cannot be guilty by reason of insanity because the mind of the accused was in a diseased and unsound state, that the disease existed to a high degree which overwhelmed the reason, conscience, and judgment of the person who acted from an irresistible and uncontrollable impulse. Thus consequently, the act was not the act of a voluntary agent, but the involuntary act of the body, without the concurrence of a mind directing it. (Commonwealth v. Rodgers, 1844)



- **Durham Rule** – The rule states that an accused is not criminally responsible if his unlawful act was the product of mental disease or mental defect. (Monte Durham Case, 1953)
- **Browner Rule** – It provides that “A person is not responsible for criminal conduct if at the time of the such conduct as a result of mental disease or defect he lacks substantial capacity either to appreciate the criminality [wrongfulness] of his conduct or to conform his conduct to the requirements of law.” (American Law Institute, 1985, Sec. 4.01)

THE CRIMINAL FORMULA

Where:

- C** – Crime/Criminal Behavior (the act)
- T** – Criminal Tendency (Desire/Intent)
- S** – Total Situation (Opportunity)
- R** – Resistance to Temptation (Self Control)

$$C = \frac{T + S}{R}$$

- The formula shows that a person’s criminal tendency and his resistance to them may either result in criminal act depending upon, which of them is stronger. This means that a crime or criminal behavior exists when the person’s resistance is insufficient to withstand the pressure of his desire or intent and the opportunity. The environment factors such as stress and strains are considered because they contribute in mobilizing a person’s criminal tendency and the individual’s psychological state while resistance to temptation arises from the emotional, intellectual and social upbringing and is either manifestation of a strong or weak character.

DETERMINANTS OF BEHAVIOR

- **Heredity (Biological Factors)** - the genetic influences, those that are explained by heredity, the characteristics of a person acquired from birth transferred from one generation to another.
- **Environmental Factors (Socio-Cultural Influences)**

Pathogenic Family Structure – those families associated with high frequency of problems such as:

Inadequate family – characterized by the inability to cope with the ordinary problems of family living. It lacks the resources,



physical or psychological, for meeting the demands of family satisfaction.

Anti-social family – those that espouses unacceptable values as a result of the influence of parents to their children.

Discordant/disturbed family – characterized by non-satisfaction of one or both parent from the relationship that may express feeling of frustration. This is usually due to value differences as common sources of conflict and dissatisfaction.

family – characterized by incompleteness whether as a result of death, divorce, separation or some other circumstances.

- **Childhood Trauma** – the experiences, which affect the feeling of security of a child undergoing developmental processes.
- **Needs and Drives** – need is a biological requirement for well-being of the individual that creates drives, a psychological state of arousal that prompts someone to take action.
- **Motivation** - refers to the influences that govern the initiation, direction, intensity, and persistence of behavior. Motivation refers to the causes and “why’s” of behavior as required by a need.
- **Psychological Needs** - are influenced primarily by the kind of society in which the individual is raised. Psychological motives are those related to the individual happiness and wellbeing, but not for the survival, unlike the biological motives that focuses on basic needs – the primary motives.

HIERARCHY OF NEEDS

Abraham Maslow has suggested that human needs form a hierarchy from the most basic biological requirements to the needs for self-actualization – the highest of all needs.

- **Biological or Physiological Needs** – these motives include the need for food, water, oxygen, activity, and sleep.
- **Safety Needs** – these pertains to the motives of being cared for and being secured such as in income and place to live.
- **Love/Belongingness** – Belongingness is integration into various kinds of social groups or social organizations. Love needs means need for affection.
- **Cognitive Needs** – our motivation for learning and exploration



- **Esteem Needs** – our motivation for an honest, fundamental respect for a person as a useful and honorable human being.
- **Aesthetic Needs** - our motivation for beauty and order
- **Self- actualization** – pertains to human total satisfaction, when people are motivated not so much by unmet needs, as by the desire to become all they are capable of (self-realization).

FRUSTRATION, CONFLICT AND ANXIETY

- **Frustration** refers to the unpleasant feelings that result from the blocking of motive satisfaction. It is a form of stress, which results in tension. It is a feeling that is experienced when something interferes with our hopes, wishes, plans and expectations.
- **Conflict** refers to the simultaneous arousal of two or more incompatible motives resulting to unpleasant emotions. It is a source of frustration because it is a threat to normal behavior.

Double Approach Conflict – a person is motivated to engage in two desirable activities that cannot be pursued simultaneously.

Double Avoidance Conflict – a person faces two undesirable situations in which the avoidance of one is the exposure to the other resulting to an intense emotion.

Approach-Avoidance Conflict – a person faces situation having both a desirable and undesirable feature. It is sometimes called “dilemma”, because some negative and some positive features must be accepted regardless which course of action is chosen.

Multiple Approach-Avoidance Conflict – a situation in which a choice must be made between two or more alternatives each has both positive and negative features. It is the most difficult to resolve because the features of each portion are often difficult to compare.

- **Anxiety** is an intangible feeling that seems to evade any effort to resolve it. It is also called neurotic fear. It could be intense; it could be low and can be a motivating force.
- **Stress** is the process of adjusting to or dealing with circumstances that disrupts, or threatens to disrupt a person’s physical or psychological functioning (Bernstein, et al, 1991)



EGO DEFENSE MECHANISMS

- **Compensation** - is the process of masking perceived negative self-concepts by developing positive self-concepts to make up for and to cover those perceived negative self-concepts.
- **Denial** - is the subconscious or conscious process of blinding yourself to negative self-concepts that you believe exist in you, but that you do not want to deal with or face. It is “closing your eyes” to your negative self-concepts about people, places, or things that you find too severe to admit or deal with.
- **Displacement** - is when you express feelings to a substitute target because you are unwilling to express them to the real target. The feelings expressed to the substitute target are based on your negative self-concepts about the real target and yourself in relation to the real target. That is, you think poorly of someone and yourself in relation to them.
- **Identification** - as a defense mechanism is the identification of yourself with causes, groups, heroes, leaders, movie stars, organizations, religions, sports stars, or whatever you perceive as being good self-concepts or self-images. This identification is a way to think of yourself as good self-concepts or images.
- **Introjection** - is the acceptance of the standards of others to avoid being rated as negative self-concepts by their standards. For example, you may uncritically accept the standards of your government or religion to be accepted as good self-concepts by them.
- **Projection** - is the attribution to others of your negative self-concepts. This projection occurs when you want to avoid facing negative self-concepts about your behaviors or intentions, and you do so by seeing them in other people, instead.
- **Rationalization** - is the process of explaining why, this time, you do not have to be judged as negative self-concepts because of your behaviors or intentions. That is, you justify and excuse your misdeeds or mistakes with reasons that are circumstantial at best and unfounded at worst.
- **Reaction formation** - is the process of developing conscious positive self-concepts to cover and hide opposite, negative self-



concepts. It is the making up for negative self-concepts by showing off their reverse.

- **Regression** - is returning to an earlier time in your life when you were not so threatened with becoming negative self-concepts. You return to thoughts, feelings, and behaviors of an earlier developmental stage to identify yourself as you used to back then.
- **Repression** - is the unconscious and seemingly involuntary removal from awareness of the negative self-concepts that your ego finds too painful to tolerate. For example, you may completely block out thoughts that you have of wanting to kill one of your parents.
- **Undoing** - as a defense mechanism is the process of trying to undo negative self-concept ratings of yourself by performing rituals or behaviors designed to offset the behaviors that the negative evaluations of you were based on.
- **Sublimation** - is the process of diverting your feelings about the negative self-concepts that you have of yourself or others into more socially acceptable activities.

NEUROTIC OR PSYCHONEUROTIC BEHAVIORS

- **Anxiety Disorders** - known as “neurotic fear”. When it is occasional but intense, it is called “panic”, if it is mild but continuous, it is called “worry”.

Obsessive-compulsive - an individual is compelled to think about something that he does not want to think about or carry some actions against his will.

Asthenic Disorders (Neurasthenia) - chronic mental and physical fatigue and various aches and pains.

Phobic Disorders - persistent fear on some objects or situations.

Somatoform Disorders - pre-occupation of one’s state of health or diseases.

- **Dissociative Disorders** - A response to obvious stress characterized by amnesia, multiple personality, and depersonalization.



Amnesia - partial or total inability to recall or identify past experiences.

Multiple Personality - also called “dual personalities.” Manifestation of two or more symptoms of personality.

Depersonalization - loss of sense of self or the so-called out of body experience, like *somnambulism* (sleep walking).

- **Mood Disorders** - often referred to as affective disorders.

Major Depressive Disorder – depressed mood, having loss of energy and interest, feeling of guilt, difficulty in concentrating, loss of appetite, and thoughts of death or suicide.

Dysthymic Disorder – a mild form of major depressive disorder

Bipolar Disorders - those experienced by patients with both manic and depressive episodes.

Cyclothymic Disorder – a less severe form of bipolar disorder

PSYCHOPATHIC BEHAVIORS

- **Paranoid Personality** - suspicious, rigidity, envy, hypersensitivity, excessive self-importance, argumentativeness and tendency to blame others of one’s own mistakes.
- **Schizoid Personality** - inability to form social relationship and lack of interest in doing so - the so-called “loners”.
- **Schizotypal Personality** - seclusiveness, over sensitivity, avoidance of communication and superstitious thinking is common.
- **Histrionic Personality** - immaturity, excitability, emotional instability and self-dramatization.
- **Narcissistic Personality** - exaggerated sense of self-importance and pre-occupation with receiving attention.
- **Borderline Personality** - instability reflected in drastic mood shifts and behavior problems. The person usually displays intense



anger outburst with little provocation and he is impulsive, unpredictable, and periodically unstable.

- **Avoidant Personality** - hypersensitivity to rejection and apprehensive alertness to any sign of social derogation.
- **Dependent Personality** - extreme dependence on other people – there is acute discomfort and even panic to be alone. The person lacks confidence and feels helpless.
- **Passive-Aggressive Personality** - being hostile expressed in indirect and non-violent ways - “stubborn”.
- **Compulsive Personality** - excessive concern with rules, order, and efficiency that everyone does things their way and an ability to express warm feeling.
- **Anti-social Personality** - continuing violation of the rights of others through aggressive, anti-social behavior without remorse.

PSYCHOTIC BEHAVIORS

- **Organic Mental Disorders** - A diagnosis of organic mental disorder is associated with a specific, identified organic cause, such as abnormalities of the brain structure. These are mental disorder that occurs when the normal brain has been damage resulted from any interference of the functioning of the brain.

Acute brain disorder – caused by a diffuse impairment of the brain function. Its symptoms range from mild mood changes to acute delirium.

Chronic brain disorder – the brain disorder that result from injuries, diseases, drugs, and a variety of other conditions. Its symptoms include impairment of orientation (time, place and person), impairment of memory, learning, comprehension and judgement, emotion and self-control.

Groups of Organic Mental Disorders

Delirium – the severe impairment of information processing in the brain affecting the basic process of attention, perception, memory and thinking.



Dementia – deterioration in intellectual functioning after completing brain maturation. The defect in the process of acquiring knowledge or skill, problem solving, and judgement.

Amnestic Syndrome – the inability to remember on going events more than a few minutes after they have taken place.

Hallucinosiis – the persistent occurrence of hallucinations, the false perception that arise in full wakefulness state. This includes hallucinations on visual and hearing or both.

Organic Delusional Syndrome – the false belief arising in a setting of known or suspected brain damage.

Organic Affective Syndrome – the extreme/severe manic or depressive state with the impairment of the cerebral function.

Organic Personality Syndrome – the general personality changes following brain damage.

General Paresis – also called “dementia paralytica”, a syphilitic infection of the brain and involving impairment of the CNS.

- **Disorders Involving Brain Tumor and Injury** - A tumor is a new growth involving abnormal enlargement of body tissue. Brain tumor can cause a variety of personality alterations, and it may lead to any neurotic behavior and consequently psychotic behavior. Injury to the head as a result of falls, blows and accidents causing sensory and motor disorders.
- **Mental retardation** - Mental retardation is a mental disorder characterized by sub-average general functioning existing concurrently with deficits in adaptive behavior. It is a common mental disorder before the age of 18. The person is suffering from low I.Q., difficulty in focusing attention and deficiency in fast learning.

Mild Mental Retardation - IQ ranges: 50-70

Moderate Mental Retardation - IQ ranges: 35-50

Severe Mental Retardation - IQ ranges: 20-35



- **Schizophrenia** – refers to the group of psychotic disorders characterized by gross distortions of reality, withdrawal of social interaction, disorganization and fragmentation of perception, thoughts and emotion. It also refers to terms such as “mental deterioration”, “dementia praecox”, or “split mind”.
- **Paranoia** – it is a psychosis characterized by a systemized delusional system. A delusion is a firm belief opposed to reality but maintained in spite of strong evidence to the contrary. It is also a psychosis characterized by delusion of apprehension following a failure or frustration.

ADDICTIVE BEHAVIOR

- Psychoactive substance-use disorders such as alcoholism affects millions of people.
- Addiction and psychological dependence on these substances create disastrous personal and social problems.

SEXUAL DYSFUNCTIONAL PATTERNS

- **Erectile Insufficiency (Impotency)** – it is a sexual disorder characterized by the inability to achieve or maintain erection for successful intercourse.
- **Pre-mature Ejaculation** – it is the unsatisfactory brief period of sexual stimulation that results to the failure of the female partner to achieve satisfaction.
- **Retarded Ejaculation** – it is the inability to ejaculate during intercourse – resulting to worry between partners.
- **Arousal Insufficiency (Frigidity)** – a sexual disorder characterized by partial or complete failure to attain the lubrication or swelling response of sexual excitement by the female partner.
- **Orgasmic Dysfunction** – a sexual disorder characterized by the difficulty in achieving orgasm
- **Vaginismus** – the involuntary spasm of the muscles at the entrance to the vagina that prevent penetration of the male sex organ.
- **Dyspareunia** – it is called painful coitus/painful sexual acts in women.
- **Homosexuality** – it is a sexual behavior directed towards the same sex. It is also called “lesbianism/tribadism” for female relationship.
- **Transvestism** – refers to the achievement of sexual excitation by dressing as a member of the opposite sex such a man who wears female apparel.



- Fetishism – sexual gratification is obtained by looking at some body parts, underwear of the opposite sex or other objects associated with the opposite sex.
- Pedophilia – a sexual perversion where a person has the compulsive desire to have sexual intercourse with a child of either sex.
- Bestiality – the sexual gratification is attained by having sexual intercourse with animals
- Auto-sexual (self-gratification/masturbation) – it is also called “self-abuse”, sexual satisfaction is carried out without the cooperation of another.
- Gerontophilia – is a sexual desire with an elder person.
- Necrophilia – an erotic desire or actual intercourse with a corpse
- Incest – a sexual relation between person who, by reason of blood relationship cannot legally marry.
- Satyriasis – an excessive (sexual urge) desire of men to have sexual intercourse
- Nymphomania – a strong sexual feeling of women with an excessive sexual urge.
- Oralism – it is the use of mouth or the tongue as a way of sexual satisfaction.
- Fellatio – male sex organ to the mouth of the women coupled with the act of sucking that initiates orgasm.
- Cunnilingus – sexual gratification is attained by licking the external female genitalia.
- Anilingus (anilingus) – licking the anus of the sexual partner
- Sado-Masochism (Allogagnia) – pain/cruelty for sexual gratification.
- Sadism – achievement of sexual stimulation and gratification through the infliction of physical pain on the sexual partner. It may also be associated with animals or objects instead of human beings.
- Masochism – infliction of pain to oneself to achieve sexual pleasure.
- Sodomy – is a sexual act through the anus of the sexual partner.
- Uranism – sexual gratification is attained through fingering, holding the breast of licking parts of the body.
- Frottage – the act of rubbing the sex organ against body parts of another person.
- Partailism – it refers to the sexual libido on any part of the body of a sexual partner.



- Voyeurism – the person is commonly called “the peeping Tom”, an achievement of sexual pleasures through clandestine peeping such as peeping to dressing room, couples’ room, toilets, etc. and frequently the person masturbate during the peeping activity.
- Scopophilia – the intentional act of watching people undress or during sexual intimacies.
- Troilism – three persons participate in sex orgy such as two women versus on man or vice versa.
- Pluralism – group of persons in sexual orgies such as couple to couple sexual relations. It is also called “sexual festival”.
- Exhibitionism – it is called “indecent exposure”, intentional exposure of genitals to members of the opposite sex under inappropriate conditions.
- Coprolalia – the use of obscene language to achieve sexual satisfaction.
- Don Juanism – the act of seducing women as a career without permanency of sexual partner or companion.

- End of Part 2 -

