

Mental Illness and Crime: A Misconceived Relationship

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Abstract

This article examines the history of the study of crime and many of the primary criminological theories created from those efforts. It also explores social perceptions of mental illness and their correlations with crime, and endeavors to highlight misconceptions about how mental health disorders influence criminal behavior. In an attempt to ensure that the reader understands the progression of crime research leading up to studies on mental illness and criminal behavior, the “five schools of criminology” are included, along with the social structure and learning theories. The article concludes with a significant discussion on the history of mental illness and its intersection with crime.

Introduction

Crime has been a staple of society since its inception. Valid explanations of many of the negative behaviors that characterize the crime phenomenon baffled both scholars and lay persons worldwide for centuries. However, during the last few centuries, more systematic analyses of crime have become increasingly customary among researchers from various disciplines, in effect, emphasizing, more saliently, crime causation. Many earlier studies focused on the physical characteristics of potential offenders, such as body type, as well as mental components, like freewill. As research advanced, economic strain and living environments due to the aforementioned variables became the primary emphases. While an understanding of the causes of conventional crime was effectively translated to many, very little knowledge of the relationship between mental illness and deviant behavior was provided.

Research on mental health stigma and its influence on society’s tendency to attribute underlying mental illness to the causation of crime have made misconceptions of the two phenomena much clearer. However, in order to understand how mental illness and crime intersect, an objective perspective of the history of the study of crime and the relevant theoretical perspectives that followed had to be established. While many believe that mental illness and crime are directly related, it is important to note that some studies on the multiple causes of crime suggest otherwise.

History of Criminology Research

The study of crime dates back to the mid-eighteenth century and the Classical School of Criminology. From this era derived a total of five individual criminological schools of thought: Classical School of Criminology, Positive School of Criminology, Sociological Criminology, Conflict Criminology, and Developmental Criminology. Each school challenged the contentions of the previous epoch. In addition, theories attempting to explain the causes of crime were gleaned from each era.

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Jeremy Bentham and Cesare Beccaria are credited with the birth and contentions of the Classical School of Criminology. This theoretical perspective embodies three primary positions: (1) people have free will to engage in antisocial or prosocial behaviors; (2) people choose to commit illegal acts for reasons of greed or personal gain; and (3) criminal acts can only be controlled by the fear of punishment (Jones, 2016). These assertions gave rise to the supplemental viewpoint known as rational choice theory, which contends that, before engaging in illegal acts, offenders consider the risks and benefits associated with such behaviors.

If the benefits appear significant, and the risks seem comparatively low, the offender is more likely to commit a crime. Conversely, high risk-low benefit perceptions generally result in decisions that discourage criminal behavior. The Positive School of Criminology challenged the beliefs of classical researchers like Bentham and Beccaria. Led by Cesare Lombroso, positivist scholars searched for laws of science that would explain criminal behavior. One of their primary arguments was that individuals with certain physical characteristics (atavistic anomalies) that distinguished them from “normal” people were more likely to engage in criminal behavior. Positivists asserted that individuals with physical features such as strong jawlines, abnormally large bodies, and other physical or psychological abnormalities were predisposed as life-long or born criminals.

From the Positive School, trait theory developed. This is the view that criminality is a product of abnormal biological or psychological traits. Trait theorists argued that biological and psychological traits were the primary causes of crime.

Sociological criminology, often associated with the Chicago School perspective, emerged in the 1920s and challenged the positivist ideology. Among the major contributors to sociological criminology were Robert Park, Ernest Burgess, and Louis Wirth. They contended that crime was a phenomenon that could be eradicated by improving socioeconomic conditions (Siegel, 2015). They further argued that crime was primarily caused by high levels of poverty and the decaying conditions of neighborhoods. In addition, they strongly challenged the idea that personal traits and characteristics caused crime. From this perspective, social structure theory—the view that the conditions of disadvantaged economic classes are the primary producers of crime—was born.

During the latter half of the twentieth century, conflict criminology, a derivative of Marxist theorist (neo-Marxism), challenged the beliefs of sociological criminology. Karl Marx died in 1883; however, much of his theory was not accepted until after his death. He theorized that capitalist society was, essentially, comprised of two general economic classes: capitalists and the increasingly impoverished workers that he referred to as the proletariat (Tschler, 2014). Some contemporary crime scholars closely associate the conflict perspective with crime causation. Among their primary tenets are (1) the upper class makes laws that support their way of life and that are often to the detriment of the lower classes; and (2) class conflict arises when the upper class attempts to maintain their privileged position in society, while the lower classes, simultaneously, strive to gain a larger share of society’s scarce and coveted economic, social, and political resources. Among the critical consequences of this struggle are a clash of social statuses, and conflicting descriptions and definitions of the criminal behaviors of the lower and working classes.

The contentions of Marxism and conflict criminology also support cultural deviance theory. As one of the contributing and supporting theories to social structure theory, cultural deviance theory argues that the combination of strain and social disorganization to get here creates a subculture that conflicts with the norms of society (Shaw & McKay, 1942). Many of the ideals of the Marxist epoch were instrumental in the subsequent emergence of conflict theory as a prevailing theoretical dogma, particularly among liberal social scientists. Conflict theory argues that personal and societal conflict arise from the unequal distribution of power between the upper and lower classes, with the powerful upper class using their authority to further enhance their supremacy.

Finally, Developmental Criminology, which was birthed from the contentions of Sheldon and Eleanor Glueck, challenged numerous other criminological perspectives. This approach combines, somewhat, the beliefs of positivism and sociological criminology (Chicago School). Developmental Criminology argues that, together, there are three factors that cause crime: (1) psychological factors; (2) economic challenge factors; and (3) biological factors. It further contends that youth from single-parent, low-income households, in which the residents have attained minimal levels of education, have a high probability of engaging in delinquent behavior, and that children with low intelligence, who suffer

from mental diseases and who have powerful physiques, are more likely to become persistent offenders (Siegel, 2011). This criminological viewpoint represents a key component in the emergence of developmental theory, which argues that criminal acts are the direct results of the characteristics of offenders and their social experiences.

Social Structure and Social Learning Theories

While the aforementioned five criminological perspectives represent the initial examining of the causes of crime, many other theoretical approaches have developed to explain crime causation. Some of the primary theories include general strain theory, cultural deviance theory, social disorganization theory, differential association theory, and cultural transmission theory.

General strain theory, cultural deviance theory, and social disorganization theory are all identified as social structure theories. Differential association theory and social learning theory are both considered learning theories. Coined by Robert Merton, general strain theory concentrates on material gain. Strain theory argues that society puts pressure on individuals to achieve socially accepted goals (such as the “American Dream”), though they lack the means to do that, which leads to the strain that may cause individuals to commit crimes (Merton, 1938). This, according to strain theory, explains the high occurrence of many different forms of conventional crimes like narcotics sells, robbery, and prostitution.

Cultural deviance theory, which is also considered a social structure theory, focuses on behaviors that are specific to subcultures in society. Shaw and McKay (1930) argued that conforming to the prevailing cultural norms of lower class society causes crime. They further contended that lower class subcultures have a unique set of values and beliefs, which invariably, conflict with conventional social norms (Shaw & McKay, 1930). This theory provides an explanation for how normal negative behaviors are for criminal organizations such as gangs, narcotics rings, and prostitution rings.

The final perspective, which is identified as a social structure theory, is social disorganization theory. Coined by Clifford Shaw and Henry McKay (1948), this theory argues that crime is associated with the ecological conditions of communities. Social disorganization focuses on the breakdown of inner-city neighborhoods and institutions such as the family, school, and the job market (Siegel, 2015). This theory explains the causes of crime in urban neighborhoods by examining many of the factors that are present in the daily lives of people that reside in those areas.

Regarding social learning theories, there are two primary theories that argue the primary tenets: differential association theory and learning theory. Cultural transmission theory also supports the contentions of the two aforementioned theories. Differential association theory, coined by Edwin Sutherland, holds that through interaction with others, individuals learn the values, attitudes, techniques, and motives that lead to criminal behavior (Sutherland, 1939). In its simple explanation of why crime occurs, it argues that people commit crimes when their social learning leads them to perceive more definitions favoring crime than favoring conventional behavior (Siegel, 2015). Overall, the learned behavior that develops via different associations results in learned criminal activity. Many of the ideas of differential association theory are very similar to many of those of learning theory. The latter perspective posits that behaviors are learned through relationships in social situations (Jones, 2016).

Throughout the history of the study of criminal behavior, there have been many different explanations that explore crime causation. However, while there are a significant number of theories, they are not universal to all criminal acts. It is important to understand that some theories better explain the actions of an offender than others. Despite the plethora of criminological theories that individually explain specific acts of crimes, collectively they can provide greater insight into the history of incarceration, not only in the United States, but worldwide.

Historical Perspectives of Mental Illness

References to mental illness date back as far as the 4th century BC. During that period, people with mental illnesses were believed to be possessed by demonic forces, a religious punishment for committing sin. Hippocrates was a pioneer in mental health treatment who emphasized its physiological nature rather than simply using religiously or superstitiously-based treatment modalities. However, the popular belief that mental illness resulted from one’s need of religion or that one was suffering from religious punishment endured well into the Middle Ages. At the time, the

“mentally ill” were labeled as witches, and they were socially stigmatized. Drastic, dehumanizing treatment strategies like trephination (drilling holes in the skull to release evil spirits) were also used as a “cure”.

Throughout the Middle Ages, *supernatural*, *somatogenic*, and *psychogenic theories* were the three general theories used to explore the causations of mental illness. Supernatural theorists postulated that mental illness resulted from being possessed by diabolical spirits, angry gods, sin, astronomical events like eclipses, and gravitational energy. At the opposite end of the spectrum, somatogenic advocates held that mental illness stemmed from disruptions in physiological functioning caused by illness, biological factors or brain trauma. Psychogenic theories explored the influences that traumatic experiences and abnormal cognitions had on people’s mental health (Farreras, 2019). Each of the aforementioned theories used different treatment techniques because the symptomatology associated with each differed.

During the 1700s and 1800s, the “mentally ill” were often victims of animalism, incarcerated with criminals, and placed in institutions (also referred to as “insane asylums”). During that time, people believed that institutionalized care was the most effective treatment method. While institutions were prominent treatment resources, they were found to be unhygienic and greatly understaffed by people who were poorly trained. There were also reports that these institutions routinely violated the human rights of patients, employing abuses that included confining and chaining them to walls and exhibiting them merely for financial gain (Novella, 2010). According to Foerschner (2010), “Asylums were not geared toward helping patients learn how to live with their mental illnesses; instead, they were merely reformed penal institutions where the mentally ill were abandoned by relatives or sentenced by law and faced a life of inhumane treatment, all for the sake of lifting the burden off of ashamed families and preventing any possible disturbances in the community” (p. 1).

Deinstitutionalization was imminent in the mid to late 1800s, as people began to view mental illness through a humanitarian scope. Physicians, at last, started practicing more humane forms of care by discontinuing the use of physical restraints, encouraging good hygiene, and incorporating recreational activities and occupational training into their patient-treatment regimens (Farreras, 2019). After observing the inhumane and unhygienic conditions that patients faced in asylums, Dorothea Dix, a former school teacher and lobbyist, pushed for the establishment of state mental hospitals. From 1840 to 1880, she was an active collaborator in the launching of **32** state psychiatric hospitals.

By the 1900s, there were vast improvements in the care provided to the “mentally ill,” but most psychiatric hospitals were overcrowded, making it very difficult for physicians to focus on treatment. Psychoanalysis, the first psychodynamic theory, was the most widely practiced psychogenic treatment approach during this period (Farreras, 2019). In the late 1940s and early 1950s, drugs like lithium and thiorazine, and modalities like electro-convulsive therapy and lobotomies were used to treat mental illness. Since then, there has been a monumental change in the way mental illness is treated. Psychotropic medications with fewer side effects are constantly being manufactured, and mental health practitioners are implementing evidenced-based therapeutic approaches that are empirically proven to be far more effective at treating mental health disorders. Unfortunately, the incarceration of this population continues to be a common practice.

Theoretical Perspectives of Mental Illness and Criminal Behavior

Founded by Sigmund Freud, psychodynamic theory contends that a person’s actions are determined by his/her past experiences, and that nothing happens “accidentally.” According to Freud, one’s *unconscious*—which is made up of repressed memories of past trauma and experiences, thoughts, needs, impulses and feelings—influences behavior (Corey, 2016). These experiences are what shape the psyche, which Freud asserted is made up of the *id*, *ego*, and *superego*. The *id* is instinctual and creates demands; the *ego* is responsible for reality testing and employing reason; and the *superego* suppresses the urges of the *id* and ventures to make the *ego* behave morally. The *id* is the impulsive portion of the psyche that seeks instant gratification and causes an individual to weigh his/her moral values against the urge to fulfill his/her desires, wants, and needs. Based on its tenets, one could take the position that applying psychodynamic theory to the study of crime might be extremely relevant in that it would help break down how disruptions in the development of the psyche contribute to criminal behavior.

Behaviorism emerged as a scientific doctrine in the 1920s. John B. Watson, Ivan Pavlov, and B.F Skinner were pioneers who endeavored to structure behaviorism in a way that it could be observed and measured. In contrast to the

tenets forwarded by psychodynamics, behaviorism emphasized the importance of exploring external behavior, rather than focusing on the unconscious. The principles of behaviorism postulate that human action is a reflexive response to a particular environmental stimulus or is an outcome of past life experiences. While both behaviorists and psychodynamic theorists believe that all behaviors are the result of experience, behaviorists strongly assert that behavior is a learned phenomenon. The major concept associated with behaviorism is conditioning, which promotes learning by using stimuli to trigger certain behaviors and rewards to reinforce those behaviors. *Operant conditioning*, proposed by B.F. Skinner, is a process through which learning occurs through reinforcement and punishment. This type of conditioning uses reinforcement schedules.

Operant conditioning frequently appears in the form of token economies in the prison system as a way to shape positive behavior in inmates. As Gendreau, Listwan, and Kuhns (2011) noted, "Contingency management (CM) programs are based on the principles of operant conditioning. The term CM is based on the principle of contiguity that suggests that when reinforcement and punishment are made contingent upon a behaviour [*sic*], the behaviour [*sic*] in question is either strengthened or suppressed" (p. 3). Additionally, positive reinforcement strategies are used because they can be implemented easily and teach people how to behave, whereas the use of punishment only teaches people what not to do (Gendreau, 1996).

Social learning theory (SLT) is one of the most widely applied theoretical approaches associated with the study of human behavior. Founded by Albert Bandura in 1977, SLT expanded upon the behaviorist school of thought. SLT posits that an individual learns behaviors through the observation of his/her environment. According to SLT, people learn from one another through imitation, observation, and modeling. Modeling, a rudimentary aspect of SLT, is comprised of four components: attention, retention, reproduction and motivation. Like behaviorism, SLT attempts to explain why people behave the way they do. However, the two models differ in that SLT does not rest on the behaviorist contention that direct reinforcement accounts for all types of learning.

Learning theories have been utilized to study all kinds of behaviors and are prominently applied in research that explores criminal or deviant behavior (Tittle, Antonaccio, & Botchkovar, 2012). Ronald Akers built upon the work of Bandura and Edwin Sutherland's theory of differential association to establish the social learning theory of crime. According to Akers, criminal behavior is learned through social interaction and modeling. In other words, people are more likely to commit crimes when they associate with others who engage in criminal behavior (Akers, 2009). As it pertains to differential reinforcement, Akers explained that crime is more likely to occur when it is reinforced more frequently than it is punished, and when it is more likely to be reinforced than other behaviors. SLT, in social and criminal contexts, shows that behavior is learned through observation and social interaction. Therefore, one could surmise that criminality exists as a dependent variable that is not always an outcome of an underlying mental illness. It is instead, a phenomenon that is influenced by a variety of social, familial, economic, biological, and experience related factors, etc.

Dichotomizing Mental Illness and Crime

First introduced as an academic specialization in the 19th century, criminal psychology is a critical component in the study of the causation of crime. It involves studying the thought patterns, behaviors, and intentions associated with a criminal's actions. In essence, criminal psychology requires those who study it to dissect the layers of the criminal mind to ascertain an understanding of what causes someone to commit a crime.

Society is notorious for associating mental illness with crime. In fact, individuals with severe and persistent mental illnesses (SPMI) like major depression, bipolar disorder, schizophrenia or borderline personality disorder are often overrepresented in the United States criminal justice system. Past studies indicate that people with SPMI are **10 times** more likely to be housed in state prisons than in state psychiatric hospitals (Torrey, Zdanowicz, Kennard, Lamb, Eslinger, Biasotti, & Fuller, 2014). Interestingly, SPMI tends to be more prevalent among individuals in county jails than among those housed in federal and state correctional institutions (Weaver, Lee, Choi, Johnson, & Clements, 2018). Offenders with mental illnesses often go undiagnosed prior to conviction, and do not always receive effective mental health treatment during incarceration. Moreover, the probability of violating probation and reoffending are much higher for probationers diagnosed with a mental illness (Balyakina et al., 2014; Munetz, Grande, & Chambers, 2001; Skeem & Loudon, 2006; Solomon, Draine, & Marcus, 2002). These factors beg the question, "*Can offenders with mental illnesses be treated successfully in the penal system?*"

Some argue that engaging in mental health treatment during incarceration can effectively decrease deviant behavior and reduce recidivism rates (Houser, Blasko, & Belenko, 2014; Mulay, Kelly, & Cain, 2017). However, in recent years, several states have implemented *mental health court* programs as alternatives to incarcerating persons with mental health disorders. The presumed goal of mental health court is to reduce the number of people in prison and jails with mental illnesses. Offenders who are assessed and deemed eligible to participate in mental health court are usually sentenced to court-supervised community mental health treatment. Although some professionals have expressed concerns about the coercive nature of mental health courts, such entities could effectively erase the transinstitutionalization of persons with mental illnesses.

While public opinion affirms the popularity of the belief that mental illness causes people to commit crimes, contrarily, it can be argued that those diagnosed with a SPMI are more likely to be victims rather than perpetrators of crime. Consider the relationship between SPMI and post-traumatic stress disorder (PTSD). People with SPMI are more likely to experience sexual abuse and interpersonal violence than those without a mental health diagnosis. Furthermore, those with SPMI are **four to five times** more likely to be diagnosed with PTSD (O'Hare & Sherrer, 2009; O'Hare, Shen, & Sherrer, 2006). For example, research shows that women with SPMI have a higher risk of experiencing sexual abuse and interpersonal violence as adults, (Goodman, Rosenberg, Mueser, & Drake, 1997), while men with SPMI are more likely to witness serious violent events.

It is also worth noting that **67 percent** of inpatient and outpatient mental health consumers experienced sexual and/or physical abuse as children (Mid-Valley Behavioral Care Network, 2005). From a familial perspective, some believe that the quality of the parent-child relationship and experiences of abuse and neglect influence criminal behavior. According to Prather and Golden (2009), "The impact of abuse and neglect on family relationships has important implications for the quality of parent-child relationships, with the lower the quality of parent-child relationships, the higher the likelihood of juvenile delinquency" (p. 95).

People commit crimes for a variety of reasons (i.e., limited resources, stress factors, retribution, poor impulse control, family/social influences, etc.), but does this mean that every person diagnosed with a mental illness that commits a crime was compelled to do so by his/her mental illness? A study performed by the American Psychological Association (APA) (2014) indicated that out of **429** crimes committed by **143** offenders with SPMI, only **7.5 percent** were directly related to the offenders' underlying mental illnesses. Although they may intersect, a dichotomy should exist between mental illness and crime, as not all people with mental illnesses are criminals, and not all criminals have a mental illness.

Conclusion

History shows that criminologists and mental health professionals have not always adopted an interdisciplinary approach as it relates to the study of the factors that influence criminal behavior. However, with the evolution of time, both fields have begun to recognize the need to collaborate in their efforts to address the common relationship between mental illness and crime. Limiting research regarding antisocial behavior, specifically to the field of criminal justice, typically advances the notion that poor mental health causes crime and can only be treated through the use of punishment. In turn, this stance has resulted in several missed opportunities to address the needs and challenges of a delicate and marginalized population.

While historical views of mental illness have been refuted throughout the centuries, the disease continues to be widely misconceived. Social stigma, prejudice, and a lack of awareness of and education on the subject have perpetuated the invalid assumption that mental illness is the cause of crime. As a result, this population continues to be overrepresented in the United States criminal justice system. The aforementioned evidence supports the argument that mental illness and crime should be viewed as two stand-alone entities that intersect, and refutes the claim that mental illness can be observed through a lens of cause and effect, particularly since the symptomology associated with mental illness is not always the direct cause of crime.

Clearly, there is a need for a deeper exploration of mental illness and its potential influences on the causes of crime, as profound and conflicting points-of-view exist on the topic. Mental health and criminal justice professionals should take on a collaborative, multidisciplinary approach to revamping the screening and assessment practices

conducted within the criminal justice system. Doing so would ensure that offenders with SPMI are referred and linked to trauma-informed, evidence-based treatment programs, instead of being confined in corrections facilities that offer, at best, ineffective or mediocre treatment. The focus should be on developing and implementing diversion programs for offenders with mental health disorders; ones that address their mental health treatment needs and risk factors for committing crimes, aid in decreasing recidivism rates, and promote research opportunities to help identify more evidence-based treatment strategies that can be employed to stop the transinstitutionalization of this population.

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