WHY DO I STEAL?
SHOP LIFTING CLASS

MODULAR A
8th Commandment: Thy Shall Not Steal

- Everyone has some kind of calling — a God-given mission of some sort. But we don’t always fulfill it. We have all kinds of excuses: I’m too old, too young, too prestigious, too poor, too tired, too busy. Jonah had a great excuse. God had asked him to help the archenemies of Israel – the very same nation that had exiled ten out of the 12 tribes. Jonah, out of his love for God’s people, rejected his mission. What Jonah failed to take into account, however, is that when God hands us a mission, it’s not our duty to judge. It’s our job to fulfill it. The good news is that God gives us second chances and it’s never too late to start.

- Some people know what their mission is from a deep place inside. Others have to look around at what’s broken in the world and then assess what tools they have to help fix it. This week, take time to discover your God-given calling – and then answer it!
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OBJECTIVES

◦ AFTER COMPLETING THE CLASS, THE PARTICIPATE WILL BE ABLE TO:
◦ 1. Identified 8 most common irrational beliefs of shoplifters;
◦ 2. BE AWARE OF Rationalizing—telling self LIES;
◦ 3. UNDERSTAND THAT SHOPLIFTING IS A MENTAL ILLNESS;
◦ 4. UNDERSTAND HOW neuroscience HAS BEEN USED IN FELONY SHOPLIFTING CASES;
◦ 5. ANALIZE HOW COVERT SENSITIZATION TREATMENT CAN HELP A CHRONIC THEFT OFFENDER;
◦ 6. IDENTIFY THE STEPS IN MORAL REASONING
MIND-SET OF OFFENDERS IN WEST TEXAS

. Irrational Beliefs of Shoplifting.

Findings or conclusions:

- Identified 8 most common irrational beliefs of shoplifters in West Texas.
  - If I am careful and smart, I will not get caught.
  - Even if I do get caught, I will not be turned in and prosecuted.
  - Even if I am prosecuted, the punishment will not be severe.
  - The merchants deserve what they get.
  - Everybody, at some time or another, has shoplifted; therefore it’s ok for me to do it.
  - Shoplifting is not a major crime.
  - I must have the item I want to shoplift or if I want it, I should have it.
  - It is okay to shoplift because the merchants expect it.
Rationalizing—telling self lies.


Findings or conclusions:

a. Interviews with 137 apprehended shoplifters revealed widespread use of techniques of neutralizations, where deviants must neutralize moral prescriptions either before the crime is committed or by after-the-fact rationalizations.

Findings or conclusions:

- a. Adults and teenagers form belief systems that amount to rational intentions in the decision to shoplift.
- b. The decision to shoplift is influenced by pro-shoplifting attitudes, social factors, opportunities for shoplifting and perceptions of low risks of apprehension.
SHOPLIFTING IS A MENTAL ILLNESS.

- Shoplifting is clearly a psychological issue for many people. Shoplifting for most individuals is rarely about greed or poverty. It’s about people struggling with their own personal conflicts and PERCEIVED needs. Most individuals have a cloudy perception of their life circumstances.

- The single largest psychological factor found in approximately 1/3 of shoplifters studied is “depression”. This helps to explain why so many individuals steal from stores on their birthday and/or around holiday times. 

Relief of Diazepam-Withdrawal Syndrome By Shoplifting. 
Author: Jeremy Coid, Maudsley Hospital, London England; British Journal of Psychiatry; 1984; Vol. 145; p. 552-554.

Findings or conclusions:
- a. Shoplifting is a “relief mechanism” for depression, anxiety.
- b. 5 to 15% of shoplifters are “mentally abnormal”.
- c. Shoplifting may represent the gratification of repressed sexual wishes.
What is mental illness?

- Most people believe that mental disorders are rare and "happen to someone else." In fact, mental disorders are common and widespread. An estimated 54 million Americans suffer from some form of mental disorder in a given year.

- Most families are not prepared to cope with learning their loved one has a mental illness. It can be physically and emotionally trying, and can make us feel vulnerable to the opinions and judgments of others.

- A mental illness is a disease that causes mild to severe disturbances in thought and/or behavior, resulting in an inability to cope with life’s ordinary demands and routines.
There are more than 200 classified forms of mental illness. Some of the more common disorders are depression, bipolar disorder, dementia, schizophrenia and anxiety disorders. Symptoms may include changes in mood, personality, personal habits and/or social withdrawal.

Mental health problems may be related to excessive stress due to a particular situation or series of events. As with cancer, diabetes and heart disease, mental illnesses are often physical as well as emotional and psychological. Mental illnesses may be caused by a reaction to environmental stresses, genetic factors, biochemical imbalances, or a combination of these. With proper care and treatment many individuals learn to cope or recover from a mental illness or emotional disorder.
Shoplifting and Mental illness studies

- **Shoplifting & Mental Illness.**
  Authors: Yves Lamontagne/Normand Carpentier/Celine Hetu/Celine Lacerte-Lamontage, Fernand Seguin Research Center, Montreal, PQ, Canada; Canadian Journal of Psychiatry; Jun 1994; Vol. 39(5); p. 300-302.

**Findings or conclusions:**

- a. Evaluated the prevalence of mental illness and the use of medication, alcohol and drugs on 1,649 persons convicted of shoplifting.
- b. Only 3.2% of cases involved mentally ill patients but closer links found between shoplifting and affective disorders, alcoholism and drug addiction.
KLEPTOMANIA

- The more intense form of shoplifting is classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as an “Impulse Disorder” known as Kleptomania. For this classification, the patient must meet the following five criteria to justify this diagnosis.

- 312.32 diagnostic criteria for Kleptomania

- Recurrent failure to resist impulses to steal objects that are not needed for personal use or for their monetary value.

- Increasing sense of tension immediately before committing the theft.

- Pleasure, gratification, or relief at the time of committing the theft.
Stealing is not committed to express anger or vengeance and is not in response to a delusion or a hallucination.

A CASE OF KEPTOMANIA

- A Case of Kleptomania Treated By Covert Sensitation. 

Findings or conclusions:
- a. Shoplifted daily for 14 years.
- b. Resentment against husband, job, lifestyle.
- c. Treatment consisted of covert sensitization with imagery of nausea and vomiting. Improvement within 8 weeks. 19 months after completion of covert sensitization only 1 relapse.
- d. Patient more cheerful, confident and socially outgoing
Covert sensitization is a form of behavior therapy in which an undesirable behavior is paired with an unpleasant image in order to eliminate that behavior.

The goal of covert sensitization is to directly eliminate the undesirable behavior itself, unlike insight-oriented psychotherapies that focus on uncovering unconscious motives in order to produce change. The behaviors targeted for modification are often referred to as "maladaptive approach behaviors," which includes behaviors such as alcohol abuse, drug abuse, and smoking, pathological gambling, overeating, sexual deviations, and sexually based nuisance behaviors such as obscene phone calling. The type of behavior to be changed and the characteristics of the aversive imagery to be used influence the treatment, which is usually administered in an outpatient setting either by itself or as a component of a multimodal program. Self-administered homework assignments are almost always part of the treatment package. Some therapists incorporate covert sensitization with hypnosis in the belief that outcome is enhanced.
FACTS ABOUT 1ST TIME OFFENDERS

- Recurrent failure to resist impulses to steal objects that are not needed for personal use or their monetary value.
- Increasing sense of tension immediately before committing the theft.
- Pleasure or relief at the time of committing the theft.
- Stealing is not committed to express anger or vengeance and is not in response to a delusion or hallucination.
- The stealing is not better accounted for by Conduct Disorder, a Manic Episode, or Antisocial Personality Disorder.
- Today, kleptomania is considered far more prevalent than originally believed.
My brain made me do it.

◦ What would you think if you heard someone who had stolen a car say, “It’s not my fault—my brain made me do it.” While it might sound absurd when phrased that way, that essential argument is one that is being used in more and more criminal defense cases across the country.

◦ We’ve all heard of the insanity plea before—a defendant claims that they are not culpable for the crime they committed because they were legally insane at the time it took place. The insanity plea as we have traditionally understood it is actually only used in about 1% of all felony cases, and only succeeds about a quarter of the time it is used. However, some criminal defenders these days are taking a slightly different approach: they’re using brain scans and neuropsychological tests to argue that brain abnormalities have caused their clients to commit criminal acts.
This defense has become more and more commonplace as we continue to learn about the human brain. In 2005, neuroscience was used as evidence in 30 felony cases that did not involve homicide. In 2012, that number increased to over 100. *The Rise of Neurolaw.*

Psychology in criminal law is a relatively recent field of study. Recent studies have shown a link between psychopathy and structural brain abnormalities. Brain scans of true psychopaths have revealed that this small subset of people experiences abnormalities in “social” parts of their brains, creating deficits in empathy and potentially leading to criminal behavior.
The intriguing brain scans of psychopaths have led to psychological studies of other individuals who have committed criminal acts, and now some criminal defendants are using data from these studies to suggest that non-psychopaths may commit crimes due to brain abnormalities caused by genetics or trauma, as well. They argue that these brain abnormalities may cause impulsivity and inhibit the decision-making process, leading to criminal acts such as stealing.
When it comes to stealing, there’s another potential psychological catalyst that has gotten a fair amount of coverage (and misrepresentation) in popular culture: kleptomania. In the Diagnostic and Statistical Manual V, kleptomania is characterized by the repeated stealing of items not needed for personal use or monetary value, an increased sense of tension immediately before committing the theft, and pleasure or relief upon committing the theft. It often coexists with other mental disorders, such as depression, social phobia, anorexia, bulimia, obsessive-compulsive disorder, or a chemical dependence. Having another mental illness or some kind of brain injury or head trauma is considered a risk factor for kleptomania.
Because people who truly have kleptomania are not motivated by financial gain, the items they steal are often not very expensive, and if they are caught they’ll likely face a misdemeanor rather than a felony. But what if someone with this disorder does steal something larger, like a car? Or steals so many little things over a period of time that the value of their thefts gets up into the thousands of dollars? If the monetary value of the stolen items earns them a felony charge, defendants could potentially face significant prison time, and even a misdemeanor carries the possibility of imprisonment. Does someone who is motivated to steal because of a compulsion or brain injury really deserve that kind of a sentence?
Ultimately, our courts need to look at a whole host of factors when evaluating criminal cases, not just brain scans or a psychological diagnosis. We need to consider other possible motivating factors, influences in the defendant’s life, and other social circumstances that may have played into the crime. Even if evidence from neuroscience is not sufficient to alleviate a defendant of all responsibility, there may be other important factors at play that should be considered when determining their sentence or treatment course.
In an interview with Psychology Today, Pathways Institute for Impulse Control co-founder Elizabeth Corsale argued that even when thefts are not caused by an impulse disorder, there is clearly some kind of problem that is causing the person to commit this divergent act. She suggests that ongoing treatment, such as cognitive-behavioral therapy, as well as group and individual therapy, is the best way to treat people with a stealing problem.
VIEW THE BIG PICTURE AND CONSEQUENCES

- Looking at the big picture in these types of nonviolent cases will help us discover treatment courses that are much more effective than a prison sentence. We need to treat the whole person—not just the criminal act—and continuing to educate ourselves on the role of neuroscience in criminal behavior is one tool in determining how to do this.

- A CLIENT HAS been fighting a battle with a brain tumor. The doctor ordered a robust steroid and her co-payment quoted by Wal-Mart was $5,000. This medicine was very important to prevent the brain from bleeding or the cells of the brain to contain water.
At this moment, she would have stolen the pills for she was fighting for her life and did not have the money to cover the co-payment. She could not get help through Medicare or Medicaid because her husband made $400 more per year above the limit set for receiving help. What is the law on this act of theft and what would the Criminal Justice System do to an individual that would commit this type of criminal act? What is the moral injustice if this individual stole the medication?
MORAL DEVELOPMENT

- Lawrence Kohlberg's stages of moral development constitute an adaptation of a psychological theory originally conceived by the Swiss psychologist Jean Piaget. Kohlberg began work on this topic while a psychology graduate student at the University of Chicago in 1958, and expanded and developed this theory throughout his life.
- The theory holds that moral reasoning, the basis for ethical behavior, has six identifiable developmental stages, each more adequate at responding to moral dilemmas than its predecessor.
Kohlberg followed the development of moral judgment far beyond the ages studied earlier by Piaget, who also claimed that logic and morality develop through constructive stages. Expanding on Piaget's work, Kohlberg determined that the process of moral development was principally concerned with justice, and that it continued throughout the individual's lifetime, a notion that spawned dialogue on the philosophical implications of such research.
For his studies, Kohlberg relied on stories such as the Heinz dilemma, and was interested in how individuals would justify their actions if placed in similar moral dilemmas. He then analyzed the form of moral reasoning displayed, rather than its conclusion, and classified it as belonging to one of six distinct stages.

There have been critiques of the theory from several perspectives. Arguments include that it emphasizes justice to the exclusion of other moral values, such as caring; that there is such an overlap between stages that they should more properly be regarded as separate domains; or that evaluations of the reasons for moral choices are mostly post hoc rationalizations (by both decision makers and psychologists studying them) of essentially intuitive decisions.
Nevertheless, an entirely new field within psychology was created as a direct result of Kohlberg's theory, and according to Haggbloom et al.'s study of the most eminent psychologists of the 20th century, Kohlberg was the 16th most frequently cited psychologist in introductory psychology textbooks throughout the century, as well as the 30th most eminent overall.

Kohlberg's scale is about how people justify behaviors and his stages are not a method of ranking how moral someone's behavior is. There should however be a correlation between how someone scores on the scale and how they behave, and the general hypothesis is that moral behavior is more responsible, consistent and predictable from people at higher levels.
KOHLBERG’S 6 STAGES

Kohlberg's six stages can be more generally grouped into three levels of two stages each: pre-conventional, conventional and post-conventional. Following Piaget's constructivist requirements for a stage model, as described in his theory development, it is extremely rare to regress in stages—to lose the use of higher stage abilities. Stages cannot be skipped; each provides a new and necessary perspective, more comprehensive and differentiated than its predecessors but integrated with them.

Level 1 (Pre-Conventional)

1. Obedience and punishment orientation
   (How can I avoid punishment?)
2. Self-interest orientation
   (What’s in it for me?)
   (Paying for a benefit)
LEVEL 3 & 4

**Level 2 (Conventional)**

3. Interpersonal accord and conformity  
   *(Social norms)*  
   *(The good boy/girl attitude)*

4. Authority and social-order maintaining orientation  
   *(Law and order morality)*

**Level 3 (Post-Conventional)**

5. Social contract orientation

6. Universal ethical principles  
   *(Principled conscience)*
The understanding gained in each stage is retained in later stages, but may be regarded by those in later stages as simplistic, lacking in sufficient attention to detail.

The pre-conventional level of moral reasoning is especially common in children, although adults can also exhibit this level of reasoning. Reasoners at this level judge the morality of an action by its direct consequences. The pre-conventional level consists of the first and second stages of moral development, and is solely concerned with the self in an egocentric manner. A child with preconventional morality has not yet adopted or internalized society's conventions regarding what is right or wrong, but instead focuses largely on external consequences that certain actions may bring.
In Stage one (obedience and punishment driven), individuals focus on the direct consequences of their actions on themselves. For example, an action is perceived as morally wrong because the perpetrator is punished. "The last time I did that I got spanked so I will not do it again." The worse the punishment for the act is, the more "bad" the act is perceived to be. This can give rise to an inference that even innocent victims are guilty in proportion to their suffering. It is "egocentric," lacking recognition that others' points of view are different from one's own. There is "deference to superior power or prestige."
STAGE TWO

Stage two (self-interest driven) espouses the "what's in it for me" position, in which right behavior is defined by whatever the individual believes to be in their best interest but understood in a narrow way which does not consider one's reputation or relationships to groups of people. Stage two reasoning shows a limited interest in the needs of others, but only to a point where it might further the individual's own interests. As a result, concern for others is not based on loyalty or intrinsic respect, but rather a "You scratch my back, and I'll scratch yours." mentality. The lack of a societal perspective in the pre-conventional level is quite different from the social contract (stage five), as all actions have the purpose of serving the individual's own needs or interests. For the stage two theorist, the world's perspective is often seen as morally relative.
The conventional level of moral reasoning is typical of adolescents and adults. To reason in a conventional way is to judge the morality of actions by comparing them to society's views and expectations. The conventional level consists of the third and fourth stages of moral development. Conventional morality is characterized by an acceptance of society's conventions concerning right and wrong. At this level an individual obeys rules and follows society's norms even when there are no consequences for obedience or disobedience. Adherence to rules and conventions is somewhat rigid, however, and a rule's appropriateness or fairness is seldom questioned.
STAGE THREE

In Stage three (interpersonal accord and conformity driven), the self enters society by filling social roles. Individuals are receptive to approval or disapproval from others as it reflects society’s accordance with the perceived role. They try to be a "good boy" or "good girl" to live up to these expectations, having learned that there is inherent value in doing so. Stage three reasoning may judge the morality of an action by evaluating its consequences in terms of a person's relationships, which now begin to include things like respect, gratitude and the "golden rule". "I want to be liked and thought well of; apparently, not being naughty makes people like me." Desire to maintain rules and authority exists only to further support these social roles. The intentions of actors play a more significant role in reasoning at this stage; one may feel more forgiving if one thinks, "they mean well ..."
In Stage four (authority and social order obedience driven), it is important to obey laws, dictums and social conventions because of their importance in maintaining a functioning society. Moral reasoning in stage four is thus beyond the need for individual approval exhibited in stage three. A central ideal or ideals often prescribe what is right and wrong. If one person violates a law, perhaps everyone would — thus there is an obligation and a duty to uphold laws and rules. When someone does violate a law, it is morally wrong; culpability is thus a significant factor in this stage as it separates the bad domains from the good ones. Most active members of society remain at stage four, where morality is still predominantly dictated by an outside force.
The post-conventional level, also known as the principled level, is marked by a growing realization that individuals are separate entities from society, and that the individual’s own perspective may take precedence over society’s view; individuals may disobey rules inconsistent with their own principles. Post-conventional moralists live by their own ethical principles — principles that typically include such basic human rights as life, liberty, and justice. People who exhibit post-conventional morality view rules as useful but changeable mechanisms — ideally rules can maintain the general social order and protect human rights.
Rules are not absolute dictates that must be obeyed without question. Because post-conventional individuals elevate their own moral evaluation of a situation over social conventions, their behavior, especially at stage six, can be confused with that of those at the pre-conventional level.

Some theorists have speculated that many people may never reach this level of abstract moral reasoning.
STAGE 5 AND STAGE 6

- In Stage five (social contract driven), the world is viewed as holding different opinions, rights and values. Such perspectives should be mutually respected as unique to each person or community. Laws are regarded as social contracts rather than rigid edicts. Those that do not promote the general welfare should be changed when necessary to meet “the greatest good for the greatest number of people.” This is achieved through majority decision and inevitable compromise. Democratic government is ostensibly based on stage five reasoning.

- In Stage six (universal ethical principles driven), moral reasoning is based on abstract reasoning using universal ethical principles. Laws are valid only insofar as they are grounded in justice, and a commitment to justice carries with it an obligation to disobey unjust laws. Legal rights are unnecessary, as social contracts are not essential for deontic moral action.
Decisions are not reached hypothetically in a conditional way but rather categorically in an absolute way, as in the philosophy of Immanuel Kant. This involves an individual imagining what they would do in another’s shoes, if they believed what that other person imagines to be true. The resulting consensus is the action taken. In this way action is never a means but always an end in itself; the individual acts because it is right, and not because it avoids punishment, is in their best interest, expected, legal, or previously agreed upon. Although Kohlberg insisted that stage six exists, he found it difficult to identify individuals who consistently operated at that level.
Moral Stage Regression

In Kohlberg's empirical studies of individuals throughout their life, Kohlberg observed that some had apparently undergone moral stage regression. This could be resolved either by allowing for moral regression or by extending the theory. Kohlberg chose the latter, postulating the existence of sub-stages in which the emerging stage has not yet been fully integrated into the personality.
In particular Kohlberg noted a stage 4½ or 4+, a transition from stage four to stage five, that shared characteristics of both. In this stage the individual is disaffected with the arbitrary nature of law and order reasoning; culpability is frequently turned from being defined by society to viewing society itself as culpable. This stage is often mistaken for the moral relativism of stage two, as the individual views those interests of society that conflict with their own as being relatively and morally wrong. Kohlberg noted that this was often observed in students entering college.
Justice is the essential Characteristic of moral reasoning.

- Kohlberg suggested that there may be a seventh stage — Transcendental Morality, or Morality of Cosmic Orientation — which linked religion with moral reasoning. Kohlberg's difficulties in obtaining empirical evidence for even a sixth stage, however, led him to emphasize the speculative nature of his seventh stage.

- Kohlberg's stages of moral development are based on the assumption that humans are inherently communicative, capable of reason, and possess a desire to understand others and the world around them. The stages of this model relate to the qualitative moral reasonings adopted by individuals, and so do not translate directly into praise or blame of any individual's actions or character.
Arguing that his theory measures moral reasoning and not particular moral conclusions, Kohlberg insists that the form and structure of moral arguments is independent of the content of those arguments, a position he calls "formalism".

Kohlberg's theory centers on the notion that justice is the essential characteristic of moral reasoning. Justice itself relies heavily upon the notion of sound reasoning based on principles. Despite being a justice-centered theory of morality, Kohlberg considered it to be compatible with plausible formulations of deontology and eudemonia.
Moral Universalism

- Kohlberg's theory understands values as a critical component of the right. Whatever the right is, for Kohlberg, it must be universally valid across societies (a position known as "moral universalism"): there can be no relativism. Moreover, morals are not natural features of the world; they are prescriptive. Nevertheless, moral judgments can be evaluated in logical terms of truth and falsity.

- According to Kohlberg: someone progressing to a higher stage of moral reasoning cannot skip stages. For example, an individual cannot jump from being concerned mostly with peer judgments (stage three) to being a proponent of social contracts (stage five).
On encountering a moral dilemma and finding their current level of moral reasoning unsatisfactory, however, an individual will look to the next level. Realizing the limitations of the current stage of thinking is the driving force behind moral development, as each progressive stage is more adequate than the last. The process is therefore considered to be constructive, as it is initiated by the conscious construction of the individual, and is not in any meaningful sense a component of the individual's innate dispositions, or a result of past inductions.
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<tr>
<th>View of Persons</th>
<th>Social Perspective Lvl</th>
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<tr>
<td>6  Sees how human fallibility and frailty are impacted by communication</td>
<td>Mutual respect as a universal principle</td>
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<td>5  Recognize that contracts will allow persons to increase welfare of both</td>
<td>Contractual perspective</td>
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<td>4  Able to see abstract normative systems</td>
<td>Social systems perspective</td>
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<td>3  Recognize good and bad intentions</td>
<td>Social relationships perspective</td>
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<td>2  Sees that a) others have goals and preferences, b) either conform to or</td>
<td>Instrumental egoism</td>
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<td>deviate from norms</td>
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<td>1  No VOP: only self &amp; norm are recognized</td>
<td>Blind egoism</td>
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Throughout human history, communities have been concerned with the type of person that children become. Furthermore, scholars have addressed the topic for over two thousand years and, over the past century, a wealth of data has been amassed concerning the development of morality in children and adolescents. Throughout this time, the role of adults, especially parents, in children’s moral development has been a central focus. This paper will address how parents influence their children’s moral development by first examining what is meant by morality in childhood; i.e., what characteristics or behaviors define a morally good or bad child. Next, the discussion will turn to an exploration of how parents impact the development of those moral characteristics.
Heterogeneity

- This heterogeneity results in a confusing picture of the moral person (Berkowitz, 1997), which is exacerbated by the problem of studying morality with people at different developmental levels. For example, the study of emergent morality in the second year of life (infancy) by necessity emphasizes empathy and self-other differentiation, whereas the study of pre-school morality focuses, appropriately, on perspective-taking, self-control, and social behaviors such as sharing. Those who study moral development in adolescence, by contrast, might focus instead on ethical philosophy and moral identity.
For these reasons, it is necessary to define the scope of moral development that will be addressed in this analysis. The goal is to identify how parents can be taught to nurture the development of "building blocks" of morality, a core set of characteristics that either (1) underpin and give rise to moral functioning or (2) reflect fundamental human morality. The focus thus necessarily will be on early and middle childhood, when these characteristics develop. Further, given the interest in the effects of parenting on moral development, only those aspects of morality that are most susceptible to parental influences will be addressed.
Moral Characteristics

- Moral characteristics, however, do not appear spontaneously nor are they disconnected from the larger core of what constitutes healthy psychology. Rather, the moral nature of a person is fully integrated with other aspects of that person's psychological make-up. Colby and Damon (1992), in their study of moral exemplars, found many non-moral characteristics that were common among their subjects; e.g., optimism, certainty. The final component of Berkowitz's (1997) "moral anatomy," meta-moral characteristics, refer to qualities such as these. Whereas moral characteristics inherently reflect morality or ethics, meta-moral characteristics are necessary for moral functioning but are not themselves intrinsically moral in nature. That is, they potentially serve either morality or immorality.
For example, to be morally effective one needs self-control. However, self-control can also support criminal behavior, sadistic behavior, etc. Rest (1985) incorporates a variety of such characteristics into his model of the components of moral action; e.g., sensitivity and ego strength. In a sense, the first major model of moral character recognized this distinction as well. Aristotle describes practical wisdom or prudence as the intellectual capacity to discern what will and how to serve the moral virtues. Therefore, this discussion will focus on both moral characteristics and the more foundational meta-moral characteristics upon which they depend.
Moral behavior flows from an interest in and concern for other people. Psychologists have long viewed the desire to take part in social interaction, to develop relationships, as critical to psychological health. Indeed, the absence of this desire is viewed as pathological. In the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994), a person exhibiting pervasive detachment from and disinterest in social relationships is said to have schizoid personality disorder, and one of the major signals of emerging psychopathology in childhood and adolescence is the onset of an anti-social life-style in which the rights of others are ignored or violated (Weiner, 1980). Given its primacy for psychological health as well as moral development, it is important to understand how a healthy social orientation develops in childhood.
The Development of a Social Sense

- It is a bit circular to argue that parenting influences the development of a social sense, having already established that the core of a social sense derives from the formation of the attachment bond with one's primary caretakers. Nevertheless, one can examine which features of parenting affect the development of a secure attachment bond. Unlike other species in which attachment is instinctive, very narrow, and triggered by specific physical cues, in humans attachment can form in a variety of ways and result in a broad range of outcomes.
Secure attachments are understood generally to derive from the quality of the interaction between infant and caretaker (Schaffer, 1996). Although such interactions are best conceptualized as social systems, the contributions of mother (or other attachment figure) can be meaningfully teased out of the system. One of the most widely recognized parental characteristics that predict secure attachment bonds is responsively. Mothers of securely attached infants are more attuned to their infant's signals (Ainsworth, et al., 1978) and tend to respond to them consistently and rapidly (Ainsworth, Bell, & Stayton, 1972). Research has demonstrated that this characteristic continues to be present in parents of securely attached toddlers (Matas, Arend, & Sroufe, 1978). Not surprisingly, mothers of securely attached infants also are more consistently nurturing, including more loving physical contact (Clarke-Stewart, 1973), express less hostility and anger (Main, Tomasini, & Tolan, 1979), and are diligent in physical care of the infant (Egeland & Sroufe, 1981).
Self-Control Abilities Develop

- As already noted, the influence of the infant is also important in the nature of the relation that produces the attachment bond. Even here, there is useful information in parent training, however. Crockenberg (1981) reported that infant temperament interacts with parental resources. Mothers with irritable infants were at risk for not forming secure attachments unless they had social support for their parenting, which allowed the mother to escape the stress of the irritable infant for short periods of time.
Self-control first develops in the deliberate motor schemes of infants, perhaps most notably in the achievement of toilet training. However, self-control as a personality or character trait has been studied most intensively in the pre-school years. As young children develop the ability to use cognitive mediators, such as mental imagery and private speech, they develop the capacity to resist temptation, suppress impulses, and delay gratification. The most marked gains in such cognitively-mediated self-control abilities seem to develop between approximately five and seven years of age. (Berkowitz, 1982).
Self-control first develops in the deliberate motor schemes of infants, perhaps most notably in the achievement of toilet training. However, self-control as a personality or character trait has been studied most intensively in the pre-school years. As young children develop the ability to use cognitive mediators, such as mental imagery and private speech, they develop the capacity to resist temptation, suppress impulses, and delay gratification. The most marked gains in such cognitively-mediated self-control abilities seem to develop between approximately five and seven years of age (Berkowitz, 1982).
The development of self-control is a gradual and complex process in which maturation and development of the child's capacities plays a great role. Parents also, however, affect the development of self-control capacities, through a process that is consistent with "scaffolding" (Bruner, 1975) or guided self-regulation (Sroufe, 1995). Both of these concepts refer to a process in which parents provide support for unmastered skills via guidance and feedback.
Along these lines, Schaffer (1996) points out that parents can help at each phase of self-control development by (1) creating the external controls necessary before self-regulation is mastered and (2) engineering the situations so that they are more readily controllable, given the nascent nature of infant and toddler self-control strategies. For example, during the first months of life "the problem of regulation involves safeguarding the infant from stimulation that is too strong and which will therefore have too great an arousing effect."
Caregivers have a vital role in protecting and soothing" (p. 248). Maccoby (1980) concurs and lists five ways parents can assist in the complex transition from impulsivity to self-regulation: (1) protect children from the effects of their impulsivity by situational management; (2) provide the ego-controls that children have not yet developed (e.g., soothing children during emotional outbursts); (3) teaching coping skills, like how to shift one's own attention in delay of gratification situations; (4) helping children to anticipate the consequences of their actions; (5) modeling self-control.
Shoplifting some say is immoral & wrong, but some would say that it was a necessary way of life. We ask ourselves why someone would take something that doesn't belong to them. We also ask ourselves how people are able to go on day by day knowing that they have cheated someone or some company of money and profits earned by hard work. Well there is no answer to that question; there are only things that we can assume may be a reason for someone to want to do these things.
The starting point of stealing

- To steal, one must possess four traits: detachment, fast reflexes, a keen eye and a little speed (timing). These traits don’t always come naturally, so they have to be developed. **WE ARE NOT TEACHING YOU TO STEAL; HOWEVER, WE WANT TO MAKE YOU AWARE THAT THOSE SKILLS THAT YOU USE FOR THE THEFT ACT CAN BE USED FOR A LEGAL JOB. YOU HAVE THE CHOICE TO STEAL OR NOT TO STEAL.**

- To detach, one must place your feelings into a box. In your mind you cannot relate to the object of the target of your theft act. You become a robot without emotions. You become obsessed with all focus on your theft act.
Now speed has to be developed. To get faster, simply mentally rehearse how the process will occur. Time the speed of the steps you need to take in order to accomplish your act of theft. See if it improves.

Develop a keen eye. A keen eye is another thing. This needs serious brain work and physical work. To obtain a keen eye, have a friend throw a ball at you as fast as he/she can. Make sure he/she throw it at your feet. Simply dodge these. There are two reasons one would want to dodge these. 1 is to practice moving your feet the instance it's needed. The 2nd reason is because if that ball hits you, it's an unforeseen obstacle.
Develop patience. To develop patience is easier than developing a keen eye. All one has to do is meditate. Just sit down for 10 minutes in a quiet area and think. This will help you to develop patience. You are actually mentally rehearsing your plan of your theft act. You are taking your blue print of the theft act and mentally placing the plan within your memory for future use.

Now practice all of this with a couple of friends and you will get the hang of it.
Game time. On first step is to survey where all the cameras are located. What items have security warnings on them and take a step with your left foot pivot to face the exit and then shuffle about 4-5 steps. More or less depending on your reflexes. NEVER TAKE YOUR EYE OFF THE cashier. As soon as that cashier is distracted take off. Timing is everything. A good jump can beat a lot of inventory personnel. On a lefty if you commit when that front foot comes up do not stop no matter what. Do not get in a run down unless there is an employee upon you. When your foot goes forward take your secondary lead.
Now is the actual part where you put the good skills you learned to use. Practice this beforehand so you don't have to be put on the spot during a game where you need to steal a base. Pretend the pitcher just released the ball. Sprint to the next base as fast as you possibly can. Don't look at the ball, just run to the base. If you want, you can have a friend throw the ball toward you for a better idea. Realize that often, catchers and basemen have very quick reflexes. If you're too sluggish, they may tag you out.
There are more reasons than anyone could ever come up to explain why someone shoplifts. We are not going to try and name them all just enough to give you an idea.

The first of many reasons is for money. On the black market you can sell an item for 50% of its value—possibly even more if the item is popular in the community at the time. For example, in the winter season a thief will go into a store and steal something like Tylenol Cold medicine. Why? Tylenol Cold costs about $6 dollars retail. On the street it would sell for about $3 dollars. These items are small and very easily concealed. So, a person could take anywhere from 50 to 100 at a time. The street value would be around $300 which is equivalent to a full time job paying 7.50 an hour. This type of thief is known as a professional.
How to prevent stealing

- Psychology can help you deal with many of the life situations you face in a better way. Psychology can help you in preventing your stuff from being stolen and can make it less likely for you to get robbed.

- After all the person who steals your stuff is just a human being who has feelings, emotions and certain weaknesses. If you were able to understand that person better and to exploit some of his weaknesses you will be able to keep him away.
CITATIONS

- Jeremy Coid, Maudsley Hospital, London England; British Journal of Psychiatry; 1984; Vol. 145; p. 552-554.