Cognitive and behavioral analysis of two forms of violence: Jihadi and ethnic gang Violence

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Introduction

Since the end of the Cold War, the world and international relations have changed, with traditional inter-state conflict becoming the exception rather than the norm. National and transnational tensions currently dominate the agendas of transnationally active terrorist and criminal networks, while conflicts between domestic ethnic and religious groups represent a major security concern for national governments. Consequently, ethnic gangs and jihadi groups are salient products of this fragmentation of violence. Can violence inflicted by ethnic gangs in the United States be compared to jihadi-motivated violence? If so, is there a common remedy for dealing with both types of violence?

Webster's Dictionary defines a gang as "a group of persons working to unlawful or antisocial ends" (e.g., a band of antisocial adolescents) or "a group of persons having informal and close relations." The above definitions obviously do not encompass the scope of the major security problems posed by gangs in the United States. As a result, many states have passed gang-related legislation that usually includes their own particular gang definition. Jihadi violence differs from traditional ethnic gang violence in that jihadi actors are assigned a "political" motivation or goal (by themselves or by others), which they feel confers them with a level of legitimacy. Jihadists are usually considered to be adherents of fundamentalist Islam practiced in both in public and private spheres, sometimes using violence to impose their creed upon others.

Today's strategies for dealing with and reducing violence differ according to how the targeted violence or violent group is classified and perceived. Both types of violence (ethnic gang and jihadi) may be analyzed, decreased, and potentially cured with a unique and synergistic program using cognitive and behavioral approaches as efficient tools for understanding and modifying dysfunctional behavioral schemas often shared by violent actors.

Cognitive-behavioral therapy (CBT) is an action-oriented form of psychosocial therapy. CBT uses the "learning theory," and works on the hypothesis that maladaptive or faulty thinking patterns cause maladaptive behavior and "negative" emotions (Maladaptive behavior is defined as behavior that is counter-productive or interferes with everyday living.). The treatment focuses on changing an individual's thoughts (cognitive patterns) in order to change his or her behavior and emotional state.

The first part of this chapter deals with the description of the origins and development of both ethnic gangs in the United States and global jihadi groups, particularly any aspects of these groups that might help inform those developing cognitive and behavioral approaches for working with individuals from such groups. The second section deals with possible remedies for the types of violence observed in ethnic gangs and among jihadis using the techniques of CBT for cognitive and behavioral change and symptomatic remission.

I. Ethnic Gangs in the United States vs. Jihadi Groups: Characteristics

In reading the scientific literature on both ethnic gangs and jihadis, one may notice how difficult it is to define these concepts. However, researchers have identified many factors that lead to the development of each type of group.
1. ETHNIC GANGS IN THE UNITED STATES

When studying the four major American gang regions, important differences in the history of gang development emerge, despite the lack of research in this area. This lack of comparative perspective has been at the root of the failure to reach a widely-accepted definition of "gang."

Ethnic differences

In both New York and Chicago, the earliest gangs arose in concert with the early wave of immigrants coming to the United States from Europe (particularly from Germany, France, England, and Scandinavia) before 1860. The second major influx of immigrants (Poles, Italians, Irish, and Jews) arriving between 1820 and 1920 overlapped with the first wave. Both groups consisted largely of low-skilled, low-wage laborers. The overlap of these two major waves overwhelmed the housing and welfare capacities of the young northeast and midwest cities, contributing directly to slum conditions and the accompanying crime problems, including the emergence of gangs. 1 By the 1960s and 1970s, the predominance of European ethnic groups had dissipated. The composition of gangs in both New York and Chicago had also changed to include far greater proportions of black and Latino members who had fled the hardships of the South to seek their fortunes in the North. They ended up, however, concentrated in areas with slum conditions. The non-assimilation of black migrants was largely due to the racial segregation of the labor force that forced them into low-wage jobs. In Los Angeles, institutional inequality (in housing, education, and employment) and restrictive housing covenants legalized in the 1920s rendered much of the city off-limits to most minorities. Black residents challenged these covenants, leading to violent clashes between white social clubs and clusters of black youth. In black communities, the fear of attacks from whites was widespread; this intimidation led to the early formation of black social street clubs aimed at protecting black youths against persistent white violence directed against them. The gang histories in the western United States contrast sharply with those in the Northeast and Midwest, as virtually all of the gangs in the West during that time were of Mexican descent.

Age differences

In New York City and Chicago, street gangs originated among adult groups engaged in criminal activity. Corrupted politicians and adult criminal groups controlled the streets in both cities and influenced the emergence of youth street gangs. In contrast, street gangs in western regions appear to have emerged from aggressive groups of young Mexican men called the palomilla, who were affiliated with barrios in Mexico and also in Los Angeles. 2 Although they sometimes faced extreme poverty, that appears to have been less important in their gang development than the cultural pride and unity that arose as a result of their extreme social and cultural isolation. This national pride has long been a characteristic feature of the Latino gangs in the United States. Each new wave of immigrants provided a new generation of poorly-schooled and poorly-acculturated youth from which the gangs drew their membership. Though such factors likely played a role, there is no empirical evidence supporting the idea that gangs were the only way these adolescents could and did satisfy personal needs, make up for family failings, or protest prevailing hierarchies of authority.

Migration dynamic differences

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Another important distinction between early eastern and western American gangs is that gangs of Mexican descent in the West were not only populated by waves of newly arriving adult immigrants, but also by families with gang-ready youth. Children often came to the United States, stayed for a period, and returned home having learned a gang culture while in American cities. In turn, they introduced American gang lifestyle to younger youth in Mexico and Central America, so that the next generation of immigrants arrived in the United States fully prepared for active gang involvement. This unique characteristic of Latino gangs in the West and Southwest gave rise to today's “transnational” gangs spanning from Central America to the United States, some of which have links to narcotics-trafficking cartels that continually go head-to-head with the US military. Although the political and governmental conditions in Central America are more conducive to gang development and expansion than in the United States, the involvement of the Mexican mafia and other prison gangs in the West and Southwest United States is concerning.

Migration housing programs

A common denominator fueling gang growth in New York City, Chicago, and Los Angeles is the policy of concentrating poverty in high-rise public housing units. However, this urban planning blunder has victimized black immigrants in Chicago and New York City far more than Latinos. This housing policy and the way it created dense areas of poverty not only created areas ripe for gang development, but also brought existing gangs into regular and direct contact. Gangs not only grew stronger in the buildings but also, in several instances took control of them, turning them into fortresses impenetrable by the police.

Hybrid gangs

By the 1980s, hybrid gangs, distinguished by their mixing of racial and ethnic groups, appeared. Early American gangs were very homogenous in respect to the race and ethnicity of their members and the gang cultures themselves. This changed over time as the continuous immigration of people from varying nationalities naturally led to some mixing of groups. The mobility of gangs also promoted diversity within gang cultures and their signs, symbols, clothing, and so on. Finally, the diffusion of gang culture in popular media contributed to the development of more cosmopolitan gangs. As a result, gang development is no longer primarily linked to the expression of a particular ethnicity or racial group. Rather, they now develop along the lines of particular social groups within a city.

2. JIHADI GROUPS

2.1. A Brief History

The 1979 Iranian Revolution, also known as the Islamic Revolution under the leadership of Ayatollah Khomeini, resulted in the Shah's downfall and also represented a turning point in international terrorism. The Soviet invasion of Afghanistan and the subsequent anti-Soviet Mujahdeen War, lasting from 1979 to 1989, served as a catalyst for the rise and expansion of terrorist groups. Volunteers from various parts of the Islamic world fought in Afghanistan, supported by conservative countries such as Saudi Arabia.

The disintegration of post-Cold War states, along with the dissemination of their advanced conventional weapons and know-how, facilitated the proliferation of terrorism worldwide. Conflicts and the absence of rule of law in areas such as the Balkans, Afghanistan, Colombia,

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and certain African countries offered areas for terrorist training and recruitment activity. Smuggling and drug trafficking routes were exploited by terrorists to finance their operations worldwide. Since their emergence in 1994, the Pakistani-supported Taliban militia in Afghanistan has provided logistical support, travel documentation, and training facilities.

From 1989 to 2001, the increasing willingness of religious extremists to strike targets outside of their immediate countries or regional areas highlighted the changing global nature of contemporary terrorism. The 1993 bombing of the World Trade Center and the September 11, 2001 attacks on the World Trade Center and Pentagon are representative of this trend, and their instigators are now synonymous with global terrorism. As a result, the global jihadist movement is now often defined as the campaign unleashed by al-Qaeda and groups and individuals associated with and/or inspired by al-Qaeda.

The most recent period has been characterized by the expansion of "homegrown" jihadists. "Homegrown" describes terrorist activity or plots perpetrated within a country by its own citizens, legal permanent residents, or visitors to the country who have been radicalized largely within it. Many European governments are confronted with these "homegrown" jihadists who self-radicalize online, travel to countries such as Syria, then return home with the skills to carry out terrorist attacks. Mehdi Nemmouche, a Frenchman who allegedly spent a year in Syria and fought with the Islamic State, is the chief suspect in the May, 2014 attack on the Jewish Museum of Belgium in Brussels that killed four people. Turkey, with its long and often porous border with Syria, has been a major thoroughfare for many of the thousands of foreign fighters seeking to join extremist groups, including the Islamic State, which has captured territories across Iraq and Syria. Homegrown terrorists appear to be nimble adversaries because, as citizens or legal permanent residents of a country, they can travel easily between that country and foreign countries. While abroad, they receive training from foreign terrorist organizations, conduct surveillance operations against foreign targets, and plan attacks. Moreover, their knowledge of the host language, and the ability to navigate Western culture and society are likely key ingredients for successful strikes.

2.2 Origins of the radicalization process

Because of the many factors that drive radicalization, one may be at a loss to define a unique framework that addresses all of the parameters identified by researchers. However, research concerning the recent development of the Islamic State of Iraq and Syria (ISIS) does help us distinguish several motivating parameters identified among arrested "homegrown" jihadists that have been trained in Syria. This complex net of parameters may spur the radicalization process and function as a trigger.

Religion

Poverty, alienation, brainwashing, and personal humiliation—all commonly seen as factors driving radicalization and terrorism—may not actually play particularly significant roles.\(^4\) Certainly, they cannot fully account for or explain the process of individual radicalization since studies show that failed multiculturalism or failed integration into the larger society does not predict radicalization or terrorist activity. In fact, the global jihadist movement is inherently religious, centered on Islam, which it seeks to defend against what is perceived to be the corrupting influence of non-believers. The movement also uses Islam as a tool for mass

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mobilization. The discourse of global jihad is based on the Qur'anic “divine command creed.” The leaders of this movement arrogate to themselves the sole authority to interpret the religious text, and their literalist reading of the scripture leads to very subjective and extreme “black and white” viewpoints. The movement co-opts some of the key concepts of the religion, such as “shari’a” and “jihad” to make them serve their politically utilitarian and instrumental purposes. Adherents also believe that Islam is the answer to every problem currently being faced by the Muslims, and that through jihad an idealistic pan-Islamic Muslim society can be constructed. The radicalization process and jihadist violence may offer participants powerful, spiritual incentives, such as salvation and paradise in the afterlife. This has made the movement immensely popular across the Muslim world.

Family ties

The study of family ties and socialization show how critical both are in the jihadi movement. The majority of young people who have radicalized are poorly schooled, mainly because they "did not feel" like studying. Many do not have jobs and continue to be financially dependent on their parents. Travel to regions featuring terrorist activity can foster radicalization. Also, religious conversion plays a key role in the radicalization of some individuals. This situation is consistent with the concept of low frustration tolerance (LFT), or "short-term hedonism," put forth by psychologist Albert Ellis. Low frustration tolerance is defined as seeking immediate pleasure or avoidance of pain even when it creates long-term costs. It partly explains procrastination and certain other self-defeating behaviors. LFT is often a factor in creating later stress and can lead to anger, defeatism, and rage. Ellis argues that this behavior is learned through contemporary Western society's focus on instant gratification and parenting that reinforces these ideas. Many "homegrown" jihadis have neither developed the coping skills to deal with frustration nor learned the value of qualities such as patience and perseverance. Thus, they may be attracted to jihadi proposals that offer easy social progression and recognition. Radicalizing individuals and terrorists are also known to make connections between larger grievances about the world and their own direct experiences. A study of 2,032 foreign fighters who joined Al Qaeda and its affiliated organizations broadly suggests that these individuals can be categorized into the following groups: revenge seekers, status seekers, identity seekers, and thrill seekers—all of which possess "an unfulfilled need to define themselves." It also appears that these "LFT individuals" would fit within Jeffrey Young's entitlement and grandiosity maladaptive schema. According to Young, schemas developed in early childhood are highly related to the basic emotional needs of a child. When a child's needs are not met in the early years, schemas develop that lead to unhealthy life patterns. The entitlement and grandiosity schema refers to the belief that one is superior to others, entitled to special rights and privileges, and not bound by the rules of reciprocity that guide normal social interaction. It often involves the insistence that one should be able to do or have whatever one wants, regardless of what is realistic, what others consider reasonable, or the cost to others. It also involves an exaggerated focus on superiority (e.g., entry among the most successful, famous, wealthy) in order to achieve power or control (rather than to

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2 Shari’a, or Islamic law, influences the legal code in most Muslim countries (Council on Foreign Relations).
3 In Islam, jihad is the central doctrine that calls on believers to combat the enemies of their religion. According to the Qur’an and the Hadith, jihad is a duty that may be fulfilled in four ways: by the heart, the tongue, the hand, or the sword. The first way (known in Sufism as the “greater jihad”) involves struggling against evil desires. The ways of the tongue and hand call for verbal defense and right actions. The jihad of the sword involves waging war against enemies of Islam. Believers contend that those who die in combat become martyrs and are guaranteed a place in paradise. In the 20th and 21st centuries, the concept of jihad has sometimes been used as an ideological weapon in the effort to combat Western influence and secular governments and to establish an ideal Islamic society (Webster dictionary).
receive attention or approval). Sometimes it includes excessive competitiveness toward others or domination of others, asserting one's power, forcing one's point of view, or controlling the behavior of others in service of one's own desires without empathy or concern for the needs or feelings of others.

Social Networks

Social networks appear to be central to the radicalization process. They can be actual groups with intimate kinship ties, bonds of friendship, or cliques tied to radical mosques. Beyond the radicalization experience, the development and strengthening of affective ties with like-minded individuals may play a prominent role in the formation of terrorist groups.\(^\text{11}\) Social networks often have their own internal intermediaries and charismatic leaders. A desire for adventure and romanticized notions of revolution and of protecting the Ummah can play a prominent role in the radicalization process and are often reinforced within social networks.\(^\text{12}\)

"Jihad cool"

Terrorist recruiters also target young people by using youth-specific cultural practices. For example, they are promoting “jihad cool” by producing rap songs and short videos advocating terrorism and—using the visual styles and imagery of video games—and releasing them on the Internet.

The Internet

The Internet may play a key role in the experiences of many potential and actual terrorists. The interactivity of chat rooms, blogs, social networking sites, email, message boards, and video-hosting sites blurs the lines between readers and authors, encouraging people who interact in such forums to participate more actively in broader jihadist movements instead of just being casual readers or online spectators.\(^\text{13}\) As a result, many eventually engage in more substantive activity, such as propagating jihadist messages, offering financial support, or joining a terrorist network. Although complete radicalization seems to require personal contact with real-world social networks, the Internet serves to spur radicalization in three ways. First, it allows jihadis to bolster their messages with propagandist audio and video materials. Second, it makes it easier for would-be jihadis to find and interact with like-minded people around the world. Finally, the Internet can normalize actions or ideas that, in the "real world," would be considered unacceptable or inappropriate. Moreover, radical materials (and material meant to radicalize others) is readily accessible online, as are virtual communities in which one can discuss violent jihad and find all manner of texts and graphic images supporting violent jihad, such as bomb-making guides. Finally, the Internet offers terrorists operational tools to collect data about their targets, communicate with one another, propagandize, provide training, raise funds, and communicate operational directions.\(^\text{14}\)

Jailhouse Jihadism


\(^\text{12}\) The Quran uses the term umma to refer to the community of believers. The term is used to describe both individual communities of faithful Muslims and the worldwide community of believers. See Richard Hooker, World Civilizations, Glossary, 1996, http://www.wsu.edu/~dee/GLOSSARY/UMMAH.HTM


Prison brings together dissatisfied people who may be receptive to anti-social messages presenting seemingly straightforward solutions to complex problems of identity and belonging. As such, time spent in jail or prison can potentially accelerate the radicalization process for many individuals.

Intermediaries

Intermediaries are critical in the development of terrorist plots and radicalization as they facilitate communication and reinforce individual or group beliefs regarding violent Jihad. As middle-men between radicalizing individuals and terrorist groups, they are the trigger that facilitates the action. They can interact with individuals interested in terrorism, either directly via face-to-face meetings or discussion groups, or through online forums.

Personality disorders

Among jihadis, some individuals, such as Mehdi Nemmouche, display traits that point to possible personality disorders, specifically antisocial personality disorder or narcissistic personality disorder.

This brief description of the development of ethnic gangs and jihadis show evidence of the multiplicity of parameters encountered in each group. However, we can identify several common characteristics that may benefit from cognitive and behavioral therapy and the development of a synergistic therapeutic plan. The differences may point to ways to customize a general therapeutic plan according to individual cases.

II: Cognitive and behavioral approaches to ethnic gangs and jihadi violence

1. Ethnic gangs and jihadis: commonalities

The cross-analysis of both of these groups allows for the identification of common environmental triggers and precipitant factors, particularly between jihadis and ethnic Mexican gangs.

1.1. Role of discrimination in group formation

What seems to fuel gang growth is the large numbers of immigrants that have arrived in different waves. Gang emergence in the West was not stimulated by racial and ethnic clashes or by successive waves of immigration that tend to make individual ethnic groups become more insular, as was the case in the Northeast and Midwest. Gangs in the West also did not develop around a sense of a shared experience of ethnic or racial discrimination, as did many black gangs in the East. Rather, cultural traditions and barrio identification served to fuel gang growth and maintain its presence in the West. Likewise, a shared feeling of being the target of

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16 Personality disorders form a class of mental disorders that are characterized by long-lasting rigid patterns of thought and behavior. Because of the inflexibility and pervasiveness of these patterns, they can cause serious problems and impairment of functioning for the persons afflicted with these disorders. Antisocial Personality Disorder is characterized by a long-standing pattern of disregard for other people’s rights, often crossing the line and violating those rights. It usually begins in childhood or as a teen and continues into adulthood. Narcissistic Personality Disorder is characterized by a long-standing pattern of grandiosity (either in fantasy or actual behavior), an overwhelming need for admiration, and usually a complete lack of empathy toward others. People with this disorder often believe they are of primary importance in everybody’s life or to anyone they meet. While this pattern of behavior may be appropriate for a king in 16th Century England, it is generally considered inappropriate for most ordinary people today.
discrimination has not been a relevant factor in the development of jihadi groups. On the contrary, terrorists want to be seen as different and do not seek integration. Within jihadist groups, religion, ethnicity and/or language serve as insular expressions of a common identity, a rallying point around which the demands for self-determination revolves.

1.2. Transnational dimensions

Both ethnic gangs and jihadi groups are transnational in nature, but each became that way for different reasons. Mexicans transplanted their culture along their migration path in Western United States, so the formation of gangs in these areas encompassed aspects of both Mexican culture and US gang culture. For jihadis, their objectives are intertwined with the fight for their religion and are, by nature, transnational. The Muslim faith is not bound by borders, and the history of jihadi movements shows how they develop along various trajectories according to the time periods they encompass. Currently, this is demonstrated by the "homegrown" jihadi from Europe and elsewhere training in Syria and then returning with the skills to carry out terrorist attacks.

1.3. Youth dimension

The youth dimension is unique to ethnic Mexican gangs in the West as compared, for example, to ethnic gangs in New York City and Chicago. Both Mexican gang members and "homegrown" jihadi are typically teenagers and young adults. They are also similar in that the way they radicalize through the Internet relies on their cultural practices (via social media, videos, etc.). Additionally, Mexican gangs and jihadi groups both tend to develop on the margins of society. The numerous multicultural and multiethnic dimensions of the global jihadi movement may be compared to the hybrid gang phenomenon (of gangs being formed around social groups rather than ethnic groups). Reports on the development of the Islamic State show evidence that it is successfully drawing young people raised in cultures dominated by religious beliefs other than Islam; the group includes large numbers of Portuguese, Spanish, Chinese, Scandinavian, and North Americans. Unlike Mexican ethnic gangs or sectarian movements, jihadis proselytize in order to grow and aim to impose their beliefs on the rest of society.

1.4. Clothing

Clothing is important to both groups, and adhering to a certain style of dress clearly signals group belonging. The religious clothing of the jihadi is influenced by their beliefs and their specific practices as compared to other Muslims. The zoot suit of young Latinos during the late 1930s was a visible sign of the youth subculture they created, along with their specific music and language. The suit was introduced into California via the El Paso Mexican street gang population.17

1.5. Criminal dimension

The last commonality between these two groups is their link to criminal networks. These criminal linkages benefit both groups materially and financially and have allowed them to expand within their respective societies and beyond.

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17 For the men, the style was to wear a flamboyant long coat with baggy pegged pants, a pork pie hat, a long key chain, and shoes with thick soles. They called themselves "pachucos."
Given the differences and commonalities outlined above, how can cognitive and behavioral approaches be applied to curb violence generated by both ethnic gangs and jihadist groups?

2. How Cognitive and Behavioral Therapies Work

2.1. Experimental bases

The family of cognitive and behavioral therapies includes a diverse group of interventions. Nevertheless, the treatments share several pragmatic and theoretical assumptions. First, these therapies emphasize "psychoeducation," through which patients learn about the nature of their difficulties and are provided with reasons for using particular treatment strategies. Second, cognitive and behavioral therapies typically employ homework and self-help assignments to provide patients with the opportunity to practice therapeutic methods that enhance the generalization of newly acquired skills outside of the therapy hour. Third, objective assessment of psychiatric illness is an integral part of treatment, and the selection of therapeutic strategies derives logically from such assessments. Fourth, the therapeutic methods used are structured and directive, and require a high level of therapist activity (as described in treatment manuals). Fifth, for most disorders, the cognitive and behavioral therapies are time-limited interventions. Sixth, and perhaps most important, these therapies are built on empirical evidence that validates their theoretical orientation and guides the choice of therapeutic techniques. Cognitive-behavioral treatment models are based on learning theories (e.g., classical, operant, and observational models of learning) and the principles of cognitive psychology.

Cognitive and behavioral approaches show the relationships between environmental events, cognitions, emotions, and behaviors. This model is based on the theoretical assumption that environmental stimuli trigger cognitions associated with personal meaning (in the case of therapy, distorted appraisal) that elicit subsequent physiological and affective arousal (negative emotions such as anger, anxiety, or sadness). These emotions, in turn, have a potent reciprocal effect on cognitive content and information processing, stimulating dysfunctional thoughts and worsening negative effects. Thus, the individual’s behavioral responses to stimuli and thoughts (mainly avoidance of feared situations) are viewed as both a product and a cause of maladaptive cognitions. Descriptions of the vicious cycle of negative thinking, feelings and behavior are referred to as synchronic analysis. Cognitive and behavioral treatment interventions may be targeted within any or all components of the model. Of course, many other factors are involved in psychiatric disorders, including genetic predisposition,

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18 Ian Pavlov explored automatic responses and found that stimuli could be connected to these. Notably, a formerly-neutral stimulus that had no particular effect could be made to have an effect by pairing it with a stimulus that does have an effect. In this way, even thoughts can become stimuli, for example where images of public speaking can make people sweat. He is most famous for his work with dogs, getting them to salivate when he rang a bell, and his consequent description of classical conditioning. Interestingly, he also won a Nobel Prize for his work on the digestive system. John Watson made great advances in social science through the rigor of his work and his concern for observable behavior rather than musing about internal mechanisms. He translated Pavlov's work with dogs into everyday life and, in particular, the field of advertising. During the 1940s, Burrhus Frederic Skinner revised the ideas of Pavlov and Watson into what he called "operant conditioning." He realized that many human actions could not be explained by simple conditioning that seemed to predict animal responses, although Skinner did extensive work with pigeons that helped explain more complex behaviors. Skinner paid particular attention to reinforcement, both positive and negative, and its effects. He also noticed that the predictability and removal of a reinforcer was important.

In the 1960s Albert Bandura added social learning to behaviorism, showing how interactions with others explain much of how we think and react. He identified rehearsal and modeling as key learning mechanisms. He also noted that reinforcement is a two-way street (‘reciprocal influence’): when you use reinforcement successfully (or not), that affects your tendency to use that method again in the future.

19 The basic theories of the cognitive model are rooted in a long tradition of viewing cognitions as primary determinants of emotion and behavior. Cognitive therapy concepts have been traced as far back as the writings of the Greek stoic philosophers (Beck 1976, Ellis 1989, Dobson and Block 1988) and have been linked to a number of other influences, including the phenomenological school of philosophy, Albert Ellis’ rational emotive therapy, and the contributions of Adler and other neo-Freudians (Wright et al. 2003, Wright et al. 2006). However, the greatest impetus for the development of cognitively-oriented therapy has been the work of Aaron T. Beck (Beck 1991, Beck 1976, Beck 1963, Beck 1964, Beck 1967, Beck 1993). For reviews of the historical bases of cognitive therapy, see Dobson and Block (1988), Clark et al. (1999), and Wright et al. (2006). Clark et al. (1999) also provide an excellent review of the philosophical and theoretical assumptions of the cognitive theory of depression.
state-dependent neurobiological changes, and various interpersonal variables. These influences are also included in case conceptualization in CBT and are referred to as diachronic analysis.

2.2. The Techniques

2.2.1. Cognitive and behavioral treatment strategies

Functional Analysis

The patient and the CBT therapist work together to identify the feelings, thoughts, and circumstances of the patient before and after the maladaptive behavior (irrational fear avoidance, anger reactions, compulsions, drug use, etc.). This helps the patient to better understand the risk factors that will likely lead to a relapse. The functional analysis is critical for the patient and therapist to assess the high-risk situations that are likely to lead to these maladaptive behaviors, as well as provide insights into why the patient engages in the behaviors.

Collaborative empiricism

The therapeutic relationship is important in CBT, as in other therapies. The difference is that CBT therapists adopt a therapeutic relationship that emphasizes a high degree of collaboration and a scientific attitude toward testing the validity or usefulness of particular cognitions and behaviors. This therapeutic technique is called collaborative empiricism. The therapist and the patient work together as an investigative team to develop hypotheses about cognitive or behavioral patterns, examine data, and explore alternative ways of thinking or behaving. Patients are expected to be actively engaged to become increasingly involved in the direction and the work of treatment.

Psychoeducational procedures

Most forms of CBT integrate explicit psychoeducational procedures as a core element of the treatment process. Psychoeducational procedures explain the principles of CBT (demonstration of basic concepts), the techniques used, and the problem being treated. There is an effort to teach the patient why it is important to challenge automatic thoughts, identify cognitive errors, and practice implementing a more rational thinking style. Some of the frequently used psychoeducational procedures in CBT include brief explanations (often written on a chalkboard or a pad of paper to increase the chances of comprehension and retention) and reading assignments (bibliotherapy).

Modifying automatic thoughts or cognitive restructuring

The first step in changing automatic thoughts is to help the patient recognize when she or he is having them. The therapist is often able to illustrate the presence of automatic negative thoughts by calling attention to a change in the patient’s mood. Such “mood shifts” can be excellent learning experiences that give relevant illustrations of the linkage between cognition and feelings. Therapists use their experience to frame thoughtful questions that engage the patient in a process aimed at recognizing and modifying a biased or distorted cognitive schema. This technique is called Socratic questioning. Thanks to Socratic questioning, the patient learns to use rationality and inductive reasoning to ascertain whether what is thought or felt is actually true.
Imagery techniques and role-playing are used when direct questioning does not fully reveal important negative cognitions. When imagery is used, the therapist sets the scene by asking the patient to visualize the situation that caused distress and to try to find other ways of thinking and acting. In role-playing exercises, the therapist and patient act out an event to find automatic thoughts or to try out a revised pattern of thinking. Thought recording is one of the most useful procedures for identifying and changing automatic thoughts. This technique is presented in a three-column table. Patients are instructed to write down events in the first column, thoughts in the second, and emotions in the third. The purpose of this exercise is to identify the patient's thought pattern. In subsequent sessions, a fourth column recording "alternative thoughts" is introduced, encouraging the patient to develop rational alternatives that rebut the automatic negative thoughts. The patient learns to generate alternatives that are more accurate or factual.

2.2.2. Behavioral techniques

In CBT, behavioral methods are usually integrated with cognitive restructuring in a comprehensive treatment plan.

Breathing Control

An important component of CBT for anxiety disorders involves teaching the patient breathing exercises that may be used to counteract hyperventilation and/or reduce tension. Slow, deep breathing is known to have a calming effect on anxiety.20

Desensitization and Relaxation Training

Systematic desensitization relies on exposure through a progressive hierarchy of fear-inducing situations.21 This procedure may use pairing of progressive deep muscle relaxation and visualization of the target behavior to de-condition fearful responses. Systematic desensitization is useful not only for treatment of simple phobias, social phobia, panic attack disorder, and generalized anxiety, but also for anger management.

Exposure

The purpose of these strategies is to stop conditioned fears and anxiety responses. Behavioral theory indicates that fearfulness is reinforced by avoidance and escape behaviors.22 When the basis of the fear or phobia is irrational, the optimal strategy is to increase exposure to the feared activity without adverse consequences.

Social Skills Training

Satisfactory interpersonal relationships require a complex set of skills, including reciprocity, respect for another’s opinion, appropriate modulation of self-disclosure, and the capacity to express anger and resolve conflicts in a constructive manner.23 Many people with psychiatric disorders suffer from either a state-dependent deterioration of these social skills or a lifelong condition.

deficit of such skills. Problems as diverse as a lack of assertiveness, uncontrollable temper, excessive self-disclosure, monopolistic conversational style, and splitting (playing one person against another) are amenable to social-skills training. The methods employed include modeling (e.g., the therapist demonstrates a more effective alternative approach), role playing and role reversal, behavior rehearsal, and specific practice assignments. Often, the interpersonal anxiety and lack of self-confidence that go hand in hand with a deficit in social skills lessen in response to successful mastery of targeted assignments.

During therapy, the first step is to establish a functional analysis in order to identify the feelings, thoughts, and circumstances of the patient that have led to the maladaptive behaviors. The second step is to carry out a therapeutic program intended to develop skills training, a way for patients to unlearn old habits and replace them with new and healthier behaviors. The therapist will adapt to the patient's particular circumstances, symptoms, and thoughts using the CBT toolbox in a very specific way. A concrete application of CBT in ethnic gang violence is illustrated by Youth Guidance B.A.M. (Becoming A Man) in Chicago.

3. Cognitive and behavioral violence management of ethnic gangs: B.A.M. Case Study

Tony DiVittorio, a social worker, created Youth Guidance B.A.M. in 2003. The B.A.M. program is based on research that shows that a large proportion of homicides perpetrated by Chicago youth stem from impulsive behaviors. Young people with access to guns have been shown to “massively” over-react to events in their social environment. This is consistent with a growing body of research showing that social-cognitive skills, such as impulse control, future orientation, and conflict resolution, are predictive of a wide range of key life outcome predictors, such as success in school and crime involvement.

B.A.M. is a dropout and violence prevention program for at-risk male students in grades 7 through 12. It offers in-school programming—in some cases complemented by after-school sports—to develop the social-cognitive skills strongly correlated with reductions in violent and anti-social behaviors. Each session is built around a lesson designed to develop a specific skill through stories, role-playing, and group exercises. Participants learn about and practice impulse control, emotional self-regulation, reading social cues and interpreting the intentions of others, raising their aspirations for the future, and developing a sense of personal responsibility and integrity. The after-school sports component reinforces conflict resolution skills and the social and emotional learning objectives of the in-school curriculum. Program participation is voluntary and targets students vulnerable to certain risk factors (such as missing more than 40 days of school, living in communities with higher than average homicide rates, having a past criminal history, etc.); these students are at an elevated risk for involvement in violence and are ideal candidates for the program. School environments have proven to offer the best time and place to reach these youth.

A randomized controlled trial by the University of Chicago Crime Lab has demonstrated the positive results of B.A.M., including a 44 percent reduction in violent crime arrests for youth participating in B.A.M.

4. Deradicalization of Jihadis: Recommended therapeutic program for anger management and withdrawal

25 S.B. Heller et al., Preventing Youth Violence and Dropout: A Randomized Field Experiment (University of Chicago Crime Lab, April 25, 2013).
These positive results of the B.A.M. program described above provide evidence of the beneficial impacts of CBT on violent behaviors. Deradicalization may benefit from the same pattern of therapeutic support with the aim of learning anger management (behavioral and emotional aspects), stopping violence (behavioral aspect), and developing self-control over thoughts and actions (cognitive aspect).

4.1. Anger

Anger is a natural response to aversive situations where people feel threatened, believe harm will come to them, or believe that another person has unnecessarily wronged them. People may also become angry when they feel another person, especially a child or someone close to them, is being threatened or harmed. In addition, anger may result from frustration when personal needs, desires, and goals are not being met. Anger may be characterized by behaviors ranging from losing patience to acting impulsively, aggressively, or violently. A person can become angry without acting aggressively, although people often confuse anger with aggression. Aggression is a behavior intended to cause harm to another person or damage property. It can include verbal abuse, threats, or violent acts. Hostility is related to anger and aggression and is defined as a complex set of attitudes and judgments that motivate aggressive behaviors. Whereas anger is an emotion and aggression is a behavior, hostility is an attitude that involves disliking others and evaluating them negatively.

Anger becomes a problem when it is felt too intensely, too frequently, or when it is expressed inappropriately, and thus induces extreme physical strain on the body. During prolonged and frequent episodes of anger, certain areas of the nervous system become highly activated. Consequently, blood pressure and heart rates increase and remain elevated for long periods. This stress on the body can produce many different health problems, such as hypertension, heart disease, and diminished immune system efficiency. Thus, from a health standpoint, avoiding physical illness is a motivation for controlling anger. Another compelling reason to control anger concerns the negative consequences that result from expressing anger inappropriately. Anger may lead to violence or physical aggression, which can result in numerous negative consequences, such as being arrested or jailed, being physically injured, becoming the target of retaliation, losing loved ones, being terminated from a substance abuse treatment or social service program, or feeling guilt, shame, or regret. Even when anger does not lead to violence, the inappropriate expression of anger, such as verbal abuse or intimidating or threatening behavior, often results in negative consequences. For example, it is likely that others will develop fear, resentment, and lack of trust toward those prone to angry outbursts, leading to alienation from family members, friends, and co-workers.

The inappropriate expression of anger also presents many apparent payoffs. One "payoff" is the ability to manipulate and control others through aggressive and intimidating behavior. Another is the release of tension that occurs when one loses his or her temper and acts aggressively. The individual may feel better after an angry outburst, but everyone else may feel worse. In the long term, however, these initial payoffs lead to negative consequences.

Anger and aggression are issues that must be addressed when dealing with jihadi-inspired violence. Therefore, therapy to support a behavioral change in violent jihadis will be based on anger management protocols with particular attention paid to the fact that there will be poor or even non-existent motivation on the part of the individual to participate in the initial phase of the treatment.

4.2. Phases of Treatment
Initial phase

Addiction protocol tools such as Motivation Interviewing (MI)\(^{26}\) and the Transtheoretical Model of Prochaska and DiClemente\(^{27}\) are used to evaluate the individual and work on motivation to change his/her behavior.

Second phase

The second phase includes the processes of clinical assessment (with scales to measure anger, anxiety, and self-esteem), case formulation, the establishment of a therapeutic relationship, socialization of the "patient" to therapy, psychoeducation, and introduction to treatment procedures.

Third stage

Cognitive techniques are used to produce cognitive restructuring and to learn alternative thoughts, such as the analysis of the cost and benefits of anger in the short term and in the long term, generating alternative thoughts, modifying schemas, cognitive response prevention, and also self-assertiveness. Behavioral techniques, such as activity scheduling, graded tasks, mastery-pleasure exercises, thought-stopping and distraction, and social skills training, are used to bring signs of anger under control. These also include an extensive stress reduction and relaxation program to reduce the sense of threat, violation, frustration, fear and guilt that these outbursts and moments of lost of control can produce.

Finally, because of the religious dimension of jihadi violence, it may be useful to select therapists with special skills. It has been recommended that cognitive-behavioral therapists receive special training and supervision in methods of responding to variations in gender, race, and ethnicity.\(^{28}\)

Conclusion

The cognitive and behavioral therapies described above are based on well-articulated theories that have a strong empirical basis. These therapies emphasize objective assessments and the use of direct interventions aimed at reducing symptomatic distress, enhancing interpersonal skills, and improving social and vocational functioning. Cognitive interventions are focused primarily on identifying and modifying distorted thoughts and pathological schemas.

\(^{26}\) Motivational interviewing (MI) refers to a counseling approach developed in part by clinical psychologists Professor William R Miller, PhD and Professor Stephen Rollnick, PhD. The concept of motivational interviewing evolved from experience in the treatment of problem drinkers, and was first described by Miller (1983) in an article published in *Behavioural Psychotherapy*. These fundamental concepts and approaches were later elaborated by Miller and Rollnick (1991) in a more detailed description of clinical procedures. Motivational Interviewing is a method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior. MI is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

\(^{27}\) The transtheoretical model of behavior change (Prochaska and DiClemente, 1983) assesses an individual's readiness to act on a new healthier behavior, and provides strategies, or processes of change to guide the individual through the stages of change to action and maintenance. People pass through a series of stages when change occurs.

- **Stage 1: Precontemplation (Not ready):** People at this stage do not intend to start the healthy behavior changes in the near future (within 6 months), and may be unaware of the need to change. People here learn more about healthy behavior options.
- **Stage 2: Contemplation (Getting ready):** At this stage, participants are intending to start the healthy behavior within the next 6 months. While they are usually now more aware of the pros of changing, they still see about an equal number of "pros" and "cons" to changing. This ambivalence about changing can cause them to keep putting off taking action.
- **Stage 3: Preparation (Ready):** People at this stage are ready to start taking action within the next 30 days. They take small steps that they believe can help them make the healthy behaviors a lasting part of their lives.
- **Stage 4: Action:** People at this stage have changed their behavior within the past 6 months and must work hard to keep moving ahead. These participants should learn how to strengthen their commitments to change and to fight urges to slip back.
- **Stage 5: Maintenance:** People at this stage changed their behavior more than 6 months ago. It is important for people in this stage to be aware of situations that may tempt them to slip back into unhealthy behaviors, particularly stressful situations.

Behavioral techniques to increase exposure, increase activity, enhance social skills, and improve anxiety or anger management are useful modalities, and can complement or amplify the effects of cognitive strategies. The effectiveness of CBT-based anger management therapies have been proven, which is why they are recommended for dealing with ethnic gang and jihadi violence. Although techniques are given more emphasis in CBT than in some other forms of psychotherapy, the practice of these techniques is complex and, as such, requires a high level of therapist involvement but also gives considerable room for therapists to be creative and flexible in developing a treatment plan for each individual. This customizability is essential for matching the violence that is specific to ethnic gangs and jihadis.
Bibliography

On Cognitive and Behavioral Therapy


**On Ethnic gangs**


On Jihadis


