

RUNNING HEAD: TRANSFORMATIONAL PSYCHOLOGY AND REDUCING BIAS

Using Transformational Psychology to reduce bias and maintain the ethical practice of forensic
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Thomas Knudsen, Psy.D., ABPP
Rubenzahl, Knudsen & Associates Psychological Services, PC. Watertown, NY
State University of New York, Jefferson

Authors Note:

Correspondence concerning this article should be addressed to Thomas Knudsen, Psy.D., ABPP,
Rubenzahl, Knudsen & Associates Psychological Services, PC, 22670 Summit Drive
Watertown, NY 13601
Contact: tknudsen@rkapsych.com

Abstract:

Forensic mental health clinicians offer criminal and family court valuable insight for making legal decisions. However, there is evidence that bias exists in the clinician's opinion due to a myriad of issues. Clinicians are often unaware of their bias due to the phenomenon called the "bias blind spot." Promoting ethical forensic psychological practice requires the clinician to do what is necessary to reduce bias. The "Transformational Psychological View" proposed by Coe and Hall (2010) can provide a framework for the Christian mental health clinician to aid in the reduction of the bias blind spot. The "Transformational Psychology View" suggests that the practice of psychology begins as an act of love. This concept interfaces well with the practice of psychotherapy, but performing forensic evaluations poses new challenges to acting in love towards your patient. How do we love those that are deplorable in our site and have hurt others who are innocent? Do we act with love towards the patient or the victims of the patient's crimes or abuses? How can we use compassion to minimize bias due to the clinician's reactivity from a sense of justice, morality, or faith? This paper proposes that doing the forensic evaluation as an act of love will reduce bias. The Christian clinician remains in a unique situation to become more self-aware of their own dynamic landscape using the spiritual disciplines of Charity and Contemplation. As the clinician practices these acts of self-care, bias is more self-evident and managed by the clinician making forensic decisions. This allows for clarity in decision making and ethical practice in forensic psychological work.

Using Transformational Psychology to reduce bias and maintain the ethical practice of forensic mental health evaluations

Over the past several decades, the legal system has increasingly sought the expert opinion from clinicians trained in the specialty of forensic psychology (APA, 2013). In cases involving a criminal matter, such psycholegal questions often ask whether an individual is competent to stand trial, guilty by reason of insanity or a sexual or violent threat in the future (Guarnera, Murrie & Boccaccini, 2017). Family court matters often involve questions about mental health status, child custody, parental capacity, and child sexual abuse validation (Brigham, 1999). Psycholegal questions can also come from civil court matters in terms of disability claims and malingering (Rogers & Bender, 2003). Forensic psychology uses the science of psychological measurements and psychological theories to inform the legal system and aid the legal decision-making process.

Robust psychological measures, such as the MMPI-2 (Butcher, Graham, Ben-Porath, Tellegen, Dahlstrom, & Kaemmer, 2001), MMPI-2RF (Ben-Porath & Tellegen, 2011) and the PAI (Morey, 1991), provide the forensic clinician a solid empirical platform to make conclusions regarding an individual's psychological functioning and to answer the psycholegal question presented. Measures such as the STATIC-99R (Hanson & Thornton, 2000), the VRS/VRS:SO (Wong & Gordon, 2001, Wong, Olver, Nicholaichuk & Gordon, 2003), and the HCR-20 (Webster, Douglas, Eaves, & Hart, 1997) aid in calculating risk assessment of potential future sexual and violent offending. These are newer measures, and they tout robust reliability and

predictive validity. The Validity Indicator Profile (VIP; Frederick, 1997) and the Test of Memory Malingering (TOMM, Tombaugh, 1996) are also tools to rule out potential malingering when feigning mental illness would benefit those involved with the legal proceeding. Psychological measures have brought strong statistical measures into the forensic sciences to provide a foundation for the clinician to provide an answer to the relevant psycholegal question.

Nevertheless, recent studies have revealed a potential a “kink in the armor” of forensic psychology. Guarnera & Murrie (2018) completed a meta-analysis that reviewed studies on determining adjudicative competency. They found that the clinicians agreed 15% - 30% of the time which can be translated to an interrater reliability coefficient between .30-.65. There is also evidence surfacing that field reliability rates are consistently lower than what is published in certain measures. Murrie, Boccacini, Johnson & Janke (2008) found the differences in the PCL-R results were higher than the standard error of measurement reported by the measure. Variability in clinician agreement is expected at some level based on the standard error of measurement rates within the psychological tests. However, forensic decision making often comes down to clinical judgment (Guarnera, Murrie & Boccaccini, 2016; Murrie, Boccaccini, Guarnera & Rufino, 2013; Zapf, Kukucka, Kassin, & Dror, 2018). While many of the psychological tools available to the forensic clinician publish strong reliability, the concern is that these differences are caused by the bias of the examining clinician.

Bias exists in many forms within forensic evaluations (Guarnera, Murrie & Boccaccini, 2016; Neal & Grisso, 2014b). Bias encompasses more than simply the emotional proclivity of the clinician that effects the outcome of the evaluation. There remains systematic or implicit bias within procedural practices of many forensic clinicians. Bias becomes a problem for the field of forensic psychology because it dilutes the science and utility of psychological science within the

legal decision making. Unreliable psychological opinions can influence legal outcomes and create injustice for an individual. Forensic practitioners should maintain appropriate procedural standards and self-assessment to mitigate bias. While clinicians often recognize bias in other evaluators, they miss the bias in themselves (Neal & Brodsky, 2016; Zapf et al, 2018). This is known as the “bias blind spot.” Forensic clinicians believe their own decisions are less affected by bias due to the use of introspection. However, studies in social psychology (Pronin, Lin & Ross, 2002) reveal that introspection is not an effective way to mitigate bias. A forensic clinician cannot simply reflect upon his or her own bias to determine its existence. In fact, it may blind the forensic clinician more into continuing with his or her bias while believing they are more objective.

This paper will look at the nature and types of bias generally seen in forensic psychological practice and overview ways of bias mitigation proposed in the current literature. Forensic psychology can never divorce the practitioner from the equation. It is thus within the Transformational Psychological Model (Cole & Hall, 2010a) that the use of long-standing faith practices can offer additional resources for the Christian clinician to aid in mitigating bias. Forensic psychological practice will be reviewed considering the Transformational Psychological model of the integration of psychological and Christianity. This model is hypothesized to decrease bias in the Christian clinician by using the principle of charity and contemplation from within the Christian tradition. These faith practices, called the spiritual disciplines, will be presented as transformational resources for the Christian forensic clinician to do the work “renewed in the spirit.” This Transformational Model within forensic psychology is hypothesized to reduce the bias blind spot by using the spiritual disciplines as a resource for accurate self-assessment that does not have the blindness of introspection.

Bias in Forensic Psychological Evaluations.

Bias with the forensic clinician can be defined as anything that skews the final conclusions due to irrelevant, contextual, or personal information. Bias can be implicit (unaware to the examiner) or explicit (aware to the examiner) (Neal & Grisso, 2014b). Explicit bias is unfortunate in the field as the forensic examiner is knowingly placing a slant or a spin on the reported results due to financial, political, or moral reasons. For example, a mental health forensic examiner may be prone to produce conclusions in favor of the person or group that hired them with the purpose to be hired again in the future. These individuals, sometimes called “hired guns” will often be called out by peers or falter under cross-examination. On the other hand, implicit bias is outside of the examiner’s awareness and a result of cognitive heuristics that cause errors in conclusions (Zapf et al, 2018). Implicit bias can be a more toxic problem within the field.

ETHICAL BIAS

Ethical Bias is based on pre-conceived beliefs of the clinician (Guarrera, Murrie et al 2017). The APA (2013) Guidelines for the practice of forensic psychology states (2.07),

“Forensic practitioners recognize that their own cultures, attitudes, values, beliefs, opinions, or biases may affect their ability to practice in a competent and impartial manner. When such factors may diminish their ability to practice in a competent and impartial manner, forensic practitioners may take steps to correct or limit such effects, decline participation in the matter, or limit their participation in a manner that is consistent with professional obligations.”

While these ethical guidelines appear clear, research suggests that eliminating bias in practice is more difficult than having a list of guidelines. Neal and Brodsky (2016) surveyed forensic clinicians concerning bias and found that preexisting personal, moral, and political values can influence their forensic opinions. Homant and Kennedy (1987) found that the personal attitude of the forensic clinician predicted whether the psychologist came to an opinion of not guilty by reason of insanity. If the forensic clinician held personal beliefs about the validity or justice of an insanity verdict, this would alter how they concluded their forensic exam and not due to the data from the assessment tools or proper clinical judgment. Other concerns have been raised in the personality factors of the forensic clinicians. AK Miller and colleagues (2011) found that self-reported personality factors (agreeableness) affected the ratings used on the PCL-R. The agreeable examiners saw less psychopathic traits in the examinees. Ethical bias can perhaps play a role in the assessment of more deplorable defendants. While clinicians wish to remain neutral in the assessments, personal beliefs about the crime, such as chronic predatory sexual abuse of children, may influence the decision making of the individuals. In either implicit or explicit ethical bias, it is the duty of the clinician to be as objective as possible, be aware of his or her own bias proclivities and take steps to eliminate impartiality.

There is also ethical bias caused by a lack of proper training in forensic psychological practice (Guarrera, Murrie et al 2017). Limited or improper training creates errors in forensic decision making based on poor procedural practices and clinical judgment. Many States licensing boards do not require specialized training to assume the role of a forensic clinician. In New York, from the author's experience, any licensed psychologist can become a forensic clinician at the behest of the specific judicial jurisdiction (NY CLS CPLR § 3101). When called to present an expert witness, the procedure of installing the witness as an expert is completed

before examination and cross-examination. Thus, it is up to that specific court district to confirm the title of an expert on the examiner. However, this decision-making process can allow for a myriad of unqualified forensic examiners to be used due to potentially ill-informed attorneys and judges. Obviously, a clinician with minimal training in the specifics of forensic psychological practice will be prone to various types of bias and unreliable forensic. Neal and Grisso (2014a) surveyed a large international sample of forensic clinician about their practice. They reported that only 74% of those surveyed used at least one standardized assessment tool. Thus, the other 24% relied solely on clinical judgment. Those that used standardized assessment tools listed 286 different tools. The battery of test and structure of the forensic assessment was reported to vary considerably amongst the forensic clinician. This type of variability with assessment tools can create will create low agreement rate between clinicians.

Finally, adversarial allegiance bias is defined as the tendency of the forensic examiner to make a clinical judgment to the advantage of the party that retained them (Guarnera, Murrie, and Boccaccini, 2017; NRC, 2009; Zapf et al, 2018). This phenomenon has been well established by both anecdotal evidence and empirical studies (e.g. Chevalier, Boccaccini, Murie & Varela, 2015; Boccaccini, Chevalier, Murie & Varela, 2017). The forensic examiner will side either explicitly (the hired gun) or implicitly (finding favor in the payor). The attorney's who are selecting the expert may choose those whom they see as more inclined to their point of view (Murrie & Bocaccini, 2015). For example, an attorney may hire a forensic expert who is a known researcher on the effects of domestic violence to give an opinion concerning the attorney's client who was a victim of domestic violence before committing a crime. The forensic clinician may not be explicitly biased towards the retaining parting as a "hired gun", but the implicit bias of the clinician is the cause of the attorney's selection. Adversarial allegiance has

also been discussed as part of the nature of expert opinion and should be expected within the legal process (Neal & Grisso, 2014). Forensic mental health evaluations are seen as an “opinion” in regard to the psycholegal question. Thus, it may be still appropriate to base an opinion that advocates for the retained part as long as the opinion is based on the scientific data. In any case, adversarial allegiance remains a bias and can erode the validity of the forensic clinician’s work.

Not all bias falls into an ethical failure of self-assessment or training. Cognitive bias describes the errors that result from decision-making short-cuts, also called heuristics. Cognitive bias is more implicit in nature (Zapf et al, 2018). Cognitive heuristics are problem-solving short-cuts when limited information is available. The works of Amos Tversky and Daniel Kahneman (1974) built the Heuristics and Bias theory that explains three principle cognitive shortcuts in human decision making: Representativeness, Availability, and Anchoring and Adjustment. Tversky and Kahneman’s theory of three prominent heuristics plays a role in forensic decision making and cognitive bias.

The Representativeness heuristic refers to a decision-making error occurring when evidence is overemphasis because it fits into the evaluator's preconceived prototype of the situation or person evaluated (Stahl, 2006; Neal & Grisso, 2014). For example, a forensic evaluator receives court documentation outlining erratic, moody, violent behavior by a mother in a custody case. The information appears to resemble someone with a borderline personality disorder. When the individual is being clinically evaluated, evidence of her emotional dysregulation is overemphasized because she fits the prototype often ascribed to individuals with BPD.

The Availability heuristic refers to the decision-making error that happens when the evaluator overestimates the probability that an event can occur because prior incidents of the event are easy to recall (Tversky & Kahneman, 1974; Neal & Grisso, 2014). For example, an evaluator may assign a high-risk conclusion on a sexual offender being released on parole even though the statistical data says otherwise since there was a recent high-profile re-offense in the local community. Within the Availability Heuristic category is also the confirmation bias where the data that supports the evaluator's hypothesis is overestimated without an equal weight on the data that contradicts the evaluator's hypothesis.

Finally, the Anchoring heuristic describes how the forensic evaluator is influenced by the initial information involved in the assessment (Tversky & Kahneman, 1974; Neal & Grisso, 2014; Stahl, 2006). This is also called the primacy effect. The Anchoring Heuristic is often seen in custody evaluations where the information of the first parent interviewed is considered more valid than the second parent. In other types of forensic evaluations, the first set of background information or testing data unintentionally can weigh heavier in the mind of the forensic clinician.

Techniques that aid in mitigating bias has been proposed in the literature (Guarnera, Murrie, & Boccaccini, 2017; Neal & Brodsky, 2016; Zapf et al, 2018). Proper training in forensic practice is a primary technique to help mitigate bias. This would include established forensic training tracks within academic programs, available postgraduate programs, and ongoing continuing education within the field of forensic science and mental health evaluations. While this seems to be common sense in professional practice, the research reviewed above suggest the variability in procedures by forensic clinicians and the use of improper assessments for forensic use. Furthermore, Zapf et al (2018) report that 87% of their surveyed forensic

clinicians believed that they could set aside their bias by simply using a conscious exercise like introspection. Thus, training on the specific nature of bias involved in forensic practice is necessary. Raising awareness about the implicit bias involved can potentially change the forensic mental health procures as well. One method suggested would be to blind the forensic clinician from the referral party. This could minimize adversarial allegiance. In this authors experience, educating the local attorneys and magistrates on the issue of the Allegiant Effect has allowed for more referrals to come directly from judges rather than either attorney. There are also training techniques that review how to mitigate cognitive heuristic biases by using procedural change and various cognitive exercises (e.g. using a null hypothesis). This can create more structure in forensic assessment and reduce the use of known cognitive heuristics that cause errors in decision making. Finally, introspection, or relying on internal thoughts and feelings, is misleading about assessing bias. Pronin (2002) reported that informing an individual about the inaccuracies of introspection and teaching about using a technique to reflect on one's own objective behaviors as through another person's eyes can reduce bias and increase accurate self-assessment.

Explicit and implicit bias, either ethical or cognitive, remains problematic in the field of forensic psychology. It is important to continue educating forensic clinicians in proper techniques, assessment measures, and cognitive heuristic errors. Self-assessment by using internal thoughts and feelings cannot be the guide to the clinician in mitigating bias. When the clinician is able to observe his or her forensic assessment behavior, choices, and techniques as through another's eyes can help in seeing bias. Nevertheless, at the center of the bias dilemma is the forensic clinician.

Transformational Psychology

“For Jews demand signs and Greeks desire wisdom, but we proclaim Christ crucified, a stumbling block to Jews and foolishness to Gentiles, but to those who are the called, both Jews and Greeks, Christ the power of God and the wisdom of God. For God's foolishness is wiser than human wisdom, and God's weakness is stronger than human strength.” (1Cor 1:22-25, NRSV)

Christian clinicians have resources from within their faith that can also aid in mitigating bias in forensic evaluations. However, integration of faith and science, in this case, forensic psychology, breaks down unless rooted in a strong philosophic system. Theories for the interfacing of psychology and Christianity have been developed since the field of psychology took on its own work (Johnson, 2010). However, Christianity has had ways and practices for the “care of the soul” since its beginning. The discipline of psychology attempts to use the scientific method, more or less, to build a body of knowledge concerning human thoughts, feelings, and behaviors. Christianity is a system of faith. It has a body of knowledge concerning the nature of God, sin, redemption, and eschatology (Coe & Hall, 2010a). The two disciplines use very different epistemologies. Therefore, combining the two poses a philosophic challenge.

Modern science uses a system of scientific epistemology often referred to as Foundationalism that stems back to the Enlightenment era (Moser, 1999). Knowledge of the objective world is derived from two methods, observation and reason. These two provide a foundation that scientific knowledge is built upon. Thus, Foundationalism split the things of the spiritual world with the physical world when creating the scientific method. Ideas of faith include the God, ethics, morality, and relationships. These do not neatly rest upon the

foundational points of observation and reason, and thus remain separate from that of science.

There have been ongoing critiques about the basic assumptions of Foundationalism within academic philosophy (Moser, 1999; Porter, 2006). Nevertheless, the sciences have been able to propel forward a substantial growth of knowledge by using the scientific method. However, Thomas Kuhn (1966), a physicist and philosopher, arguably brought the philosophic critique of Foundationalism into the scientific community. Kuhn's book "The Structure of Scientific Revolutions" outlined his idea that Scientific theories are organized into paradigms that help bring definition to data and theories. These paradigms are not empirically pure but have presuppositions that aid the scientific community in interpreting the data from the research. Kuhn was not the first to challenge Foundationalism, but his book brought a form of a constructivist epistemology (also called coherentist epistemology, Seselja & Straber, 2009) into the realm of empirical science. The scientific community uses empiricism and reason but within paradigms that have been constructed with unempirical presuppositions. Granted, science can continue to operate within these paradigms using the scientific method, but science is not simply a growing body of knowledge that rests solely on objectivity and reason.

Kuhn's book challenges the long-standing philosophical system of Foundationalism that undergirds the scientific method of modern science. What we think we know through the five senses (scientific method) requires organization by preconceived beliefs or presuppositions. These presuppositions create templates that filter observation while using the scientific method. The presuppositions help construct our templates or paradigms in order for science to have a system of epistemology to further research and add to the knowledge base of the paradigm. Furthermore, universal rationality is also being called into question by other modern thinkers within the philosophy of science (Porter, 2006). Nevertheless, the unraveling of

Foundationalism does not mean science should abandon objectivity and rationality for complete subjectivism; on the contrary, that would be throwing the baby out with the bath water. Science can continue to operate using objectivity and reason within the perspective paradigms to advance the knowledge of the physical world.

This dynamic rethinking of science is where the Transformational Psychology view enters the dialogue of the integration of psychology and Christianity (Coe & Hall, 2010a). The five human senses can be augmented with instruments to observe things that were previously unobservable (microscopes, telescopes, etc). However, observation with the five senses can perhaps limit all there is to know. What about the things the Christian knows to be true but knows this through faith and not observation? The Christian faith has established a long history of knowledge that was unfortunately abandoned in many areas of science in order to maintain the Foundational epistemology. To the Christian, these matters of faith are as every bit real as the equations in physics or the theories in psychology. Transformational Psychology claims that the personal, spiritual, ethical, and experiential matters have a system of its own epistemology and deemed real to the Christian. Therefore, these things that are real to the Christian can be studied with the same validity that things within the reach of our five senses can be studied. The Christian believes things because there has been an experience within reality from his or her faith. This harkens to the scientists/theologians of the pre-enlightenment world. The Christian monk and philosopher, Thomas Merton (1955) claimed that to really know the truth, one must have the true self-connected to God through prayer. Merton understood that the physical world is only a partial reality and that the whole truth rests in God himself. Merton simply articulates the epistemological system for the Christian. The reality for the Christian is the complete realm of God's creation. Furthermore, since this knowledge is based on reality, it can be subject to

scrutiny as any belief system within the Christian faith (Coe & Hall, 2010a). Studying psychology with the Transformational view can bring about more clarity to understanding the whole person. This is the thrust of Transformational Psychology model for the interface of psychology and Christianity

Coe and Hall (2010a, 2010b) propose that the Transformation Psychology model allows the Christian psychologist to use the advances in science that the enlightenment procured to weed out superstition and erroneous beliefs as well as use the reality of faith. The field of psychology has a history of paradigms that have guided its tradition in understanding and doing psychology. Christianity also has a history of paradigms that have guided its tradition in understanding and doing faith. The Christian psychologist recognizes these two forms of knowing reality and can work together in blending them. In fact, the Transformational Model uses the term “Working from behind the veil” as a keystone for the utility of this model. As the Christian Psychologist is able to see the real world that is created by God, he or she can remove the obstacles that come from over dependences on the paradigms within the science of psychology.

This review of Transformational Psychology is meant to support a more specific application of faith practices in forensic psychology. Finding the truth goes beyond the use of empiricism and reason to include the truth known from the Christian. The Christian Faith deals with the spiritual, ethical and relational aspects of interacting with reality. One of the specific components of Transformational Psychology’s integration is the interplay between the clinician doing the science and the science itself. The emotional-spiritual development of the clinician is necessary to gain access to the full spectrum of truth. Coe and Hall (2010a, 2010b) call this “Doing psychology in the Spirit.” For those who are practicing clinicians, this may not seem

completely foreign. Clinicians need self-care and personal assessment to do effective work (Boellinghaus, Jones, & Hutton, 2013). The concept of the transformed clinician that is doing “Psychology in the Spirit” goes beyond this by including the knowledge known from faith as part of the transformed emotional-spiritual development of the practicing or researching clinician.

Bias Mitigation through the Disciplines of Charity and Contemplation

Reducing bias in forensic psychological work requires changes in the practice and thinking of the clinician doing such work. The Transformational modal sets the foundation for integrating techniques from within the Christian tradition. These techniques are viewed from within the Christian Tradition as a method for cultivating insight, clarity, and personal honesty. The techniques reviewed here will focus on spiritual disciplines as discussed by several theologians within the last 100 years (Merton, 1958; Nouwen, 1981; Jones, 1985; Rohr, 2009). Thus, their writings are perhaps influenced by historic psychological theories. In this sense, the integrative process has already occurred, at least implicitly, by these authors. Thus, the integration of these practices into forensic psychological methods can possibly increase overall ethical practice and reduce bias forensic clinician. The Christian disciplines of contemplation and charity (the practice of Christ-like love) can override the problems with introspection and allow for self-reflection beyond introspection and see self as through another.

The Discipline of Christian Charity

In forensic psychological work, a clinician often finds him or herself working with very difficult individuals. It is a truism from within the Christian tradition to love another. In

forensic mental health work, this becomes exceedingly difficult with many of the individuals being assessed whom may have done horrific and deplorable things. Nevertheless, Jesus was clear when he said, “You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and your neighbor as yourself.” (Luke 10:27, NRSV). The Christian forensic clinician using the Transformational model of integration uses Christian charity as part of the “transformed” science that can help reduce bias as the loving of the person will help work against the bias heuristic and perhaps limit the clinician’s blind spot. It is precisely within this context that the Christian clinician can find freedom and authority to do excellent work in the forensic field.

The act of loving others is arguably a difficult task. Acting in love can often come with disclaimers such as, “love the sinner but hate the sin” or “love all and not be concerned with sin.” Questions such as “What of God’s justice or of human repentance?” will also follow when discussing the command to love one’s neighbor. All these things need to be contemplated. In fact, these personal beliefs and opinions need to be managed by the forensic clinician to avoid an ethical bias. The focus here is learning simply how to love without any other conditions as a foundation to do the difficult work in forensic psychology. While the love of others remains a truism in the Christian tradition, behaving and thinking in a loving manner has been debated. Thus, for the purpose of this, the definition of love by Thomas Merton (1958) will be used. He wrote,

“The true answer, which is supernatural, tells us that we must love ourselves in order to be able to love others, that we must find ourselves by giving ourselves to them. The words of Christ are clear: ‘Thou shalt love thy neighbor as thyself.’

This is not merely a helpful suggestion, it is the fundamental law of human existence.” (p.xix).

Merton defines charity as a dynamic process. First, there has to be genuine self-love. This is not in a narcissistic or selfish manner. On the contrary, genuine self-love is awareness and acceptance of being a child of God, created in his image. Accepting oneself as a child of God allows for the love of neighbor. Being created in the image of God can include the ability to think logically and critically, but several theological and spiritual writers view this as a relational form (Merton, 1958; Nouwen, 1981; Rohr, 2009). Thus, Christian charity is the manifestation of the image of God. It is the person’s love of the image of God within that allows for the love of others regardless of the person. Second, there must be recognition of the image of God in the person being loved. Loving your neighbor is about recognizing the God within them. These two factors then work in a dynamic interaction. It is the love of others that the image of God can be fully realized within the person loving and the person being loved. Thus, this idea of using Christ-like love is not a simple task or a shallow use of kindness. Merton called it a “fundamental law of human existence”. Loving in this manner requires work by the individual clinician to be able to tear down the inner obstacles, false images, insecurities, etc. to be able to truly see the reality of the image of God (Bisson, 2017).

The Discipline of Contemplation

It is through the spiritual discipline of contemplation that love can produce a true sense of the reality created by God (Merton, 1958; Foster, 1978; Nouwen, 1981;). Two medieval Christian philosophers and monks, Hugh of St. Victor (1078-1141) and Richard of St. Victor (1123-1173), wrote about three ways of seeing God’s reality (Rohr, 2009). The first eye was that of the flesh.

It used thought and sight. The second eye was of reason. The third eye was that of true understanding, also called contemplation. Contemplative seeing has been lost on post-enlightenment epistemology. Contemplative seeing, though, remains a difficult concept to explain. There is no way to produce an operational definition so that it can be tested or measured. Nevertheless, Christian theologians and philosophers have been writing on the contemplative way for a long time (Foster, 1978). The contemplative way of seeing is being present with the self and reality with Christ-like love. It is seeing the way God sees. The person sees self and the other as children of God but broken by sin. Loving others cannot happen without the use of the contemplative life. In attempting to love another, the person will trip and fall upon the obstacles of the ego. Merton (1958, p167-168) explains this clearly:

“We can come to understand others only by loving Him who understands them from within the depths of their own being. Otherwise, we know them only by the surmises that are formed within the mirror of our own soul. If we are angry, we will think them always angry. If we are afraid, we will think them alternately cowardly or cruel. If we are carnal, we will find our own carnality conveniently reflected in everyone who attracts us... in doing this we do not come to know them as they are: we only deform them so that we may know them as they are not.”

Truly seeing the person requires this contemplative love to capture the whole being.

Contemplative seeing is seeing Christ in the eyes of those being evaluating. The manifestation of the event of the Cross is the defining point for all within the Christian tradition. As the Christian forensic clinician demonstrates contemplative love, he or she will see Christ in those. This way of seeing allows the true image of God of the person to be realized and loved.

When this dynamic occurs, the event of the Cross is re-lived. The re-enacting of this event is through communion and charity to fellow humans. When this event is re-enacted, Christ himself is experienced. Therefore, when a Christian clinician uses contemplative love, Christ's love is being re-enacted and He is honored and worshipped. Breaking bread is reaching out to one another and sharing in Spiritual, mental, physical, and economic needs. In the case of the forensic clinician, it will be sharing in the dynamic love of the image of God. Christ said in Matthew 25:40 (NRSV):

"Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me."

In this verse, Christ referred to the "least of these" as his family and aligns himself with them (Yoder, 1994). The least of these is a part of this dynamic because there is love for unlovable. It is the re-enactment of Christ's love from the cross. We experience Christ in the ones we serve because we are acting like Him in his image.

Contemplative seeing is with detachment, indifference, emptiness. The desert fathers and the continued monastic way of life worked on developing a way of seeing the world, called *apatheia*, that was indifference and detached in order to produce clarity. The Greek work *apatheia* should not be confused with the work apathy, is in uncaring. On the contrary, *apatheia* allows a clarity in observation. When able to work on becoming detached and indifferent from what is around us, the person will no longer need to mold his or her observations into a preconceived world. It is complete acceptance of what is presented. Using love is not limited to being compassionate for the person, that is a self-gratifying love. It is feeling good about the self by feeling good about helping others. Contemplative seeing requires the spiritual indifference

and detachment to see the person for who they are. Often, a person observes something that becomes twisted and distorted as he or she takes cognitive possession of it.

Spiritual detachment from the world requires constant emptying of the things one holds onto due to insecurities and ego's pride. Thus, it is not easy to maintain *apatheia*. *Apatheia* is also not void of emotions or compassion. On the contrary, the person does not allow the emotions to cloud, judge, or change what he or she sees in order to fit the ego's needs for security. This type of indifference and detachment will open the world and allow charity to happen without a selfish or ego-centered need fulfillment.

The contemplative way of seeing is through brokenness. A second type of seeing is called *penthos*. When the person genuinely sees the world and people with indifference and detachment, he or she will see the otherness in them, without any projections or transference. This seems to be a natural reaction to *apatheia*. When the love of Christ happens, the person truly seeing will be changed by the true otherness. The person will become impacted by what he or she sees through the lens of the eyes of Christ. The person will be free to see his or her own brokenness with the brokenness of the person present. The person will see the hurt, the suffering, the sin. In this case, the hurt and suffering of both the person and the victims. Henri Nouwen wrote (1985, pg 25-26).

“We can see that in order to be of service to others we have to die to them; that is, we have to give up measuring our value with the yardstick of others. To die to our neighbors means to stop judging them, to stop evaluating them, and thus to become free to be compassionate.

Compassion can never coexist with judgment because judgment creates the distance, the distinction, which prevents us from really being with the

other.”

Doing forensic work, this is the place that will be the most frightening, but also point where Christ love in reenacted. It seems almost counter-intuitive to set aside this judgment or evaluation as that is the job of the forensic clinician. Nevertheless, to see fulling with contemplative love, the forensic clinician needs to work on the ability to maintain the *apatheia*, rest securely in the true self, and the love of God. Otherwise, the clinician’s defenses, sinful facade and need for false spiritual reassurance will be overwhelming in the face of such brokenness of the person being assessed.

In order to get to the place of contemplative seeing, the forensic clinician needs to use the spiritual disciplines of solitude, silence, and prayer. Henri Nouwen (1981) describes solitude the furnace of transformation. Solitude creates a healthy refuge from the ebb and flow of societal pressures and unhealthy choices. Solitude creates the space for contemplative seeing to develop. Silence forges the work that is accomplished in solitude. As solitude is a thought, silence is the behavior. Silence is not simply a lack of speaking, it opens the mind to listen to what is being taught in solitude. Prayer integrates the work done within silence and solitude and fosters Charity and Contemplative seeing. Prayer is not just of the mind, but it is an unceasing communion with God. These disciplines of solitude, silence and contemplative prayer are the catalyst for the contemplative way of seeing. These spiritual disciplines can be considered a truism of the Christian faith that can be included in the transformational model of psychology.

Conclusion

The legal community has been seeking psychological science to aid in the legal decision-making process. The field of forensic psychology has many robust tools to offer. However,

there has been recorded biases in the opinions and conclusions of forensic psychologists. These biases are explicit and implicit in nature. The biases are ethical issues and cognitive decision errors. There have been some useful methods for mitigating bias presented in the literature. However, the cause of this bias is the clinician doing the work. The Transformational Psychology model integrates psychology and Christianity and gives a theoretical framework that allows for the use of the spiritual disciplines to mitigate bias in the forensic clinician. The spiritual disciplines of charity and contemplation allow the clinician to do the forensic work by seeing the full spectrum of reality as God created. It will remain necessary to include the use of all methods purposed in the literature to reduce both ethical and cognitive error bias, but Christian forensic clinicians can build on this perspective as a way of doing his or her work “in the spirit” integrating the Christian Tradition with the difficult tasks of forensic mental health assessment.

This is hypothesized as far beyond the concept of simple “introspection” demonstrated by cognitive theorists as worthless in mitigating bias. This is something more, something genuine and divine that allows us to see reality as it is without our propensity to manipulate it with our heuristics, bias, and sin. It allows us to see ourselves and bias more clearly using methods that are known to be true from the reality of the transformed psychologist. This theory is not yet complete but an additional set of tools added to the current bias mitigation methods to have a clear, compassionate practice in forensic psychology. Furthermore, reducing bias will aid in creating solid forensic mental health assessments that will be valuable to the legal community. The ultimate goal is for justice - justice for the defendant, the victims, the community, and for the field of forensic psychology.

Research into this hypothesis will be useful to see if consistency between forensic clinicians increases when using the spiritual disciplines. It would be difficult to quantify the use of contemplation and charity for research purposes. However, there is a rising body of literature in the use of mindfulness as a manner to foster self-care and improve overall clinical practice (Boellinghaus, Jones & Hutton, 2013). Mindfulness uses a style of contemplation as a nonjudgmental self-awareness within each moment (Kabat-Zinn, 1994). It is based on ideas within the Buddhist tradition. There is a potential crossover in the area of mindfulness research. Perhaps future studies into this idea of bias mitigation could provide key constructs that can link the practice of general mindfulness and the contemplative life. The mindfulness and the contemplative life could be contrasted with the construct used for “introspection.” Thus, future studies can work on using mindfulness (as opposed to introspection) to aid in reducing bias.

Nevertheless, the goal in research should not be limited to increasing clinician agreement. Further studies could also work on cultivating a contemplative life in programs that emphasize spirituality with psychological training. Additional research could go into the use of mindfulness in maintaining the humanness in the assessment of adjudicates. Furthermore, psychological training can emphasize the ethical component of self-awareness as a matter of self-care for forensic clinicians.

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