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THE EFFECTS OF PERSPECTIVE-TAKING TRAINING
ON EMPATHY DEVELOPMENT IN ADULT
MALE SEX OFFENDERS

A Dissertation
Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by
Randall E. Haugen
December 1998

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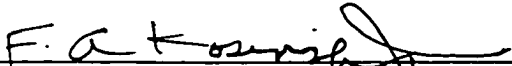
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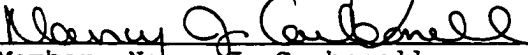
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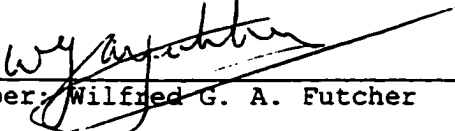
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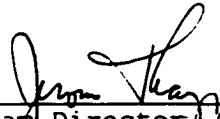
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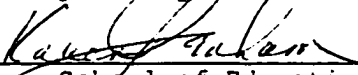
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ABSTRACT

THE EFFECTS OF PERSPECTIVE-TAKING TRAINING
ON EMPATHY DEVELOPMENT IN ADULT
MALE SEX OFFENDERS

by

Randall E. Haugen

Chair: Frederick A. Kosinski, Jr.

ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Andrews University

School of Education

Title: THE EFFECTS OF PERSPECTIVE-TAKING TRAINING ON EMPATHY
DEVELOPMENT IN ADULT MALE SEX OFFENDERS

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Date completed: December 1998

Problem

Empathy training is considered a critical part of a sex offender program. Research has revealed that sex offenders are deficient in empathy, which may be a factor that contributes to their abusive behaviors. There is a surprising lack of research on empathy program outcomes, and there is a need to determine whether program formats are producing the desired outcomes. Research supports that sex offenders are deficient in perspective-taking, which is considered a critical part of the empathy process. The purpose of this research is to evaluate the inclusion of perspective-taking training in a traditional

empathy-training module.

Method

Two groups of 10 sex offenders were administered a traditional empathy training module. One group was selected randomly to receive an additional three sessions of perspective-taking training prior to the onset of the traditional empathy module. The group with additional perspective-taking training was predicted to have: (1) increased empathy skills, (2) decreased endorsement of cognitive distortions predisposing child sexual abuse and rape, and (3) a decreased use of narcissistic defenses. Six tests were administered before and after the empathy modules to measure these constructs. Analysis of Covariance was used to compare the means between the groups. An interview was performed with each subject after the empathy training, and a qualitative analysis was performed.

Results

No differences appeared on the six pretests and posttests administered to the groups. The qualitative results revealed that additional perspective-taking training to the offenders' naturalistic setting. The additional training may have contributed to a decrease in narcissistic features, increased awareness of societal denial of sexual crimes, and a utilization of perspective taking to decrease aggression. The additional training may have also created more significant emotional

experiences for the group.

Conclusions

Results reveal that perspective-taking training may be a beneficial addition to a traditional empathy-training module. More research is needed to confirm this finding.

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CHAPTER I

INTRODUCTION

Statement of Problem

The concept of empathy is relatively new in psychological research and continues to evolve (Davis, 1983; Marshall, Hudson, Jones, & Fernandez, 1995; Pithers, 1994). Finkelhor and Lewis (1988) suggest that a child molester's lack of empathy for children in general allows their deviant sexual behavior to occur toward their victims. Many other theorists (Friedrich & Luecke, 1988; Hanson, 1996; Hildebran & Pithers, 1989; Marshall et al., 1995; Salter, 1988) also point out that sex offenders are deficient in empathy. The lack of empathy toward their victims is considered important in the development and maintenance of deviant sexual behavior. In a treatment program for sex offenders the development of empathy toward their victim is considered one factor that could inhibit offenders continuing their abusive behavior. Salter (1988) has stated:

Sex offenders must show progress in developing empathy for their victims. This must be explicitly addressed in treatment. . . .The offender must demonstrate through words and behavior that he is making progress in learning that victims have a point of view separate from his own, that he is growing in his ability to determine what impact his behavior has on others, and that he is moving toward developing empathy for his and other victims. (p. 177)

Empathy has been defined as a cognitive process to accurately understand the other person's perspective (Davis,

1983) and as the emotional capacity to experience the same feelings as another person (Allport, 1985; Clore & Jeffrey, 1972). Moore (1990) stated that there has been little agreement about the definition of empathy among investigators. He pointed out that most researchers have recognized empathy as involving perspective taking abilities and the ability to make inferences about another's feelings. This has stymied research.

Recent theories of empathy have integrated cognitive, affective, and behavioral domains to create a multi-factorial definition of empathy (Davis, 1983; Hanson, 1996; Pithers, 1994). Marshall et al. (1995) view empathy as a staged process involving: (1) emotion recognition, (2) perspective-taking, (3) emotion replication, and (4) response decision. The first stage, emotional recognition, requires the subject to identify and accurately discriminate the emotional state of the other. The literature tells us that there are differences between people in identifying emotional states in others. Miller and Eisenberg (1988) studied the accuracy of emotion recognition in empathic and non-empathic subjects, and found that empathic subjects were more skilled in discerning emotional states. In studying emotion recognition skills in sex offenders, Hudson et al. (1993) found that child molesters had less skill in recognizing emotions displayed by both adults and children. Another study by Marshall, Fernandez, Lightbody, and O'Sullivan (1994, cited in Marshall et al., 1995) found that child molesters were markedly deficient in discerning the emotions of their own victim's experience.

The second stage in the empathy process is called perspective-taking. This involves putting oneself in another person's place and seeing the world the way they do. Hanson (1996) has stated that one way perspective-taking deficits contribute to sexual offending is that the offender who once had a caring or benign relationship with the victim fails to recognize the victim's suffering. Many offenders sincerely believe that victims liked or enjoyed the abuse because they were unable to appreciate the victim's point of view. Hanson and Scott (1995) found that perspective-taking deficits were common in non-violent sexual offenders. More research is needed in this area.

The third stage of the empathy process involves a vicarious emotional response that replicates the emotional experience of the other person. Sex offenders who have a limited range of emotions or difficulty labeling affect will have difficulty replicating the emotion of the other. Hanson (1996) has stated that this can be a difficult task for the offender, particularly when it is compounded by a sense of responsibility for another person's pain and distress. He noted that treatment programs often devote little time and training to help the offenders cope with their transgression. This is particularly problematic based on the findings of Beckett, Beech, Fisher, and Fordham (1994) that cognitive distortions increase after a victim empathy module is presented in a sex offender program. This is also consistent with some experimental evidence that suggests that victim blaming increases with the intensity of negative

affect associated with witnessing another person's suffering (Hanson, 1996).

The fourth and final stage of the empathy process involves response decisions. Here, the offender acts, or chooses not to act, on the basis of his feelings. Offenders may withhold expressions of concern or carry on the abuse despite their own feelings. While this is possible, carrying on the abuse despite their feelings is unlikely due to extensive evidence that empathy inhibits aggression (Feshback, 1978, 1987; Feshback & Feshback, 1982; Parke & Slaby, 1983). Borden, Karr, and Caldwell-Colbert (1988) stated that some program formats for empathy training are insufficient to change attitudes. There is a need for more research on empathy-training modules to identify desired effects.

Pithers (1994) noted that efforts to enhance empathy for abuse survivors by sharing information about the consequences of abuse appear to be effective in children, are less effective in older adolescents and adults, and are singularly ineffective with adults who have acted abusively. Despite the recognized need for empathy programs, there is a surprising lack of research on empathy program outcomes.

Purpose of Study

A victim empathy module was administered to two outpatient groups in a sexual offender treatment program. The independent variable was the inclusion of perspective-taking skills training in an empathy module. Subjects completed a variety of pencil and paper questionnaires immediately prior to the first session

and immediately after the last session, tapping dimensions considered relevant to empathy. The group with additional skills training was expected to have more significant results in: (1) increased empathy skills, (2) decreased endorsement of cognitive distortions predisposing child sexual abuse and rape, (3) a decreased use of narcissistic defenses. The purpose of this research was to evaluate the inclusion of skills in perspective-taking in empathy training modules. The need for this specific skill was extracted from theory and research and the Davis (1996) multi-component model of empathy discussed below.

Theoretical Framework

A highly useful tool in describing the process and outcomes of empathy is the organizational model presented by Davis (1996). The organizational model integrates historical and contemporary approaches providing a model that utilizes a multidimensional approach to the understanding of empathy. Empathy is defined as a set of constructs having to do with the responses of one individual to the experiences of another. These constructs address the processes taking place within the observer and the affective and non-affective outcomes that result from these processes. The organizational model conceives a typical empathy "episode" as consisting of an observer being exposed in some way to a target, after which some response on the part of the observer-cognitive, affective, and/or behavioral-occurs. Four related constructs are identified within the organizational model including Antecedents,

Processes, Intrapersonal Outcomes, and Interpersonal Outcomes. The relationship of the four constructs are presented in Figure 1 to illustrate their association.

The relationships between the four constructs discussed above are important in understanding this model. Davis (1996) has stated:

As the figure illustrates, associations are hypothesized to exist between a construct (e.g., antecedents) and all those constructs appearing later in the model (e.g., processes, intrapersonal outcomes, and interpersonal outcomes). However, the logic of the model also implies that stronger associations will typically be found between constructs which are adjacent in the model such as between antecedents and processes, between processes and intrapersonal outcomes, and between intrapersonal and interpersonal outcomes. (pp. 13-14)

Thus, as the model implies, the closer the constructs are on the model, the more powerful influences they will have on each other, with distant variables having a more modest effect.

Antecedents

The first major construct is Antecedents, that refers to the specific characteristics of the observer, target, or situation. The person develops a simple capacity for empathy which, for example, may include the ability to engage in role taking or the species-wide capacity to experience affect in response to witnessing affect in another. This includes the previous learning history of the individual, as well as the socialization of empathy-related values and behaviors. The model recognizes that there are individual differences in the tendency to engage in empathy-related processes or to experience empathic outcomes. All responses to another person are also viewed as emerging from the specific situational content. This

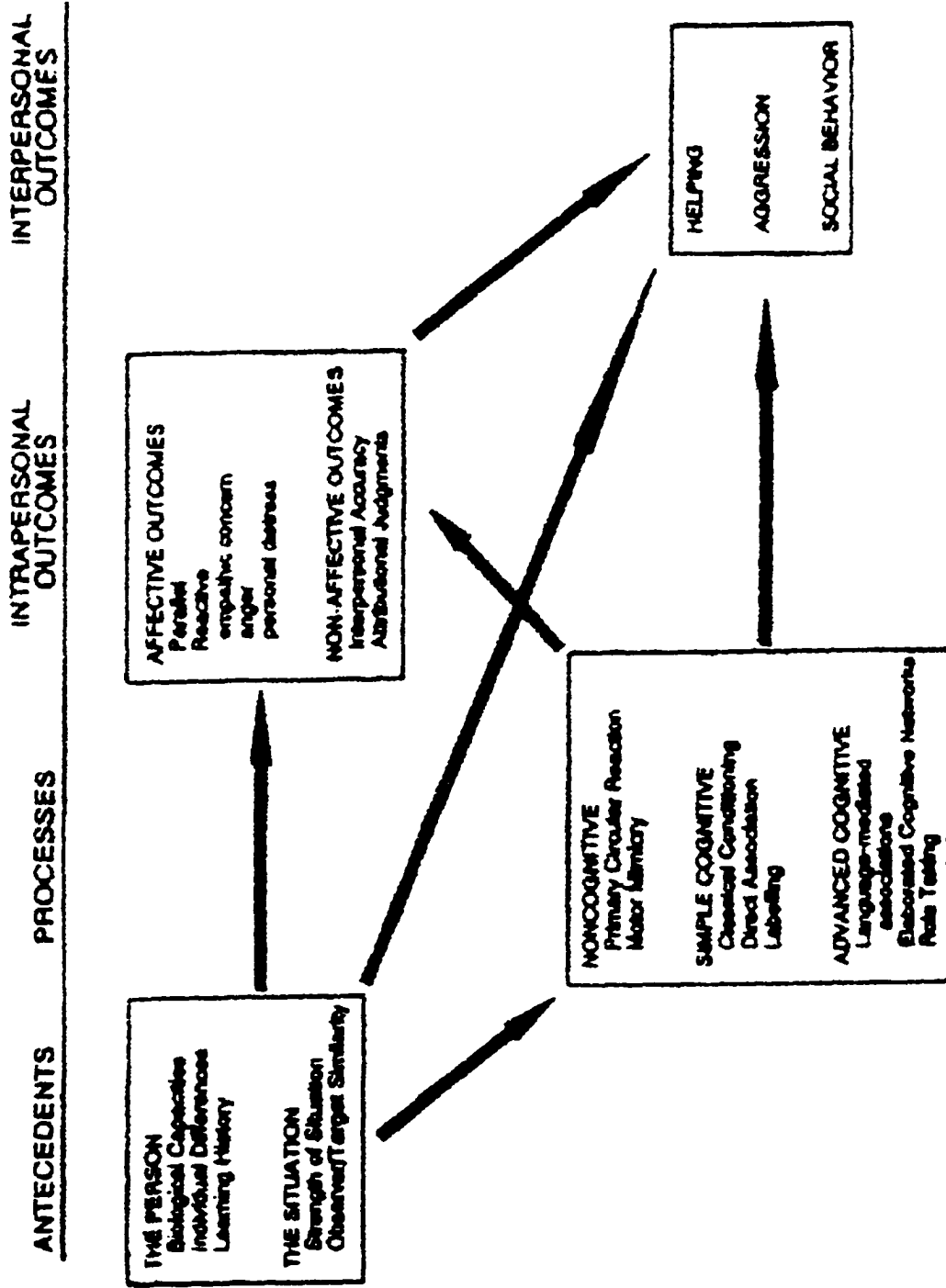


Figure 1. Davis's organizational model.

dimension refers to what is called the strength of the situation. Situations vary tremendously in terms of their power to evoke a response from observers. An example would be that strong displays of negative emotion, particularly from weak and helpless targets, are able to engender powerful observer responses. In extremely intense situations, other variables, both situational and dispositional, may become less important. A second situational feature is the degree of similarity between the observer and the target. When the observer-target similarity is greater, it is generally thought to increase the likelihood and/or intensity of the observer's empathic response.

Processes

The second major construct in the organizational model is Processes. This consists of the specific processes which generate empathic outcomes in the observer. There are three broad classes of empathy-related processes identified that are distinguished from each other by the degree of cognitive effort and sophistication required for their operation. These processes are empathy related because they frequently occur during episodes in which an observer is exposed to a target, and because they often result in empathy-related outcomes. However, it is noted that these processes occur in other contexts as well, and may not produce empathy-related outcomes. Davis (1996) describes the following 3 major types of processes.

Non-cognitive processes. These are processes that lead to empathic outcomes that require very little cognitive activity. Hoffman (1984) refers to a primary circular reaction in an

infant that virtually automatically transforms witnessed emotion into experienced emotion. This is a phenomenon that occurs early in life and is considered innate. Another non-cognitive process is known as motor mimicry. This refers to the tendency for observers to automatically and largely unconsciously imitate the target. Hoffman (1984) has suggested that mimicry is a two-step process. First, the observer automatically and mostly unconsciously imitates the target both facially and posturally. These small gradual movements result in internal kinesthetic cues which create afferent feedback creating a comparable affective reaction. Lipps (1926) and Titchener (1909, cited in Davis, 1996) also argued that mimicry by observers has the effect of producing shared affect.

Simple cognitive processes. These processes refer to classical conditioning, direct association, and labeling. They require a rudimentary cognitive ability on the part of the observer. In classical conditioning the observer has previously perceived affective cues in others while experiencing the same affect. Thus, the affective cues of the target may come to evoke the same emotional state. A similar version is called Direct Association. This represents a more general application of the conditioning logic. Hoffman (1984) noted that when we observe others experiencing an emotion, "their facial expression, voice, posture, or any other cue in the situation that reminds us of the past situations associated with our experience of that emotion may evoke the emotion in us" (p. 105). Thus, we do not have to experience the emotion

simultaneously as classical conditioning requires, but we have only to previously experience an emotion similar to the one we now observe in others. Labeling refers to the observer using simple cues to infer something about the target's experience. For example, an observer may know that certain situations, like a birthday party, usually produce happiness. Witnessing someone at a birthday party may lead to the inference that the person is happy, regardless of other cues that may be present.

Advanced cognitive processes. Advanced cognitive processes refer to language-mediated associations, elaborated cognitive networks, and role taking. Language-mediated association is when the observer's reaction to the target's situation is produced by activating language-based cognitive networks that trigger associations with the observer's own feelings and experience. For example, the statement, "I've been laid off," may exhibit no obvious facial or vocal cues indicating distress, but the observer may respond empathically because of personal relevant memories that are activated by the target's words. The meaning system symbolically expressed through words triggers associations with comparable feelings and experiences stored semantically in the observer's memory. Davis (1996) uses the work of Eisenberg, Shay, Carlo, and Knight (1991) which describes a similar process called Elaborated Cognitive Networks. This is a process in which observers also employ target cues in order to access existing knowledge stores, and use the information to form inferences about the target. The most advanced process is called Role-Taking or Perspective-

Taking. This is a process in which the individual attempts to understand another by imagining the other's perspective. It involves a suppression of one's own egocentric perspective on events and the active entertaining of someone else's. The organizational model uses the term Role-Taking or Perspective-Taking to refer to the specific process in which one individual attempts to imagine the world of the other. The outcomes of Perspective-Taking, both affective and cognitive, are excluded from this definition.

Intrapersonal Outcomes

The third major construct is Intrapersonal Outcomes. This includes affective and non-affective responses of the observer that result from exposure to the target.

Affective Outcomes. Affective Outcomes refers to the emotional reactions experienced by the observer in response to the observed experiences of the target. Two reactions are noted here which include Parallel and Reactive Outcomes. Parallel Outcomes are considered to be a prototypical affective response which is the actual reproduction of the observer target's feelings. Both the observer and the target experience the same affect. Reactive Outcomes are defined as the affective reactions to the experience of others that differ from the observed target. Examples of these would be feelings of compassion for others which are referred to variously as sympathy (Wiske, 1986), empathy (Batson, 1991), and empathic concern (Davis, 1983; Eisenberg & Strayer, 1987). Another example would be empathic anger that observers may experience

when witnessing someone being hurt. Personal distress may be evidenced in Reactive Outcomes that are related to the tendency to feel discomfort and anxiety in response to needy targets. Davis (1996) has stated that "Parallel Outcomes also tend to be self-centered reactions (distress, for example), while Reactive Outcomes will tend to be more other-oriented (e.g., Sympathy For Another, Or Anger On Another's Behalf)" (p. 106).

Non-affective Outcomes. Non-affective Outcomes refers to interpersonal accuracy and attributional judgments. Interpersonal accuracy involves how successful the observer is at estimating the other person's thoughts, feelings, or characteristics. The final class of Non-Affective Outcomes involves the attributional judgments offered by the observer for the target's behavior. This category may have several variables including the observer's liking for the target, attitudes toward the target, and tolerance for the target. Both these outcomes are thought to be significantly influenced by role taking activity.

Interpersonal Outcomes

The final construct is Interpersonal Outcomes which are the behaviors directed toward the target, and which result from prior exposure to the target. Helping behavior by an observer is linked to both cognitive and affective facets of empathy. Aggressive behavior has been negatively associated with empathy-related processes and dispositions. Social behavior is linked to high levels of empathy including good communication,

considerate social style, and satisfaction in relationships. In the case of sex offenders, high levels of empathy for their victims are proposed to reduce recidivism.

Research Question

The central question this study addressed is, "Does additional perspective-taking training make a difference in outcomes of an empathy training module for sex offenders?" The 6 outcomes that were predicted to change are listed below.

Research Hypotheses

Hypothesis 1. The group with the additional Perspective Skill Training Module will demonstrate significantly more perspective taking skills as indicated by changes on the Perspective Taking Subscale (PT) on the Interpersonal Reactivity Index (IRI).

Hypothesis 2. The group with the additional Perspective Skill Training Module will demonstrate significantly more feelings of warmth, compassion, and concern for other people as indicated by changes on the Empathic Concern Subscale (EC) on the IRI.

Hypothesis 3. The group with the additional Perspective Skill Training Module will demonstrate a significantly greater tendency to imaginatively transpose themselves into fictional situations as indicated by changes on the Fantasy Subscale (FS) on the IRI.

Hypothesis 4. The group with the additional Perspective Skill Training Module will endorse significantly less cognitive distortions on Abel and Becker Cognitions Scale.

Hypothesis 5. The group with the additional Perspective Skill Training Module will endorse significantly less rape myth acceptance as indicated on the Burt's Rape Myth Acceptance Scale.

Hypothesis 6. The group with the additional Perspective Skill Training Module will demonstrate a significantly decreased use of narcissistic defenses as measured on the Selfism Scale.

Significance of Study

The development of empathy in sex offenders is critical in order to prevent recidivism of sexual crimes. Perspective-taking is an important cognitive process in the development of empathy and is found to be deficient in sex offenders. This study provides us with a better understanding of how perspective-taking training impacts the program outcomes in an empathy training module. A better understanding of the relationship between perspective-taking training and empathy outcomes can contribute to research and development of more effective empathy training programs. This can ultimately help to enhance community safety and provide the sexual offender with a crime free life. Furthermore, this study shows specific areas of need for further research in the development of empathy training in sex offenders. Finally, program administrators and clinicians will be able to use this information to strengthen their sexual offender treatment program.

Definition of Terms

The following terms used in this study are defined as follows:

Affective Outcomes: Emotional reactions experienced by an observer in response to the observed experiences of another person. This implies any sort of emotional reaction to another person which qualifies as an emotional response.

Affective Role-Taking: An inference by an individual about the emotional reaction experienced by another person.

Cognitive Role-Taking: An inference by an individual about the thoughts, motives, or intentions of another person.

Empathy: The cognitive ability to understand and identify with another person's perspective, and the emotional capacity to experience the same feelings as another, or an interplay between cognitive and affective factors.

Empathy Training: The methods or procedures used to induce empathy in another as defined above.

Molestation: Any sexual contact with a child. This may include sexual intercourse, touching of a child's breast, penis, vagina, anus, or masturbating on them.

Non-Affective Outcomes: Some form of judgment, evaluation, or belief by an observer in response to the observed experiences of another.

Perspective-Taking: The attempts by one individual to understand another by imagining the other's perspective. It involves the suppression of one's own egocentric perspective and the active entertaining of someone else's perspective. This definition combines cognitive and affective role-taking.

Rape: Sexual intercourse with someone against that person's will. It is rape any time force or weapons are used or threatened or the victim is injured. Rape can include any

penetration of any body part, including mouth, anus and vagina; by any of the offender's body parts or by an object.

Role-Taking: Same as perspective-taking, unless otherwise specified.

Sex Offender: Any individual who has performed sexual acts which are harmful to another.

Delimitation of Study

The sample under study was drawn from the adult male sex offenders, ages 18 to 70, from the Calhoun County Parole and Probation Departments in Battle Creek, Michigan.

CHAPTER II

REVIEW OF LITERATURE

Six areas of the literature are discussed in chapter 2: (1) historical perspectives on empathy, (2) empathy and the sex offender, (3) perspective-taking and affective outcomes, (4) perspective taking and non-affective outcomes, (5) perspective-taking on antisocial behavior and aggression, (6) perspective-taking and the sex offender.

The first area deals with the historical roots of empathy and how the concept has evolved to the present day. It provides a brief introduction to the definition issues in empathy.

The second area reviews some current research on empathy deficits and the sex offender. Several studies are reviewed concerning sex offenders and empathy.

The third area reviews the research on role-taking and affective outcomes such as empathic concern and distress. The research reviews how role-taking instructional sets affect the affective outcomes of the target.

The fourth area discusses the effect of role-taking on non-affective outcomes such as accuracy and attributional judgments regarding other people. There is an emphasis on how role-taking instructional sets alter attributions made about other people and the accuracy of their judgments.

The fifth area deals with perspective-taking on antisocial behavior and aggression. Research reviews perspective-taking effects on antisocial behavior and aggression.

The sixth area reviews some current studies on perspective-taking and the sex offender. The studies examine perspective-taking abilities among sexual offenders.

The seventh area summarizes the research on empathy and perspective-taking and calls for more research in this area among sex offenders.

Historical Perspectives in Empathy

The concept of empathy has a relatively recent origin, beginning as *einfuhlung* in late-19th-century German aesthetics and translated as empathy in early 20th-century American Experimental Psychology (Eisenberg & Strayer, 1987; Wispe, 1986). Lipps (1903), cited in Wispe (1986), was important because he systematically organized the concept of *einfuhlung*. What he meant by this term was the tendency for perceivers to project themselves into objects of perception—a kind of animism. Titchener (1909), cited in Wispe (1986), translated Lipps's notion of *einfuhlung* as empathy. He meant to preserve the idea of the self projected into the perceived object. Titchener brought the concept of empathy to refer to the subject's awareness in imagination of emotions of another person. He considered them gross general tendencies that humanized and personalized our surroundings. He viewed empathy as a way of knowing another's affect and as a way of social-cognitive bonding.

Wispe (1986) stated that the concept of empathy was utilized in the 1930s by personality theorists and was borrowed, cherished, and revitalized by Rogerian psychotherapists during the 1950s. Rogers (1957) used the term to focus on the need for the therapist to experience the attitudes of the other. Rogerians were less concerned about the nature of empathy than with finding an acceptable term for their insistence upon emotional understanding and openness between the client and the therapist.

During this same period, American psychologists became interested in different aspects of empathy. To complicate matters, a number of different terms arose including sympathy, role-taking, perspective-taking, which may, or may not, refer to a similar, or identical, psychological process. Social psychologists became interested in the relationship between empathy and person perception (Heider, 1958). This led to the concern about one's ability to judge accurately another person's characteristics and the impact of empathy on giving, altruism, moods, and intervening on others. Eventually empathy developed into a multidimensional construct with both cognitive and affective components (Davis, 1996; Hogan, 1975; Mehrabian & Epstein, 1972). Current research on empathy separates empathy into largely discrete areas for examination.

Empathy and the Sex Offender

Many theorists have argued that sex offenders are deficient of empathy, and this continues to be an area of needed empirical research (Abel et al., 1989; Davis, 1983, 1996; Marshall et al.,

1995; Pithers, 1994). Abel et al. (1989) indicated that child molesters believe that their offense does not harm their victims and they deliberately block empathic responses to prevent anxiety, guilt, or loss of self-esteem.

Marshall, Jones, Hudson, and McDonald (1993) in one article reported two studies that examined generalized empathy in child molesters. Their first study consisted of 92 incarcerated child molesters who were residents of the Kia Marama Sex Offender Treatment Unit in Rolleston Prison, New Zealand. None of the subjects had begun a treatment program at the time of the evaluation. The men ranged from 18 to 68 years of age and all had committed sexual offenses against children under 16 years of age. The Interpersonal Reactivity Index (IRI) was used as a measure for empathy. Results of the study revealed that the child molester's level of general (trait) empathy as measured by the IRI did not differ significantly from the normative data taken from students and factory workers. Means for the child molesters on the Perspective-Taking Scale on the IRI were 16.0 with a standard deviation of 4.6. The male students had a mean of 16.8 and the factory workers had a mean of 18.4. Results of this study did not report any general empathy deficits among the child molesters. The authors concluded that the apparent lack of deficits of general empathy may have been a result of the child molester's attempt to present themselves in the best light in order to facilitate early release from jail.

Their second study evaluated responses of child molesters attending a community-based clinic. The offenders were attending the Kingston Sexual Behavior Clinic and had just

entered treatment at the time that they were assessed. They all had admitted to committing sex offenses against children under the age of 16. The age range of the subjects was 18 to 71 years with a mean of 44.65. The child molesters were matched with non-offending males recruited from a local employment agency. The two groups were controlled for IQ, level of education, employment history, and marital status. Both groups were administered the Interpersonal Reactivity Index in a private setting. The child molesters were deficient on the overall score with statistically significant differences, $T(38) = 2.47$, $p = .02$. It was also noted that the child molesters on the Fantasy Subscale were significantly lower than those of the controls, $T(38) = 2.12$, $p = .04$. Since this subscale is comprised of items which assess the general ability of the person to identify with the negative emotional states of another, they concluded that the current sample of child molesters did indeed suffer from a relative deficit in general empathy.

The studies supported their previous research by Marshall, Hudson, and Jones (1993, cited in Marshall et al., 1993), which reviewed the literature and provided specific evidence concerning deficiencies in empathy among sex offenders. The authors identified a lack of research in this area and called for more specific empathy studies.

Two studies presented in an article by Hudson et al. (1993) examined the accuracy of emotional recognition skills in sex offenders. Being able to recognize expressed emotion is thought

to be critical in the ability to respond with empathy to the emotional distress of others (Marshall et al., 1993). The first study consisted of a sample of 75 male prisoners in a medium security prison in New Zealand. Their mean age was 28 years with a range of 18.5 to 67 years. Each of the participants was categorized as having committed one of four types of offenses including: violent crimes, sexual crimes, theft, and drug offenses. Each participant was shown 36 slides of facial expressions including surprise, fear, disgust, anger, happiness, and sadness. These slides were chosen from past research and were considered prototypical for each of the emotional categories. The procedure included each of the slides showing people's faces individually, and the participant was required to evaluate the emotion on a check list. Results revealed that the sex offenders in the study displayed the least sensitivity to emotional stimuli. Sex offenders, as well as violent offenders, frequently interpreted fear as surprise, and confused disgust with anger. The researchers concluded that surprise could be construed by the offender as a positive response, whereas fear, anger, and disgust were clearly negative reactions. Thus seeing fear as surprise may facilitate or aid in continuing their offending rather than having any inhibitory effect.

In their second study, the focus was to determine whether or not problems of emotional recognition were specifically related to the offense behaviors of sex offenders. The relative accuracy of a child molester's judgment about emotional states displayed by either adults or children was evaluated. A matched set of emotional stimuli depicting children and adults was

developed and standardized. The research samples included 20 male non-familial child molesters who abused female children. Eleven were first-time offenders and 9 were repeat offenders. The average age of their victims was 10.8 years with a range of 6 to 14 years. The average age of the offenders was 44.7 years with a standard deviation of 12.3 years. The control group was taken from 20 male community volunteers from a local government agency. The two groups were controlled for marital status, level of education, and IQ. The child molesters were significantly older than the community controls, $T(38) = 4.40$, $p < .001$. Each participant was given the new version of the Emotional Expression Test and was also administered the Interpersonal Reactivity Index (IRI). Results revealed that the community controls were more accurate than the child molesters in recognizing emotions displayed by both the adult set, $T(38) = 3.08$, $p < .01$, and the child set; $T(38) = 2.57$, $p < .05$. Neither group showed any difference in emotional recognition accuracy between child and adult sets. On the Interpersonal Reactivity Index, the child molesters scored significantly lower than the controls on both the total score, $T(38) = 2.47$, $p < .02$, and the Fantasy Sub-scale, $T(38) = 2.12$, $p < .05$. This study provided further evidence for generalized empathy deficits in child molesters as well as generalized deficits in identifying emotions in both adults and children.

Hanson, Gizzarelli, and Scott (1994) studied cognitive distortions in incest sexual offenders. The authors indicated that there was surprising little research on incest offenders'

attitudes that had used systematic assessment and appropriate comparison groups. The study involved administering a number of specifically designed attitudinal questionnaires to a group of incest offenders and two comparison groups. The sample of incest offenders were 50 adult males referred for treatment through the Child Welfare Agency. One control group included 25 volunteers from a domestic assault program. The second group consisted of 25 men who were not in any form of treatment and who volunteered after reading announcements posted in various social service and community agencies. No sexual crimes were evident among the comparison groups. The measures included the Hanson Sexual Attitudes Questionnaire and the Marlowe-Crowne Social Desirability Scale. The Hanson Sexual Attitude Scale measured frustration, affairs, sexual entitlement, sex/affection confusion, sexy children, and sexual harm. The Marlowe-Crowne Social Desirability Scale measured the tendency to perceive and present one's self in an unrealistically positive manner. Results on the Hanson Sexual Attitudes Scale revealed an overall difference between the three groups on the Six Attitude Scales, as indicated by a multivariate analysis of covariance $f(2,95) = 2.53, p < .05$. The group's differences were attributable to the incest group scoring high on sexual entitlement, sexy children, and sexual harm scales. There was no difference on the Marlowe-Crowne Social Desirability Scale, with the means for the incest offenders, male batterers, and community comparison subjects being 15.7, 14.2, and 14.5 respectively. The summary of the results indicated that the sexual offenders tended to minimize

the harm caused by sexual abuse of children, and endorsed sexual attitudes supportive of male sexual entitlement. The findings supported the view that incest offenders are narcissistic uninhibited men who believe that their own sexual impulses must be fulfilled. This study supported the view that child molesters have empathy deficits. As Marshall et al. (1995) have noted more research is needed in this area. They also advocated research with specific components of the empathy process.

Perspective-Taking and Affective Outcomes

A number of investigations have found that observers will experience parallel affective responses when they step outside of their usual perspective on events and entertain the perspective of the target. Two variances of these instructions, both developed by Stotland (1969), have been commonly employed and included imagined self and imagined other instructional sets (Davis, 1996). These instructional sets facilitate role-taking activity.

In imagined self-instructions, the subjects are asked to:

Imagine how you yourself would feel. . . . Picture to yourself just how you would feel. . . . Concentrate on yourself in that experience. . . . In your mind's eye, you are to visualize how you would feel. . . . (Stotland, 1969, p. 292)

The imagined other instructions were as follows:
Imagine how (the other person) feels. . . . Picture yourself just how he feels. . . . Concentrate on that experience. . . . In your mind's eye, you are to visualize how it feels to him. . . . (Stotland, 1969, p. 292)

The instructional sets or role-taking instructions are found to influence the observers' empathic concerns, personal distress, and ability to match the target's emotion.

Aderman (1972) investigated the impact of imagined self instructions. In his first study, Aderman (1972) studied how a person's prior mood of elation or depression would affect his reaction to an unpleasant empathic experience. The subjects consisted of 120 male undergraduates at the University of Wisconsin recruited from an introductory psychology course. Subjects were randomly assigned to two groups which included the Imagined Self Condition and the Listen To Him Condition. Each group listened to a tape in which a target failed to receive help from another person. The Imagined Self Condition encouraged the observer to imagine how they would feel in each person's position. The Listen To Him Condition encouraged the participants to listen to speech characteristics, tone of voice, how loudly they are speaking, and voice breaks. In comparison to the Listen To Him observational set, the subjects in the Imagine Self Condition reported feeling more unhappy and resentful after listening to the tape.

In their second study, Aderman, Brehm, and Katz (1974) investigated whether observers reacted to an innocent victim with compassion or rejection depending on their observational set and observational setting. The subjects included 122 undergraduate females at Duke University participating in partial fulfillment of their requirements in their introductory psychology course. The subjects were randomly assigned to an Imagined Self Treatment and a Watch Her Treatment. In the imagined self group, the subjects were asked to imagine how they would feel if they were in the same experience. They were asked to think about their reactions to the sensations that they would

receive. In the Watch-Her instructions, they were asked to watch exactly what the learner does. This included body movements and head movements. After the subjects received their instructions, they watched a videotape depicting a female victim apparently receiving electric shocks upon making errors in a learning task. They were told the videotape depicted a simulated pair-associative learning experiment. After the videotape monitor was shut off, the subjects completed a questionnaire which measured derogation toward the victim, and a mood questionnaire consisting of three item clusters such as aggression, fatigue, social affection, sadness, egotism, and elation. As predicted, there were significant main effects related to the observational set. The subjects in the Watch-Her Condition derogated the victim in relation to themselves, whereas the subjects who were asked to adopt an imagined self set tended to rate the learner higher than themselves. It appeared that empathizing observers considered compassion the only just response to undeserved suffering. When assessing the subject's emotional reaction to witnessing the videotapes, the subjects who received the imagined self instructions considered the aggression factor more characteristic of themselves than did the subjects in the Watch-Her Condition. The data in this study clearly demonstrated that whether observers react to an innocent victim with compassion or rejection depends on their instructional set. Subjects instructed to place themselves imaginably in the position of a distressed other reported emotions paralleling the likely reactions of the targets

themselves. This was noted by the tendency for the imagined other subjects to rate the victim higher than themselves and endorse more aggression.

Miller (1987) investigated the reactions of observers to actors' embarrassments. Miller manipulated the observational set of the observer by setting two sets of instructions for role-taking. The subjects for his study consisted of 84 female introductory psychology college students. The subjects were paired in same-sex conditions. Observers were then given two sets of instructions randomly. Observers in the empathy condition were told to picture how the actor feels, performing the task. The observers in the observation condition were told to watch the actor's behavior closely, noting gestures, postures. One of the actors then was instructed to perform four tasks shown to be embarrassing. This included dancing to rock music, laughing for 30 seconds, singing the Star Spangled Banner, and imitating a 5-year-old throwing a temper tantrum. The observer's skin potential was reported on a physiograph during the actor's performance. Afterwards, both subjects were given questionnaires that asked them to rate their feelings on bipolar adjective scales used to assess embarrassment. An analysis of variance revealed that observers given empathy instructions considered the actors more embarrassed ($m = 12.3$) than the observers instructed to watch carefully ($m = 10.1$), $f(1, 58) = 5.47$, $p < .03$. The instructional set in role-taking was effective in directing the observer's attention to the actor's emotional experiences.

Batson et al. (1989) studied the effect of the imagined or control instructions to subjects exposed to stimuli. This study consisted of an experimental manipulation of empathy in a low empathy versus high empathy group. The subjects consisted of 60 students (20 men and 40 women) in an introductory psychology course at the University of Kansas. Empathy was manipulated through different perspective-taking instructions the subjects read before hearing a broadcast about a young woman named Katie Banks. The bogus pilot radio newscast interviewed Katie as a senior at the university. Her parents and sister had been killed in an automobile crash and her parents did not have any life insurance. She was desperately struggling to support her younger brother and sister while she finished her last year of college. One group was told to try to focus on the technical aspects. They were asked to assess the effectiveness of the techniques and devices used to make the broadcast have an impact on the listener. Subjects in the high empathy conditions were asked to imagine how Katie Banks feels about what has happened and how it affects her life. At the conclusion of the tape, the subjects completed an emotional response questionnaire that described different emotional states. For each adjective the subjects indicated how much they had experienced the emotion on a scale from 1 to 7. The list of adjectives included feelings of empathy and sadness. Results on the Empathy Index indicated that the manipulation was successful. Scores on the 7-point Empathy Index were higher for the subjects on the high empathy condition ($M = 5.76$) than those on the low empathy condition (M

= 4.44). Also of interest is that the subjects in the high empathy condition were more willing to help Katie than those in the low empathy condition.

Davis, Hull, Young, and Warren (1987) also studied the effects of different instructional sets on visual stimuli. The sample was taken from 144 male undergraduates enrolled in psychology classes at Indiana University. The subjects were examined in groups of two to four. They were each given the Interpersonal Reactivity Index (IRI) and written instructions for viewing a film. Subjects receiving the perspective-taking instructions were encouraged to imagine how the character felt when they were engaged in interaction. The subjects receiving the objective set instructions were asked to observe closely the characteristics of the behavior in the film. This included frequency and pattern of nonverbal behavior such as hand shifts and shifts in position. Subjects in a neutral control group were simply given instructions to watch a videotape and answer questions. After completing the questionnaires and reading the instructions, the subjects watched short segments of the films "Brian's Song" and "Who's Afraid of Virginia Wolfe?" Following the stimulus tapes, a dependent-measures packet was administered to each subject. The dependent measure was the Mood Objective Check List. This provided scores for three negative moods including hostility, anxiety, and depression, and three positive moods including friendliness, tranquility, and happiness. Results in this study found no significant main effect of instructions on self-reported emotional reactions. Of significance in this study was that individuals scoring high on

the perspective-taking scale on the IRI were significantly influenced by the perspective-taking instructional set. When shown positive scenes from the films, these individuals endorsed higher feelings of Friendliness, $f(2, 130) = 4.13, p < .02$; Tranquility $f(2, 130) = 3.83, p < .03$; and Happiness $f(2, 130) = 3.00, p < .05$. High perspective-takers also reported affective reactions more congruent with those in the film. Although not as important as other research, this study provided further evidence that role-taking instructions do effect affective outcomes.

The vast majority of these investigations have found imagine-the-other instructions to produce significantly greater feelings of sympathy for the target than control instructions (Batson et al., 1991; Cialdini et al., 1987; Schroeder, Dovidio, Sibicky, Matthews, & Allen, 1988; Toi & Batson, 1982). These studies support the proposition that affective role-taking instructions do appear to enhance empathic concern for the target and produce both parallel and reactive affective responding.

Perspective-Taking and Non-Affective Outcomes

Non-Affective Outcomes in empathy involve some form of judgment, evaluation, or belief about other people. One Non-Affective Outcome which is a focus of empathy research involves the attributional judgments that observers make about targets. The technique or procedure used most frequently to study attributional judgments is to employ instructional sets designed to prompt or inhibit role-taking by observers. The dependent

variable in these investigations is usually the kind of causal attribution that observers offer for the target's behavior. The impetus for this research came from the findings that actors and observers typically differ in the causal attributions they offer, with actors tending to stress the importance of situational forces and observers tending to stress the importance of actors' dispositions (Davis, 1996).

A prototypical investigation in this area was conducted by Regan and Totten (1975). The researchers hypothesized that the adoption of an empathic set by the observers would increase the likelihood that they would provide relatively more situational and less dispositional attributions for the actor's behavior. They felt that empathizing with the target actor would help them take the role of the other and adopt a phenomenological perspective. The observers in the empathizing set should find aspects of the situation relatively more salient and aspects of the actor's dispositional qualities less salient in attempting to provide causal attributions. To test this hypothesis, 40 female undergraduate volunteers were enlisted at Cornell University. When the subject arrived, she was greeted by the experimenter and brought to a cubicle containing a television monitor. She was then given a page with instructions describing the experiment as a study in person perception, investigating how people perceive the behavior of others. She read that she would be watching a videotape of a conversation between two students who were meeting for the first time and who had simply been told to get acquainted. The conversation lasted

a total of 5 minutes, and afterwards the subject was asked questions about one of the participants.

The second paragraph on this page contained a manipulation of the observational set. Subjects in the empathic set condition were given instructions designed to make them empathize with the target. The instructions encouraged the subject to imagine how the individual felt and to picture herself in the same situation. Visualization of how it felt was encouraged. Subjects in the observational control condition were given instructions just to observe the target person. The instructions were not designed to promote empathy with the target but just to pay close attention to all aspects of the target's behavior. After the instructions the subject was to watch a videotape depicting two female students chatting about their homes, living arrangements, intellectual interests, and travel.

Two videotapes were made of the conversation and subjects were randomly assigned to one of the videotape forms. One was a two-person videotape that showed the target person full-faced and the other conversant in profile with both participants seated at a table, and shown from head to foot. A one-person videotape showed the target person only, although the other person could still be heard. Here the target person was shown from the waist up. This created a somewhat larger image on the one-person tape.

After watching the conversation, subjects were given a set of four pages of questions arranged in random order. On each page were three questions. The first question asked the subject

to describe the target's behavior along four dimensions including friendliness, being talkative, nervousness, and dominance. A 9-point scale for each dimension was utilized. The next two questions focused on how much influence the subject thought the following two factors had on their behavior: (1) personal characteristics of the target, (2) characteristics of the situation. Each of these questions was explained and answered on a 9-point scale labeled from extremely important (9) to extremely unimportant (1). An analysis of variance performed on the different scores of each group found a significant effect of the observational set on causal observations. Subjects who witnessed the conversation after receiving role-taking instructions provided relatively more situational and less dispositional ($M = 1.8$) attributions for the target behavior than did subjects who received standard observer instructions ($M = 2.8$, $f(1,36) = 5.79$, $p < .025$).

Neither the effect of the videotape condition nor the interaction was significant. Thus, compared to the observer controls, subjects given empathy instructions provided relatively more situational and less dispositional attributions. The data clearly supported the hypothesis that taking the role of the other via role-taking instructions resulted in an observer's causal attributions for another's behavior becoming relatively more situational and less dispositional. Neither the one-person tape nor the two-person videotape affected the overall results.

In their discussion, Regan and Totten (1975) stated:

In experimental investigation, empathy is often aroused by the instructions very similar to those used here. There is considerable evidence that these instructions do indeed facilitate sharing the emotional responses of the target, but the present results suggest that the instructions have a more general effect; they alter the overall perspective of the observer, highlighting the causal salience of situational cues in making his perspective in general more similar to that of the target. Not only are the target's emotional experiences likely to be shared; so are his causal attributions. In fact, emotional experiences may be shared precisely because situational aspects are more salient for the empathetic observer. (p. 855)

The overall results support the effect of role-taking instructions in attributions made by the observer.

These general findings have been successfully replicated by researchers employing different stimulus materials, instructional sets, and attributional measures. Archer, Foushee, Davis, and Aderman (1979) conducted a pair of experiments replicating the above findings. Citing Regan and Totten (1975), and their success in shifting the attributional perspective of observers toward the actor, they produced an experiment in a court room to assess the effects of empathy-inducing instructions on a jury. The first experiment predicted that an appeal to student jurors in a trial simulation to imagine themselves as a defendant in the circumstances of the alleged crime would lead to attributions of greater lawfulness and less personal causality for the incident than an appeal to concentrate on the facts of the case.

The presence or absence of a focus on the facts in the judge's charge to the jury before they made their decision was introduced as a cross-cutting variable. The final instructions from the bench to consider "only the facts" closely resembled

Stotland's (1969) non-empathy instructions. It was predicted that the instructions, having the benefits of recency and a highly credible communicator, would eliminate the empathic cognitive set, reducing the effectiveness of a previous empathic appeal from the defense counsel. The student jurors received the counsel's appeal and the judge's charge manipulations within a live presentation of a case.

The subjects were 76 Duke University undergraduates of both sexes from an introductory psychology course pool. All the groups were randomly assigned to one of four experimental conditions of the two-times-two design (counsel's appeal and judge's charge). The experimental sessions were conducted in a mock court room at the Duke University Law School. The subjects were seated before traditional stations in a court room. The experimenter then introduced the study and the cast of characters and reviewed the case. The prosecutor then read the facts of the case and rested. This is when the first appeal manipulation occurred.

The counsel for the defense turned over a card indicating the appeal condition (imagine-self or listen-to-facts), rose, and addressed the judge. Turning to the subject-jurors, the defense attorney delivered one of two appeals. The first appeal was an imagine-self appeal in which jurors were encouraged to try to reflect on the way the victim felt. They were asked to visualize how it would feel to be in the victim's situation. In the listen-to-facts appeal, they were encouraged to concentrate on the facts and consider them, carefully giving attention to

detail. The judge also provided a charge manipulation by giving a no-fact focus or a fact-focus delivery to the jury.

The subjects then rated the defendant's actions on a 9-point scale from "lawful to unlawful." The defendants also determined a guilty or not guilty plea. The measure of causal attribution required the subjects to distribute 100% of the total causality for the crime between (1) the defendant's personality, (2) the victim's personality, and (3) other aspects of the situation. A seven-level scale of fines ranging from \$25 to \$1600 was also included.

Results indicated that the imagine-self appeal tended to increase perceptions of lawfulness of the defendant's actions only in the no-fact focus charge condition, $f(1,68) = 5.27, p < .05$. If the judge issued the fact-focus charge, the appeals did not alter lawfulness perceptions. A stronger appeal times charge interaction ($f[1,68] = 4.17, p < .05$) was obtained for the analysis of attribution of causality data. As in the case of the lawfulness rating, the effectiveness of imagine-self and listen-to-fact appeals was evident only in the no-fact-focus condition. Without the judge's final warning to attend to the facts, subjects who heard the imagine-self appeal attributed less causality for the crime.

The analysis of the fine recommendations did not change among groups. A slightly greater proportion of subjects who heard the imagine-self appeal judged the defendant as not guilty (56% versus 39%). When analyzing the exploratory attraction ratings, no significant effects emerged. The results on the

social distance index indicated that subjects in the fact-focus condition reported a willingness to interact more extensively with the defendant. Results of this experiment were consistent with the hypothesis that persuading the jurors to put themselves in the place of the accused may be effective at swaying jurors in favor of the defense. Imagine-self instructions increased perceptions of lawfulness of the defendant's actions and decreased perceptions of personal causality.

In the second study, an experiment was designed to examine another court room tactic to evoke sympathetic responses from jurors by selecting in advance those persons characteristically inclined toward viewing events in emotional terms. An emotional empathy tool provided by Mehrabian and Epstein (1972) was used as a measure of emotional empathy. The high and low scores were used to develop the high empathy and low empathy groups. It was predicted that the empathic jurors would respond more strongly and positively to imagine-self appeals. Subjects for this experiment were drawn from a pool of 375 University of Texas at Austin undergraduates. The Emotional Empathy Scale was administered and a high and low group were established.

The experimental sessions were conducted in the Texas Psychological Building and a mock court room was set up. A live enactment of a case was taken verbatim from the experiment previously discussed. As in the first experiment, subjects rated the lawfulness of the defendant's actions and distributed the total causality for the crime between the defendant's personality, the victim's personality, and the situations. Two punishment measures were included, one a fine recommendation and

one a jail sentence. A guilty or not guilty plea was also rendered.

Results were consistent with the hypothesis that high empathy subjects considered the defendant's actions more lawful than the low empathy subjects, $f(1,60) = 4.84, p < .04$. Interestingly, low empathy subjects took a significantly more positive view of the defendant's actions after hearing the listen-to-facts appeal, $f(1,58) = 5.02, p < .03$. The high and low empathy groups were also assessed in terms of the impact of role-taking instructional sets on the subjects. As in the previous experiment an imagine-self condition and a listen-to-facts condition was established.

As expected, high empathy subjects in the imagine-self condition reported the greatest attempt to imagine themselves in the defendant's position, and also made a greater effort than low empathy subjects reported, $f(1,60) = 3.61, p < .06$. Interestingly, the high empathy subjects in the listen-to-facts condition reported making the least attempt to imagine themselves in the defendant's position. It was concluded that the empathy-inducing instructions from the defense attorney were heeded more strongly by the high empathy subjects, but so were the fact-oriented instructions.

Experiment #2 provided further evidence that role-taking instructional sets alter attributional outcomes. It also provided evidence that dispositional empathy affects attributional outcomes. Other studies have also replicated the

above findings (Galper, 1976; Taylor & Koivumaki, 1976; Wegner & Finstuen, 1977).

Another non-affective outcome is the accuracy of judgments about other people. Bernstein and Davis (1982) performed two studies investigating the accuracy of judgments about others and perspective-taking abilities. The subjects in this study included 123 females at the University of Texas at Austin. Ten women served as target subjects and 118 were observers. No observer subject was familiar with any of the target subjects. Two separate target person groups comprised of five women were each videotaped. The procedure to make each tape was identical.

The subjects were asked to fill out a questionnaire that asked for three words that described themselves. They were not allowed to use physical characteristics. After this was completed, each subject was given a questionnaire that asked them to imagine themselves stranded on a tropical island. They were to choose four items that they would bring along with them. The experimenter then asked the group to imagine that five of them were stranded on the island together and their task was to choose, in any way they wished, four items (from the five individual items listed) that they as a group would take to the island. After this was completed they were to choose two additional items that were on no one's list. The observers were given a copy of the island questionnaire given to the targets and told exactly what the target group's task had been. They were then given a copy of the self-description questionnaire that had been given to the targets and told that they would be asked to match each target with the self-description after

viewing a tape of a discussion of the problem. Observers were asked to match each self-description to the target person who they thought wrote it.

After the tapes were viewed and their decisions made, the subjects were given the Interpersonal Reactivity Index (IRI; Davis, 1980). Of the four domains on the IRI, perspective-taking seemed most relevant for predicting accuracy. The Perspective-Taking (PT) Scales assessed the respondent's tendency to try to understand others by imagining their perspective. To evaluate the results, observers received two accuracy scores, one for tape 1 and one for tape 2. The effective perspective-taking abilities on accuracy were significant: $f(1,116) = 5.02, p < .03$. High perspective-takers were more accurate than low perspective-takers in assessing self-descriptions. This study provided some evidence that high perspective-takers may more accurately perceive the internal states of others.

Bernstein and Davis's (1982) second study used basically the same procedure as they used in experiment 1 where they assessed how the length of viewing the tapes influenced accuracy in high and low perspective-taker's. The results revealed that the high perspective-takers accuracy significantly increased from the short to the long tapes. No difference was noted with the low perspective-takers in the length of time viewing the tape.

In summarizing the results of the studies, Bernstein and Davis stated:

The relationships between accuracy, observer's perspective-taking, and experience with a stimulus person that emerged from these findings seemed logical. The tendency for an observer to view another as that other views herself, can only operate in interpersonal perception if the observer has some basis of knowing how the other thinks about the self. Such knowledge grows as the observer can sample more and more of the stimulus person's behavior. In other words, perspective taking may only enhance accuracy after other's preferred perspective on the self can be learned from the observation of their behavior. The above studies support the relationship between strong perspective-taking skills and accuracy of judgments about others. (p. 16)

Perspective-Taking on Antisocial Behavior and Aggression

Some studies have explicitly examined the relationship between antisocial behavior and the tendency to entertain the psychological perspective of others. These investigations assess both perspective-taking and aggression in a variety of ways; the most common approach is to compare role-taking capacity among groups that are known to differ in their degree of antisocial behavior.

Chandler (1973) undertook a study to explore the possible role of persistent social egocentrism in the development and maintenance of antisocial behavior. Chandler stated:

Studies have provided considerable support for the view that pro-social behavior is linked to the development of age-appropriate role taking or perspective-taking skills and have demonstrated that a variety of forms of social deviancy are associated with persistent egocentric thought. Persons demonstrating developmental delays and acquisition of these skills have been shown to systematically misread societal expectations, to misinterpret the actions and intentions of others, and to act in ways that were judged callous and disrespectful of the rights of others. (p. 326)

Chandler thought to compare the developmental course of perspective-taking skills in groups of delinquent and non-delinquent youth, to develop a program to evaluate a program for

immediate training in deficient role-taking skills, and to determine the effectiveness on subsequent delinquent behavior.

To study this process 45 delinquent and 45 non-delinquent boys were studied from the ages of 11 to 13. Each delinquent had committed at least one crime that would have constituted a felony by an adult. The measure used to assess perspective-taking was based on a "privileged information" procedure in which respondents are shown a sequence of cartoons and asked to tell a story about the sequence first from their own perspective and then from the perspective of another person who had not seen the full sequence. The ability to suppress privileged information that they process when telling the story from the other's point of view represented greater perspective-taking abilities (Davis, 1996; Flavell, Botkin, Fry, Wright, & Jarvis, 1968). Results between the delinquent and non-delinquent subjects on the perspective-taking test for their level of role-taking skills were statistically significant: $f = 80.4$, $df = (1, 88)$, $p < .001$. The non-delinquent subjects had less difficulty in adopting the role of others and had fewer egocentric intrusions. Chandler (1973) then implemented a 10-week summer program in perspective-taking training. After the program the children were retested utilizing the same measure. They demonstrated a significant improvement in their role-taking ability: $F = 9.46$, $df = (1, 42)$, $p < .01$. The follow-up study indicated that the children in the experimental perspective-taking program demonstrated half the number of delinquent offenses than did the control group. The study supported

intervention efforts focused on specific training in role-taking skills to reduce antisocial behavior.

Deardorff, Finch, Kendall, Lira, and Indrisano (1975) utilized Hogan's Emotional Empathy Scale (EM Scale) as a measure of role-taking to study repeat offenders, first offenders, and normals in a delinquency population. The Hogan Emotional Empathy Scale is a self-report scale that consists of 64 items and operationalizes empathy from a cognitive role-taking perspective. In his first study, 16 male undergraduate psychology students, 13 first-time offenders, and 17 repeat offenders from a federal reformatory in Virginia were given Hogan's EM Scale. Results indicated that the mean empathy score for non-offenders was 40.82 ($sd = 5.30$), while the mean empathy score for the offenders was 38.77 ($sd = 6.58$), and 32.77 ($sd = 6.95$) for the repeat offenders. A one-way analysis of variance found the three groups to differ significantly: $f(2,44) = 7.20$, $p < .005$. In a second study, they matched 15 repeat offenders, 15 first offenders, and 15 non-offenders on age, education, and race. Results indicated that the first-time offenders did not vary significantly from the non-offenders, but both exhibited higher scores than the repeat offenders. Results of this study provided further evidence for deficits in role-taking abilities among the delinquent population.

Iannotti (1978) studied the effects of role-taking, empathy, altruism, and aggression in thirty 6-year-old and thirty 9-year-old boys. He stated that any attempt at changing or training role-taking skills had an influence on overt

behaviors. He utilized two different training conditions to evaluate the influence on children's role-taking competencies. One training condition involved taking a single perspective (role-taking condition 1) or rapidly switching perspectives (role-switching condition 2). He hypothesized that role-taking is a necessary skill for empathy, and any training in role-taking skills should facilitate empathy expression. With the additional training, altruism should be higher and aggression should be lower in the training groups.

Each subject in their research was randomly assigned to the two training conditions or to a control condition. A pre-test for role-taking was administered individually to the children. Role-taking measures were adopted from procedures used by Flavell et al. (1968). In both measures role-taking processes rather than actual solutions to the problems were evaluated with a 6-point classification of role-taking. After the pretest the children met in groups of five for training procedures in role-taking. In the role-taking condition the children were asked to take a single perspective different from one's own and explore a variety of social, cognitive, and emotional aspects of that role in relation to the roles played by the four children in the same group. Roles included aggressor, victim, helper, recipient, sharer, or someone in need.

In the role-switching condition, the same stories were used, however, the children changed roles every 5 minutes. The control group met on the same schedule as the other groups, but were merely asked questions about the skit. A posttest was used to evaluate empathy, role-taking, aggression, and altruism after

the training was complete. Results indicated that role-taking training conditions increased the role-taking performance in both age groups, providing evidence that it is possible to structure the experiences of children to influence their role-taking performance. Except for a stronger effect on altruism in the 6-year-old group, the role-switching condition did not differ significantly from the role-taking condition. The notion that role-taking experience increased empathic behavior was not supported by the data. Role-taking also did not influence levels of aggression. The authors of the study called for more research in the area of manipulating role-taking performance and examining its effect on social development, moral development, and communication. This study provided some evidence for the hypothesis that role-taking improves altruistic behavior.

Letourneau (1981) utilized Hogan's Emotional Empathy Scale to study cognitive role-taking in physically abusive and non-physically abusive mothers. Two groups of mothers were used as samples: 30 were identified as physically abusive, and 30 were identified as non-abusive. The two groups were controlled for race, social class, education, and family structure. During the study the subjects were tested utilizing measures of empathy (role-taking), stress, and a role-play inventory. The two indexes used to measure included the Hogan Empathy Scale and the Mehrabian and Epstein Questionnaire as a measure of empathy. Mehrabian and Epstein's Questionnaire measures the emotional responsiveness of the subjects to various situations. The authors also utilized a role play inventory developed by Rothbart and Macoby (1966), cited in Letourneau (1981). This

inventory consists of a series of situations in which a child seeks comfort or help or becomes angry. The inventory was presented to the subjects by means of a child's recorded voice. The subject's responses were coded and grouped on four different scales including (1) Help-withholding, (2) Comfort withholding, (3) Sensivity to the child's needs and, (4) Aggression.

Results indicated that the mean score of abusive mothers on the Hogan Empathy Test was 29.27 compared to the mean score of 40.77 for non-abusive mothers. This provided some evidence that the cognitive role-taking abilities for abusive mothers was lower than for non-abusive mothers. Scores on the Hogan Test were also positively related to giving comfort to the children (.533) and negatively associated with aggression (-.73).

Letourneau's (1981) research provided more support for the view that the individual variation in role-taking is associated with a variation in aggressive and antisocial behaviors.

Perspective-Taking and the Sex Offender

The available research on perspective-taking deficits among sex offenders is deficient, but some research identifies it as a clinically relevant problem for at least some sex offenders. Hanson and Scott (1995) administered two new measures of perspective-taking ability to a diverse group of sex offenders. The samples included community males, university males, incarcerated sexual offenders, and non-sexual offenders. Among the sex offender sample, rapists and child molesters were included.

Two measures were utilized for assessing perspective-taking abilities among child molesters and rapists. Two series of vignettes were used: the first series described interactions between adults and children (the Child Empathy Test, or CET) and the second series described heterosexual interactions between adults (the Empathy for Women's Test, or EWT). The vignettes were created to range from socially acceptable interactions to explicit examples of rape or abuse. Most of the vignettes however were ambiguous. After the respondents read the vignette they were to rate how the child or woman would feel at the end of the interactions. Respondents could make errors either by underestimating or overestimating the level of distress for the victims in the vignettes. The correct answers were based on samples from community women and/or on the responses of the panel of experts on child sexual abuse.

Significant results indicated that the convicted sexual offenders who were currently in treatment made fewer errors (4.2) on the CET than the sexual offenders not in treatment (5.2): $t(93) = 2.13, p < .05$. There were no significant group differences between the sex offenders, non-sexual criminals, and community comparisons on the CET. The combined group of rapists in the prison and community made more errors on the Empathy For Women's Test than did the combined group of non-offenders. The community rapists also made more errors than did the community non-offenders. There also was a correlation between the number of errors on the Empathy For Women's Test and the frequency of offenses involving overt force. The sexual offenders who never

used overt force showed greater perspective-taking deficits than did the sexual offenders who used overt force: $r = -.28$, $df = (109)$, $p < .001$. It is possible that offenders who used overt force became aroused by the fear exhibited by the victims while the non-violent offenders misread the cues from their victims. The Hansen and Scott (1995) study supports the evidence for perspective-taking deficits among sex offenders and the necessity for further research and training.

Scully (1988) used the concept of role-taking to analyze the perceptions of self and the victims of 79 convicted rapists. The volunteers were given an 89-page interview that included general background, psychological, criminal, and sexual history, attitudinal scales, and 30 pages of open-ended questions intended to explore their perceptions of their crime, their victim, and themselves. To help establish validity, factual information, including the details of the crime, was compared with the pre-sentence reports on file at the prisons. Scully found that many of the admitted rapists took satisfaction in the belief that their victim felt powerless, humiliated, and degraded and that was the way they wanted them to feel. Role-taking, therefore, had an immediate effect opposite to that of self-control. Despite this, many of the 57% of the admitters expressed regret and sorrow for their victim and wanted to apologize for their behaviors. The deniers had an absence of role-taking. They either did not care how their victims perceived them or they believed that they would have described them as kind, gentle, desirable, or a good lover. Deniers

tended to be unaware of their victims' feelings and assumed that the victims enjoyed or were relaxed about it. Scully also noted that the victims had little value to the offenders outside the roles that they were forced to play in the rape. Scully's findings provide evidence that the rapists did not experience role-taking emotions such as guilt, shame, or empathy.

Summary

Current research on empathy separates empathy into largely discrete areas for examination. Several studies were reviewed providing evidence that sex offenders are deficient in empathy and advocated research with specific components of the empathy process. Research suggested that providing an instructional set in role-taking was effective in directing the observer's attention to the actor's experience, increasing empathetic concern, and producing parallel and reactive affective responding. Role-taking instructional sets were also found to alter attributions made by other people and to increase the accuracy of their judgment. Some evidence suggested higher perspective-takers may be more accurate than lower perspective-takers in attributions made about others. Research provided supportive evidence that deficits in perspective-taking abilities in the delinquent population may be associated with aggression and antisocial behaviors. Finally, the research supported that sex offenders are deficient in perspective taking skills, and intervention efforts focused on specific training in role taking may reduce empathy deficits in sex offenders. Further research is needed in this area.

CHAPTER III

METHODOLOGY

Type of Research

This research study utilized both quantitative and qualitative designs. Both the quantitative and qualitative methods are described in this chapter.

A pretest/posttest comparison group design was used in this study. A comparison design is used when two or more variations of a treatment are administered. In this research, two empathy modules were administered to treatment groups, with one module including additional social-perspective taking skills at the beginning of treatment.

Population and Sample

The total population studied was the 20 males currently enrolled in an ongoing outpatient sex offender program. Each subject with the exception of two, had been court ordered to attend outpatient sex-offender treatment by their parole or probation officer. Nineteen of the subjects were currently on probation or parole status under the supervision of the Calhoun County Probation or Parole Departments.

The study excluded individuals who suffer from schizophrenia and other psychotic disorders, borderline intellectual functioning, or mental retardation. This exclusion was made

because of the special assistance that would be needed with these populations in interpreting and comprehending the material in the empathy modules.

Each of the subjects had been given prior training in emotional recognition and had completed a disclosure of their last offense. Emotional recognition training refers to specific training in recognizing emotions in others. Some of the subjects had received prior sex-offender treatment, but none had completed the empathy module outlined in this research study. Participation in this research was strictly voluntary. All subjects were assured that there would be no repercussions if they chose not to involve themselves in the research project.

Treatment

Each subject in both groups received a copy of the workbook Empathy and Compassion Action Issues and Exercises, A Guided Book for Clients in Treatment (Freeman-Longo, Bays, & Bear, 1996). This is the workbook used for the traditional empathy-training program at the treatment center. One group received three sessions of social-perspective-taking training prior to the onset of the traditional empathy module. The other group did not receive any social-perspective-taking training prior to the onset of the traditional empathy module. Each of the two groups was run by the same two therapists who had earned Master's degrees in Counseling Psychology and had at least 5 years of experience working with sex offenders.

Figure 2 presents an overview of the research design. Group A represents the empathy-training module with additional

perspective skill training and is referred to as the Experimental Group throughout this dissertation. Group B represents the traditional empathy-training module that did not receive the additional social-perspective skill training. This group is referred to as the Control Group. The traditional empathy-training module is presented in the workbook mentioned previously by Freeman-Longo et al. (1996). The pretest was administered to both treatment groups prior to the implementation of the empathy modules. During the first three sessions Group A received additional training in perspective-taking. The first three sessions for Group B included workbook-related tasks that were unrelated to perspective-taking or empathy training. Beginning with Session IV both groups began the empathy workbook. Sessions 4-10 included the completion of the empathy-training workbook for each group. After these sessions had been completed a posttest was administered. Both Groups A and B ran consecutively for 10 weeks on every Sunday morning. Each session lasted 1½ hours.

In the following pages an outline of each session for both groups is presented.

Session 1

Control Group. During session 1, the Control Group received regular workbook exercises that were unrelated to empathy and social-perspective-taking training.

Experimental Group. During the first one half hour of the session the Experimental Group received an introduction to the

<u>Group</u>	<u>Pretest</u>	<u>Treatment</u>	<u>Posttest</u>
A _____	0 ---	*S1 *S2 *S3 S4 S5 S6 S7 S8 S9 S10	_____ 0
B _____	0 ---	**S1 **S2 **S3 S4 S5 S6 S7 S8 S9 S10	_____ 0

Figure 2. Nonequivalent groups' pretest-posttest design. Group A represents the empathy module with additional perspective-taking training (Experimental Group). Group B represents the empathy module without additional perspective-taking training (Control Group). S represents each session. * Indicates inclusion of perspective-taking in Group A. ** Indicates traditional workbook sessions without perspective-taking or empathy_training.

social-perspective-taking skill. The group members were informed that this was the beginning of the empathy-training module. They were told that social-perspective-taking involves utilizing their imagination to understand another's point of view, opinions, feelings, motivations, and situation. It was emphasized to the group that this is a skill and that practice can improve their ability. At that point, the group received a copy of pages 126 through 130 from McKay and Fanning's (1987) Self Esteem book. These pages deal with empathy and provided an example of the benefits of social-perspective-taking abilities. The next 15 minutes consisted of reviewing the material in the book and eliciting questions and feedback from the group. The next 15 minutes consisted of teaching the perspective-taking skill. Four components of this skill were taught, including:

1. Take a slow deep breath.
2. Suspend any feelings or thoughts that get in the way of

empathy such as irritation, disgust, boredom, or embarrassment. Say to yourself, "I notice I'm feeling _____ by this. That's okay, but it's not what I'm interested in right now. I can set this feeling aside and just observe for a while without judging."

3. Empathize with this person. Imagine what this person feels in this current situation. Picture to yourself how it would be to be in the same predicament. Think about this person's reaction to the information this person is receiving. Visualize how it would feel to be in this same situation.

4. If available or appropriate, ask questions to this person. Ask how they think or feel--Questions such as, "What was that like?" or "How does that feel?" and "What do you think about that?"

Each of the four components of the social-perspective-taking skill was reviewed and discussed with the group. Questions or comments were encouraged. The skills-component parts were written on the chalkboard so the group could take notes.

During the next 15 minutes a discussion was elicited from the group in terms of the benefits of social-perspective-taking abilities. Ideas were drawn from the group. The benefits of social-perspective-taking were discussed, including an increase in social attractiveness, greater accuracy in recognizing other's feelings, decreased defensiveness, a greater sense of well-being, decreased aggression, and the ability to make more friends if desired. The therapist at this point attempted to emphasize to the group the value of strong social-perspective-taking abilities.

During the last part of the session, the group members were directed to the "video encounter" exercise in the book Self Esteem (McKay & Fanning, 1987, pp. 127-128). The assignment was read and reviewed with the group. The group then picked from four videotape selections at the office, making their selection based on what they found most obnoxious. The four selections included a TV preacher, a soap opera, big-time wrestling, and a cooking show. The therapist then picked the most obnoxious video chosen through group vote and played a 7-minute excerpt of the video. During this time, the group was asked to perform the skill. The therapist modeled the skill for learning purposes. The group was asked to imagine why faithful fans watch this show. Each component of the skill was emphasized and discussed during the practice.

At the end of the session each member was given the assignment to watch two TV shows or videos that they found quite obnoxious. They were encouraged to follow the exercise in the Self Esteem book and write down why faithful fans would watch this show. They were encouraged to try to understand the attractive features of this show and what kind of person would like it.

Session 2

Control Group. During session 2, the Control Group received regular workbook exercises that were unrelated to empathy and social-perspective-taking training.

Experimental Group. During session 2 the assignments from the last group session were collected and the group was

encouraged about their experience with the perspective-taking exercises. Approximately one half hour was spent processing the assignment.

During the next 50 minutes of the session, the therapist played excerpts from the movies "Ordinary People," "Brian's Song," and "Driving Miss Daisy." Five-minute excerpts of each movie were played and the group was asked to utilize the skill to imagine and identify what the characters were experiencing in the movie. Ten minutes were allowed for the processing time for each movie. The last 5 minutes were spent processing this assignment and getting feedback from the group.

During the last 10 minutes of the session an assignment was given from the Self-Esteem book (pp. 128-129). Each group member was asked to choose two people to tell about an important event in his or her life. This could have included a traumatic experience, early childhood memory, or hope for the future. Members were encouraged to utilize their skills to understand the person's perspective. They were instructed to write out their experience and turn it in at the beginning of session 3.

Session 3

Control Group. During session 3, the Control Group received regular workbook exercises that were unrelated to empathy and social-perspective-taking training.

Experimental Group. During the first 15 minutes the assignments that were due from session 2 were collected and feedback was sought from the group regarding their experience with the assignment. The assignments turned in during session 2

were handed back with feedback and comments. The remainder of the session was spent watching further excerpts of the above movies and practicing the social-perspective-taking skill. Pertinent aspects of each component of the skill were emphasized during the practice sessions. Emphasis was given to the group as to how difficult it is at times to suspend one's own values, thoughts, and feelings when issues are intense.

The group was then encouraged to think about this assignment and practice it throughout the week with other people and shows that they would be watching on TV. No written assignments were given after this session.

Session 4: Both Groups

During session 4, both the Perspective-Taking Group and the Control Group began the traditional empathy manual, Empathy and Compassionate Action. From this point on the procedure for running both groups was exactly the same. These sessions began with the therapist reviewing the six chapters in the traditional empathy manual. Each member was instructed to have the chapter 1 assignment completed and mailed back prior to the next session. For those who requested it, a stamped envelope addressed to the office was provided. The therapist asked each member of the groups to make a commitment to work hard on the workbook and to follow through with the assignments. Each participant was given a copy of the traditional empathy manual with a notebook to complete the assignments.

The therapist then reviewed the first chapter titled, "What Is Empathy?" Highlights of each section in chapter 1 were

reviewed with the groups to generate discussion. The general thrust of this chapter was to define empathy in terms of what it is and what it is not, and to help the group understand the benefits of developing empathy. At the end of chapter 1, the 14 questions were reviewed with the group to ensure that they understood the meaning and nature of the questions. Ideas for each question were generated in the group and the subjects were encouraged to take notes. At the end of the session, there was a general summary of the chapter given again by the therapist, with a reiteration of the necessity to complete all 14 questions before the next group meeting.

Session 5: Both Groups

At the beginning of this session, the assignments that had been handed in from chapter 1 were given back with feedback and comments. Approximately 30 minutes of this session was spent reviewing pertinent aspects of the chapter 1 assignment. Feedback from the group was sought about the assignments, and group discussion was encouraged. During the second half hour of the session, the group was referred to chapter 2 in the traditional empathy manual titled, "How My Sexual Behavior Affects Others." This chapter reviewed 14 effects of sexual abuse on children ranging from distrust of others and themselves to becoming sexual offenders themselves. Overviews of nine common rape myths were reviewed, with a discussion of the five common long-term effects that result from being raped. The last half hour of the session was used to help the participants by clarifying the 14 questions at the end of this chapter. Each

question was read to the group and ideas were given to stimulate their thinking. Group members were encouraged to write down ideas to take home with them. At the end of the session the subjects were warned that this was a difficult assignment and were encouraged to work on the assignment on a nightly basis.

Session 6: Both Groups

At the beginning of this session, the assignments due from chapter 2 were collected. The groups were then asked for some feedback about the questions in the chapter 2 assignment and discussion was encouraged. The groups were then shown a 24-minute video titled, "Why God, Why Me?" This video was about a single woman's account of her sexual abuse and healing process. The groups were then encouraged to identify her emotions and symptoms secondary to sexual assault. The groups were then referred to chapter 3 in the traditional empathy manual titled, "How to Build Empathy." A 15-minute lecture was given on the eight sections of this chapter. The last 15 minutes of the session were spent reviewing the 14 questions at the end of chapter 3 and giving group members ideas after each question to stimulate their thinking. As in the other sessions, the subjects were encouraged to take notes.

Session 7: Both Groups

At the beginning of this session the assignments due from chapter 3 were collected. The chapter 2 assignments turned in the previous session were handed back with feedback and comments. For the next half hour the subjects were encouraged to discuss the salient aspects of chapter 3. The group was then

referred to the fourth chapter in the traditional empathy module titled, "The Four Poisons." This chapter focuses on the four poisons: Urges, Anger, Twisted Thinking, and Denial, which are considered problems that impede the use of empathy. Each of these poisons was discussed in detail. Toward the end of the session, the 18 questions at the end of the chapter were reviewed and any questions about them were answered. Ideas were given to stimulate their thinking about the assignment in chapter 3.

Session 8: Both Groups

At the beginning of this session the assignments due from chapter 4 were collected. The chapter 3 assignments which had been handed in the previous session were handed back with feedback and comments. Approximately one half hour was then spent processing the chapter 4 assignment with the group. The group was then referred to chapter 5 in the traditional empathy manual titled, "Compassionate Action." Highlights of chapter 5 were discussed in lecture format, and feedback from the groups was encouraged. The groups were then encouraged to process their own ideas about chapter 5. The end of the session involved reviewing the six questions at the end of chapter 5. The group was given ideas to stimulate their thinking about the questions. Group members were encouraged to take notes.

Session 9: Both Groups

At the beginning of this session the assignments due from chapter 5 were collected. The chapter 4 assignments from the previous session were handed back with feedback and comments.

Approximately one half hour was spent processing the chapter 5 assignments with the groups. The groups were then referred to chapter 6 in the traditional empathy manual titled, "Becoming a Better Person." A 15-minute lecture was given to the groups on the highlights of chapter 6, and feedback from the groups was encouraged. The last part of this session was spent reviewing the four questions at the end of chapter 6. The groups were given ideas to stimulate their thinking.

Session 10: Both Groups

This was the last session of the empathy module. At the beginning of this session the assignments due from chapter 6 were collected. The chapter 5 assignments from the previous sessions were handed back with feedback and comments. Approximately one half hour was spent processing chapter 6 with the group. The group was then asked to give their general impression of the empathy module. At the end of the session, each member completed the posttest instruments.

Variables

The independent variable in this research was the inclusion of social-perspective-taking skill training in one of the empathy modules. The dependent variables were the responses on the Perspective-Taking Subscale (PT) of the Interpersonal Reactivity Index (IRI), Empathy Concern Subscale (EC) of the IRI, Fantasy Scale (FS) of the IRI, erroneous beliefs that rationalize child sexual abuse as measured by the Abel's Cognition Distortion Scale, rape-predisposing beliefs as measured by Burt's Rape Myth Acceptance Scale, and narcissistic

tendencies as measured by the Selfism Scale.

Instrumentation

Four instruments were used to measure these variables. The instruments are described below.

Rape Myth Acceptance Scale (RMA)

Description. The Rape Myth Acceptance (RMA) Scale (see Appendix A) was derived by hypotheses from the social psychological and feminist theory that the acceptance of rape myths "Can be predicted from attitudes such as sexual stereotyping, adversarial sexual beliefs, sexual conservatism, and acceptance of interpersonal violence" (Burt, 1980, p. 217). A total of 19 items make up the scale.

Development. Burt (1980) designed a theoretical model of potential antecedents for Rape Myth Acceptance. These antecedents included a theoretical model made up of: (1) Background variables, (2) Personality variables, (3) Attitude variables, and (4) Experience variables. Burt (1980) assumed that these variables interacted in some complex way and inter-relationships could be assessed. A causal structure was drawn up and analyzed as the fully recursive model on the entire sample, using multiple regression techniques. The data for the analysis were collected on a random sample of 598 Minnesota adults, ages 18 and over, during the months of February through April 1977. The households and individuals within the households were selected randomly. Individuals within the household were selected through a procedure that yielded a

representative sex distribution. After inspecting the results, non-significant paths between the variables were eliminated.

Attitudinal variables were measured on four scales, for each of which reliability was estimated by Cronbach's alpha: (1) sexual stereotyping (alpha = .800), (2) adversarial sexual beliefs (alpha = .802), (3) sexual conservatism (alpha = .811), and (4) acceptance of interpersonal violence (alpha = .586). The full RMA produced Cronbach's alpha of .85. Of the four subscales listed above, the strongest predictor of Rape Myth Acceptance was interpersonal violence ($r^2 = .279$, $p < .05$).

Burt (1980) concluded that Rape Myth Acceptance is complexly related to attitude structure. This attitude structure includes sexual stereotyping, feelings about sexuality, and acceptance of interpersonal violence.

Scoring. Items 1-11 are scored on a 7-point Likert Scale from "strongly disagree" to "strongly agree." Numbers 12 and 13 are scored on a 7-point Likert scale ranging from "almost none" to "almost all." Items 14-19 are scored on a 7-point Likert scale from "never" to "always." The scoring is reversed on items 14-19. Lower scores on the RMA score indicate a rejection of myths centering on rape. Possible scores range from 19 to 133.

Abel and Becker Cognitions Scale

Description. The Abel and Becker Cognitions Scale measures many of the cognitive distortions that sex offenders hold that allow them to rationalize their behavior. The scale consists of

29 items in which the respondents mark each item on a scale from 1 ("strongly agree") to 5 ("strongly disagree"). Each item represents statements that sex offenders have made to justify their behavior. Examples of questions include, "If a young child stares at my genitals it means the child likes what she/he sees and is enjoying watching my genitals."

Development. Abel and his associates developed a set of 29 cognitive distortions utilized by child molesters from clinical experience and previous research. Three groups of subjects were used: (1) a group of child molesters, (2) a group of non-molestering sex offenders, and (3) a control group of non-paraphiliacs. The groups were volunteers from a federally funded treatment/research project that took place from 1977 to 1985 in Memphis, Tennessee, and in New York City. Each participant underwent a structured interview, 2 to 3 hours of psychophysiological assessment to determine arousal preferences, and 3 to 4 hours of various pencil and paper tests. The groups included 240 child molesters, 48 non-child molestering paraphiliacs, and a control group of 86. A factor analysis was performed on the scores of child molesters yielding six factors. The items comprising each of these factors were summed up resulting in six factor-based scales (FBS). Cronbach alphas were calculated for each FBS and standardized item alphas were calculated for each of the items. A test/retest reliability coefficient was calculated using the Pearson Product Correlations for each of the six FBS and for the total scores.

Validity was established through a one-way analysis of variance of the six FBS and two demographic factors (age and education) between the child molester group, paraphiliac, and control group. The group means were compared at a significance level of $p < .05$. Severity indices (SI) were derived from four dependent variables sensitive to different aspects of child molesting behaviors. These included: (1) Attempts and completions, (2) Duration, (3) Number of different categories of child molesting, and (4) Aggression employed. The subjects' six factor-based scores were regressed on the four SIs in four separate multiple regression equations.

Results indicated that the cognition scale had an acceptable inter-item consistency. Items 28 and 29 were excluded as they assessed attitudes toward treatment for child molesters and not molestation as a specific act. Item 19 failed to load on any factors above the 0.30 level. Of the six factors, factor 1 accounted for the greatest percentage of variance (35.4%), whereas factors 2 thru 6 provided less than 5% of the variance each. All six resulted in 49.6% of the variance. This suggests that the cognitive distortion scale can be used as a single-factor scale. The factor analysis yielded the following six factors: (1) "Child-adult sex helps a child," (2) "Children initiate child-adult sex for specific reasons," (3) "Adults initiate child-adult sex for specific reasons," (4) "The child's behavior shows their desire for child-adult sex," (5) "Adults can predict when child-adult sex will damage a child in the

future," and (6) "Child-adult sex is or will be acceptable in society."

Each of the factor-based scales revealed a Cronbach's coefficient alpha above .70 except for factor 6 for which the alpha was .59. The subscales thus are considered to have acceptable internal consistency. Test/retest reliability coefficients range from .64 to .77 for the six factor-based scales. The test-retest reliability coefficient was .76 for the entire cognition scale, which is an acceptable level of test/retest reliability.

Summing up the results, Abel et al. (1989) stated:

In brief, one FBS (factor score 1) was statistically significant in discriminating child molesters from the general population; although all 6 FBS were reliable and valid. The FBS were not significantly related to the number of attempts of child molestation acts nor to aggression employed but were significantly related to durational molestation in different categories of molestation. The cognitive distortion scale differentiated between child molesters and non-child molesters in a gross category but did not separate on the finer dimensions. The cognitive distortion scale's strong relationship with duration of child molestation behavior supports the postulate that cognitive distortions tend to increase as the child molestation behaviors continue. (p. 146)

Scoring. Scores are derived numerically from the Likert scales on the 29 items, each of which is scored from 1 ("strongly agree") to 5 ("strongly disagree"). Thus, the possible range of scores can be from 29 to 145. Agreement with any of the items is considered to represent distorted cognitions that need to be addressed in therapy.

Selfism Scale

Description. The Selfism Scale is a 28-item scale constructed as a measure of beliefs about how one should best construe problem situations involving a variety of needs. Selfism is viewed as a cognitive construct that refers to the belief that problems and needs satisfaction can be dealt with by construing situations in an egocentric or selfish fashion. In developing the scales three criteria were used to determine whether a given item would be included in the final scale: (1) the item must correlate significantly with the total of the other Selfism items with the item omitted; (2) the item must show a relatively low correlation with a social desirability scale score; and (3) endorsements of the item must show a reasonable spread over the five Likert categories employed: (1) strongly agree, (2) mildly agree, (3) agree and disagree equally, (4) mildly disagree, and (5) strongly disagree. When utilizing the above criteria, 28 items were deemed satisfactory for the scale. In order to disguise the purpose of the scale, 12 filler items were added to the 28 Selfism items.

Development. Test/retest reliability was assessed on 92 undergraduate students (52 females and 40 males) tested over a 7-week period. The test/retest correlation was .61 ($p < .001$). Internal consistency was assessed using a population of 478 undergraduate students (260 female and 218 males). Using the split half method, with the Spearman Brown Correction Formula, a coefficient of .84 ($p < .001$) was obtained for males, with a coefficient of .83 ($p < .001$) for females. Good test/retest

reliability and internal consistency were established. In reviewing correlations with selective measures, the Selfism Scale correlated highly with the Narcissistic Personality Inventory, the Religious Attitudes Scale, and ratings of students of narcissistic tendencies of their friends.

Scoring. The range of possible scores is 28 to 140. Research (Pithers, 1994) has yielded means for college males (mean = 77.91), city police (mean = 75.33), and campus police (mean = 74.73).

Interpersonal Reactivity Index (IRI)

Description. This is a 28-item scale which measures four dimensions of empathy, including (1) perspective-taking, (2) empathic concern, (3) fantasy, and (4) personal distress (Davis, 1980). Each scale consists of seven items. For the purpose of this study only the Perspective-Taking Subscale (PT), Empathic Concern Subscale (EC), and the Fantasy Subscale (FS) were used. Items were scored on a 5-point scale from 0 ("does not describe me well") to 4 ("describes me very well"). Perspective-taking was defined as a cognitive measure of the ability to appreciate other people's point of view. The Perspective-Taking Subscale measures the tendency to spontaneously adopt the point of view of other people in everyday life. Examples of questions on the Perspective-Taking Scale (PT) are, "I sometimes try to understand my friends better by imagining how things look from their perspective" or "I believe there are two sides to every question and try to look at them both." The Empathic Concern Subscale (EC) measures the tendency to experience feelings of

warmth, compassion, and concern for other people. An example of a typical question on the Empathic Concern Subscale (EC) is, "I often have tender, concerned feelings for people less fortunate than me." The Fantasy Subscale (FS) measures the tendency to transpose oneself into the feelings and actions of fictitious characters in books, movies, and plays. A sample question from the Fantasy Subscale (FS) is, "I really get involved with the feelings of characters in a novel." Respondents were asked to describe themselves by choosing the appropriate point on the 5-point scale described above.

Development. The Interpersonal Reactivity Index measures four different aspects of empathy. The four components of empathy are: (1) perspective-taking, (2) empathic concern, (3) fantasy, and (4) personal distress. The rationale for the Perspective-Taking Scale comes from the work of Piaget (1932) and Mead (1934), as cited in Davis (1983). These theorists stress the importance of perspective-taking capability for non-egocentric behavior. Davis (1983) hypothesized that this ability is associated with better social functioning, higher self-esteem, and sensitivity to others. Six hundred seventy-seven male and 667 female subjects in a psychology class at the University of Texas at Austin were used. Relationships between the IRI sub-scales and other psychological measures were assessed.

Overall results indicated that the perspective-taking scores were negatively related to measures of social dysfunction and positively related to extroversion, that is, high

perspective-takers reported less social dysfunction and more social confidence. The scores on the IRI were correlated with the Extended Personal Attributes Questionnaire (EPAQ). The M- and the Fva-Subscales on the EPAQ measure aspects such as boastfulness, arrogance, and verbal aggression. The Perspective-Taking Scale on the IRI showed a negative correlation with the M-Subscale (-.28) and the Fva (-.25). This suggested that perspective-taking is associated with an interpersonal style marked by a relative lack of boasting and verbal aggression—two obviously dysfunctional behaviors. Perspective-taking also revealed a modest relationship ($r = .26$) with self-esteem as measured on the Texas Social Behavior Inventory (TSBI). There was a modest negative correlation (-.21) between the perspective-taking scores and fearfulness as measured by the Emotionality, Activity, Social Ability, and Impassivity Temperament Measure (EASI). Finally, the Perspective-Taking Scale on the IRI was positively related (.3) with the F Scale on the Personal Attributes Questionnaire. The F Scale on the PAQ is an eight-item scale including such items as "awareness of feelings of others," "understanding of others," and "able to devote self to others," all of which indicate sensitivity to others' feelings and experiences with much more concern about the implications of those feelings for the self.

Results on the Empathic Concern Subscale reveal a modest positive correlation (.55 for females; .58 for males) on the F Scale on the Personal Attributes Questionnaire (PAQ). The F Scale on the PAQ measures a sensitivity to others' feelings and

experiences with less concern about the implications of those feelings for the self. A positive relationship was also yielded between Empathic Concerns scores and the Public Self-Consciousness Scale (PSC), with males yielding a .21 coefficient and females .14. This scale also taps an awareness and concern with the impression one makes on other people. High Empathic Concern scores also revealed modest negative relationships with an undesirable interpersonal style characterized by boastfulness and egotism, as yielded by scores on the M- Scale on the Extended Personal Attributes Questionnaire (females $-.35$; males $-.30$).

In reviewing the results of the Fantasy Scale, high scores yielded a greater sensitivity to others as reported by positive correlations on the Public Self Consciousness Scale, Other-Directness (SM), and the F Scale on the PAQ. This provides evidence that subjects with high Empathic Concern scores have more sensitivity to and awareness of other people.

Intercorrelations of the IRI scales were also studied. The Perspective-Taking and Empathic Concern scores were significantly and positively related (.33). The Fantasy and Empathic Concern scales were also positively correlated (.33). The intercorrelation between the Fantasy Scale and the Perspective-Taking Scale was noticeably smaller (.13), but significant. No other significant relationships were yielded.

Davis (1980) reported acceptable internal reliability coefficients on all four subscales ranging from .70 to .78 and test/retest coefficients ranging from .61 to .81 over a 2-month

period. Davis and Franzoi (1991) also reported substantial test/retest correlations for the IRI scales of .52 to .62 over a 2-year period during adolescence.

Scoring. Items are scored on a 5-point scale from A ("Does not describe me well") to E ("Describes me very well"). Questions on the test that measure perspective-taking are items 3, 8, 11, 15, 21, 25, and 28. Questions that measure empathic concerns are items 2, 4, 9, 14, 18, 20, and 22. Questions that measure Fantasy are items 1, 5, 7, 12, 16, 23, and 26. Items 3, 4, 7, 12, 15, and 18 are scored in reverse. In a sample of 500 male students and 582 female students, the Perspective-Taking mean was 17.96 for females and 16.78 for males. The Empathic Concerns mean was 21.67 for females and 19.04 for males. The Fantasy Scale mean was 18.75 for females and 15.73 for males (Davis, 1980).

A sample of 138 male factory workers generated a Perspective-Taking mean of 18.35, and Empathic Concern mean of 20.19, and a Fantasy Scale mean of 13.4 (Salter, 1988). Scores ranged between 0 and 28 on each subscale.

Procedures

The following procedures were utilized in data collection:

Step 1. Prior to the initiation of the research procedures, a 15-minute session was completed with each subject to obtain a consent for participation in the research project (see Appendix A for consent form). Confidentiality was assured and the subject's case was supplied with a number for identification purposes. The subjects were told that they were participating

in a study that helps assess the impact of empathy modules for sex offenders.

Step 2. The sample was drawn from the Battle Creek Sex Offender Program in Battle Creek, Michigan. There were two groups of 10 sex offenders receiving treatment as described previously. A coin was flipped to determine which group received the additional perspective-skill-training module.

Step 3. One week prior to the implementation of the empathy treatment modules, the pre-tests were given to each subject.

Step 4. Sessions 1 through 10 were implemented as described previously.

Step 5. At the end of the 10th session, the posttest scores were obtained on the four instruments described above.

Null Hypotheses

Six Null Hypotheses were tested, using analysis of covariance. In each case the pretest was the covariate and the posttest was the criterion. In each of the seven hypotheses, the word "mean" refers to the adjusted criterion mean.

Hypothesis 1. There will be no significant difference between the mean scores of the Experimental and Control Groups on the Perspective-Taking Subscale of the IRI.

Hypothesis 2. There will be no significant difference between the mean scores of the Experimental and Control Groups on the Empathic Concern Subscale on the IRI.

Hypothesis 3. There will be no significant difference between the mean scores of the Experimental and Control Groups on the Fantasy Subscale of the IRI.

Hypothesis 4. There will be no significant difference between the mean scores of the Experimental and Control Groups on the Abel and Becker Cognitions Scale.

Hypothesis 5. There will be no significant difference between the mean scores of the Experimental and Control Groups on the Rape Myth Acceptance Scale.

Hypothesis 6. There will be no significant difference between the mean scores of the Experimental and Control Groups on the Selfism Scale.

Each hypothesis was tested with alpha set at .05.

Qualitative Analysis

An individual analysis was performed on each case to better understand the dynamics of the different empathy modules. This study involved investigating complex phenomena consisting of multiple variables of potential importance. By investigating the individual experience of each subject it was hoped to enrich the understanding of the process of change or stagnation. Of particular interest was the differing experience of the subjects assigned to the different modules.

Procedure

An individual interview was scheduled with each subject within 1 week of the last training session. I conducted the interviews at the outpatient center where the group sessions took place.

During the interview the following questions were asked verbatim:

1. What were memorable aspects of the victim empathy

module?

2. How did the training affect your relationship with other people?

3. How did the training affect your relationship with your victim?

4. What was the most difficult part of the empathy module?

5. What attitudes or beliefs about victims were changed or altered during the training?

The data gathered from the questions were written verbatim during the interview. Mechanical recordings were not used because of the observed tendency for recording to increase defensiveness in the offender population. Communication tools used to gather data were probes, prompts, reflections, paraphrases, and clarifications. No leading questions or interpretations were made. Direct observations regarding non-verbal material and emotional presentations were recorded in writing.

Analysis

When the data were collected an inductive analysis was made for each case. The analysis involved a three-step process including: (1) developing domains of topic areas by grouping information and coding the domains, (2) abstracting and summarizing the core ideas of the raw data from each domain, and (3) developing categories to describe consistencies across cases (case analysis). Finally, an analysis was performed on variations within the total sample to assess any variation that resulted from additional perspective-taking training.

The variations in the patterns or categories developed between the groups were integrated into the findings in this study. The patterns identified were compared with the 6 hypotheses to evaluate whether they provide a better understanding of the results. Other findings that were not related to the hypotheses were also discussed.

Procedures for Qualitative Analysis

This section provides a detailed description of the procedures used in the qualitative analysis. Hill, Thompson, and Williams (1997) and Merriam (1988) provide an excellent discussion of the qualitative methods used in this research. This research was done with a colleague who is a Master's-level therapist and had a minimum of 5 years' experience with the sex-offender population. After all the data were collected and transcribed carefully, the following procedure was utilized:

Step 1. This step involved organizing all the raw data from the interviews into topic areas or *domains*. Domains are used to cluster information about the area that the researcher wants to explore. Domains were developed by reading the interview several times and making intuitive hunches about the consistencies and inconsistencies in the data. A second way domains were developed is based upon theory and the focus of this research. For example, after the interviews were read several times, I identified a pattern of change in the narcissistic behavior of the subjects in both groups. This domain or topic area was consistent with the focus of this research, since a common feature of narcissism is a lack of

empathy. This created a domain or topic area to cluster information for analysis. It should be noted that many domains were changed and reworked because they did not fit the data.

For example, in this research study, a Domain of Fantasy was considered because of the tendency for people to fantasize themselves into other people's positions. The data did not support this topic so it was deleted as a domain. New domains were also added to accommodate unexpected data. For example, after reading the data several times it was noted that there was a marked change in aggression in both groups. This was theoretically plausible based upon the literature review in this study and relevant to this study of empathy. Therefore, an additional domain was developed to cluster information about aggression. As a rule, all of the data from the interviews were placed in a domain. If the data did not fit a domain they were placed in an "other" domain for further analysis and consideration. During Step 1, both researchers engaged in a dialogue to clarify and explore different ideas for domains.

Step 2. Step 2 involved *coding* the data. This involved reading the transcript for each case and assigning each block of data into a domain. A block of data could be a phrase or several sentences. The two researchers independently coded the data. A number was assigned to each domain, and was placed next to the relevant section of the transcript. Once a transcript was coded independently, the researchers came together to review the *coding*. The overall goal was to arrive at a consensus decision about the most appropriate domain for the data. At

this point some names of domains were changed to better fit the raw data. For example, a domain labeled "Narcissistic Functions" was changed to "Narcissistic Features," which was more descriptive of the raw data. Step 2 ended when a consensus was reached on all coding of the data.

Step 3. Step 3 involved summarizing the content of each domain into core ideas. The core ideas were carefully summarized into *abstracts*. The abstracts for each domain were first written independently by the two researchers. Once they were developed independently the researchers came together to develop a consensus among all the abstracts for each domain.

Step 4. Up to this point the researchers examined the data in individual cases only. Now a *cross analysis* of all the cases in both groups was made to determine similarity and differences in the core ideas or abstracts. The researchers took all the core ideas from each domain across cases and copied them onto a new sheet of paper. They were then examined and analyzed independently by each researcher to determine how these core ideas clustered into *categories*. A category described a consistency, or pattern, in the core ideas of each domain. After each researcher had completed this process independently, they came together to discuss the ideas and reach a consensus concerning the categories of each domain. A consensus was also reached for the names of each category.

Step 5. At this point the researchers had spent a significant amount of time developing domains and developing core ideas. There were many changes in domains and categories

when the data were analyzed. During this step researchers carefully reviewed the data to ensure that the domains and categories accurately reflected the data.

Step 6. During Step 6 it was determined how frequently the categories applied to all 20 subjects. A category that applied to over 80% of the cases was *general*. If the category applied to 51 to 80% of the cases it was considered *typical*, and a category that applied to 25 to 50% was considered *variant*. All categories below 25% were deleted because they were not considered descriptive of the samples. Rather than delete categories that did not apply to the total samples, these categories were written down to see if they could be broadened so as not to lose critical data. For example, during the analysis it was noted that many subjects were able to identify triggers and justifications for their crimes during the empathy training. Both of these related to the sex-offense cycle taught in the group. We found minimal consistencies when looking at triggers and justifications independently. Rather than lose this important data, we combined the categories to call it "Triggers and Justifications Used to Overcome Internal Barriers" because it was descriptive of the reactions of the cases.

Step 7. By this time, all categories had been developed for the 20 subjects and placed in a *general, typical, or variant* classification. Now the researchers analyzed the Experimental Group and Control Group data independently to identify if there were any changes in the classification of the categories. The researchers looked at each of the categories developed from the

total group samples analysis, and analyzed how they applied to each group independently. For example, during the Total Samples Analysis a category was identified called Verbalized Effort to Transpose Self into Other's Position (Other Than Victim). This category, or pattern, was identified in 13 out of 20 subjects, creating a *typical* classification. When this category was analyzed independently for the Experimental Group, there were 10 out of 10 subjects in this category creating a *general* classification. When the Control Group was analyzed independently for this category, 3 out of 10 subjects were identified, creating a *variant* classification. Therefore, independent analysis between the Control group and Experimental Group revealed some differences in this category. The Experimental Group data revealed a stronger pattern of verbalizing an effort to transpose themselves into other's positions, other than their victim (10 of 10 subjects); compared to the Control Group (3 of 10 subjects).

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

This chapter presents the data and analysis and is divided into four main sections. The first section includes a description of each group sample, providing data on age, educational level, legal status, prior treatment, gender, and religious affiliation. The second section provides a brief description of each of the six tests used during the pretest and posttest period, and reports the group statistics and individual scores for each subject. The third section provides results of testing all six hypotheses. The last section summarizes the research findings.

Description of the Samples

The total population studied was 20 men currently enrolled in the Battle Creek Sex Offender Program. Each subject, with the exception of two, was court ordered to attend outpatient sex-offender treatment by his parole or probation officer. No subjects in either group had any form of schizophrenia or other psychotic disorder, borderline intellectual functioning, or mental retardation. Each subject had prior training in emotional recognition and made a complete disclosure of his last offense. No subject had prior empathy training. All 20 subjects

maintained 100% compliance to all sessions in the treatment program. This was facilitated by the strict rules of compliance demanded by the Department of Corrections in Michigan. A more thorough description of each case is provided in chapter 5. Table 1 provides information on selected variables between the Control Group and the Experimental Group.

Nonequivalent samples were utilized due to the impossibility of randomly assigning the subjects to the treatment conditions. The subjects were reasonably congruent in their age, educational level, religion, and prior sex-offender treatment. African American males were not represented in the Control Group, while the Experimental Group had the majority of the subjects on probation. The limitations for this research related to the samples are discussed in chapter 6.

Description of Instruments

This section provides a brief overview of each of the six tests used in the pretest and posttest period. Tables 2 and 3 provide the group statistics and the individual scores for the 20 subjects.

The Perspective-Taking Scale (PT) on the Interpersonal Reactivity Index (IRI) measures the reported tendency to spontaneously adopt the psychological point of view of others in everyday life. The possible range of scores on the Perspective-Taking Scale (PT) is between 0 and 28. The higher score represents greater perspective-taking tendencies. The mean score

Table 1

Comparison Between the Experimental Group and
the Control Group Samples

Variable		Experimental Group (n = 10)	Control Group (n = 10)
		<i>Years</i>	
Age	Mean	41.50	36.50
	SD	12.53	12.09
	Median	39.50	34.00
	Range	27-63	20-60
		<i>Subjects</i>	
Ethnic Background	White	7	10
	African American	2	0
	Hispanic	1	0
	Other	0	0
		<i>Subjects</i>	
Religion	Protestant	6	5
	Catholic	2	3
	No Affiliation	2	2
	Other	0	0
		<i>Months</i>	
Prior Sex Treatment	Mean	8.20	8.4
	SD	3.79	3.4
	Median	7.50	7.0
	Range	4-6	4-14
		<i>Subjects</i>	
Legal Status	Probation	8	5
	Parole	1	4
	Voluntary	1	1
		<i>Years</i>	
Education	Mean	12.20	11.6
	SD	1.02	1.5
	Median	12.00	12.0
	Range	11-12	8-14

Table 2

Pretest and Posttest Group Statistics and Individual Scores on the Interpersonal Reactivity Index Perspective-Taking (PT), Empathic Concern (EC), and Fantasy Scale (FS)

Subjects	PT Scale			EC Scale			FS Scale		
	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change
Experimental Group									
<i>M</i>	18.30	22.10	3.80	18.40	22.10	3.70	13.50	15.00	1.50
<i>SD</i>	3.74	4.70	.96	4.14	4.23	.09	3.84	6.48	2.64
1	17	23	6	15	16	1	11	10	-1
2	19	22	3	26	26	0	12	8	-4
3	15	22	7	17	23	6	15	20	5
4	12	12	0	15	19	4	13	9	-4
5	16	18	2	16	19	3	11	7	-4
6	20	20	0	16	20	4	12	15	3
7	22	26	4	17	25	8	9	22	13
8	16	28	12	26	27	1	23	26	3
9	24	27	3	18	28	10	14	18	4
10	22	23	1	18	18	0	15	15	0
Control Group									
<i>M</i>	17.10	18.90	1.80	19.10	20.70	1.60	9.90	13.40	3.50
<i>SD</i>	2.47	3.38	.91	3.49	5.01	1.52	4.20	3.72	-.48
1	16	16	0	20	17	-3	8	13	5
2	22	23	1	19	20	1	7	15	8
3	19	19	0	24	20	-4	10	7	-3
4	17	19	2	19	19	0	16	17	1
5	14	19	5	20	21	1	7	17	10
6	16	19	3	21	22	1	8	13	5
7	14	12	-2	11	10	-1	8	10	2
8	18	22	4	20	26	6	5	10	5
9	19	23	4	21	24	3	18	19	1
10	16	17	1	16	28	12	12	13	1
Total Group									
<i>M</i>	17.70	20.50	2.80	18.75	21.40	2.65	11.70	14.20	2.50
<i>SD</i>	3.15	4.31	1.16	3.74	4.57	.83	4.33	5.21	.88

Table 3

Pretest and Posttest Group Statistics and Individual Scores on the Abel and Becker Cognitions Scale, Burt Rape Myth Acceptance Scale, and the Selfism Scale

Subjects	Abel Scale			RMA Scale			Selfism Scale		
	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change
Experimental Group									
<i>M</i>	133.30	140.00	6.70	49.80	36.90	-12.90	76.60	63.30	-13.30
<i>SD</i>	8.81	4.62	-4.19	14.85	13.17	- 1.68	14.40	12.78	-1.62
1	138	143	5	66	32	-34	76	54	-22
2	122	137	15	49	34	-15	51	49	-2
3	140	143	3	34	27	-7	69	50	-19
4	125	129	4	81	70	-11	85	78	- 7
5	134	139	5	48	42	- 6	68	59	- 9
6	131	139	8	35	23	-12	69	68	- 1
7	145	145	0	38	36	- 2	102	82	-20
8	134	140	6	47	27	-20	70	53	-17
9	120	141	21	58	37	-21	89	60	-29
10	144	144	0	42	41	- 1	87	80	- 7
Control Group									
<i>M</i>	132.50	134.60	2.10	50.40	42.20	-8.20	76.10	69.10	-7.00
<i>SD</i>	12.78	12.59	-.19	23.97	20.19	-3.78	22.17	21.48	-.77
1	102	103	1	107	89	-18	110	109	-1
2	141	145	4	31	30	-1	61	59	-2
3	133	139	6	62	61	-1	89	79	-10
4	141	140	-1	44	34	-10	89	87	- 2
5	139	143	4	36	35	-1	96	78	-18
6	127	128	1	66	38	-28	88	67	-21
7	122	132	10	56	54	-2	62	66	4
8	141	140	-1	43	29	-14	65	51	-14
9	144	145	1	28	25	-3	34	29	- 5
10	135	131	-4	31	27	-4	67	66	- 1
Total Group									
<i>M</i>	132.90	137.30	4.40	50.10	39.55	-10.55	76.35	66.20	-10.15
<i>SD</i>	10.69	9.64	-1.05	19.41	16.81	- 2.60	18.20	17.46	-.74

factory workers was 18.5, with a standard deviation of 4.4 (Salter, 1988).

The Empathic Concern Scale (EC) on the Interpersonal Reactivity Index (IRI) measures the tendency to experience feelings of sympathy and compassion for unfortunate others. The possible range of scores on the Empathic Concern Scale (EC) is between 0 and 28. The higher score represents stronger feelings of sympathy and compassion. The mean score for male factory workers was 20.19 with a standard deviation of 4.25 (Salter, 1988).

The Fantasy Scale (FS) on the Interpersonal Reactivity Index (IRI) measures the tendency to imaginatively transpose oneself into fictional situations. The possible range of scores on the Fantasy Scale (FS) is between 0 and 28. The higher score represents a greater tendency to transpose oneself into the situation. The mean score for male factory workers was 13.4, with a standard deviation of 6.3 (Salter, 1988).

The Abel and Becker Cognitions Scale measures cognitive distortions related to the sexual molestation of children. The possible scores on the 29-item scale range from 29 to 145. The higher score represents an endorsement of statements that have been made by sex offenders to justify their deviant behavior.

The Burt Rape Myth Acceptance Scale (RMA) measures the acceptance or rejection of myths about rape. This scale has 19 items and the scores range from 19 to 133. A lower score on the RMA represents a rejection of rape myths. The mean score for

factory workers was 53.4, with a standard deviation of 18 (Salter, 1988).

The Selfism Scale measures the tendency for people to view their own needs and problems in an egocentric and selfism fashion. This 28-item scale has scores that range from 28 to 140. The higher score represents more of a tendency to view situations in a selfish or egocentric manner. Research (Pithers, 1994) yielded means for college males (mean = 77.91), city police (mean = 75.33), and campus police (mean = 74.73).

Testing of Hypotheses

All six hypotheses were tested at a .05 level of significance. Each analysis of the six hypotheses is shown separately. Under each hypothesis the test of significance of equality of pretest means and posttest means is given, and then the analysis of covariance to test the hypothesis is reported.

Hypothesis 1: There will be no significant differences between the mean scores of the Experimental and Control Groups on the Perspective-Taking Subscale of the IRI.

Refer to the means listed in Table 1 for the pretest, posttest, and total means. The t -test comparing the pretest means yielded $t = .846$ and $p = .147$, thus the pretest means were not statistically different. The t -test comparing the posttest means yielded a $t = 1.747$, and $p = .0976$, thus the posttest means were not significantly different.

When the analysis of covariance was undertaken to test the

hypothesis the following results were obtained. The test for Homogeneity of Regression yielded $F = .220$ and $p = .645$, therefore, the assumption of homogeneity was retained. Table 4 gives the adjusted group means and the results of the analysis of covariance.

Table 4

Ancova for Perspective-Taking Scale

Group	Adjusted Means	F-Value	p
Experimental	21.577	2.309	.143
Control	19.423		

When the posttest means were adjusted there was no significant difference between the groups. Thus Hypothesis 1 was retained.

Hypothesis 2: There will be no significant difference between the means of the Experimental and Control Groups on the Empathic Concerns Scale on the IRI.

Refer to the previous means on Table 1 for the pretest, posttest, and total means. The t -test comparing the pretest means yielded $t = .409$, $p = .687$. Thus the pretest means were not statistically different. The t -test comparing the posttest means yielded a $t = .675$, $p = .508$. Thus the posttest means were not significantly different. When the analysis of covariance was

undertaken to test the hypothesis, the following results were obtained. The test for Homogeneity of Regression yielded $F = .0020$, $p = .965$, therefore, the assumption of homogeneity was retained. Table 5 gives the adjusted group means and the results of the analysis of covariance.

Table 5

Ancova for Empathic Concern Scale

Group	Adjusted Means	F-Value	p
Experimental	22.33	1.07	0.311
Control	20.466		

When the posttest means were adjusted, there was no significant difference between the groups. Thus, Hypothesis 2 was retained.

Hypothesis 3: There will be no significant difference between the mean scores of the Experimental and Control Groups on the Fantasy Subscale on the IRI.

Refer to the previous means in Table 1 for the pretest, posttest, and total means. The t -test comparing the pretest means yielded a $t = 2.000$, $p = .067$, therefore, the pretest means were not significantly different. The test comparing the posttest yielded a $t = .677$, $p = .507$, therefore, the posttest means were not significantly different.

When the analysis of covariance was undertaken to test the hypotheses, the following results were obtained. The t -test for Homogeneity of Regression yielded $F = .814$, $p = .38$, thus the assumption of homogeneity was retained. Table 6 gives the adjusted group means and results of the analysis of covariance.

Table 6

Ancova for Fantasy Scale

Group	Adjusted Means	F-Value	p
Experimental	13.743	.1608	.693
Control	14.65		

When the posttest means were adjusted there were no significant differences between the groups. Thus Hypothesis 3 was retained.

Hypothesis 4: There will be no significant difference between the mean scores of the Experimental and Control Groups on the Abel and Becker Cognition Scale.

Refer to the previous means listed on Table 1 for pretest, posttest, and total means. The t -test comparing the pretest means yielded a $t = .163$, $p = .872$, therefore, the pretest means were not significantly different. The t -test comparing the posttests yielded a $t = 1.273$, $p = .219$, therefore, the posttest means were not significantly different.

When the analysis of covariance was undertaken to test the hypothesis the following results were obtained. Table 7 gives the adjusted group means and the results of analysis of covariance.

Table 7

Ancova for Abel and Becker Cognitions Scale

Group	Adjusted Means	F-Value	p
Experimental	139.70	4.875	.041
Control	139.999		

The test for Homogeneity of Regression yielded $F = 10.505$, $p = .005$, therefore, the assumption of a Homogeneity of Regression could not be retained. The fact that Homogeneity of Regression cannot be supported makes the results of the analysis of covariance very tentative. Thus, the rejection of hypothesis 4 is not valid. Because of this a further test was undertaken. A t -test was used to compare the two groups with the following results. The mean change in the scores for the Experimental Group was 6.7 and 2.1 for the Control Group. As the assumption of homogeneity of variance was supported, the pooled t -test yielded $t = 1.88$ with 18 degrees of freedom and $p = .0751$. Thus there was no significant difference in the change scores.

Hypothesis 5: There will be no significant difference between the mean score of the Experimental and Control groups on the Burt Rape Myth Acceptance Scale.

Refer to the previous means listed in Table 1 for the pretest, posttest, and total means. The *t*-test comparing the pretest yielded $t = .212$, $p = .947$, thus the pretest means were not significantly different. The *t*-test comparing the posttest means yielded $t = .695$, $p = .496$, thus the posttest means were not significantly different.

When the analysis of covariance was undertaken to test the hypothesis the following results were obtained. The test for Homogeneity of Regression yielded $F = .264$, $p = .614$, therefore, the assumption of homogeneity could be retained. Table 8 gives adjusted group means and the results of the analysis of covariance.

Table 8

Ancova for Burt Rape Myth Acceptance Scale

Group	Adjusted Means	F-Value	<i>p</i>
Experimental	37.125	1.634	.218
Control	41.975		

When the posttest means were adjusted there was no statistically significant difference between the groups. Thus Hypothesis 5 was retained.

Hypothesis 6: There is no significant difference between the mean scores of the Experimental and Control Groups on the Selfism Scale.

Refer to the previous means listed in Table 1 for the pretest, posttest, and total scores. The t -test comparing the pretest means yielded $t = .067$, $p = .947$, thus the pretest means were not significantly different. The t -test comparing the posttests yielded $t = .695$, $p = .496$, thus the posttest means were not significantly different.

When the analysis of covariance was undertaken to test the hypothesis the following results were obtained. The test for Homogeneity of Regression yielded $F = .8362$, $p = .374$, therefore, the assumption of homogeneity was retained. Table 9 gives the adjusted means and results of analysis of covariance.

Table 9

Ancova for Selfism Scale

Group	Adjusted Means	F-Value	p
Experimental	63.091	2.649	0.122
Control	69.309		

When the posttest means were adjusted there were no significant differences between the groups. Thus, Hypothesis 6 was retained.

Summary of Results

Six hypotheses were tested for statistical significance. Hypotheses 1 through 3 involved testing components of empathy on the IRI. Hypotheses 4 and 5 involved testing cognitive distortions related to rape and child molestation. Hypothesis 6 involved evaluating narcissistic and selfish behavior. All six hypotheses were tested utilizing analysis of covariance with a significance level of $p = .05$. All six hypotheses were retained.

CHAPTER V

QUALITATIVE ANALYSIS

This chapter presents the qualitative analysis and is divided into three main sections. The first section includes a presentation of each individual case analysis. Each case includes a brief history of the subject and the pretest and posttest scores for each instrument administered. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data taken from excerpts of the post-session interview are presented to illustrate the Domain. The second section includes a cross analysis of all the core ideas for each Domain, which will be placed into categories. Finally, the third section provides an analysis of how frequently the categories apply to each of the two samples. The Domains selected to organize the data in the research went through several changes and redefinitions. The final Domains remaining to organize the data include: (1) narcissistic features, (2) levels of aggression, (3) attitudes and understanding of sexual crimes, (4) social perspective-taking functions, and (5) attitudes and understanding of the victim.

Individual Case AnalysisSubject 1

Subject 1 was a 48-year-old White male who volunteered to participate in the Sexual Offender Program. He had been involved in the program for approximately 6 months. There was no history of sex-offender treatment. He sexually abused his daughter from the age of 9 to 16. The sexual abuse consisted of mutual oral contact and vaginal intercourse. He was currently married and had 12 years of education.

Subject 1 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 10 provides the scores on the tests administered to subject 1.

Table 10

Pretest and Posttest Scores for Subject 1

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	17	23
IRI (Empathic Concern Scale)	15	16
IRI (Fantasy Scale)	11	10
Abel and Becker Cognitions Scale	138	143
Burt Rape Myth Acceptance Scale	66	32
Selfism Scale	76	54

The section below provides Domains 1 through 5 for Subject 1. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview.

Domain 1: Narcissistic Features.

Abstract: Willing to stop and consider the needs of others; explore other's feelings; sees the victim as a person rather than an object; less interpersonally sensitive.

Interview Excerpt: Subject 1 stated, "In the past I would not think a situation through and slow down myself and put myself in somebody else's shoes and I'm more open to questioning and allowing myself to process instead of getting angry. . . . I'm more open to asking questions instead of making assumptions and jumping right into it." In terms of talking about his relationship with his victim he stated, "I understand her a lot more, a lot more about her feelings instead of focusing on my own, and I'm not so sensitive all the time. I used to like hyper-react, it was weird." He also reported, "Seeing victims as actual people was real significant to me and it can happen to anybody."

Domain 2: Levels of Aggression.

Abstract: Questions self more and processes others' position which decreases anger; less anger toward wife, children, and others.

Interview Excerpt: Subject stated, "For example, before this program I would get angry simply by someone cutting me off the

road. . . . Now I am able to question, I wonder why they did that instead of instantly getting mad." He also stated, "I'm more open to questioning and allowing myself to process it instead of getting angry. . . . I know with my wife things that piss me off and even my kids don't piss me off as much."

Domain 3: Attitudes and Understanding of Sexual Crimes.

Abstract: Recognizes anyone can be a victim; identifies grooming behaviors and awareness of triggers; identifies his victim's symptoms of sexual abuse such as mood swings, irresponsibility with children.

Interview Excerpt: Subject 1 stated, "It can happen to anybody. There is really no one specific who is excluded from the potential of being a victim. I think I take more responsibility, really a 100% now. . . . I know my triggers and I know how to control them. I know the cycle now and I know the consequences of my offense. . . . I can see the grooming behaviors in others." When talking about symptoms of his victims, he referred to "mood swings, allowing her children to be in dangerous situations and doesn't supervise them at all, I have a big part to play with." When talking about his victim he stated, "I know what I was doing to her instead of using the justifications like I was teaching her or the things that I was saying to myself to make it okay."

Domain 4: Social-Perspective-Taking Functions.

Abstract: References Four Steps Social Perspective-Taking skill, finds using the steps easier for perspective-taking; uses it with others.

Interview Excerpt: Subject 1 stated, "Also like the steps, you know the 1, 2, 3 and the 4 things. When I stop and imagine in the other person, that really helps me get into their head and get out of mine. I use that a lot." When asked how his relationship affected other people, he reported, "Tending to slow down and imagine myself in their position." The subject made frequent reference to using the perspective-taking process stating, "And when I use the steps we learned it made it a lot easier. You really have to put yourself totally there."

Domain 5: Attitudes and Understanding of the Victim.

Abstract: Feels remorse for abuse with daughter; views her as in denial of her emotions related to his actions; sees negative impact of his behavior on the victim.

Interview Excerpt: When talking about his victim, Subject 1 stated, "I understand her a lot more, a lot more of her feelings instead of focusing on my own. I know that what I was doing to her instead of using the justifications like it or I was teaching her or the things that I was saying to myself to make it okay. . . . It hurts to think of that." He also stated, "She hasn't really not gotten mad at me yet. . . . She's in denial I think, it's hard to understand why she can't get angry with me. I see the effects in her and her actions. We still see each other and

I see her mood swings and she allows her children to be in dangerous situations and doesn't supervise them at all. Seeing that I have a big part to play in this is very difficult for me."

Subject 2

Subject 2 was a 38-year-old White male on probation. He had been involved in the Sexual Disorders Program for 12 months and had no history of prior sexual disorders treatment. His religious affiliation was Protestant. His victim was the daughter of a previous girlfriend who was 9 years old. The offense consisted of fondling and mutual masturbation. He was currently married and had 12 years of education.

Subject 2 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 11 provides the scores on the tests administered to subject 2.

The section below provides Domains 1 through 5 for Subject 2. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Domain 1: Narcissistic Features.

Abstract: Verbalizes more understanding and compassion for wife's position and considers her needs and position; recognizes his tendency to be selfish.

Interview Excerpts: Subject 2 had a long history of being accused by his wife as being insensitive in relation to her

Table 11

Pretest and Posttest Scores for Subject 2

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	17	23
IRI (Empathic Concern Scale)	26	26
IRI (Fantasy Scale)	12	8
Abel and Becker Cognitions Scale	138	143
Burt Rape Myth Acceptance Scale	66	32
Selfism Scale	76	54

disability. Subject 2 stated, "I tend to have more caring. I take more time to listen to others and how they feel. I use the Empathy Module even with my own family. For example my wife is handicapped. She has Cerebral Palsy. I try to think about what it would be like to go through the whole day. She doesn't complain. It seems to be very tough, she does very well. She wears a leg brace. She's uncomfortable after wearing it all day long. When she comes home at 7:00 at night I say sure dear and I say it real nicely." In talking about his victim he stated, "I'm far more concerned." He also reported later on, "I'm always thinking of myself I guess."

Domain 2: Levels of Aggression.

Abstract: Domain not utilized.

Interview Excerpt: No data available; subject has a tendency to deny anger in his life.

Domain 3: Attitudes and Understanding of Sexual Crimes.

Abstract: Recognizes possibility and fears his victims will repeat cycle of a bad relationship due to his abuse.

Interview Excerpt: Subject 2 stated, "I'm afraid that she will fall into the cycle of the girl on TV" (referring to video Why God, Why Me?). "I fear she will go through an abusive relationship like the woman on TV."

Domain 4: Social Perspective-Taking Functions.

Abstract: Verbalizes social-perspective-taking skill and reports using it; transposes himself into another's position which he feels prevents crimes.

Interview Excerpt: Subject 2 stated, "I use it all day (referring to the social-perspective-taking process). I put myself in someone else's shoes so I don't hurt their feelings. . . . It helps me understand how to put myself in the other's shoes so I don't commit another crime; putting myself in other's shoes no matter what the situation, it makes a big difference."

Domain 5: Attitudes and Understandings of the Victim.

Abstract: Recognizes harm to victim and shows compassion; desires that she will recover and seek counseling.

Interview Excerpt: Subject 2 stated, "As far as the past, it helped me to realize what I've done. Basically it puts me in my victim's shoes. It makes me understand a little better how they must have felt, I can understand how they feel. I felt bad at night after the incident but I guess I didn't realize that it harmed her so as it did, I didn't realize how serious it could be

and the harm it caused. . . . I hope my victim recovers and can go on and live a productive life. I hope her mother will take her to counseling and help her get well if she isn't well. I'm sure she's not and this will hurt her and her chances of getting well. Basically I hope she gets well and makes good choices."

Subject 3

Subject 3 was a 63-year-old White male on probation. He had 6 months of prior treatment in the Sexual Disorders Program. There was no prior history of sexual-disorders treatment. His religious affiliation was Protestant. His offense included fondling a non-consenting adult and forced oral contact. He was currently single with 14 years of education.

Subject 3 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 12 provides the scores on the tests administered to subject 3.

The section below provides Domains 1 through 5 for Subject 3. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Domain 1: Narcissistic Features.

Abstract: Less interpersonally sensitive; identifies feelings in others; acknowledges having personal faults and capacity to be vicious.

Interview Excerpt: When asked how his training affects his

Table 12

Pretest and Posttest Scores for Subject 3

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	15	22
IRI (Empathic Concern Scale)	17	23
IRI (Fantasy Scale)	15	20
Abel and Becker Cognitions Scale	140	143
Burt Rape Myth Acceptance Scale	34	27
Selfism Scale	69	50

relationship with other people, Subject 3 stated, "Even if they are empathetic and become upset at me or stressed, I seem to handle it easier, I don't get so sensitive all the time. Like this woman at work who's mad at me. I see her as more like a child. She's become jealous of me cause I moved up." He also reports, "I see others instead of myself and also looking at my own denial. I actually feel more for others, I let myself take the time and experience their feelings. Getting through this and actually admitting it to myself was hard." Subject 3 stated, "I was a vicious person and I don't like that part of me."

Domain 2: Levels of Aggression.

Abstract: Less anger and willing to help others by putting self in their position; more willing to back off when others are angry; using breathing techniques to help.

Interview Excerpt: When asked about memorable aspects of the Empathy Module, Subject 3 stated, "I guess you could say my anger has went down a lot and I am willing to help. I kind of realize more what the other person's issues or problems are. You know you stop and put yourself in their position. No I can't think of more examples but like this guy at work, I don't get angry as much. This guy was just an annoying employee and I am better able to back off."

Domain 3: Attitudes and Understanding of Sexual Crimes.

Abstract: Recognizes sexual crimes are immoral and harmful; realizes victim often blames self; desires stronger laws to protect victims from sexual crimes.

Interview Excerpt: When asked about attitudes and beliefs about victims, Subject 3 stated, "A dehumanizing factor; I really was not aware how it harmed, how long term it is. It's like you go into an I don't care mode or a denial mode about victims."

Domain 4: Social-Perspective-Taking Functions.

Abstract: Utilizes social-perspective-taking steps to transpose himself into others' position; reports feeling others' pain and less judgmental.

Interview Excerpt: Subject 3 stated, "The steps made sense and they were helpful. It's interesting. I noticed my breathing, it gets me clearer thinking and my anger subsides. You really have to tell yourself to put yourself in the place of the other like with the 'Ordinary People' one and the mother. She could irritate you at first but then you really felt her

pain." When asked about memorable aspects of the Empathy Module he stated, "When I started to get inside of the other's feelings, I saw myself more judgmental with less information about others. So many things I feel like that was inadequate. In other words, I really needed more information before I make judgments and this is not only about my victim but others too, everybody really."

Domain 5: Attitudes and Understandings of Victim.

Abstract: Expresses sadness and remorse over his crime; wants to apologize; recognizes negative effects on her self-esteem.

Interview Excerpts: Subject 3 stated, "It's sad, I'm so sorry, I added to his low self-esteem, I made him worse. I wish I could tell him someday." Subject 3 also stated, "I realize he was a victim." When talking about him he stated, "It hurts so much."

Subject 4

Subject 4 was a 41-year-old Hispanic male on probation. He had 9 months of treatment in the Battle Creek Sexual Disorders Program. He had no history of other sex-offender treatment. His religious affiliation was Catholic. His offense included inappropriate fondling with a non-consenting adult. He was currently single with 11 years of education.

Subject 4 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 13 provides the scores on the tests administered to subject 4.

Table 13

Pretest and Posttest Scores for Subject 4

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	12	12
IRI (Empathic Concern Scale)	15	19
IRI (Fantasy Scale)	13	9
Abel and Becker Cognitions Scale	125	120
Burt Rape Myth Acceptance Scale	81	70
Selfism Scale	85	78

The section below provides Domains 1 through 5 for Subject 4. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Domain 1: Narcissistic Features.

Abstract: Strong feelings of commitment and obligation; sees victim as a person rather than an object.

Interview Excerpt: When asked how the training affected his relationships with other people, Subject 4 stated, "I guess the compassionate part was able to come out. I guess I just am able to feel more what's going on with others and have emotions. I'm living with my parents and I think about them, their position. It gives me more of a feeling of commitment and obligation."

Domain 2: Levels of Aggression.

Abstract: Domain not utilized.

Interview Excerpt: No data available. Subject tends to deny being angry.

Domain 3: Attitudes and Understanding of Sexual Crimes.

Abstract: Recognizes sexual crimes as immoral and harmful; realizes victims often blame themselves; desires stronger laws to protect victims.

Interview Excerpt: Subject stated, "My attitudes, they were originally helped by the Church. I knew it was wrong but it helped me to have new values, I realized that my behavior was immoral and that it did hurt others. Our actions need now to support the victims and they have to know that we were wrong if they're blaming themselves. We should have strong laws."

Domain 4: Social Perspective-Taking Functioning.

Abstract: References steps in social-perspective-taking skill and states it helps him understand situations better.

Interview Excerpt: Subject 4 stated, "The video thing or encounter, whatever you call it, helped me understand situations of what they do, not only in the video but I can use this with other people too. Like my victim, my wife, and everybody. Like in 'Ordinary People' and watching those boring videos. That was hard but it taught me how to use the steps."

Domain 5: Attitudes and Understanding of Victim.

Abstract: Sadness and remorse over his crime; sees suffering he put victim through.

Interview Excerpt: When asked about his relationship to his victim, Subject 4 stated, "I have more insight into what she went through. I guess I see my victim as a person and not a thing. I wasn't then. I chose not to think about her and only me. It brought awareness of what I actually did. I think I was way out of order. I hate what I did." In talking about his victim he also reported, "Being able to recognize the stress and suffering that I put on the other."

Subject 5

Subject 5 was a 30-year-old White male on probation. He has had 4 months of prior treatment in the Sexual Disorders Program. There was no history of treatment prior to this program. He denied any religious affiliation. His offense included forcible touching of a non-consenting adult. He was married and had an 11th-grade education.

Subject 5 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 14 provides the scores on the tests administered to subject 5.

The section below provides Domains 1 through 5 for Subject 5. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Domain 1: Narcissistic Features.

Abstract: Less of a tendency to devalue others; recognizes

Table 14

Pretest and Posttest Scores for Subject 5

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	16	18
IRI (Empathic Concern Scale)	16	19
IRI (Fantasy Scale)	11	17
Abel and Becker Cognitions Scale	134	139
Burt Rape Myth Acceptance Scale	48	42
Selfism Scale	68	59

and is more open to understanding others experience; recognizes faults and problems.

Interview Excerpt: In talking about memorable aspects of the Empathy Module, Subject 5 indicated that putting himself in another's shoes was "hard but it's getting easier. It freaks you out when you actually do it; it's really freaky like you understand what someone else thinks. I can actually experience what somebody else feels. That's intense." When talking about his relationship to other people he stated, "Now I don't look at people different. I don't think they're idiots. I don't judge people as bad anymore. I used to treat people like they're idiots." He also reported that a difficult part of the Empathy Module was "figuring out I had a problem was also important. It made you think of other people's problems. That was pretty wild."

Domain 2: Levels of Aggression.

Abstract: Less anger toward others; stops and considers the other's position and sometimes feels sorry; considers how his anger will affect others and looks for better solutions to problems.

Interview Excerpt: When asked how the training affected his relationship with other people, Subject 5 stated, "Like there is this kid at the shop, he's a pig, same clothes everyday. I guess it's life but he's a pig and I used to get mad at him all the time. Now I figure that's the way he is and I also try to put myself in his place too. It's like he's drinking a lot of alcohol like I used to. There's no excuse but at least I understand it and it doesn't make me so mad anymore. Another time last week me and my wife went to the races and I found out this guy called my wife a slut. I wanted to beat the shit out of this guy, you know, ram his head or something. But I did my breathing exercise and put myself in the other guy's place and I let my wife deal with it. My wife would have been upset if I went and did something to get myself in trouble, plus this guy is just trying to piss me off because he's angry at me. I guess to sum it up you know you can find more solutions to a problem or options to deal with it if you know what the issues are. Like I said before, you gotta stop and figure out their position."

Domain 3: Attitudes and Understanding of Sexual Crimes.

Abstract: Recognition that others commit similar crimes and there is no excuse for it; recognizes symptoms of sexual crimes

including hurt and suicide; realizes there are a lot of victims in society.

Interview Excerpt: Subject 5 stated, "It also helped to know that I wasn't the only one who did the crime." He reports, "I learned one thing, there's no excuse for anyone to do a thing like this." When talking about victims in general he stated, "Hurt, suicide, rapes, all that is bizarre. It's bad putting out people's lives. Like all their life gets changed for just a few minutes of someone's fun. . . . There's a lot of people who need help out there. . . . All the other's belief was, well I knew that there was a lot of victims. When it happens you find out there really is a victim. You feel really bad. Like you screwed up someone."

Domain 4: Social Perspective-Taking Function.

Abstract: References utilizing steps in social-perspective-taking process to transpose self into another's position; uses it with people at work and with people in general.

Interview Excerpt: Subject 5 stated, "The video exercise was pretty cool too. I can tell the way someone is now. I slow down, I use my breathing, I can tell now. I couldn't before. The breathing slows me down and makes me think. I put myself in the other person's place. I imagine I can do it with everybody, like not only my victims but people at work or anywhere."

Domain 5: Attitudes and Understandings of Victim.

Abstract: Expresses sadness and remorse over crime; recognizes suffering he put his victim through; recognizes his previous minimization of his harmful behaviors.

Interview Excerpt: Subject 5 stated, "It helped me to show that we really did something wrong." In talking about his victim he stated, "I never thought it was a big deal. Like my case. It took a long time to come to the point where I felt really bad about victims." He then stated toward the end of the interview, "When it really happens you find out there is really a victim. You feel really bad. It's like you screwed up someone."

Subject 6

Subject 6 was a 28-year-old Black male on parole. He had been involved in the Sexual Disorders Program for 4 months. Prior sexual-disorders treatment included 14 months in prison. His religious affiliation was Protestant. His offense included a forcible rape with a non-consenting adult. He was single with 12 years of education.

Subject 6 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 15 provides the scores on the tests administered to subject 6.

The section below provides Domains 1 through 5 for Subject 6. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Table 15

Pretest and Posttest Scores for Subject 6

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	20	20
IRI (Empathic Concern Scale)	16	20
IRI (Fantasy Scale)	12	15
Abel and Becker Cognitions Scale	131	139
Burt Rape Myth Acceptance Scale	35	23
Selfism Scale	69	68

Domain 1: Narcissistic Features.

Abstract: Acknowledges personal faults and weaknesses; less interpersonally sensitive.

Interview Excerpt: When talking about the dysfunctional nature in his family, Subject 6 stated, "They were just rotten. That was hard to admit." Subject also reported, "I'm not so sensitive all the time. It's like I used to be-I don't know how to describe it-just hurt or angry, mostly hurt all the time I guess, I'm not so sensitive."

Domain 2: Level of Aggression.

Abstract: Domain not utilized.

Interview Excerpt: No data available.

Domain 3: Attitudes and Understanding of Sexual Crimes.

Abstract: Recognizes it is not the victim's fault for sexual crime and that people have a right to be anywhere without being assaulted.

Interview Excerpt: Subject 6 stated, "Victims do not cause anything. I guess people have the right to be where they want. I know I could not commit another crime."

Domain 4: Social Perspective-Taking Functions.

Abstract: References steps in social-perspective-taking process to transpose self into another's position; utilizes steps to understand people; feels they give him more confidence.

Interview Excerpt: Subject stated when talking about memorable aspects of Empathy Module, "Like the thing about the family thing 'Ordinary People' video. That one really made me think. You know, using the steps. . . . It makes you sit and understand the way people are, get to know people more, trying to figure them out. More than I did in the past. Like the person you meet at first. If they're short with you, you can try to figure out what's running their boat. See the way they are, talk to them, figure out what's going on. I have more confidence to talk and be heard. I used to be shy, not talking in front of people. I guess now I talk more."

Domain 5: Attitudes and Understanding Related to Victim.

Abstract: Expresses remorse over his crime, recognizing the suffering he put his victim through and wants to apologize; finds this recognition very stressful.

Interview Excerpt: When talking about his victim, Subject 6 stated, "Knowing the pain and the heartache, the empathizing. I put myself in her position. I knew all the stuff she probably went through and probably was going on. It's hard knowing what I did, but it helps me to never do it again. I wish I could contact her and say I'm sorry, but I can't." When talking about attitudes and beliefs about victims of sexual abuse in general he stated, "I know she didn't cause it and how crazy my thinking was." When talking specifically about his victim he stated, "My victim has been through a great deal of pain in life changes. Anyway I feel like it's something you wouldn't want to put on your worst enemy. It messes with them and stays with them the rest of their life. That's hard to deal with, that can last forever." Subject also stated later on during the interview, "You know it's like everybody's in denial, everybody wants to close their eyes. There's a lot of this going on, but no one wants to look at it."

Subject 7

Subject 7 was a 27-year-old White male on probation. He had 6 months of prior treatment at the Sexual Disorders Program. He had no prior history of sexual-disorders treatment. He denied any religious affiliation. His offenses included a long history of voyeurism. He has over a thousand different offenses of peeping into people's windows. He was married and had 12 years of education.

Subject 7 completed the pretest and posttest questionnaires

on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 16 provides the scores on the tests administered to subject 7.

Table 16

Pretest and Posttest Scores for Subject 7

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	22	26
IRI (Empathic Concern Scale)	17	25
IRI (Fantasy Scale)	9	22
Abel and Becker Cognitions Scale	145	145
Burt Rape Myth Acceptance Scale	38	36
Selfism Scale	102	82

The section below provides Domains 1 through 5 for Subject 7. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Domain 1: Narcissistic Features.

Abstract: Acknowledges personal faults and problems; allowing self to think of others.

Interview Excerpt: When asked about difficult parts of the Empathy Module, Subject 7 stated, "Getting past the denial part and actually admitting to something that I did was wrong and

putting myself in the other one's position too. I had my own thoughts and it was hard for me to think about someone else, to really use the steps. I can really tell what somebody feels and thinks, I can get into that."

Domain 2: Levels of Aggression.

Abstract: Less anger toward others; stops, thinks, and considers another's position first; considers alternative solutions to problems.

Interview Excerpt: When asked how the training affected relationships with other people, Subject 7 stated, "It made it better all around, don't get mad as much, stop, think, see what she is thinking {wife}. It's easier, it blocks me from getting mad, don't get pissed off so much. I don't get irritable and blow up at other people like who I work with and my wife, there's lots of examples, mostly at work. And you know you don't get so mad and stop and think you can figure out another thing to do to deal with their problems. Like they said in group, there's lots of solutions to deal with a problem."

Domain 3: Attitudes and Understandings of Sexual Crimes.

Abstract: Recognizes symptoms of sexual crimes including fear of the dark and feeling "bad"; more recognition that victims largely do not lie about sexual crimes.

Interview Excerpt: When talking about how his attitudes or beliefs were changed during the training, he stated, "I realize now I might make people afraid of the dark or feel something bad like that. I still, though, need a lot of proof to believe a girl

was raped. A lot of girls will claim it cause they are pissed off. I know this girl who did it just to piss off and get a person that made them angry. Don't get me wrong, it does happen a lot but most if they're angry, maybe not most but some. They'll say they can't prove anything and it's their word against yours. But a lot of times rape does actually happen. This is confusing, it really makes you think about things."

Domain 4: Social Perspective-Taking Functions.

Abstract: References steps in social-perspective-taking skill to put self in another's position; indicates more attempts in doing this.

Interview Excerpt: Subject 7 when talking about memorable aspects of the Empathy Module stated, "Stop-relax-think about what you do before you do it. How other people feel. I've always done that but now I think I do it more now. Stop, you know the steps. You breathe, you take your own stuff away and imagine yourself in their position. Breathing, it makes me stop myself."

Domain 5: Attitudes and Understanding of Victim.

Abstract: Verbalizes recognition and responsibility for mental damage to victim.

Interview Excerpt: When talking about his victims, Subject 7 stated, "Like I said before I used to say that what they don't know don't hurt them. It gives you a different view of things. . . . I really didn't think I was hurting anybody. Now I realize I was. Nothing else-it really wasn't physical, it was the mental

damage I did.”

Subject 8

Subject 8 was a 34-year-old White male who was on probation. He had received 6 months of prior treatment in the Battle Creek Sex Offender Program. He denied any other history of sex-offender treatment. He was single with a 12th-grade education and indicated that he was a Protestant. He had approximately 12 victims under the age of 10 with sexual abuse consisting of fondling, mutual masturbation, and oral contact. His victims were both male and female.

Subject 8 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 17 provides the scores on the tests administered to subject 8.

Table 17

Pretest and Posttest Scores for Subject 8

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	16	28
IRI (Empathic Concern Scale)	26	27
IRI (Fantasy Scale)	23	26
Abel and Becker Cognitions Scale	134	140
Burt Rape Myth Acceptance Scale	47	27
Selfism Scale	70	53

The section below provides Domains 1 through 5 for Subject 8. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Domain 1: Narcissistic Features.

Abstract: Considering effects of his behaviors on others; experiences another's feelings; views other people as a person rather than an object; recognizes tendency to put own issues on others.

Interview Excerpt: When asked how the training affected his thoughts and feelings about his victims, he stated, "I never thought about the effects of my behavior on my victims." When asked how the training affected his relationships with other people he also stated, "It really puts me in tune with their feelings I guess. I can understand why people are in denial about different issues because of why I was in denial." When asked about attitudes and beliefs about victims in general he stated, "I found out that I would put a lot of my own stuff into others and not really check it out or imagine myself in their position. I realized that other people are not just an object. Not only victims but all people in general. You really have to put yourself in their position whatever you do."

Domain 2: Level of Aggression.

Abstract: Less angry during a disagreement with others; uses the four-step process in social-perspective-taking skill; helps to understand the other person's position.

Interview Excerpt: When asked about memorable aspects of the Empathy Module, he stated, "I found out I wasn't getting as angry during arguments." When asked how the training affected his relationships with other people he stated, "It also helped with my family. It makes a difference. You just use the four steps when you get angry. You just use the four steps when you get angry, it really helps knowing the other person's position first. You don't get as angry at them. That's just the way it is."

Domain 3: Attitudes and Understandings of Sexual Crime.

Abstract: Recognition of serious symptoms of sexual crimes including mistrust, low self-esteem, not having confidence to try new behaviors, self-doubt, future bad relationships, and negative outlook; recognizes justification in grooming behaviors.

Interview Excerpt: When asked about attitudes and beliefs about victims, Subject 8 stated, "I realize that people are not just an object. Not only victims but people in general, learned that I really had hurt them, that I always knew that what I did was wrong but I didn't know that before I had actually impacted them in such a negative way." He was then able to verbalize issues such as, "Mistrust of adults . . . low self-esteem . . . not having confidence to try new behaviors . . . self doubt . . . send victims down the road to crime . . . picking an offensive husband . . . and having a negative outlook."

When asked how the training affected his thoughts and feelings about victims he stated, "I justified my grooming behavior of having my niece live with me was wrong. I used a lot of justification. Like I was getting my niece out of a bad situation, pot, smoke, and stuff like that, but what I was really doing is grooming."

Domain 4: Social Perspective-Taking Functions.

Abstract: References use of four steps in social-perspective-taking process; found learning this difficult but helpful to decrease defensiveness; uses it with others.

Interview Excerpt: When asked about the memorable aspects of the Empathy Module, Subject 8 stated, "When I learned the four steps my life changed. The most drastic was the way people reacted after I began using this Empathy Module." He reported using it a lot on his family to cope with their negative attitudes toward him. He stated, "I use it also with my family, it makes a big difference. You just use the four-step process when they get angry." When asked about difficult parts of the Empathy Module he discussed part of the social-perspective-taking skill stating, "It was important to suspend my own feelings to try to get their perspective. I was quick to try to justify when I needed to." In discussing the skill he also stated, "Learning the structure was more difficult-the 1-2-3-4 process-I found out I would put my own stuff into others and not really check out or imagine myself in their position."

Domain 5: Attitudes and Understanding of Victim.

Abstract: Acknowledges negative effect he had on his victim; very regretful and found it difficult emotionally to acknowledge.

Interview Excerpt: When asked how his training affected his thoughts and feelings about his victim, he stated, "I know and realize I caused my victims many negative effects. Also the effect of having low self-esteem. . . . She may not have the confidence to try out new behaviors like sports and music and things like that. It caused my victims a lot of self-doubt and could possibly send victims down the road to crime. The victims can also pick an offensive husband. This was hard, maybe it will affect the lives of the victims so they will have a negative outlook too. Coming to grips with this was very hard."

Subject 9

Subject 9 was a 50-year-old White male on probation. He had 10 months of prior treatment in the Battle Creek Sexual Disorders Program. There was no history of prior sex-offender treatment. His religious affiliation was Protestant. He was single with 14 years of education. His offense included forcible touching and fondling of a non-consenting adult.

Subject 9 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 18 provides the scores on the tests administered to subject 9.

The section below provides Domains 1 through 5 for Subject 9. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from

excerpts of the post-session interview to provide an illustration of the Domain.

Table 18

Pretest and Posttest Scores for Subject 9

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	24	27
IRI (Empathic Concern Scale)	18	28
IRI (Fantasy Scale)	14	18
Abel and Becker Cognitions Scale	120	141
Burt Rape Myth Acceptance Scale	58	37
Selfism Scale	89	60

Domain 1: Narcissistic Features.

Abstract: Domain not utilized.

Interview Excerpt: No data available

Domain 2: Levels of Aggression.

Abstract: Less defensive and angry toward others, uses the steps in the social-perspective-taking skill to help understand others.

Interview Excerpt: When asked how his training affected relationships with others, Subject 9 stated, "When I get angry and defensive with others I began to use the steps. You know, I start breathing and put myself in their position and I just begin

to use the empathy and it seems to help. It makes me less angry.”

Domain 3: Attitudes and Understandings of Sexual Crime.

Abstract: Understands sexual abuse causes severe emotional damage; verbalized awareness that victims are hesitant to disclose their crime; recognizes own denial and the need to break it in all sex offenders.

Interview Excerpt: When asked how his attitudes and beliefs about victims were changed or altered during the training, Subject 9 stated, “I believe now that all victims were affected and they don’t want to talk about that. When I actually put myself in the situation I see that 99% of the time they won’t bring it up, it didn’t happen, and I got through my denial. My plants started to grow. From that day on I had to live that I screwed up and then I was able to grow. I think it was very, very important that people get through denial. I believe it is an important part. I see now that damage can be life-long.”

Domain 4: Social-Perspective-Taking Function.

Abstract: References steps in social-perspective-taking process to transpose self in another’s position; uses it regularly at work.

Interview Excerpt: When asked about memorable aspects of the Empathy Module, Subject 9 stated, “Right from the beginning I knew what empathy was and what compassion was. Trying to see what someone else is at, really needy, figuring out what they are. The movie ‘Ordinary People’, I couldn’t fathom that. It

was because the three were still alive. All blamed each other and lost feelings toward each other. I wish they could have talked, got back together. I really felt for them. I wanted to be their counselor. I got a lot out of each class. Like when I saw 'Ordinary People' when I used the process, the 1-2-3-4, I could feel the rush. It's funny, I use it in sales. When people can't make up their mind on a vehicle I try to imagine myself in their shoes. Take price range, their history, and everything, it really helps." The subject also stated when talking about his victim, "I know the way my victim felt from putting myself in her place."

Domain 5: Attitudes and Understanding of Victim.

Abstract: Acknowledges responsibility for crimes and recognizes the negative impact on the victim; expresses concern for victim and hopes she will be okay.

Interview Excerpt: When talking about his victim, he stated, "From that day on I knew I screwed up and then I was able to grow." He also reported, "I pray for her everyday as I pray for myself and the world. It helped me to put a lot of emphasis on how she felt and how she does feel. I hope her pain goes away, the emotional thing to her. She will have to work it out in her life. I hope she gets help. I can't have contact, so I don't know."

Subject 10

Subject 10 was a 48-year-old White male on probation. He had 9 months of prior training in the Battle Creek Sexual Disorders

Program. He had no prior history of sex-offender treatment. His religious affiliation was Catholic. He was single with 12 years of education. His offense included fondling a pre-pubescent child. He indicated that he had a blackout due to drinking alcohol during his offense and had no memory of it.

Subject 10 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 19 provides the scores on the tests administered to subject 10.

Table 19

Pretest and Posttest Scores for Subject 10

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	22	23
IRI (Empathic Concern Scale)	18	18
IRI (Fantasy Scale)	15	15
Abel and Becker Cognitions Scale	144	144
Burt Rape Myth Acceptance Scale	42	41
Selfism Scale	87	80

The section below provides Domains 1 through 5 for Subject 10. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Domain 1: Narcissistic Features.

Abstract: More open to others' position; recognizes tendency to be insensitive to others; less interpersonally sensitive; sees others as people rather than an object; recognizes tendency to be selfish.

Interview Excerpt: When asked how his training affected his relationship with other people, Subject 10 stated, "It affected it in a way, I caught myself being insensitive and I didn't make such quick decisions. Now I say, let me see, imagine myself in his position, get the facts, like on the news last night there was a mudslide and everybody lost something. Now I also realize that I've treated people really like objects, like they weren't really significant at all. It's amazing how you can look at things differently and I can see people as not something for me but something for what they really are. I imagined that like we did on the video and how they would feel and lose everything. They're like the Jews in Nazi Germany. I could see how people have long-term suffering, more crime, there is a lot of pain. I guess I see more of the other's view better and don't get so sensitive and irritable."

Domain 2: Levels of Aggression.

Abstract: Utilizes empathy process to decrease anger in him; feels this would be especially helpful as a child; looks for other solutions to deal with problems.

Interview Excerpt: When asked about the memorable aspects of the Empathy Module, Subject 10 talked about the video exercise

and empathy skill process and stated, "When I was a kid I used to have a temper. It should be taught from early, like when we were kids. There would be less teasing and people making fun of us and stuff like that. I wouldn't have got so angry. You know, if you understand where the other person is coming from or their position, you and me, anybody won't get so angry. You know when people tease and make fun of you and stuff like that. You don't realize that there's other solutions to deal with problems. You have to stop and figure out other ways to deal with your issues instead of getting angry."

Domain 3: Attitudes and Understanding of Sexual Crimes.

Abstract: Recognizes victims rarely lie about crimes; recognition of shame and stigma related to disclosure; recognition of problems of sexual attack in society and need for laws to protect victims; recognizes that victims need intervention.

Interview Excerpt: When asked about how attitudes and beliefs about victims were changed or altered during training, he stated, "You know, like when I talked about victims not being believed. It would rarely happen to lie about that stuff. I believe everybody equally. You shouldn't categorize people like if they're Black or White. I try to get the person some help, try to get them there. I realize how important it is. . . . I think there's a lot more out there for education but there is a shame and stigma they go through. No one likes to admit it could be a problem [sexual abuse]. It's a hot topic, like Clinton, I think

he could have a sex addiction but I'm still open, I'm waiting for the facts, I'm more willing to believe. I see more and more people hurt. It's just the tip of the iceberg. We're only the ones that get caught. It does hurt bad. Society lives with the problem of sexual attack. It's hurtful behavior like in the Military now. I see the Marines keeping the males and females apart. I used to didn't think that was okay, now I do. It's probably a wise thing to do, to protect any potential victims."

Domain 4: Social Perspective-Taking Functions.

Abstract: References use of four steps of social-perspective-taking process to transpose self into another's position; uses it with other people.

Interview Excerpt: When asked about memorable aspects of the Empathy Module, Subject 10 stated, "The video thing or exercise, whatever you call it, was good. I could identify with the movie ["Ordinary People"], got real feelings for them. . . . I like to read history and putting myself in the other people's places like George Washington, the draft dodgers, people coming over here. The four steps were a good idea too. I wish I had the four steps." When talking about his relationship with other people, Subject 10 stated, "I try to imagine myself more in other's position to use the process."

Domain 5: Attitudes and Understanding of Victim.

Abstract: Sadness over the potential for hurting the victim; more open to the possibility that he actually did this crime during an alcohol blackout.

Interview Excerpt: When asked about his attitude toward his victim, he stated, "It hurt me and I'm sure it is possible I did it. I have had blackouts when I was drinking and I am truly sorry if I did. It hurts me, shocks me, and wakes me up. It's a horrible thing. I certainly understand her side and why she did what she did. I know if she was lying she'll pay for it, so I can let it go, but if I did it that was terrible." He also reported, "I am much more in tune with other people so I'm much better in tune with her [victim] too. . . . Guess that's all I can think of for now."

Subject 11

Subject 11 was a 24-year-old White male on probation. He had 12 months of prior treatment in the Battle Creek Sexual Disorders Program. He had no prior history of sex-offender treatment. He had no religious preference. He was married with 12 years of education. His offenses included attempted sexual penetration of two non-consenting females.

Subject 11 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 20 provides the scores on the tests administered to subject 11.

The section below provides Domains 1 through 5 for Subject 11. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Table 20

Pretest and Posttest Scores for Subject 11

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	16	16
IRI (Empathic Concern Scale)	20	17
IRI (Fantasy Scale)	8	13
Abel and Becker Cognitions Scale	102	103
Burt Rape Myth Acceptance Scale	107	89
Selfism Scale	110	109

Domain 1: Narcissistic Features.

Abstract: Domain not utilized.

Interview Excerpt: No data available.

Domain 2: Levels of Aggression.

Abstract: Domain not utilized.

Interview Excerpt: No data available.

Domain 3: Attitudes and Understanding of Sexual Crime.

Abstract: Recognition of destruction of trust in sex abuse.

Interview Excerpt: When asked about how beliefs and attitudes related to victims have been changed or altered, Subject 11 stated, "I didn't know what empathy was and didn't know it hurt people so bad. I guess it had something to do with their trust. It hurts their trust." There was no further elaboration.

Domain 4: Social Perspective-Taking Functions.

Abstract: Domain not utilized.

Interview Excerpt: No data available.

Domain 5: Attitudes and Understanding of Victims.

Abstract: Feels remorse over his actions with his victim; disassociated during the victim video exercise.

Interview Excerpt: When asked how the training affected his relationship to his victims, he stated, "I finally really feel bad about my victims. When I was doing the assignment and during the group it felt like the floors were crooked. I really felt bad. I feel a lot better now than when I was thinking about it, I really felt bad. I didn't like it at all. . . . I shouldn't have done what I did, that was really bad." He also stated, "It hurts their trust and I really feel bad for them now."

Subject 12

Subject 12 was a 27-year-old White male on parole. He had 6 months of prior treatment in the Battle Creek Sexual Disorders Program. He had 7 months of periodic group treatment for sexual disorders in prison. He denied any religious affiliation. He was single with 12 years of education. His offenses were with his pre-pubescent nieces which included fondling and penile penetration.

Subject 12 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 21 provides the scores on the tests administered to Subject 12.

Table 21

Pretest and Posttest Scores for Subject 12

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	22	29
IRI (Empathic Concern Scale)	19	20
IRI (Fantasy Scale)	7	15
Abel and Becker Cognitions Scale	141	145
Burt Rape Myth Acceptance Scale	31	30
Selfism Scale	61	59

The section below provides Domains 1 through 5 for Subject 12. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Domain 1: Narcissistic Features.

Abstract: More open to thinking about others' situation; less sensitive to others; recognizes tendency to be selfish.

Interview Excerpt: When asked how the training affected his relationships with other people, he stated, "It just makes me think a little bit more what people go through. For example, I used to like when I seen people with kids they told me that they were having a hard time with their kids. I used to think that they were just going on about it. But I think to myself, what

would I do if I had kids. I put myself in their place and realize that they just wanted someone to talk to about their kids." He also stated, "Because I'm usually so self-absorbed, I'm slowly learning to be more open to others' problems by listening to what they had to say and putting myself in their situation." When asked about attitudes or beliefs about victims, he stated, "My attitude changed from one of a selfish need to have what I want instead of thinking about the other people too. I realize I wasn't looking at it from my mother's perspective."

Domain 2: Levels of Aggression.

Abstract: Domain not utilized

Interview Excerpt: No data available.

Domain 3: Attitudes and Understanding of Sexual Crimes.

Abstract: Recognition of degradation of women in our society; feels others should be more social and feel what other people feel; questions whether marriage is a power and control institution created by man.

Interview Excerpt: When asked about memorable aspects of the Empathy Module, Subject 12 stated, "It made me realize how much women have to put up with. . . . I learned that women tend to do a lot; I would say give in, while they allow their power to be given over to men because it seems to be a traditional way. It seems to me like women are more determined around a relationship angle of togetherness. Men are more concerned about the physical acts." He then stated later on during the interview, "I realize that there are a lot of people who don't care what other

people feel. It seems there's a lot of destructive behavior coming from people like me that didn't really try to be social. There's a lot of what I learned about empathy is to try to be more social and find how people are feeling about certain things. Try to be intuitive. Most of the questions made me do a lot of soul searching. It forced me to understand who I am and what I did. It led to other questions of who am I, why have I been overweight most of my life. I found out that it's a defensive mechanism so people don't get close to me. Made me ask questions about certain traditions like the sanctity of marriage. Is it meant to be sacred or is it developed as a male property thing? Now it makes me wonder how truthful people really are."

Domain 4: Social Perspective-Taking Functions.

Abstract: References social-perspective-taking with victim's family; looks more at others' experience.

Interview Excerpt: When asked about attitudes and beliefs about victims, he stated, "Now I look at it from my mother's perspective, what it would be like for her if she were in the room while I was molesting my nieces." He also stated, "It just makes me think a little more about what people go through."

Domain 5: Attitudes and Understanding of the Victim.

Abstract: Recognizes emotional pain he put his victim through; sadness over crimes and feels there will be future damage to his victim.

Interview Excerpt: When asked about how the training affected his relationships with his victims, he stated, "It made me

realize the emotions of the victims, what they might be feeling. Looking back I can see that they were scared. I could see confusion in their eyes. Why is he doing this to me?" He also stated, "Now I realize more what they'll have to remember from their childhood and their feelings about that and this triggered me how the aroma of sweat and adrenaline kind of triggers the memories of being molested. I just feel sick." When talking about how his behavior affected his family, he stated, "It makes me realize how more wrong it was because she [mother] wouldn't approve of this. I wouldn't be doing it. The movie 'The Crow', a line in the movie said the mother is the name of God on the heart and lips of all children. This made me wonder how she is my creator and how she would feel about the life that she gave me and I used it to molest nieces. She would probably feel very betrayed. I feel sick about this."

Subject 13

Subject 13 was a 60-year-old White male on probation. He had 14 months of prior treatment in the Battle Creek Sexual Disorders Program. There was no previous history of sexual-offender treatment. His religious affiliation was Protestant. He was married and had 8 years of education. His victims included his two granddaughters whom he fondled.

Subject 13 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 22 provides the scores on the tests administered to subject 13.

Table 22

Pretest and Posttest Scores for Subject 13

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	19	19
IRI (Empathic Concern Scale)	24	20
IRI (Fantasy Scale)	10	7
Abel and Becker Cognitions Scale	133	139
Burt Rape Myth Acceptance Scale	62	61
Selfism Scale	89	79

The section below provides Domains 1 through 5 for Subject 13. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Domain 1: Narcissistic Features.

Abstract: Recognizes others as having feelings; sees others as having it more difficult than he does; less rude and obnoxious.

Interview Excerpt: When asked about memorable aspects of the Empathy Module, Subject 13 stated, "I learned what it means to treat people with respect, I used to be rude and obnoxious to them. I think it was to keep them at a distance." He then stated when talking about how the training affected his relationship with other people, "It makes me realize that other

people are worse off than me. They have feelings, I don't get such a pissy attitude with everybody anymore. I could get quite rude."

Domain 2: Levels of Aggression.

Abstract: Less anger, which is inhibited by more understanding by putting self in others' shoes; thinks of how he would want to be treated.

Interview Excerpt: When asked further how the training affected his relationships with other people, he stated, "Before I talk smart to someone now I think about what I am saying. For example, I used to holler and scream at my head-injured son when he didn't finish a job the way I wanted him to. Now I put myself in his shoes. I think about how I would want to be treated if I were not functioning right. I have a lot more patience now. I appreciate treating him better."

Domain 3: Knowledge and Attitudes of Sexual Crimes.

Abstract: Recognition of own denial and justification used to overcome his inhibitions to commit crime; able to recognize triggers to re-offend.

Interview Excerpt: In exploring effects of sexual behavior, Subject 13 stated, "I know that now offending someone does stick in the head because my wife was offended in the early fifties and she still mentions that. . . . I learned what it was to be in denial for 7 to 8 months. I knew this girl was about 3 to 4 months pregnant, her boobs were all out and big. I knew she had sex in my granddaughter's bed with other boys, so I told myself

it was okay. I wasn't going to hurt her anymore than the boys. Now I know that just because someone else touches it doesn't make it right for me too." When talking about attitudes or beliefs about victims in general, he stated, "It made me more aware of the justifications I made and I know now regardless of what kind of person they are you don't have to touch them. I am more careful and I am the one aware of my triggers: being depressed and drinking."

Domain 4: Social Perspective-Taking Functions.

Abstract: References an attempt to utilize perspective-taking with victim.

Interview Excerpt: Subject 13 makes reference to "putting himself in his shoes" referring to his son as mentioned above.

Domain 5: Attitudes and Understanding of the Victim.

Abstract: Acknowledges responsibility for emotional pain in his victim; now realizes she is a victim; expresses sadness over hurting her.

Interview Excerpt: When talking about memorable aspects of the Empathy Module, Subject 13 stated, "I never realized that touching somebody's breast would really hurt them. . . . I think she's a decent person now {referring to victim}. . . . I'm not as judgmental about her like I used to be. I realize that I have caused her emotional disturbance and don't think it'll ever leave anyone's head once it happens. The training helped me be more in control. I looked at the offenses having two victims, myself and the other person. Now I realize she is the victim." When

exploring attitudes and beliefs about victims, he referred to his own victim stating, "I never really thought I would hurt them, but I know it does hurt them. I thought since the girl was promiscuous, Why should she care? Why should she care if I touched her?" Subject 13 also stated, "I just really feel bad because of what I've done. I feel sad I hurt her."

Subject 14

Subject 14 was a 43-year-old White male on parole. He had 9 months of treatment in the Battle Creek Sexual Disorders Program. Prior treatment included 9 months of group therapy for sexual disorders in prison. His religious affiliation was Protestant. He was divorced with a 12th-grade education. His offense included mutual oral contact and penile penetration of a 6-year-old daughter of a previous girlfriend. He also reported child victims prior to this.

Subject 14 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 23 provides the scores on the tests administered to Subject 14.

The section below provides Domains 1 through 5 for Subject 14. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Domain 1: Narcissistic Features.

Table 23

Pretest and Posttest Scores for Subject 14

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	17	19
IRI (Empathic Concern Scale)	19	19
IRI (Fantasy Scale)	16	17
Abel and Becker Cognitions Scale	141	140
Burt Rape Myth Acceptance Scale	44	34
Selfism Scale	89	87

Abstract: More caring attitudes toward others; recognizes more the way others feel; sees person he assaulted now as a victim; feels closer to others.

Interview Excerpt: When asked about memorable aspects of the Empathy Module, Subject 14 stated, "I seem to have more caring attitudes toward people except my victim. Because there was a lot of anger there towards the victim. Now I realize why she feels the way she does." When asked how his training affected his relationships with other people, he stated, "I have more caring and more feelings. I don't seem to be as distant from people." Subject 14 also stated when talking about victims, "I realize she is the victim and I was the offender."

Domain 2: Levels of Aggression.

Abstract: Domain not utilized.

Interview Excerpt: No data available.

Domain 3: Knowledge and Attitudes Toward Sexual Crimes.

Abstract: Recognition of justification used to overcome inhibitions to commit crime; connects his motivation for crime to attention and retaliation; recognizes stuffing feelings of his danger to re-offend; recognizes his triggers and that he is responsible for his crime; recognizes symptoms of sexual abuse.

Interview Excerpt: When asked about memorable aspects of the Empathy Module, Subject 14 stated, "The justifications I used was that I felt my ex-wife wasn't giving me the attention I needed. The only time I get attention was from my daughter." He stated later, "I realize that I was really craving attention because it's like a cycle. The only time I ever get attention was when I was being offended as a child so I thought it was the way to show my daughter love and attention. Now I know better." When asked how his attitudes and beliefs about victims were changed, he stated, "Before therapy I was very distant from people. Now I realize the benefits of talking about releasing emotional garbage. This has been helpful for me because I was isolated. I couldn't tell people what I've done. It had been a huge weight lifted off my chest. Triggers were anger, driving me around looking for prostitutes, porno movies, strip shows, topless bars, massage parlors. These I stay away from now. I guess to sum it up, what I just said is that I realize she is a victim and I was the offender.

Domain 4: Social Perspective-Taking Function.

Abstract: Reference to attempted social-perspective-taking with victim.

Interview Excerpt: When talking about memorable aspects of the Empathy Module, Subject 14 stated, "Just basically putting myself in my victim's shoes. . . . Just realizing the point of suffering that the victim was going through."

Domain 5: Knowledge and Attitudes Toward Victims.

Abstract: Recognizes pain and suffering he put his victim through; wants her to work through the issues related to his abuse, realizing that she is a victim and why she turned him in; felt her pain and hurt, and sorry over his behavior.

Interview Excerpt: When referencing his victims, Subject 14 stated, "Just realizing the point of suffering that the victim was going through. . . . I can see she's going through and I can feel her pain, I was there. She's been in counseling, she has nightmares, she has relationship difficulties, she argued with her boyfriend when they were living together and she had to move in with her mother. She may be confused between love and sex 'cause I was. She probably has difficulties becoming close to others like I always have. Now I realize why she feels the way she does. What was the most difficult part of the Empathy Module? I don't want my daughter to go on for the rest of her life with all kinds of questions about why I offended her. How the cycle works to help her work through her feelings of anger, frustration, hurt, confusion, and things like that. I feel that I have obligations to my ex-wife who probably has problems also.

I want to work through this with my daughter so she don't continue the cycle and make some mistakes, the same mistakes I have made in her future. Realizing that could happen is a scary thing. . . . I was confused and angry about why she waited so long to bring the information out. Now I understand why she brought me to justice. I realize that I stripped her of her rights. I think she did the right thing. Maybe she told me to get help when I needed it. I may have never have gotten the help I needed if I wouldn't have done that."

The subject also stated later in the interview, "I believe that you should believe in the person and be very concerned about what they have to tell you and take them very seriously." When talking about the effects of the sexual abuse on his daughter he made reference to, "She had nightmares, relationship difficulties, argues with her boyfriend, confused about love and sex, and difficulties becoming close." When talking about symptoms related to victims he stated, "Nightmares . . . relationship difficulties . . . argues with her boyfriend . . . confused about sex and love . . . difficulties becoming close."

Subject 15

Subject 15 was a 33-year-old White male on probation. He had 6 months of prior treatment in the Battle Creek Sexual Disorders Program. He had no history of prior treatment for sexual offending. He denied any religious affiliation. He was single with 11½ years of education. His offense included oral and penile penetration of his girlfriend's 8-year-old daughter.

Subject 15 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 24 provides the scores on the tests administered to Subject 15.

Table 24

Pretest and Posttest Scores for Subject 15

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	14	19
IRI (Empathic Concern Scale)	20	21
IRI (Fantasy Scale)	7	17
Abel and Becker Cognitions Scale	139	143
Burt Rape Myth Acceptance Scale	36	35
Selfism Scale	96	78

The section below provides Domains 1 through 5 for Subject 15. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are from excerpts of the post-session interview to provide an illustration of the Domain.

Domain 1: Narcissistic Features.

Abstract: Greater confidence with others interpersonally; less devaluing of others; not as interpersonally sensitive; recognizes more how his behavior affects others; sees others as people rather than objects.

Interview Excerpt: When asked how this training has affected his relationship with other people, Subject 15 stated, "It made it better. How I feel about people, I don't get so sensitive and frustrated all the time. I guess I was really easily hurt and prone to react. Like now I know how to feel about how I affect them and I think about what to say and do and how it affects them. Like when I call someone a name I can really think about how that would feel for them right now. I was more of a punk before, had a bad attitude toward people, now I'm not quite as bad. It's weird the way it changes. It's also weird to realize that I seen others as something for me like they were a thing or like an object or something. I now look at someone and say, hey that's a person there, that's weird too."

Domain 2: Levels of Aggression.

Abstract: Domain not utilized.

Interview Excerpt: No data available.

Domain 3: Attitudes and Understanding of Sexual Crimes.

Abstract: Recognizes denial utilized in sex offense; recognizes serious symptoms of sexual crimes including long-term emotional pain and lack of trust in others.

Interview Excerpt: When referring to his victim, Subject 15 stated, "She had hurt emotions, probably will forever. . . . Her trust in people was probably affected. . . . It causes long-term emotional damage and hurts their emotions . . . trust and stuff like that. . . . I'm not in denial anymore."

Domain 4: Social-Perspective-Taking Function.

Abstract: Domain not utilized.

Interview Excerpt: No data available.

Domain 5: Attitudes and Understanding of the Victim.

Abstract: Feels sad and remorse over his crime; recognizing the negative impact on the victim.

Interview Excerpt: When talking about memorable aspects of the Empathy Module, Subject 15 stated, "Writing the letter, it was hard. It was really emotional and very hard. I guess it was hard to write, it hurt a lot. . . . It was really hard, I cried, it was sad. . . . I feel more for what she's been through. I guess I really realize how bad it was. It causes long-term emotional damage and hurts their emotions, their trust, and stuff like that. It's really bad, I guess I realize that now."

Subject 16

Subject 16 was a 35-year-old White male on probation. He had 13 months of prior treatment in the Battle Creek Sexual Disorders Program. He had no history of prior sex-offender treatment. His religious affiliation was Protestant. He was divorced with 11 years of education. His offense included fondling his girlfriend's 13-year-old daughter.

Subject 16 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 25 provides the scores on the tests administered to Subject 16.

The section below provides Domains 1 through 5 for Subject 16. Each Domain is presented with an Abstract that summarizes

the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Table 25

Pretest and Posttest Scores for Subject 16

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	16	19
IRI (Empathic Concern Scale)	21	22
IRI (Fantasy Scale)	8	13
Abel and Becker Cognitions Scale	127	128
Burt Rape Myth Acceptance Scale	66	38
Selfism Scale	88	67

Domain 1: Narcissistic Features.

Abstract: Indicated having sorrow for victim.

Interview Excerpt: When asked how his attitudes and beliefs about victims were changed, he stated, "They changed a lot 'cause I feel sorry now."

Domain 2: Levels of Aggression.

Abstract: Slows down and thinks before he acts: more courteous and less anger in resolving problems; considers more solutions to problems.

Interview Excerpt: When asked how the training affected his relationship with other people, he stated, "In a way me and my

wife; she helped me a lot to think and talk about it. In a way it was like my dad when he got mad at me I stopped to think before I said something to him. I would say please more like my nephew and girlfriend. It helped quite a bit. My brother smoked weed. I told him I didn't want it around. I told him I didn't want to be around him if he does it. I walked away. I didn't get into a fight. He pissed me off so I just walked off. I guess that is different." Subject also stated, "You know when you do this there's lots of different ways to deal with problems. I used to only have one solution and that was to get pissed. Now I can think of different ways to handle it."

Domain 3: Knowledge and Attitudes Toward Sexual Crime.

Abstract: Recognizes sexual crimes are mentally abusive and causes symptoms such as damage to self-esteem and loss of respect; recognizes his triggers and motivation for his crime.

Interview Excerpt: When talking about sexual crimes, Subject 16 stated, "It's really not fair that anybody, a child, adult, or anybody should hurt from something like this. It's mentally abusive. I realize that when you victimize somebody it hurts them in the head. They can talk to a shrink but it still won't go away. It makes them feel bad. Their self-esteem gets put down. They lose their sense of self-respect. I really don't understand why I done it. There is just a lot of triggers. There is no sex. Frustration and anger building inside. The first one that was in your path you take it out on them. I realize it's long-term stuff now. I mean the damage anyway."

Domain 4: Social Perspective-Taking Function.

Abstract: Domain not utilized.

Interview Excerpt: No data available.

Domain 5: Attitudes and Understanding of the Victim.

Abstract: Reports feelings of guilt related to his crime; recognizes the negative impact on her.

Interview Excerpt: When asked how his training affected his relationship with his victim, he stated, "I feel guilty. My thought when I was doing it, I thought I wouldn't bother her. She laid down with me and I touched her breast. I thought it was all right. I stopped doing it and I realized now that I wasn't right. Most of all I learned to keep my hands to myself. I need to stop and think about what to do, what's going to happen to her, and how she'll feel. She'll probably have effects from it, depression and stuff like that."

Subject 17

Subject 17 was a 44-year-old White male on parole. He had 7 months of prior sexual-disorder treatment in the Battle Creek Sexual Disorders Program. He had no history of prior treatment. His religious affiliation was Protestant. He was married with 14 years of education. His prior offense included fondling and digital penetration of his 13-year-old daughter.

Subject 17 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 26 provides the scores on the tests administered to Subject 17.

Table 26

Pretest and Posttest Scores for Subject 17

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	14	12
IRI (Empathic Concern Scale)	11	10
IRI (Fantasy Scale)	8	10
Abel and Becker Cognitions Scale	122	132
Burt Rape Myth Acceptance Scale	56	54
Selfism Scale	62	66

The section below provides Domains 1 through 5 for Subject 17. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Domain 1: Narcissistic Features.

Abstract: More compassion and caring for others; more awareness of his own emotions; less selfish and chauvinistic attitudes; views self as less controlling of others.

Interview Excerpt: When asked the most memorable aspects of the Empathy Module, Subject 17 stated, "Showing concern for other people. . . . Thinking of actions before you do them, before you open your mouth. The video 'Why God, Why Me' impacted me because of the emotions I felt. The sympathy for the family, the victim, everybody. It was touching. That's basically it. I can get in

touch with what I felt too, my own emotions. I was aware of them more. I was stuffing them before." When asked to identify the most difficult part of the Empathy Module, he stated, "Trying to get back past my male chauvinist attitude. Me always having the I-I-I situation. I was always right, tried to be in control of the center of it, the man, the king of the castle. There was more sides of the story. My dad was an abusive alcoholic. It opened up a lot of thoughts and wounds of when I was a kid. I buried all of this. I'm not sure how I did but I did. This was difficult. Seems like this brought up a lot of stuff for me. I had to put aside my attitudes."

Domain 2: Levels of Aggression.

Abstract: Stops and thinks before acting; less anger in reactions; entertains different solutions to problems.

Interview Excerpt: When asked how the training affected his relationship with other people, Subject 17 stated, "Makes you aware of things, makes you step back like my wife. Maybe she's had a bad day. I don't get on her case. My whole side of the family has a short fuse, including me. Now it makes me look at the full picture more. I think maybe she's having a bad day and I don't get upset." Subject also stated later, "I guess when I get the full picture I also can figure out more things to do about the problem. What are my options here?"

Domain 3: Attitudes and Understanding of Sexual Crimes.

Abstract: Recognizes symptoms of sexual crime including effects on lifestyle, mental status, anger, and vindictiveness; recognizes victims get the blame at times.

Interview Excerpt: When talking about attitudes and beliefs altered about victims, he stated, "Well, it affects lifestyle, mental status, angry as hell and quite vindictive. Now they think that they're thinking the perpetrator is a son of a bitch. Most people don't get caught. I realize that now. Victims get blamed a lot. I see things through the victim's eyes. The justice system is generally for the perpetrator. It's partial. That's it." When talking about his effect on his victim, he stated, "It makes me realize her lifestyle now. She married a bad family. She does a lot of things since the offense. It really hurt her. The values she was raised with, they're all destroyed."

Domain 4: Social-Perspective-Taking Function.

Abstract: Reference to seeing through other's eyes, including his victim.

Interview Excerpt: When talking about memorable aspects of the Empathy Module, Subject 17 made reference to "being able to see the other side, eyes of the other person. I really try to look at other people's ideas and perspectives." He also stated, "I see through the victim's eyes, the justice system is generally for the perpetrator, it's partial."

Domain 5: Attitudes and Understanding of the Victim.

Abstract: Sadness and pain over his crime, realizes the negative effects it had on his victim.

Interview Excerpt: When talking about the effect of his behavior on his victim, he stated, "It made me understand some of her anger and the hate that comes from it. It makes me realize her lifestyle now. She married into a bad family. She does a lot since the offense. It really hurt her, the values she was raised with, they're all destroyed. It causes problems. It's very sad, it's painful for me to deal with. I realize what I've done."

Subject 18

Subject 18 was a 20-year-old White male on probation. He had 7 months of prior sex-offender treatment in the Battle Creek Sexual Disorders Program. There was no prior history of sex-offender treatment. He denied any religious affiliation. He was single with 12 years of education. His prior offense included sexual fondling and penetration of an ex-girlfriend's 6-year-old daughter.

Subject 18 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 27 provides the scores on the tests administered to Subject 18.

The section below provides Domains 1 through 5 for Subject 18. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an

illustration of the Domain.

Table 27

Pretest and Posttest Scores for Subject 18

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	18	22
IRI (Empathic Concern Scale)	20	26
IRI (Fantasy Scale)	5	10
Abel and Becker Cognitions Scale	141	140
Burt Rape Myth Acceptance Scale	43	29
Selfism Scale	65	51

Domain 1: Narcissistic Features.

Abstract: Less selfish and thinks of others more; feels compassion for others' pain.

Interview Excerpt: When talking about memorable aspects of the Empathy Module, Subject 18 stated, "I guess it made me think that I was selfish, it made me think about her instead." He later stated, when talking about the effect on his victim, that "at first I never gave her a second thought. Now all I can do is feel sorry about what I've done. Knowing her pain tears me up. Anytime I think of how she felt or even how she feels I start crying." He also stated, "Never really realized what empathy was before. It means feeling love for other people and feeling sorry for them instead of worrying about yourself."

Domain 2: Levels of Aggression.

Abstract: Less anger toward victim after considering her position.

Interview Excerpt: When talking about attitudes and beliefs about victims, Subject 18 stated, "When I was accused I was angry at her. Now I'm not angry anymore. I realize what I've done."

Domain 3: Attitudes and Understanding of Sexual Crimes.

Abstract: Recognition of long-term damage of sexual crime.

Interview Excerpt: When talking about his crime, Subject 18 stated, "I think I've caused her damage. . . . I may have messed her up for the rest of her life. . . . I realize it wasn't her fault that I went to jail, it was doing my own immoral thing. I did it by breaking boundaries. . . . It's something that permanently is hurting her life. I want them to go to a psychiatrist. I would feel for them."

Domain 4: Social-Perspective-Taking Function.

Abstract: Domain not utilized.

Interview Excerpt: No data available.

Domain 5: Attitudes and Understanding of the Victim.

Abstract: Feels remorse over crime realizing negative impact his behavior had on his victim; wants victim to seek help.

Interview Excerpt: When talking about his victim, Subject 18 stated, "My attitude of hate was changed to remorse for what I've done. . . . I want them to go to a psychiatrist. I would feel for them." He later stated, "It helped me realize the pain and suffering my victim went through is more important than the

suffering I'm going through." He also stated, "Anytime I think of how she felt or even how she feels now I start crying. I wish I had a way to make it up to her. It hurts." Subject 18 also stated, "I want them to see a psychiatrist. I would feel for them."

Subject 19

Subject 19 was a 47-year-old White male admitted to the program on a voluntary basis. He had 6 months of prior treatment in the Battle Creek Sexual Disorders Program. He had no prior sexual offender treatment. His religious preference was Protestant. He was married and had 12 years of education. His offense included fondling and digital penetration of a 13-year-old stepdaughter.

Subject 19 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 28 provides the scores on the tests administered to Subject 19.

The section below provides Domains 1 through 5 for Subject 19. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Domain 1: Narcissistic Features.

Abstract: More recognition of others' experience; less interpersonally sensitive; tries to be nicer and has a less devaluing attitude.

Table 28

Pretest and Posttest Scores for Subject 19

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	19	23
IRI (Empathic Concern Scale)	21	24
IRI (Fantasy Scale)	18	19
Abel and Becker Cognitions Scale	144	145
Burt Rape Myth Acceptance Scale	28	25
Selfism Scale	34	29

Interview Excerpt: When asked how his training affected his relationship with other people, Subject 19 stated, "Sometimes it makes me feel really bad. I always thought I would give someone the benefit of the doubt, but now I will give the benefit of the doubt, but also question why they do what they do. I don't get as sensitive and hurt anymore. What is the reason for their thinking? For example, my wife and the guy at work, my wife has a lot to do with work and housework and the kids. I used to think, well, that's a woman's job. Now I can help out. I understand how hard she works. I used to think we shared equally. Now I know how much more she does. Now I understand better. Now a guy who works with me has an attitude, gets paid very little, and I would probably have an attitude also if I was being paid like that and was being bossed all around. I used to think it was because he was a jerk, but now I see it's because

he's got terrible pay. I can't understand. It's kind of a thankless job. Now I try to treat him better, try to treat him nice. He doesn't know what to think of this, whereas my wife asked me, Are you helping because of your Empathy Module? I did a complete 360."

Domain 2: Levels of Aggression.

Abstract: Less anger toward victim after considering her position.

Interview Excerpt: When talking about how his training affected his relationship regarding his victim, he stated, "I feel a lot differently about her now. For the first 3 years I had some anger about her turning me in. I don't know if it turned into resentment. Now I feel I shouldn't have done it and have no anger, just remorse, a lot of sadness."

Domain 3: Knowledge and Attitudes Toward Sexual Crimes.

Abstract: Recognition of serious symptoms of sexual crime such as depression, anger, anxiety, powerlessness, low self-esteem, poor boundaries, drug use, withdrawal, poor hygiene, and self-hatred.

Interview Excerpt: When talking about specific symptoms of his victims, he stated, "Depression . . . Anger . . . Anxiety . . . because of powerlessness . . . Real bad self-esteem. . . . Inability to motivate herself, especially as far as work goes and taking care of the kids . . . and ability to say no to her friends or even she neglects her kids. . . . Hatred and she'll let herself go, taking drugs, friends she hangs around with are

no good. . . . She withdraws from loved ones, me, her mother, grandmother, and those who really care about her. . . . Doesn't keep herself bathed regularly, trying to make herself look nice. I think anybody who does those drugs has a little self-hatred, speaking from experience." When talking about difficult parts of the Empathy Module he stated, "I could relate to the situation in a way that you hate the sort of person, the sex offender in which you are. The sort of person who would do that to a kid. Also the second chapter because it told you how it affected the victims for the rest of their life."

Domain 4: Social-Perspective-Taking Function.

Abstract: Domain not utilized.

Interview Excerpt: No data available.

Domain 5: Attitudes and Understanding of the Victim.

Abstract: Acknowledges responsibility for the hurt that the victim sustained during his crime; expresses hurt and remorse over crime.

Interview Excerpt: When talking about his victim, Subject 19 stated, "Depression . . . Anxiety . . . Anger . . . Anxiety probably because of powerlessness. . . . Real bad self-esteem." Subject 19 also stated, "I sort of feel sorry for her now, but not a pity kind of way. I used to think of her as a problem. Now with each problem I wonder if it was because of what I did." Subject 19 became quite sad stating, "I know I hurt her."

Subject 20

Subject 20 was a 32-year-old White male on parole. He had 4 months of prior treatment in the Battle Creek Sexual Disorders Program. He reported having 20 months of group-therapy treatment for sexual offenders in prison. He denied any religious affiliation. He was single and had 12 years of education. His offense included penile penetration of his 14-year-old stepdaughter.

Subject 20 completed the pretest and posttest questionnaires on the six tests described in chapter 4. To interpret these tests refer to the descriptions and tables in chapter 4. Table 29 provides the scores on the tests administered to Subject 20.

Table 29

Pretest and Posttest Scores for Subject 20

Test	Pretest	Posttest
IRI (Perspective-Taking Scale)	16	17
IRI (Empathic Concern Scale)	16	28
IRI (Fantasy Scale)	12	13
Abel and Becker Cognitions Scale	135	131
Burt Rape Myth Acceptance Scale	31	27
Selfism Scale	67	66

The section below provides Domains 1 through 5 for Subject

20. Each Domain is presented with an Abstract that summarizes the core ideas and content of the Domain. Raw data are taken from excerpts of the post-session interview to provide an illustration of the Domain.

Domain 1: Narcissistic Features.

Abstract: More compassion for others; more altruistic and respectful to women and others; more open to acknowledging own faults.

Interview Excerpt: When talking about how the training affected his relationship with other people, Subject 20 stated, "It made me more sympathetic with other people, more patient. My dispatcher said the other day I am more patient and understanding. I was trying to help out a lady who was being abused at work and the dispatcher who lost a child. She {dispatcher} was in bad debt and I gave her some money and she didn't want to take it. I do more things for my parents. I try to help them out. Mow the lawn for my parents. Took the lawn out of their hands. My thinking isn't so deviant. I just don't think about throwing a girl in the sack. I wine and dine them more. Wining and dining I seem to look at them more as a woman than an object, like they're a real person. I think this helps me practice to be respectful. I got this girl I'm seeing now. She's a dream and I told her about everything so I don't hurt her later on. That was very helpful to me and her." He stated, "I think I have an empathetic heart but never put it to use. I have more value toward other people as a person. I realize now that

the victim is really just an object of the offender. People don't realize that."

Domain 2: Levels of Aggression.

Abstract: Domain not utilized.

Interview Excerpt: No data available.

Domain 3: Attitudes and Understanding of Sexual Crimes.

Abstract: Recognition of justifications used to overcome his internal inhibitions to commit crime.

Interview Excerpt: When talking about attitudes and beliefs about victim, Subject 20 stated, "The biggest one was that she wanted it and it was okay, I wasn't hurting her. Those were lies I told myself. . . . I think this happens to a lot of victims or a lot of people who hurt victims. . . . Deep down I knew because I went through the same thing when I was a kid."

Domain 4: Social-Perspective-Taking Function.

Abstract: References putting himself in victim's and victim's family's shoes.

Interview Excerpt: When talking about memorable aspects of the empathy module, Subject 20 made reference to, "putting myself in the other's shoes." He made this reference when talking about his victim and her family.

Domain 5: Knowledge and Attitude Toward Victims.

Abstract: Expresses feelings of sadness over crime; recognition of negative impact on victim.

Interview Excerpt: Subject 20 stated, "I realize now that the victim is really just an object of the offender, people don't

realize that." Subject 20 also stated, "The physical pain she went through, the hurt to her parents and my victim. That's pretty much it. It really made me think hard and understand what they went through." He also stated when talking about his crime, "I realize now I was just blocking out my feelings. . . . It stirred up a lot of feelings in me and put me down. I felt bad."

Cross Analysis of Total Samples

A cross analysis was performed on all cases to describe consistencies among the total samples. Significant consistencies identified under each Domain were called categories. Utilizing Elliott's (1989, cited in Hill et al., 1997) Conventions, a category that applied to all cases was considered *general*. A category that applied to half the cases was considered *typical*, whereas if it applied to less than half, it was considered *variant*. For the purpose of this research study, categories that applied to 25 to 50% of the cases were considered variant, 51 to 80% were considered *typical*, whereas greater than 80% were considered *general*.

When analyzing the data under the Domain Narcissistic Features, four categories were identified. The first category was Recognition of Objectification of Others and Victims. This was identified in 5 out of 20 cases; therefore, it was considered *variant*. The second category was Willingness to Recognize and Identify with the Feelings of Others. This was identified in 17 of 20 cases, therefore, this category was considered *general*. The third category was Decreased Interpersonal Sensitivity. This

was identified in 6 of 20 cases; therefore, it was considered variant. The fourth category was Awareness of Self-Inadequacies and Less of a Tendency to Be Rude, Obnoxious, or Devalue Others. This was identified in 8 out of 20 cases; therefore, it was considered variant. The categories developed for Narcissistic Features are presented below.

Categories for the Domain
Narcissistic Features for
the Total Sample

Category 1: Recognition of Objectification of Others and Victims. The five subjects below reported they recognized their tendency to make their victims and others objects to meet their needs.

Case 1: Subject reported he discovered his own feelings, and that his victim had separate experiences from him and is human.

Case 4: Subject reported he felt that his victim was a thing, and that he only thought about himself.

Case 8: Subject reported he realized the victim and other people were not objects.

Case 10: Subject reported he recognized he had a tendency to be insensitive to others and to see people as objects.

Case 15: Subject reported he had a "weird" experience of seeing others as people rather than things or objects.

Category 2: Willingness to Identify with the Feelings and Needs of Others. The 17 subjects below reported a greater willingness to identify with the feelings and needs of others.

Case 1: Subject reported he understood his victim more by focusing on her feelings.

Case 2: Subject reported that he took more time to listen and understand other people's feelings. He reported that he recognized he had a tendency to be selfish, and he felt more concerned with others.

Case 3: Subject reported that he was beginning to let himself search more for what other people actually felt, and was more genuinely concerned.

Case 4: Subject reported he identified the "compassionate part" coming out in him and is more caring for others.

Case 5: Subject reported he recognized experiencing what other people think and feel. Subject reported he found this experience "freaky and intense."

Case 7: Subject reported he "began moving over his thoughts" to actually experience what another person was feeling or thinking.

Case 8: Subject reported he considered the effects of his behavior more on others, and felt more in tune with their feelings. Subject reported he recognized his tendency to put his own feelings on others.

Case 10: Subject reported he recognized suffering in others. Subject reported he recognized his tendency to be insensitive.

Case 12: Subject reported he thought more of what other people went through and recognized his tendency to be self-absorbed and selfish.

Case 13: Subject reported he recognized that other people have feelings.

Case 14: Subject reported he felt that he had more caring attitudes toward other people and his victims. Subject reported he felt closer and more caring about others.

Case 15: Subject reported he felt more feelings toward other people and was more confident in how to respond interpersonally.

Case 16: Subject reported he felt more caring toward his victim.

Case 17: Subject reported he felt more compassionate and caring toward others, and was aware of his own attitudes.

Case 18: Subject reported he felt more compassion and tended to think more of others. Subject reported he felt more compassion for another's pain.

Case 19: Subject reported he recognized the experience of others more, and made attempts to treat others nicer.

Case 20: Subject reported he felt more compassion toward others.

Category 3: Decreased Interpersonal Sensitivity. The six subjects below reported they were not as interpersonally sensitive toward others.

Case 1: Subject reported he was less sensitive to others and did not "hyper-react."

Case 3: Subject reported he handled stress much better and that others did not get him as upset. Subject reported he was not as sensitive.

Case 6: Subject reported he was less sensitive and not "hurt" all the time.

Case 10: Subject reported he doesn't get as "sensitive and irritable" with others.

Case 15: Subject reported he was less "frustrated, hurt, and prone to react" to others.

Case 19: Subject reported he was less sensitive and interpersonally reactive to others. Subject reported he was not as sensitive and easily hurt.

Category 4: Awareness of Self-Inadequacies and Less of a Tendency to Be Rude, Obnoxious, and Devalue Others. The eight subjects below reported they were more aware of self-inadequacies, or a tendency to be rude, obnoxious, and to devalue others.

Case 3: Subject reported he realized that he had his own faults and could be a very vicious person.

Case 5: Subject reported he had less of a tendency to devalue others and realized he had faults and problems.

Case 6: Subject reported he acknowledged to himself that he had faults in his family.

Case 7: Subject reported he realized he was in denial and that what he did was wrong.

Case 13: Subject reported he gave more respect to others and has less of a "rude" attitude.

Case 17: Subject reported he had a decrease in selfish and chauvinistic attitudes. Subject reported he viewed himself as less controlling.

Case 19: Subject reported he had less devaluing toward others.

Case 20: Subject reported he was more respectful to women and others and acknowledged personal faults.

Categories for the Domain
Levels of Aggression for
the Total Sample

Under the Domain Levels of Aggression, two categories were identified. The first category was called Utilization of Social-Perspective-Taking to Decrease Anger. This category was found in 11 out of 20 cases; therefore, it was considered *typical*. The second category was Stops and Considers Other Solutions to Problems. This was found in 5 out of 20 cases; therefore, it was considered *variant*. The categories developed for Levels of Aggression are now presented.

Category 1: Utilization of Social-Perspective-Taking to Decrease Anger. The 11 subjects below reported they used social-perspective-taking to decrease anger.

Case 1: Subject reported he questioned himself more by processing other people's position. Subject reported this decreased his anger.

Case 3: Subject reported he was less angry. Subject reported he put himself into other's position, and used breathing

techniques taught in the social-perspective-taking skill to decrease his anger.

Case 5: Subject reported he was less angry toward others and stops and considers the other person's position. Subject reported he felt sorry toward others.

Case 7: Subject reported he was less angry toward others. Subject reported that he stops, thinks, and considers the another person's position first.

Case 8: Subject reported he was less angry during disagreements with others. Subject reported he used the four steps taught in the social-perspective-taking skill to understand the other's position.

Case 9: Subject reported he utilized the social-perspective-taking skill to decrease his anger. Subject reported he learned this skill in group.

Case 10: Subject reported he views empathy as decreasing anger. Subject reported he understood the other person's position, which decreases his anger.

Case 13: Subject reported he put himself in other people's shoes, which helped to decrease his anger.

Case 17: Subject reported he entertained different ideas for wife's attitude by getting the "full picture." Subject reported he thought about other problems she may be having.

Case 18: Subject reported he had less anger toward his victim by considering her position.

Case 19: Subject reported he had less anger toward his

victim by considering her position.

Category 2: Stops and Considers Other Solutions to Problems.

The five subjects below reported they stopped and considered other solutions to deal with their problems.

Case 5: Subject reported he looked for better solutions to deal with his problems.

Case 7: Subject reported he slowed down and considered other solutions for dealing with problems.

Case 10: Subject reported he entertained and explored alternative solutions to his problems.

Case 16: Subject reported he was less angry and hostile. He reported he processed more solutions to his problems.

Case 17: Subject reported he considered different solutions to deal with his problems.

Categories for the Domain
Attitudes and Understanding
of Sexual Crimes for
the Total Sample

Under the Domain Attitudes and Understanding of Sexual Crimes, a total of three categories was identified. The first category was Recognition of Serious Effect of Sexual Crime. This was identified in 17 out of 20 cases; therefore, it was considered a *general* category. The second category was Recognition of Triggers and Justifications Used to Overcome Internal Barriers. This was identified in 9 out of 20 cases; therefore, it was considered a *variant* category. The third category was Recognition of Social Denial and Minimization of

Sexual Crimes. This was identified in 6 out 20 subjects; therefore, it was considered a *variant* category. The categories developed for Attitudes and Understanding of Sexual crimes are now presented.

Category 1: Recognition of Serious Effects of Sexual Crimes.

The 17 subjects below reported they recognized the serious effects of sexual crimes.

Case 1: Subject reported he recognized mood swings, irresponsibility, and lack of proper supervision of children as symptoms of sexual abuse.

Case 2: Subject reported there was a possibility of his victim marrying an abusive husband, which he attributed to her sexual abuse.

Case 3: Subject reported he recognized the Dehumanizing aspect of his behavior toward his victim.

Case 4: Subject reported he recognized that his behavior was harmful and immoral. Subject reported he recognized that victims might blame themselves.

Case 5: Subject reported that emotional hurt and suicide are caused by sexual crime.

Case 7: Subject reported he recognized symptoms of sexual abuse such as fear of the dark and feeling "bad."

Case 8: Subject reported symptoms of sexual abuse, including mistrust, low self-esteem, and not having confidence.

Case 9: Subject reported that sexual abuse causes severe emotional damage.

Case 10: Subject reported the victim may feel shame and stigmatization related to a disclosure of a crime.

Case 11: Subject reported the sexual abuse symptom of "destruction of trust."

Case 12: Subject reported he recognized that males can be very dominant over women and try to control them. Subject reported he connected this to issues of power and control.

Case 14: Subject reported symptoms of sexual abuse such as nightmares, relationship difficulties, arguments with boyfriend, being confused about love and sex, and difficulties being close.

Case 15: Subject reported he recognized the long-term emotional damage sexual abuse can cause. Subject reported sexual abuse causes a lack of trust.

Case 16: Subject reported that sexual abuse is mentally abusive and can cause long-term emotional damage.

Case 17: Subject reported that sexual abuse affects lifestyle, mental status, and can make a victim angry and vindictive.

Case 18: Subject reported sexual abuse can cause long-term emotional damage.

Case 19: Subject reported symptoms of sexual abuse including depression, anger, anxiety, powerlessness, low self-esteem, poor boundaries, drug use, withdrawal, poor hygiene, and self-hatred.

Category 2: Recognition of Triggers and Justifications Used to Overcome Internal Barriers. The nine subjects below reported

they recognized the triggers or justifications they used to overcome their internal barriers.

Case 1: Subject reported he could identify his grooming behaviors and triggers for his sexual offense.

Case 3: Subject reported he recognized the "I don't care attitude" that supported denial.

Case 8: Subject reported he recognized his own justifications and grooming behaviors he used with his victim.

Case 9: Subject reported he recognized his own denial used in his crime and felt the denial must be overcome in sex offenders.

Case 13: Subject reported he recognized his own denial and justification used to overcome his internal inhibitions to commit his crime. Subject reported he recognized his triggers.

Case 14: Subject reported he recognized his justifications used to commit his crime. Subject reported he recognized his motivations and triggers for his crime.

Case 15: Subject reported he recognized the denial that he utilized in his sexual offense.

Case 16: Subject reported he recognized his triggers and motivation for his sexual crime.

Case 20: Subject reported he recognized his use of justifications to overcome his inhibitions to commit his crime.

Category 3: Recognition of Social Denial and Minimization of Sexual Crimes. The six subjects below reported they recognized that society denied and minimized sexual crimes.

Case 4: Subject reported he views society as needing stronger

laws to protect victims.

Case 6: Subject reported that many other people commit sexual crimes and society was in denial of the seriousness of the problem.

Case 7: Subject reported he recognized that new victims rarely talk about the sexual crime.

Case 9: Subject reported he understands the hesitancy for victims to discuss a sexual crime.

Case 10: Subject reported that victims rarely lie about crime and viewed sexual attack as a large problem in society. He reported he advocated stronger laws to protect victims.

Case 17: Subject reported that victims of sexual crimes are blamed a lot.

Categories for the Domain
Social-Perspective-Taking
Function

Two categories were identified for the Social-Perspective-Taking Function. The first was Verbalized Effort to Transpose Self into Victim's Position. This was identified in 15 out of 20 cases; therefore, it was considered a *typical* category. The second category was Verbalized Effort to Transpose Self into Other's Position (Other Than Victim). This was identified in 13 out of 20 cases; therefore, this was considered a *typical* category.

The categories developed for Social-Perspective-Taking function are presented below.

Category 1: Verbalized Effort to Transpose Self into Victim's Position. The 15 subjects below reported that they attempted to transpose themselves into their victim's position.

Case 1: Subject reported he put himself into victim's position and focused on her feelings.

Case 2: Subject reported he put himself in victim's shoes and felt the way she felt.

Case 3: Subject reported he put himself in the victim's position.

Case 4: Subject reported he put himself into his victim's position and attempted to understand her experience with the crime.

Case 5: Subject reported he put himself into his victim's position.

Case 6: Subject reported he put himself into his victim's position.

Case 7: Subject reported he put himself into his victim's position to understand her feelings.

Case 8: Subject reported he put himself into the victim's position.

Case 9: Subject reported he put himself into the victim's position to understand how she felt.

Case 10: Subject reported he put himself into the victim's position to understand what she went through.

Case 12: Subject reported he put himself into his victims' position to realize what they went through.

Case 13: Subject reported he put himself into the victim's position to understand what she went through.

Case 14: Subject reported he put himself into his victim's position.

Case 17: Subject reported he put himself into his victim's position.

Case 20: Subject reported he put himself into his victim's position.

Category 2: Verbalized Effort to Transpose Self into Other's Position (Other Than Victim). The 13 subjects below reported that they attempted to transpose themselves into another person's position who was not related to their victim.

Case 1: Subject reported he put himself into another person's position who was not related to his victim.

Case 2: Subject reported that he put himself into other's position "no matter what the situation."

Case 3: Subject reported he was "getting into other's Feelings." Subject reported he was getting more information about others and being less judgmental.

Case 4: Subject reported he used perspective-taking with his wife and others in general.

Case 5: Subject reported he used perspective-taking with people at work and "everybody."

Case 6: Subject reported he used perspective-taking with people in general, and referenced "people he meets."

Case 7: Subject reported he used perspective-taking more frequently in his environment. Subject reported he practiced perspective-taking more often.

Case 8: Subject reported he used social-perspective-taking with his family and other people in general.

Case 9: Subject reported he used social-perspective-taking at home and work regularly.

Case 10: Subject reported he used social-perspective-taking with people in general.

Case 12: Subject reported he puts self into his mother's position to understand her.

Case 13: Subject reported he puts himself into his son's shoes to understand his position.

Case 17: Subject reported he puts himself into other people's position to understand their perspective and ideas.

Categories for the Domain
Attitudes and Understanding
of Victims

When exploring the Domain Attitudes and Understanding of Victims, two categories were identified. The first category was Sadness, Remorse, or Guilt About Crime. This category was found in 19 out of 20 cases; therefore, it was considered *general*. The second category was called Recognition of Negative Impact of Crime on Victim. This category was identified in 18 out of 20 cases; therefore, it was considered a *general* category.

The categories developed for Attitudes and Understanding of Victims are now presented.

Category 1: Sadness, Remorse, or Guilt About Crime. The 19 subjects below reported they felt sadness, remorse, or guilt about their sexual crime.

Case 1: Subject reported he felt remorse over his abuse with his daughter.

Case 2: Subject reported he showed more compassion for his victims and felt bad about the crime.

Case 3: Subject reported he felt remorse over his crime and wanted to apologize.

Case 4: Subject reported he was sad and felt remorse over his crime.

Case 5: Subject reported he felt remorse over his crime and felt "really bad."

Case 6: Subject reported he felt remorse over his crime and wanted to apologize.

Case 8: Subject reported he regretted his crime and found his behavior difficult to deal with emotionally.

Case 9: Subject reported he was concerned for his victim and he hoped she would be okay.

Case 10: Subject reported he felt sad because he may have hurt his victim.

Case 11: Subject reported he felt remorse over his actions with his victims.

Case 12: Subject reported he felt sad over his crime and feared that there will be future damage for his victim.

Case 13: Subject reported he felt sad about hurting his victim.

Case 14: Subject reported he felt remorse over his crime and felt the victim's pain.

Case 15: Subject reported he was sad and felt remorse over his crimes.

Case 16: Subject reported he felt guilty for doing his sexual crime.

Case 17: Subject reported he felt sad and guilty about his sexual crime. Subject reported it was painful for him to cope with.

Case 18: Subject reported that his feelings of hate toward his victim turned to feelings of remorse.

Case 19: Subject reported he felt sorry for his victim.

Case 20: Subject reported his feelings were blocked up toward his victim for a long time and now he feels "bad."

Category 2: Recognition of Negative Impact of Sexual Crime on Victim. The 18 subjects below reported that they recognized the negative impact their crime had on their victim.

Case 1: Subject reported that he recognized the impact of his crime on his victim. Subject reported he sees his crime affecting the victim's actions.

Case 2: Subject reported he recognized the harm his sexual crime caused for his victims. Subject reported he hoped his victim would recover and live a productive life. Subject reported he wanted her to go to counseling.

Case 3: Subject reported he recognized the harm he caused on his victim's self-esteem.

Case 4: Subject reported he recognized the stress and suffering he put his victim through.

Case 5: Subject reported his attitudes changed toward his victim from minimization to "I screwed her up."

Case 6: Subject reported a "great deal of pain" he caused for his victim as a result of his crime.

Case 7: Subject reported his victim had "mental damage" as a result of his crime.

Case 8: Subject reported his crime had many negative effects on his victim.

Case 9: Subject reported he recognized the emotional pain he had caused by his crime.

Case 12: Subject reported he recognized the confusion in the eyes of his victim as he was reviewing his crime.

Case 13: Subject reported he recognized his behavior caused emotional disturbance to his victim which may never leave her. Subject reported he recognized her as a victim.

Case 14: Subject reported he recognized several symptoms his victim had that were related to his crime. Subject reported his victim had a lot of confusion and emotional pain. Subject reported he wanted her to seek counseling.

Case 15: Subject reported he recognized the emotional hurt and violation of trust he caused for his victim.

Case 16: Subject reported that many of his victims had secondary effects from his crime, including depression.

Case 17: Subject reported he recognized the negative effects his crime had on his victim. Subject reported his crime affected her lifestyle and emotions.

Case 18: Subject reported he recognized the pain and suffering his victim went through. Subject reported he wanted his victim to seek counseling.

Case 19: Subject reported he "knows he hurt his victim." Subject reported he wondered what types of problems she will have related to his crime.

Case 20: Subject reported he recognized the physical pain his victim went through as the result of his crime.

Cross Analysis Between the Two Samples

This section includes a cross analysis performed on each group separately for comparison purposes. When each sample was analyzed individually, no further categories were added for any of the five Domains. There were, however, categories that were deleted in the Control group because they were not descriptive of the sample. The same convention was used for classifying each category. Twenty-five to 50% of the sample was considered a *variant* category, 51 to 80% of the sample was considered a *typical* category, and above 80% was considered a *general* category. Each Domain is presented individually below, addressing the categories for the Control Group and the Experimental Group.

When the Domain Narcissistic Features was analyzed for the Experimental Group, four categories were identified. The first was Recognition of Objectification of Others and Victims, which was identified in 4 out of 10 subjects; therefore, it was considered a *variant* category. The second category was Willingness to Recognize or Identify With the Feelings and Needs of Others, which was identified in 8 out of 10 cases; therefore, it was considered a *typical* category. The third category was Decreased Interpersonal Sensitivity, which was identified in 4 out of 10 cases; therefore, it was considered a *variant* category. The fourth category was Awareness of Self-Inadequacies and Tendency to Be Rude, Obnoxious, or to Devalue Others. This was identified in 4 out of 10 cases; therefore, it was considered a *variant* category. The categories developed for the Experimental Group under the Narcissistic Features Domains are now presented.

Categories for the Domain
Narcissistic Features for
the Experimental Group

Category 1: Recognition of Objectification of Others and Victims.

Case 1: Subject reported he discovered his own feelings, and that his victim had separate experiences from him and is human.

Case 4: Subject reported he felt that his victim was a thing, and that he thought only about himself.

Case 8: Subject reported he realized the victim and other people were not objects.

Case 10: Subject reported he recognized he had a tendency to

be insensitive to others and to see people as objects.

Category 2: Willingness to Identify With the Feelings and Needs of Others.

Case 1: Subject reported he understood his victim more by focusing on her feelings.

Case 2: Subject reported that he took more time to listen and understand other people's feelings. He reported that he recognized he had a tendency to be selfish, and he felt more concerned with others.

Case 3: Subject reported that he was beginning to let himself search more for what other people actually felt and was more genuinely concerned.

Case 4: Subject reported he identified the "compassionate part" coming out in him and is more caring for others.

Case 5: Subject reported he recognized experiencing what other people think and feel. Subject reported he found this experience "freaky and intense."

Case 7: Subject reported he "began moving over his thoughts" to actually experience what another person was feeling or thinking.

Case 8: Subject reported he considered the effects of his behavior more on others, and felt more in tune with their feelings. Subject reported he recognized his tendency to put his own feelings on others.

Case 10: Subject reported he recognized suffering in others. Subject reported he recognized his tendency to be insensitive.

Category 3: Decreased Interpersonal Sensitivity.

Case 1: Subject reported he was less sensitive to others and did not "hyper-react."

Case 3: Subject reported he handled stress much better and that others did not get him as upset. Subject reported he was not as sensitive.

Case 6: Subject reported he was less sensitive and not "hurt" all the time.

Case 10: Subject reported he does not get as "sensitive and irritable" with others.

Category 4: Awareness of Self-Inadequacies and Tendency to Be Rude, Obnoxious, or to Devalue Others.

Case 3: Subject reported he realized that he had his own faults and could be a very vicious person.

Case 5: Subject reported he had less of a tendency to devalue others and realized he had faults and problems.

Case 6: Subject reported he acknowledged to himself that he had faults in his family.

Case 7: Subject reported he realized he was in denial and that what he did was wrong.

Categories for the Domain
Narcissistic Features for
the Control Group

When the Domain Narcissistic Features was analyzed for the Control Group, two categories were identified. The first category was Willingness to Identify With the Feelings and Needs

of Others, which was found in 9 out of 10 cases; therefore, it was considered a *general* category. The second category was Awareness of Self-Inadequacies and Tendency to Be Rude, Obnoxious, or to Devalue Others, which was identified in 4 out of 10 cases; therefore, it was considered a *variant* category. The previous categories of Recognition of Objectification of Others and Victims and Decreased Interpersonal Sensitivity were deleted because they were not considered descriptive of the sample. The categories developed for the Control Group under the Narcissistic Features Domain are now presented.

Category 1: Willingness to Identify With the Feelings and Needs of Others.

Case 12: Subject reported he thought more of what other people went through and recognized his tendency to be self-absorbed and selfish.

Case 13: Subject reported he recognized that other people have feelings.

Case 14: Subject reported he felt that he had more caring attitudes toward other people and his victims. Subject reported he felt closer and more caring about others.

Case 15: Subject reported he felt more feelings toward other people and was more confident in how to respond interpersonally.

Case 16: Subject reported he felt more caring toward his victim.

Case 17: Subject reported he felt more compassionate and caring toward others, and was aware of his own attitudes.

Case 18: Subject reported he felt more compassion and tended to think more of others. Subject reported he felt more compassion for another's pain.

Case 19: Subject reported he recognized the experience of others more, and made attempts to treat others nicer.

Case 20: Subject reported he felt more compassion toward others.

Category 2: Awareness of Self-Inadequacies and Tendency to Be Rude, Obnoxious, or to Devalue Others.

Case 13: Subject reported he gave more respect to others and had less of a "rude" attitude.

Case 17: Subject reported he had a decrease in selfish and chauvinistic attitudes. Subject reported he viewed himself as less controlling.

Case 19: Subject reported he had less devaluing toward others.

Case 20: Subject reported he was more respectful to women and others and acknowledged personal faults.

Categories for the Domain Levels of Aggression for the Experimental Group

When the Domain Levels of Aggression was analyzed for the Experimental Group, two categories were identified. The first category was Utilization of Social-Perspective-Taking to Decrease Anger, which was found in 7 out of 10 cases; therefore, it was considered a *typical* category. The second category was Stops and

Considers Other Solutions to Problems, which was found in 3 out of 10 cases; therefore, it was considered a *variant* category. The categories developed for the Experimental Group under the Levels of Aggression Domain are now presented.

Category 1: Utilization of Social-Perspective-Taking to Decrease Anger.

Case 1: Subject reported he questioned himself more by processing other people's position. Subject reported this decreased his anger.

Case 3: Subject reported he was less angry. Subject reported he put himself into others' position, and used breathing techniques taught in the social-perspective-taking skills to decrease his anger.

Case 5: Subject reported he was less angry toward others and that he stops and considers the other person's position. Subject reported he felt sorry toward others.

Case 7: Subject reported he was less angry toward others. Subject reported that he stops, thinks, and considers the other person's position first.

Case 8: Subject reported he was less angry during disagreements with others. Subject reported he used the 4 steps taught in the social-perspective-taking skill to understand the other's position.

Case 9: Subject reported he utilized the social-perspective-taking skill to decrease his anger. Subject reported he learned this skill during group.

Case 10: Subject reported he views empathy as decreasing anger. Subject reported he understood the other person's position, which decreases his anger.

Category 2: Stops and Considers Other Solutions to Problems.

The three subjects below reported they stopped and considered other solutions to deal with their problems.

Case 5: Subject reported he looked for better solutions to deal with his problems.

Case 7: Subject reported he slowed down and considered other solutions for dealing with problems.

Case 10: Subject reported he entertained and explored alternative solutions to his problems.

Category for the Domain
Levels of Aggression
for the Control Group

When the Domain Levels of Aggression was analyzed for the Control Group, one category was identified. The category that was identified was Utilization of Social-Perspective-Taking to Decrease Anger, which was identified in 4 out of 10 cases; therefore, it was considered a *variant* category. The previous category of Stops and Considers Other Solutions to Problems was deleted because it was not descriptive of the sample. The category developed for the Control Group under the Levels of Aggression Domain is now presented.

Category 1: Utilization of Social-Perspective-Taking to
Decrease Anger.

Case 13: Subject reported he put himself in other people's shoes, which helped to decrease his anger.

Case 17: Subject reported he entertained different ideas for wife's attitude by getting the "full picture." Subject reported he thought about other problems she may be having.

Case 18: Subject reported he had less anger toward his victim by considering her position.

Case 19: Subject reported he had less anger toward his victim by considering her position.

Categories for the Domain
Attitudes and Understanding
of Sexual Crimes for the
Experimental Group

When the Domain Attitudes and Understanding of Sexual Crimes was analyzed for the Experimental Group, three categories were identified. The first category was Recognition of Serious Effects of Sexual Crimes, which was found in 9 out of 10 cases; therefore, creating a *general* category. The second category was Recognition of Triggers and Justifications Used to Overcome Internal Barriers, which was found in 5 out of 10 subjects; therefore, it was considered a *variant* category. The categories developed for the Experimental Group under the Domain Attitudes and Understanding of Sexual Crimes are now presented.

Category 1: Recognition of Serious Effects of Sexual Crimes.

Case 1: Subject reported he recognized mood swings,

irresponsibility, and lack of proper supervision of children as symptoms of sexual abuse.

Case 2: Subject reported there was a possibility of his victim marrying an abusive husband, which he attributed to her sexual abuse.

Case 3: Subject reported he recognized the dehumanizing aspect of his behavior toward his victim.

Case 4: Subject reported he recognized that his behavior was harmful and immoral. Subject reported he recognized that victims might blame themselves.

Case 5: Subject reported that emotional hurt and suicide are caused by sexual crime.

Case 7: Subject reported he recognized symptoms of sexual abuse such as fear of the dark and feeling "bad."

Case 8: Subject reported symptoms of sexual abuse, including mistrust, low self-esteem, and not having confidence.

Case 9: Subject reported that sexual abuse causes severe emotional damage.

Case 10: Subject reported the victim may feel shame and stigmatization related to a disclosure of a crime.

Category 2: Recognition of Triggers and Justification Used to Overcome Internal Barriers.

Case 1: Subject reported he could identify his grooming behaviors and triggers for his sexual offense.

Case 3: Subject reported he recognized the "I don't care attitude" that supported denial.

Case 8: Subject reported he recognized his own justifications and grooming behaviors he used with his victim.

Case 9: Subject reported he recognized his own denial used in his crime and felt the denial must be overcome in sex offenders.

Category 3: Recognition of Social Denial and Minimization of Sexual Crimes.

Case 4: Subject reported he views society as needing stronger laws to protect victims.

Case 6: Subject reported that there are many other people who commit sexual crimes and that society was in denial of the seriousness of the problem.

Case 7: Subject reported he recognized that new victims rarely talk about the sexual crime.

Case 9: Subject reported he understands the hesitancy for victims to discuss a sexual crime.

Case 10: Subject reported that victims rarely lie about crime and viewed sexual attack as a large problem in society. He reported he advocated stronger laws to protect victims.

Categories for the Domain Attitudes and Understanding of Sexual Crimes for the Control Group

When the Domain Attitudes and Understanding of Sexual Crimes was analyzed for the Control Group, two categories were identified. The first category was Recognition of Serious Effects of Sexual Crimes, which was found in 8 out of 10 cases; therefore, it was considered a *typical* category. The second

category was Recognition of Triggers and Justification Used to Overcome Internal Barriers, which was found in 5 out of 10 cases; therefore, it was considered a variant category. The category Social Denial and Minimization of Sexual Crimes was deleted because it was not descriptive of the sample. The categories developed for the Control Group under the Attitudes and Understanding of Sexual Crimes Domain are now presented.

Category 1: Recognition of Serious Affects of Sexual Crimes.

Case 11: Subject reported the sexual abuse symptom of "destruction of trust."

Case 12: Subject reported he recognized that males can be very dominant over women and try to control them. Subject reported he connected this to issues of power and control.

Case 14: Subject reported symptoms of sexual abuse such as nightmares, relationship difficulties, arguments with boyfriend, being confused about love and sex, and difficulties being close.

Case 15: Subject reported he recognized the long-term emotional damage sexual abuse can cause. Subject reported sexual abuse causes a lack of trust.

Case 16: Subject reported that sexual abuse is mentally abusive and can cause long-term emotional damage.

Case 17: Subject reported that sexual abuse affects lifestyle, mental status, and can make a victim angry and vindictive.

Case 18: Subject reported sexual abuse can cause long-term emotional damage.

Case 19: Subject reported symptoms of sexual abuse including depression, anger, anxiety, powerlessness, low self-esteem, poor boundaries, drug use, withdrawal, poor hygiene, and self-hatred.

Category 2: Recognition of Triggers and Justifications Used to Overcome Internal Barriers.

Case 16: Subject reported that sexual abuse is mentally abusive and can cause long-term emotional damage.

Case 17: Subject reported that sexual abuse affects lifestyle, mental status, and can make a victim angry and vindictive.

Case 18: Subject reported sexual abuse can cause long-term emotional damage.

Case 19: Subject reported symptoms of sexual abuse including depression, anger, anxiety, powerlessness, low self-esteem, poor boundaries, drug use, withdrawal, poor hygiene, and self-hatred.

Case 20: Subject reported he recognized his use of justifications to overcome his inhibitions to commit his crime.

Categories for the Domain
Social-Perspective-Taking
Functions for the
Experimental Group

When the Domain Social-Perspective-Taking Functions was analyzed for the Experimental Group, two categories were identified. The first category was a Verbalized Effort to Transpose Self into Victim's Position, which was found in 10 out

10 cases; therefore, it was considered a *general* category. The second category was Verbalized Effort to Transpose Self into Other's Position (Other Than Victim, which was found in 10 out of 10 cases; therefore, it was considered a *general* category. The categories developed for the Experimental Group under the Domain Social-Perspective-Taking Functions are now presented.

Category 1: Verbalized Effort to Transpose Self into Victim's Position.

Case 1: Subject reported he put himself into victim's position and focused on her feelings.

Case 2: Subject reported he put himself into victim's shoes and felt the way she felt.

Case 3: Subject reported he put himself into the victim's position.

Case 4: Subject reported he put himself into his victim's position and attempted to understand her experience with the crime.

Case 5: Subject reported he put himself into his victim's position.

Case 6: Subject reported he put himself into his victim's position.

Case 7: Subject reported he put himself into his victim's position to understand her feelings.

Case 8: Subject reported he put himself into the victim's position.

Case 9: Subject reported he put himself into the victim's position to understand how she felt.

Case 10: Subject reported that he put himself into the victim's position.

Category 2: Verbalizes Effort to Transpose Self into Other's Position (Other Than Victim).

Case 1: Subject reported he put himself into other's position who was not related to his victim.

Case 2: Subject reported he put himself into another's position "no matter what the situation."

Case 3: Subject reported he was "getting into other's feelings." Subject reported he was getting more information about others and being less judgmental.

Case 4: Subject reported he used perspective-taking with his wife and others in general.

Case 5: Subject reported he used perspective-taking with people at work and "everybody."

Case 6: Subject reported he put himself into his victim's position.

Case 7: Subject reported he put himself into his victim's position to understand her feelings.

Case 8: Subject reported he put himself into the victim's position.

Case 9: Subject reported he put himself into the victim's position to understand how she felt.

Case 10: Subject reported he put himself into the victim's

position.

Category for the Domain
Social-Perspective-Taking
Functions for the
Control Group

When the Domain Social-Perspective-Taking Functions was analyzed for the Control Group, one category was identified. This category was Verbalized Effort to Transpose Self into Victim's Position, which was found in 5 out of 10 cases; therefore, it was considered a *variant* category. The category developed for the Control Group under the Social-Perspective-Taking Function Domain is now presented.

Category 1: Verbalized Effort to Transpose Self into
Victim's Position.

Case 12: Subject reported he put himself into his victims' position to realize what they went through.

Case 13: Subject reported he put himself into the victim's position to understand what she went through.

Case 14: Subject reported he put himself into his victim's position.

Case 17: Subject reported he put himself into his victim's position.

Case 20: Subject reported he put himself into his victim's position.

Categories for the Domain
Attitudes and Understanding
of Victims for the
Experimental Group

When the Domain Attitudes and Understanding of Victims was analyzed for the Experimental Group, two categories were identified. The first category was Sadness, Remorse, or Guilt About Crime, which was identified in 9 out of 10 cases; therefore, it was considered a *general* category. The second category was Recognition of Serious Impact of Crime on Victim, which was found in 9 out of 10 cases; therefore, it was considered a *general* category. The categories developed for the Experimental Group under the Attitudes and Understanding of Victims Domain are now presented.

Category 1: Sadness, Remorse, or Guilt About Crime.

Case 1: Subject reported he felt remorse over his abuse with his daughter.

Case 2: Subject reported he showed more compassion for his victims and felt bad about the crime.

Case 3: Subject reported he felt remorse over his crime and wanted to apologize.

Case 4: Subject reported he was sad and felt remorse over his crime.

Case 5: Subject reported he felt remorse over his crime and felt "really bad."

Case 6: Subject reported he felt remorse over his crime and wanted to apologize.

Case 8: Subject reported he regretted his crime and found his behavior difficult to deal with emotionally.

Case 9: Subject reported he was concerned for his victim and he hoped she would be okay.

Case 10: Subject reported he felt sad because he may have hurt his victim.

Category 2: Recognition of Negative Impact of His Crime on Victim.

Case 1: Subject reported he recognized the impact of his crime on his victim. Subject reported he sees his crime affecting the victim's actions.

Case 2: Subject reported he recognized the harm his sexual crime caused for his victim. Subject reported he hoped his victim would recover and live a productive life. Subject reported he wanted her to go to counseling.

Case 3: Subject reported he recognized the harm he caused to his victim's self-esteem.

Case 4: Subject reported he recognized the stress and suffering he put his victim through.

Case 5: Subject reported his attitudes changed toward his victim from minimization to "I screwed her up."

Case 6: Subject reported a "great deal of pain" he caused for his victim as a result of his crime.

Case 7: Subject reported his victim had "mental damage" as a result of his crime.

Case 8: Subject reported his crime had many negative effects on his victim.

Case 9: Subject reported he recognized the emotional pain he has caused by his crime.

Categories for the Domain
Attitudes and Understanding
of Victims for the Control
Group

When the Domain Attitudes and Understanding of the Victim was analyzed for the Control Group, two categories were identified. The first category was Sadness, Remorse, or Guilt About Crime, which was identified in 10 out of 10 cases; therefore, it was considered a *general* category. The second category was Recognition of the Negative Impact of His Crime on Victim, which was seen in 9 out of 10 cases; therefore, it was considered a *general* category. The categories developed for the Control Group under the Domain Attitudes and Understanding of Victims are now presented.

Category 1: Sadness, Remorse, or Guilt About Crime.

Case 11: Subject reported he felt remorse over his actions with his victims.

Case 12: Subject reported he felt sad over his crime and feared that there will be future damage for his victim.

Case 13: Subject reported he felt sad about hurting his victim.

Case 14: Subject reported he felt remorse over his crime and felt the victim's pain.

Case 15: Subject reported he was sad and felt remorse over his crimes.

Case 16: Subject reported he felt guilty for doing his sexual crime.

Case 17: Subject reported he felt sad and guilty about his sexual crime. Subject reported it was painful for him to cope with.

Case 18: Subject reported that his feelings of hate toward his victim had turned to feelings of remorse.

Case 19: Subject reported he felt sorry for his victim.

Case 20: Subject reported his feelings were blocked up toward his victim for a long time and now he feels "bad."

Category 2: Recognition of Negative Impact of His Crime on Victim.

Case 12: Subject reported he recognized the confusion in the eyes of his victim as he was reviewing his crime.

Case 13: Subject reported that he recognized his behavior caused emotional disturbance to his victim which may never leave her. Subject reported he recognized her as a victim.

Case 14: Subject reported he recognized several symptoms his victim had that were related to his crime. Subject reported his victim had a lot of confusion and emotional pain. Subject reported he wanted her to seek counseling.

Case 15: Subject reported he recognized the emotional hurt and violation of trust he caused for his victim.

Case 16: Subject reported that many of his victims had secondary effects from his crime, including depression.

Case 17: Subject reported he recognized the negative effects his crime had on his victim. Subject reported his crime affected her lifestyle and emotions.

Case 18: Subject reported he recognized the pain and suffering his victim went through. Subject reported he wanted his victim to seek counseling.

Case 19: Subject reported that he "knows he hurt his victim." Subject reported he wondered what types of problems she will have as a result of his crime.

Case 20: Subject reported he recognized the physical pain his victim went through as the result of his crime.

Summary of Cross Analysis

Results on the cross analysis of total samples identified four *general* categories that included:

1. Willingness to Identify With the Feelings and Needs of Others (17 of 20 Subjects)
2. Recognition of Serious Effects of Sexual Crimes (18 of 20 Subjects)
3. Sadness, Remorse, and Guilt About Crime (19 of 20 Subjects)
4. Recognition of Negative Impact of Crime on Victim (18 of 20 subjects).

The three *typical* categories included:

1. Utilization of Social Perspective-Taking to Decrease

Anger (11 of 20 Subjects)

2. Verbalized Effort to Transpose Self into Victim's Position (15 of 20 Subjects)

3. Verbalized Effort to Transpose Self into Other's Position (Other Than Victim) (13 of 20 Subjects)

The six *variant* categories included:

1. Recognition of Objectification of Others and Victim (5 of 20 Subjects)

2. Decreased Interpersonal Sensitivity (6 of 20 Subjects).

3. Awareness of Self-Inadequacies and Tendency to Be Rude, Obnoxious, and to Devalue Others (8 of 20 Subjects)

4. Stops and Considers Other Solutions to Problems (5 of 20 Subjects).

5. Recognition of Triggers and Justifications Used to Overcome Internal Barriers (9 of 20 Subjects)

6. Recognition of Social Denial and Minimization of Sexual Crimes (6 of 20 Subjects).

When the cross analysis was performed independently on the Experimental Group, there were five *general* categories, two *typical* categories, and six *variant* categories. The five *general* categories included:

1. Recognition of the Serious Effects of Sexual Crimes (9 of 10 Subjects).

2. Verbalized Effort to Transpose Self into Victim's Position (10 of 10 Subjects).

3. Verbalized Effort to Transpose Self into Other's

Position (Other Than Victim) (10 of 10 Subjects).

4. Sadness, Remorse, and Guilt About Crime (9 of 10 Subjects).

5. Recognition of Negative Impact of Crime on Victim (9 of 10 Subjects).

The two *typical* categories were Utilization of Social Perspective-Taking to Decrease Anger (7 of 10 Subjects), and Willingness to Identify With the Feelings and Needs of Others (8 of 10 Subjects). The six *variant* categories included:

1. Recognition of Objectification of Others and Victims (4 of 10 Subjects).

2. Decreased Interpersonal Sensitivity (4 of 10 Subjects).

3. Awareness of Self-Inadequacies and Tendency to Be Rude, Obnoxious, and to Devalue Others (4 of 10 Subjects).

4. Stops and Considers Other Solutions to Problems (3 of 10 Subjects).

5. Recognition of Triggers and Justifications to Overcome Internal Barriers (4 of 10 Subjects).

6. Recognition of Social Denial and Minimization of Sexual Crimes (5 of 10 Subjects).

When a cross analysis was performed independently on the Control Group, there were four *general* categories, one *typical* category, and four *variant* categories.

The 4 *general* categories were:

1. Willingness to Identify With the Feelings and Needs of Others (9 of 10 Subjects)

2. Recognition of Triggers and Justifications Used to Overcome Internal Barriers (9 of 10 Subjects)

3. Sadness, Remorse, and Guilt About Crime (10 of 10 Subjects)

4. Recognition of Negative Impact of Crime on Victim (9 of 10 Subjects)

The single category identified in the *typical* classification was Recognition of Serious Effects of Sexual Crimes (7 of 10 Subjects). The four *variant* categories identified included:

1. Awareness of Self-Inadequacies, and Tendency to Be Rude, Obnoxious, and to Devalue Others (4 of 10 Subjects)

2. Utilization of Social-Perspective-Taking to Decrease Anger (4 of 10 Subjects)

3. Verbalized Effort to Transpose Self into Victim's Position (5 of 10 Subjects)

4. Verbalized Effort to Transpose Self into Other's Position (Other Than Victim) (3 of 10 Subjects)

Four categories were deleted from the Empathy Group because they were not representative of the sample. These categories included:

1. Recognition of Objectification of Others in Victims

2. Decreased Interpersonal Sensitivity

3. Stops and Considers Other Solutions to Problems

4. Social Denial and Minimization of Sexual Crimes

CHAPTER VI

SUMMARY, DISCUSSION, IMPLICATIONS, LIMITATIONS, AND RECOMMENDATIONS

Summary

Problem

Empathy training is considered a critical part of a sex-offender program and is one factor that can inhibit sex-offenders from continuing their abusive behaviors. There is a surprising lack of research on empathy-program outcomes, and some preliminary studies indicate some program formats are insufficient to change distorted attitudes. There is a need for more research on empathy-training modules to determine if they are producing the desired outcomes.

Purpose

The purpose of this research was to evaluate the inclusion of perspective-taking training in a traditional empathy module used for sex-offenders. Research supports that sex-offenders are deficient in perspective-taking, which is considered a critical part of the empathy process. An empathy module was administered to two groups in a sexual-offender program. The independent variable was the inclusion of perspective-taking training in one of the empathy modules. The group with additional perspective-

taking training was expected to have: (1) increased empathy skills, (2) decreased endorsement of cognitive distortions predisposing child sexual abuse and rape, and (3) a decreased use of narcissistic defenses.

Methodology

The sample for this study consisted of two groups of 10 male sex-offenders at the Battle Creek Sexual Disorders Program in Battle Creek, Michigan. The groups utilized for this research were already established, although no subjects had prior empathy training. A non-equivalent group pretest posttest design was utilized since it was impossible to randomly assign the subjects. The groups were conducted weekly for 10 sessions by two master's level therapists. Each had a minimum of 5 years' experience with the sex-offender population.

Six research scales were included in the pretest and posttest. Three subscales from Davis's (1980) Interpersonal Reactivity Index (IRI) were utilized to measure different aspects of empathy. The Selfism Scale (Phares & Erskine, 1984) was utilized to measure selfish or egocentric tendencies. The Rape Myth Acceptance Scale (RMA; Burt, 1980) and Abel and Becker Cognitions Scale (Abel et al., 1989) were used to measure cognitive distortions predisposing child sexual abuse and rape. Each group received the tests at the beginning of the first session and at the end of the 10th session.

The major statistical analysis method used to analyze the collected data was analysis of covariance, which was used to

compare the adjusted means between the groups. The means were tested at a significance level of .05.

A qualitative analysis was also performed on the data generated by each subject in both groups. After the completion of the empathy modules, each subject participated in a 1-hour interview and was asked a series of questions designed to elicit pertinent information for analysis.

Discussion

Hypothesis 1

The Experimental Group failed to present any statistically significant differences from the Control Group in their reported tendency to spontaneously adopt the viewpoint of others in everyday life. This, however, may be due to the relatively small sample size. Further studies should explore these questions with a larger sample.

Although there was no significant statistical differences between the Experimental Group and the Control Group; there were some qualitative differences. These differences were in the patterns of data that were identified when the Experimental Group and Control Group were analyzed independently.

When the data from the Experimental Group was analyzed independently, a pattern was identified in 10 of 10 subjects who verbalized an effort to put themselves into their victim's position. The same pattern was identified in only 5 of 10

subjects in the Control Group. A chi-square analysis found that this was a significant difference, $\chi^2 = 4.27$, $p = .039$.

Another pattern that was identified in the Experimental Group data was a verbalized effort for subjects to put themselves into another's position other than their victim. This pattern was identified in 10 of 10 subjects. This pattern was only identified in 3 of 10 subjects in the Control Group. A chi-square analysis found that this was a significant difference, $\chi^2 = 7.91$, $p = .005$.

These patterns of data suggest that the Experimental Group had a stronger tendency to report putting themselves into their victim's position, and even a greater tendency to verbalize an effort to put themselves into another's position other than their victim. One way to explain this is that the Experimental Group had assignments to practice perspective-taking on people not associated directly with their victim. This included characters on television, friends, and acquaintances. This assignment allowed the offender to get comfortable using the skill with innocuous subjects before dealing with issues related to their victim. Many subjects in the Experimental Group commented on how the skill improved their work and family relationships. This may have provided positive reinforcement for them to utilize the skill in their natural environment. The perspective-taking tasks emphasized in the traditional empathy module created negative emotions immediately in the offender. This may have occurred because it focused mainly on issues related to their deviant

behavior with their victim. The emotional intensity associated with using perspective-taking with their victim may have impeded the Control Group from using it outside of the group setting. This explanation is consistent with Hanson's (1996) research that suggested that victim blaming increased with the intensity of negative affect associated with witnessing another person's suffering. The perspective-taking exercise in the traditional empathy manual may have induced an awareness of their own victim's suffering, which may have increased blaming and minimizing after the session. This experience with perspective-taking would be considered aversive, which may decrease the likelihood of using it in the naturalistic setting.

Another explanation is that the Experimental Group was trained to repeat a set of instructions to imagine themselves in another's position. The use of the instructional sets to facilitate role-taking was modeled and taught during the group sessions. The perspective-taking skill was then repeatedly practiced with innocuous subjects in the group sessions, and then they were given homework to practice perspective-taking in their natural environment, utilizing the instructional sets. It is plausible that the homework assignments and instructional sets generalized the use of perspective-taking to other people and situations not associated with their victim. This explanation would be consistent with numerous studies that have indicated that utilizing instructional sets to enhance role-taking produced greater feelings of sympathy, improved accuracy identifying

other's feelings, and facilitated a more shared emotional experience (Archer et al., 1979; Batson et al., 1991; Cialdini et al., 1987; Galper, 1976.)

Hypothesis 2

The Experimental Group failed to present any statistically significant differences from the Control Group and their tendency to experience sympathy and compassion for unfortunate others. This, however, may have been due to the small sample size. Future studies should explore this question with a larger sample.

The data from the qualitative analysis did not identify any obvious differences between the Control Group and the Experimental Group in their tendency to experience compassion for unfortunate others. The data supported that both groups had a pattern of experiencing sadness, remorse, or guilt about their crime equally. The data also did not identify any significant differences between the groups in their pattern of reporting the serious effects of their crime on their victim.

These results are divergent from the research which indicated that instructional sets provide feelings of greater sympathy for the target in the control situation (Batson et al., 1991, Cialdini et al., 1987). One problem with the Empathic Concern Scale is that it does not measure the intensity of affect the offender has toward others. Even if a sexual offender has strong perspective-taking abilities, demonstrated by a cognitive understanding of another person's thoughts or feelings, there was no measure to assess how he genuinely "feels" for others. The

offender must fully appreciate the impact of sexual assault on an emotional level. Understanding how intense and how long emotional concern is maintained after an empathy-training module may be an area for further research.

Hypothesis 3

The Experimental Group failed to present any statistically significant differences from the Control Group in their tendency to imaginatively transpose themselves into fictional situations. This result was supported by the qualitative analysis. The data analysis did not identify any pattern related to the subjects transposing themselves into fictional situations.

A possible explanation for this was that the tendency for a person to daydream and put himself into a fictional character's position in a movie or a book may be a largely unconscious and automatic process. Other cognitive processes, other than perspective-taking, also affect fantasizing oneself into a fictional character's position and experiencing a related affect. The Organizational Model developed by Davis (1996), reviewed in chapter 1, views perspective-taking as an *advanced* cognitive process which involves suppression of one's own egocentric perspective and the act of entertaining someone else's. Davis identifies *simple* cognitive processes that may also affect one's experience with a fictional character, which he refers to as classical conditioning and direct association. These processes require a more rudimentary cognitive ability on the part of the observer. In classical conditioning, the observer has previously

perceived affective cues in others while experiencing the same affect. Thus the affective cues of others come to evoke the same affect in the observer. It is likely that the observer of a fictional character in a book or movie experiences similar affect through a classical conditioning learning history. Direct association represents a more general application of conditioning logic. When we observe others experiencing an emotion, any cue in the situation that reminds us of past situations associated with our experience of that emotion may evoke the emotion in us. Therefore, we do not have to experience the emotion simultaneously as in classical conditioning, but we only have to previously experience the same emotion similar to the one we now observe in others. If a fictional situation is associated with our previous experience it may activate similar feelings in us. This may create a strong feeling of association with a fictional character or event being experienced. This explanation is highly theoretical based upon Davis's model, and more research is needed to confirm this.

Hypothesis 4

The Experimental Group failed to present any statistically significant differences from the Control Group on their endorsements of statements that have been made by sex-offenders to justify their deviant sexual behavior. This result was supported in the qualitative analysis of the data, which did not identify any differences and patterns between the two groups in justifying their deviant sexual behavior.

One explanation of this may be related to the threat of statistical regression. The subjects in both groups had extremely high scores during the pretest period. The Abel and Becker Cognitions Scale scores range from 29 to 145. The pretest mean for the Control Group was 133.3, whereas the Experimental Group yielded a mean of 132.5. This narrowed the range of scores possible during the posttest period, creating difficulty getting significance. Another problem with the Abel and Becker Cognitions Scale is that the items are obvious and easily recognized as distorted thinking. Even if the sex-offenders actually believed the cognitive distortions on the Abel and Becker Cognitions Scale, they would be unlikely to endorse them. Another possible explanation of this is that sex-offenders received education and confrontation prior to the empathy-training module related to patterns of thinking that are used to justify their deviant sexual behavior.

Future research should utilize different instruments to measure cognitive distortions in sex-offenders. Unfortunately, there is a significant deficit in the research literature on offenders' attitudes that have used systematic assessment and appropriate comparison groups. One option is the Hanson Sexual Attitudes Questionnaire (Hanson et al., 1994) discussed in the literature review.

Hypothesis 5

The Experimental Group failed to present any statistically significant differences from the Control Group in their

acceptance and rejection of rape myths. One explanation for this is that sex-offenders received education and confrontation prior to the empathy module related to myths about rape. Another explanation is that the questions on the Burt Rape Myth Acceptance Scale were too obvious for the sex-offenders, and they may have responded in a socially desirable manner. Research is needed to develop an instrument that measure the myths centering around rape in a more unobtrusive way. This result was supported in the qualitative analysis of the data, which did not reveal any differences in patterns between the two groups in the acceptance or rejection of rape myth.

Hypothesis 6

The Experimental Group failed to present any statistically significant differences from the Control Group in their tendency to view their own needs and problems in an egocentric and selfish way. This, however, may be due to the relatively small sample size. Future studies should explore this question with a larger sample.

Although there were no statistically significant differences between the Control Group and the Experimental Group, there were some qualitative differences. The differences were in the patterns of data that were identified when the Perspective-taking and the Control Group data were analyzed independently.

When the data from the Experimental Group were analyzed independently, a pattern was identified in 4 of 10 subjects to report recognition of objectification of other people and their

victim. This is in contrast to the Control Group data, in which only one subject reported recognizing his tendency to objectify others. Despite the higher number of patterns in the Experimental Group, a chi-square analysis found that this was not statistically different, $\chi^2 = 1.07$, $p = .302$. Objectification refers to the tendency of individuals to treat others as "objects" to meet their own personal needs. This is consistent with a feature of a narcissistic personality disorder described in the DSM IV (American Psychiatric Association, 1994), which states that the narcissist is "interpersonally exploitive, i.e., takes advantage of others to achieve his/her own needs" (p. 282). Another pattern emerged from the Experimental Group data called Social Denial and Minimization of Sexual Crimes, which was identified in 5 out of 10 cases. This pattern was not identified in the Control Group. A chi-square analysis found that this was a statistically significant difference, $\chi^2 = 4.27$, $p = .039$.

A possible explanation for this was that the perspective-taking training provided for the Experimental Group introduced an instructional set for the group to experience the target's perspective and emotions. Previous research reports that such instruction enhanced compassion for victims and facilitated the observer to look at the situational aspects of a target situation rather than the dispositional aspects (Archer et al., 1979; Batson et al., 1991; Regan & Totten, 1975). An example of this occurred during the third group session when the Experimental Group was receiving their perspective-taking training. The group

was observing the movie "Ordinary People" and was asked to understand the perspective of the mother in the movie. The instructional set was introduced while practicing the perspective-taking skill. Initially, the group was angry with the mother for apparently rejecting the son. As the instructional set was introduced for the group to imagine themselves in the mother's position, their attributions toward her changed. The group recognized her "denial" of emotional pain and refusal to deal with her grief issues related to the death of her first son. The group's general theme of disgust towards her turned to sadness. Many members of the group expressed "amazement" about the change in their attribution, and discussed how people's view of the world and way of dealing with problems vary widely.

This led to a discussion by the group members about how the meaning of another person's behavior is different depending on the situation. One member stated, "You have to look deeper at other people to understand them." Many members of the group confessed that they now realized that they "used people like objects." The additional perspective-taking training provided an "experience" for the Experimental Group that was more emotionally intense. They also received positive reinforcement from the experience that may increase the likelihood of using the perspective-taking skill in the future.

The group members then moved the discussion from the mother's denial in "Ordinary People" to sex-offenders' denial of their

offenses in general, and finally to societal denial and minimization of sexual crimes. The group talked about how their close friends and family minimized their sexual crime and even discouraged them from getting treatment and disclosing past information. One subject commented at the end of the discussion that the "world is in denial."

The pattern that emerged in the Experimental Group data called Social Denial and Minimization of Sexual Crimes was identified in 5 of 10 cases. This pattern was not identified in the Control Group data. An explanation for this is that the Control Group did not have the experience of the Experimental Group described above. The Experimental Group data suggested that they understood denial and minimization of sexual crimes more broadly, and were able to understand how societal attitudes contribute to this process. The Experimental Group appeared to have a strong emotional experience in the perspective-taking exercise that prompted them to reflect on themselves, others, and society in general. It may be suggested that the perspective-taking training exercise facilitated an experience that led them to look at issues on a societal level. More research is needed to clarify how perspective-taking training affects group processes and experiences.

Another difference in the qualitative analysis related to selfishness, egocentric, and narcissistic behavior was a pattern in the data of reporting a decrease in interpersonal sensitivity. This pattern was identified in 4 of 10 subjects in the

Experimental Group and 2 of 10 subjects in the Control Group. These patterns of data suggested that the Experimental Group had a slightly stronger pattern to report being less interpersonally sensitive than the Control Group. Despite the slightly higher number of patterns in the Experimental Group, a chi-square analysis found that this was not statistically different, $\chi^2 = .238$, $p = .626$.

The narcissistic feature of interpersonal sensitivity is well known to clinicians. Millon (1981) reported that the interpersonal coping style of the narcissistic pattern is "fraught with frustration and danger, a place where they must be on guard against malevolence and the cruelty of others" (p. 201). Thus the narcissist has a relational style of interpersonal reactivity to any sort of criticism or perceived threat. This finding may be explained by the inclusion of additional perspective-taking training. Davis (1996) stated, "Active role taking during the appraisal process is likely to influence how a provocation is interpreted, leading to less anger and perhaps more empathy" (p. 175). This finding provides some preliminary evidence that the additional perspective-taking training may have decreased interpersonal sensitivity through alterations in the subject's appraisal of external situations. More research is needed to confirm this.

Additional Findings

In reviewing the findings of the qualitative analysis of the data, further patterns were identified that were relevant to the study of empathy and perspective-taking. When the data from the Experimental Group was analyzed independently, there was a pattern in the data for 7 of 10 subjects to report utilizing social perspective-taking to decrease anger. These subjects reported that they placed themselves into another's position, which effectively decreased their subjective sense of anger. The same pattern was identified in 4 of 10 subjects in the Control Group. This suggested that the Experimental Group had more of a tendency to utilize perspective-taking to decrease their anger. Despite the higher number of patterns in the Experimental Group, a chi-square analysis found that this was not statistically different, $\chi^2 = .808$, $p = .369$.

This stronger pattern may be related to additional practice assignments in their natural environments. This may have increased the generalization of perspective-taking in the naturalistic setting. This finding is consistent with some preliminary research on the relationship between aggression and empathy. Letourneau's (1981) research provided support for the view that role-taking is associated with a variation in aggression and antisocial behaviors in abusive mothers. Chandler's (1973) research supported the notion that role-taking training reduced antisocial behavior in delinquent youths. Finally, Deardorff et al. (1975) found deficits in role-taking

ability among delinquent populations and repeat violent offenders. A possible explanation for this was that when the potential aggressor was being provoked initially, active role-taking during the appraisal process influenced how the provocation was being interpreted (Davis, 1996). Although this is intuitively plausible, more research is needed to clarify this issue.

Another pattern that was identified in the Experimental Group data was a tendency to stop and consider other solutions to deal with problems, which was found in 3 of 10 subjects. These subjects found themselves exploring more solutions to deal with problems instead of their traditional ways of responding. The data from the Control Group revealed 2 of 10 subjects with this pattern. A chi-square analysis found that this was not a significant statistical difference, $\chi^2 = .000$, $p = 1.00$. Although the number of times that this pattern emerged for each group is slight, the data do suggest that some subjects appear to be appraising problem areas differently, which allows them to create more solutions to problems. More research is needed to confirm this.

Implications

Theoretical Implications

The organizational model provided by Davis (1996) was a very useful tool to clarify the similarities and differences between various constructs that create an empathy episode. A key feature

of the model is that it clearly separates empathy-related outcomes and processes. This allows the researcher to manipulate selected processes and to evaluate outcomes. This research study manipulated the process of role-taking to assess outcomes. Overall, the findings provide some support for the theory that altering empathy-related processes may affect intrapersonal outcomes. Specific problems with the model are addressed below.

Applied Implications

Implications for the findings of this research study indicate that perspective-taking training may be a beneficial part of the empathy-training process. Some qualitative data suggested that the perspective-taking training might have facilitated some significant emotional experiences that made the offenders look deeper into themselves and their relationship with society in general. The offenders reported recognizing some of societal denial and minimization of their crimes that supported their own deviant behavior. This is an issue that could be explored more thoroughly in future sessions with treatment groups. Often offenders will encounter minimization of their offenses from both friends and family. They may be taught to confront this and make others aware of the harmful effects of sexual crimes. This could be a part of a relapse prevention plan.

Qualitative data analysis also suggested that perspective-taking training might have facilitated the generalization of the skill into the offenders' naturalistic setting. Some suggestions for this were that the Experimental Group had practice using the

skill with innocuous subjects not related to the victim, and had assignments to practice the skills at home and at work. The offenders were able to get used to trying out the skill prior to using it with emotionally laden material related to their victim, and were able to get some social benefits from using it with family and friends. This appeared to have provided more opportunities for positive reinforcement that may increase the chance for later use. This could be included in future empathy programs. Empathy programs may benefit from teaching the perspective-taking skill as outlined in chapter 3 of this dissertation.

The sex-offender should receive homework assignments to practice the perspective-taking skill with other group members during session and with people in their natural environment. People in their natural environment may include family, friends, strangers, and finally individuals with whom they have adversarial relationships. The sex offender should be encouraged to talk about his homework experiences with the perspective-taking assignment during session. This would provide the sex offenders with an opportunity to practice the perspective-taking skill on issues, which they consider emotionally significant. This may improve their overall social functioning and increase the likelihood of them using the skill in the future. Therapists should be vigilant during a group session to point out the benefits of utilizing the social-perspective-taking skill and

provide positive reinforcement when the members are observed using it.

The perspective-taking assignments may help the group members to set aside their snap judgments and gain insight into the point of view of others that they would ordinarily dismiss. Ultimately, this whole process can move to a perspective-taking exercise with their victim so they may have a strong understanding both cognitively and affectively of the pain they have inflicted because of their crime.

Some qualitative data analysis suggested that offenders found perspective-taking improved their family and work relationships. This may help reduce adverse relationships that could ultimately lead to a reduction in recidivism rates, since relapse potential increases with interpersonal problems.

Limitations

External Validity and Generalization

The most serious threat to this research design was selection; that is, because the subjects were not randomly assigned to each group, the outcomes that are different may be a result of group composition or other factors. The decision not to randomly assign the subjects to the groups was made for three reasons. The first reason was that both groups were already existing and had formed a working relationship together. Disrupting the group composition may have compromised treatment-program outcomes and ultimately community safety. It is well

known that many sex offenders are distrustful due to the nature of their crimes, and a change in group composition may have altered their motivation to be open and honest. The second reason was that a change in group meeting times may have been adverse for some of the subjects, possibly increasing the probability of their non-compliance. Many of the subjects in the group had transportation arranged because of a restricted driver's license. The last reason was the threat of the subjects' affects; that is, the subjects may have had a greater awareness that a research project was going on because of the change in group composition. This may have changed the groups' responses to meet the perceived expectations of the research. This would have been particularly problematic because most of the subjects were on parole or probation status and received regular reviews from the Department of Corrections. This may have increased their tendency for manipulation and deception in reporting. It was notable that after the subjects were told they were involved in a research project, their response to this was innocuous. The sex-offenders in treatment were accustomed to having tests administered during a sexual-disorders program, and it was normal for homework assignments to vary based upon the treatment module being administered at that time.

When comparing the Experimental Group and Control Group there were some variations in the group membership that may have affected outcomes. The Experimental Group had only one member on parole, while there were four subjects on parole in the Control

Group. Although the group facilitators did not observe this tendency, offenders on parole status may have had more of a tendency to withhold information or give socially desirable responses. This is because the threat of prison is more of a reality for them than it is for the probationer. Many parolees have also commented on how keeping the sex crime a secret was "necessary for survival" in prison. Both groups also were over-represented with White male subjects. The African American male experience as it relates to cultural repression may lead to more distrust toward others and a tendency to feel disconnected between the "White world" and the "Black world." The Hispanic male cultural issue of machismo is well known. Hispanic males are expected to be "macho" and admitting weakness or deviant behavior may be more difficult. Cultural effects on empathy development is a need for further research. Generalization of these research findings to diverse cultural groups should be done with caution.

The length of prior sexual-offender treatment at the Battle Creek Sexual Disorders Program was reasonably equal between the groups. The Experimental Group had a mean of 8.2 months and the Control Group had a mean of 8.4 months. The important factor here is that all the subjects had prior treatment, which included a complete disclosure of their offense and emotional recognition training. If an empathy program is administered too early or too late in treatment, outcomes may be affected. The treatment was also administered on an outpatient basis. Application of these

findings to a Therapeutic Community (TC) or a correctional setting for sex-offenders will need further evaluation. Results may also vary depending on the milieu of the therapeutic community.

The age for both groups was also reasonably congruent, with the Experimental Group having a mean age of 41.5 years, and the Control Group having a mean age of 36.5 years. The research findings should be used with caution with highly discrepant age groups, particularly with adolescent or geriatric populations. There is a need for research on empathy development in these populations.

Religious affiliation was reasonably congruent between the groups. It is notable that many of the group members endorsed a belief in God, but there was no evidence of using religiosity as a form of avoidance to deal with issues. This problem is well known in sex-offender treatment programs.

The educational level between both groups was reasonably congruent. The Experimental Group had a mean educational level of 12.2 years, and the Control Group had a mean of 11.6 years. The research results should be used with caution with subjects who have compromised intellectual functioning.

Investigations of empathy that have attempted to manipulate empathy-related processes with instructional sets are non-existent with sex-offender groups. Moreover, much of the research employing role-taking training and manipulations has been conducted on extreme populations such as delinquents and

abusive mothers. As a result, generalization of the findings to different populations is questionable and should be done with caution.

Novelty or disruption affect did not seem to be a significant issue. The general assignments and requirements for the program were consistent with prior program expectations. The use of videotapes and role-playing was a common part of the sex-offender program.

Design and Internal Validity

The most serious threat to this research design was the lack of random assignment of the groups. This raises the possibility that other factors may have affected the findings in this research. This was complicated by the Experimental Group actually receiving three more sessions than the Control Group. The chance exists that the extra sessions may have actually affected the outcomes. The perspective-taking training was designed to develop and enhance the empathy-related process of role-taking. Questions exist as to whether the training actually affected role-taking or other processes on Davis's (1996) organizational model. Clarification is needed on how the perspective-taking training affects other empathy processes such as direct association or classical conditioning.

Future research may benefit from establishing stronger parameters within the empathy-related processes. An example of this would be to maintain an equal number of sessions for both groups and introduce role-taking instructional sets periodically

for the treatment group when it becomes relevant. This would reduce the chance of alternative causation for the findings. The qualitative analysis utilized in this research aided in extracting information specifically about the role-taking process. This provided some evidence through verbal reports that they were actually utilizing the perspective-taking skill. The posttest interview questionnaire was designed in a manner to be unobtrusive, so verbal responses about perspective-taking could be spontaneous and not leading. One impressive support for the validity of perspective-taking training was the spontaneous verbal reports from the Experimental Group where members indicated they utilized the perspective-taking skill with relationships not pertaining to their victim.

Another area of research that is needed is how long the treatment outcomes are maintained after the empathy training. It may be helpful to re-administer the posttest and perform clinical interviews 4 to 6 months after the training.

The procedure utilized for the qualitative analysis was easily applied although labor intensive. The use of a peer debriefer to facilitate a logical analysis of the data, and aid in interpretation, was utilized to minimize researcher bias. This proved invaluable in this research study, particularly in facilitating clarification of the data. Doing the coding, analysis, and auditing independently also corrected a lot of potential errors in the data. The peer debriefer provided assistance in searching for alternative explanations for the

data. Patterns or categories for the data were developed only when no reasonable alternative explanation could be made.

Another procedure utilized to enhance validity included using verbatim accounts of the subjects. Strong efforts were taken not to infer meaning or interpretation that was not directly evident in the verbal report of the subject. Discrepant data were placed into a separate domain for analysis, ensuring data were not missed which may have provided alternative explanations for categories. The continual modifying of data and cross checking ensured that the categories were descriptive of the data.

There are several procedures in this research design that may have improved the richness of the data. More detailed field notes kept during the group process would have been invaluable. The perspective-taking training seemed to provide some rich discussions and experiences during the group sessions. Understanding and analyzing each of these group experiences and how the training impacted the group may have been helpful. It is also suggested that the offenders keep a journal or log of their experiences during the empathy-training module. It would have been helpful for each offender to make entries after each group session and to keep a journal through the week about how the empathy training affected them. Keeping journals and logs would not be considered to be an unusual assignment in a sexual-disorders treatment program.

Analysis and Statistical Power

Analysis of covariance proved a useful statistical tool for the analysis of the pretest and posttest results. It served to adjust the posttest scores by the difference that occurred between the groups on the pretest. When the sample size is low, this statistical procedure is useful to increase power. Despite these benefits, no statistical significance was obtained. The low sample size may have reduced the statistical power necessary to gain significance. More research is needed with a larger sample size.

Recommendations

On the basis of the findings, implications, and limitations, the following recommendations are made for additional research:

1. Randomization of subjects in future studies would provide for better generalization of results.
2. Increasing the sample size or the number of samples being studied would be useful to increase statistical power.
3. The inclusion of ethnic minority subjects to help understand issues related to culture and empathy development may be helpful in generalization of findings to other cultural groups
4. Future studies may benefit from maintaining the same number of sessions between the groups in the empathy training modules. This may help reduce problems with the chance of other variables influencing outcomes that relate to extra sessions.
5. A more intensive qualitative analysis may be helpful to

improve the richness of the data. The research may benefit from documenting particular experiences that occur in each group and encouraging the subjects to keep a journal after each session and during the week about their empathy experiences.

6. Future studies may benefit from a longer training period with the perspective-taking skill. The question exists as to whether three sessions of training were actively long enough to internalize the skill.

APPENDICES

APPENDIX A
PARTICIPANT CONSENT FORM

Participant Consent Form

I am a Ph.D. student in Counseling Psychology at Andrews University. As part of a research effort in the School of Education at Andrews University, a study is being conducted on the benefit of different empathy training modules in a sex offender treatment program. The study involves observation, interviews, and questionnaires. There are no known risks associated with these procedures.

While there may be no direct benefit to you at this time for participating in this project, we are hopeful that we will learn something that will assist us in developing better empathy training procedures.

All information collected will be held in strictest confidence. While this information may be published, at no time will your name be used. At the completion of the study, all documents and other relevant data will be kept in the security of my permanent files. The data will be kept securely locked for future use should I want to revisit the information for clarification or further study. In addition, you are free to terminate this consent at any time and withdraw from this project without prejudice. If you have any questions concerning this project or this consent, please feel free to call me, Randy Haugen at 616-962-2722 or my committee chair, Dr. Frederick Kosinski at 616-471-3466. Any medical questions related to this study may be addressed to Dr. Loren Hamel at 616-473-2222.

I, _____, hereby consent to participate in the project described above. I have read and understood this statement and have had all of my questions answered.

Date _____

Signature _____

Witness _____

APPENDIX B
INSTRUMENTS

NS

Listed below are 40 statements that deal with personal attitudes and feelings about a variety of things. Obviously, there are no right or wrong answers--only opinions. Read each item and then decide how you personally feel. Mark your answers according to the following scheme:

- 5 = Strongly agree
- 4 = Mildly agree
- 3 = Agree and disagree equally
- 2 = Mildly disagree
- 1 = Strongly disagree

- ___ 1. The widespread interest in professional sports is just another example of escapism.
- ___ 2. In times of shortages it is sometimes necessary for one to engage in a little hoarding.
- ___ 3. Thinking of yourself first is no sin in this world today.
- ___ 4. The prospect of becoming very close to another person worries me a good bit.
- ___ 5. The really significant contributions in the world have very frequently been made by people who were preoccupied with themselves.
- ___ 6. Every older American deserves a guaranteed income to live in dignity.
- ___ 7. It is more important to live for yourself rather than for other people, parents, or for posterity.
- ___ 8. Organized religious groups are too concerned with raising funds these days.
- ___ 9. I regard myself as someone who looks after his/her personal interests.
- ___ 10. The trouble with getting too close to people is that they start making emotional demands on you.
- ___ 11. Having children keeps you from engaging in a lot of self-fulfilling activities.
- ___ 12. Many of our production problems in this country are due to the fact that workers no longer take pride in their jobs.
- ___ 13. It's best to live for the present and not to worry about tomorrow.
- ___ 14. Call it selfishness if you will, but in this world today we all have to look out for ourselves first.
- ___ 15. Education is too job oriented these days; there is not enough emphasis on basic education.
- ___ 16. It seems impossible to imagine the world without me in it.
- ___ 17. You can hardly overestimate the importance of selling yourself in getting ahead.
- ___ 18. The difficulty with marriage is that it locks you into a relationship.
- ___ 19. Movies emphasize sex and violence too much.

Instruments for Adults

- ___ 20. If it feels right, it is right.
- ___ 21. Breaks in life are nonsense. The real story is pursuing your self-interests aggressively.
- ___ 22. An individual's worth will often pass unrecognized unless that person thinks of himself or herself first.
- ___ 23. Consumers need a stronger voice in governmental affairs.
- ___ 24. Getting ahead in life depends mainly on thinking of yourself first.
- ___ 25. In general, couples should seek a divorce when they find the marriage is not a fulfilling one.
- ___ 26. Too often, voting means choosing between the lesser of two evils.
- ___ 27. In striving to reach one's true potential, it is sometimes necessary to worry less about other people.
- ___ 28. When choosing clothes I generally consider style before matters such as comfort or durability.
- ___ 29. I believe people have the right to live any damn way they please.
- ___ 30. Too many people have given up reading to passively watch TV.
- ___ 31. Owing money is not so bad if it's the only way one can live without depriving oneself of the good life.
- ___ 32. Not enough people live for the present.
- ___ 33. I don't see anything wrong with people spending a lot of time and effort on their personal appearance.
- ___ 34. Physical punishment is necessary to raise children properly.
- ___ 35. The Peace Corps would be a good idea if it did not delay one's getting started along the road to a personal career.
- ___ 36. It simply does not pay to become sad or upset about friends, loved ones, or events that don't turn out well.
- ___ 37. A definite advantage of birth control devices is that they permit sexual pleasure without the emotional responsibilities that might otherwise result.
- ___ 38. Doctors seem to have forgotten that medicine involves human relations and not just prescriptions.
- ___ 39. I believe that some unidentified flying objects have actually been sent from outer space to observe our culture here on earth.
- ___ 40. In this world one has to look out for oneself first because nobody else will look out for you.

INTERPERSONAL REACTIVITY INDEX

The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate letter on the scale at the top of the page: A, B, C, D or E. When you have decided on your answer, fill in the letter in the answer space following the item. **READ EACH ITEM CAREFULLY BEFORE RESPONDING.** Answer as honestly and as accurately as you can. Thank you.

ANSWER SCALE

A	B	C	D	E
Does Not Describe Me Well				Describes Me Very Well

ITEM

1. I daydream and fantasize, with some regularity, about things that might happen to me. _____
2. I often have tender, concerned feelings for people less fortunate than me. _____
3. I sometimes find it difficult to see things from the "other guy's" point of view. _____
4. Sometimes I don't feel very sorry for other people when they are having problems. _____
5. I really get involved with the feelings of the characters in a novel. _____
6. In emergency situations, I feel apprehensive and ill-at-ease. _____
7. I am usually objective when I watch a movie or play and I don't often get completely caught up in it. _____
8. I try to look at everybody's side of a disagreement before I make a decision. _____
9. When I see someone being taken advantage of, I feel kind of protective towards them. _____
10. I sometimes feel helpless when I am in the middle of a very emotional situation. _____
11. I sometimes try to understand my friends better by imagining how things look from their perspective. _____
12. Becoming extremely involved in a good book or movie is somewhat rare for me. _____
13. When I see someone get hurt, I tend to remain calm. _____
14. Other people's misfortunes do not usually disturb me a great deal. _____
15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments. _____
16. After seeing a play or movie, I have felt as though I were one of the characters. _____
17. Being in a tense emotional situation scares me. _____
18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them. _____
19. I am usually pretty effective in dealing with emergencies. _____
20. I am often quite touched by things that I see happen. _____
21. I believe that there are two sides to every question and try to look at them both. _____
22. I would describe myself as a pretty soft-hearted person. _____
23. When I watch a good movie, I can very easily put myself in the place of a leading character. _____
24. I tend to lose control during emergencies. _____
25. When I'm upset at someone, I usually try to "put myself in his shoes" for a while. _____
26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me. _____
27. When I see someone who badly needs help in an emergency, I go to pieces. _____
28. Before criticizing somebody, I try to imagine how I would feel if I were in their place. _____

ABEL and BECKER COGNITIONS SCALE

Read each of the statements below carefully, and then circle the number that indicates your agreement with it.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree

	Strongly Agree				Strongly Disagree
1. If a young child stares at my genitals it means the child likes what she (he) sees and is enjoying watching my genitals.	1	2	3	4	5
2. A man (or woman) is justified in having sex with his (her) children or stepchildren, if his wife (husband) doesn't like sex.	1	2	3	4	5
3. A child 13 or younger can make her (his) own decision as to whether she (he) wants to have sex with an adult or not.	1	2	3	4	5
4. A child who doesn't physically resist an adult's sexual advances really wants to have sex with the adult.	1	2	3	4	5
5. If a 13-year-old (or younger) child flirts with an adult, it means he (she) wants to have sex with the adult.	1	2	3	4	5
6. Sex between a 13-year-old (or younger) child and an adult causes the child no emotional problems.	1	2	3	4	5
7. Having sex with a child is a good way for an adult to teach the child about sex.	1	2	3	4	5
8. If I tell my young child (stepchild or close relative) what to do sexually and they do it, that means they will always do it because they really want to.	1	2	3	4	5
9. When a young child has sex with an adult, it helps the child learn how to relate to adults in the future.	1	2	3	4	5
10. Most children 13 (or younger) would enjoy having sex with an adult and it wouldn't harm the child in the future.	1	2	3	4	5
11. Children don't tell others about having sex with a parent (or other adult) because they really like it and want to continue.	1	2	3	4	5
12. Sometime in the future, our society will realize that sex between a child and an adult is all right.	1	2	3	4	5
13. An adult can tell if having sex with a young child will emotionally damage the child in the future.	1	2	3	4	5
14. An adult, just feeling a child's body all over without touching her (his) genitals, is not really being sexual with the child.	1	2	3	4	5
15. I show my love and affection to a child by having sex with her (him).	1	2	3	4	5
16. It's better to have sex with your child (or someone else's child) than to have an affair.	1	2	3	4	5

	Strongly Agree					Strongly Disagree				
17. An adult fondling a young child or having the child fondle the adult will not cause the child any harm.	1	2	3	4	5					
18. A child will never have sex with an adult unless the child really wants to.	1	2	3	4	5					
19. My daughter (son) or other young child knows that I will still love her (him) even if she (he) refuses to be sexual with me.	1	2	3	4	5					
20. When a young child asks an adult about sex, it means that she (he) wants to see the adult's sex organs or have sex with the adult.	1	2	3	4	5					
21. If an adult has sex with a young child, it prevents the child from having sexual hang-ups in the future.	1	2	3	4	5					
22. When a young child walks in front of me with no or only a few clothes on, she (he) is trying to arouse me.	1	2	3	4	5					
23. My relationship with my daughter (son) or other child is strengthened by the fact that we have sex together.	1	2	3	4	5					
24. If a child has sex with an adult, the child will look back at the experience as an adult and see it as a positive experience.	1	2	3	4	5					
25. The only way I could do harm to a child when having sex with her (him) would be to use physical force to get her (him) to have sex with me.	1	2	3	4	5					
26. When children watch an adult masturbate, it helps the child learn about sex.	1	2	3	4	5					
27. An adult can know just how much sex between him (her) and a child will hurt the child later on.	1	2	3	4	5					
28. If a person is attracted to sex with children, he (she) should solve that problem themselves and not talk to professionals.	1	2	3	4	5					
29. There's no effective treatment for child molestation.	1	2	3	4	5					

For the statements which follow, please circle the number that best indicates your opinion—what you believe. If you strongly disagree you would answer "1"; if you strongly agree you would answer "7"; if you feel neutral you would answer "4"; and so on.

	disagree		neutral			agree	
	disagree strongly	some- what	disagree slightly	neutral	agree slightly	some- what	agree strongly
1. A woman who goes to the home or apartment of a man on their first date implies that she is willing to have sex.	1	2	3	4	5	6	7
2. Any female can get raped.	1	2	3	4	5	6	7
3. One reason that women falsely report a rape is that they frequently have a need to call attention to themselves.	1	2	3	4	5	6	7
4. Any healthy woman can successfully resist a rapist if she really wants to.	1	2	3	4	5	6	7
5. When women go around braless or wearing short skirts or tight tops, they are just asking for trouble.	1	2	3	4	5	6	7
6. Women who get raped while hitchhiking get what they deserve.	1	2	3	4	5	6	7
7. A woman who is stuck-up and thinks she is too good to talk to guys on the street deserves to be taught a lesson.	1	2	3	4	5	6	7
8. Many women have an <i>unconscious</i> wish to be raped, and may then <i>unconsciously</i> set up a situation in which they are likely to be attacked.	1	2	3	4	5	6	7
9. If a woman gets drunk at a party and has intercourse with a man she's just met there, she should be considered "fair game" to other males at the party who want to have sex with her too, whether she wants to or not.	1	2	3	4	5	6	7
10. In the majority of rapes, the victim is promiscuous or has a bad reputation.	1	2	3	4	5	6	7
11. If a girl engages in necking or petting and she lets things get out of hand, it is her own fault if her partner forces sex on her.	1	2	3	4	5	6	7

Please use the following key to answer the next two questions.

Almost None	A Few	Some	About Half	Many	A Lot	Almost All
----------------	-------	------	---------------	------	-------	---------------

Circle the number that shows what fraction you believe to be true.

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| <p>12. What percentage of women who report a rape would you say are lying because they are angry and want to get back at the man they accuse?</p> | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| <p>13. What percentage of reported rapes would you guess were merely invented by women who discovered they were pregnant and wanted to protect their own reputation?</p> | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

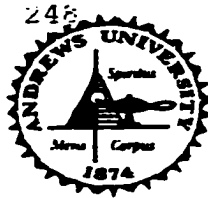
Please use the following key to answer the next question.

Never	Rarely	Some- times	Half the Time	Often	Usually	Always
-------	--------	----------------	---------------------	-------	---------	--------

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| <p>14. A person comes to you and claims they were raped. How likely would you be to believe their statement if the person were:
Your best friend?</p> | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| <p>15. An Indian woman?</p> | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| <p>16. A neighborhood woman?</p> | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| <p>17. A young boy?</p> | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| <p>18. A black woman?</p> | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| <p>19. A white woman?</p> | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
-

APPENDIX C

LETTERS FOR RESEARCH APPROVAL



ANDREW

University

February 11, 1998

Randall E. Hauger
148 Shadowood Lane
Battle Creek MI 49107

Dear Randall E.:

RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS

HSRB Protocol # : 97-98 : 213 Application Type : *Original* Dept : *Ed & Couns Psyc - 0104*
Review Category : *Expedited* Action Taken : *Approved*
Protocol Title : *The effect of Perspective-taking Training on Emphy Training Modules*

On behalf of the Human Subjects Review Board (HSRB) I want to advise you that your proposal has been reviewed and approved. You have been given clearance to proceed with your research plans.

All changes made to the study design and/or consent form after initiation of the project require prior approval from the HSRB before such changes are implemented. Feel free to contact our office if you have any questions.

The duration of the present approval is for one year. If your research is going to take more than one year, you must apply for an extension of your approval in order to be authorized to continue with this project.

Some proposal and research designs may be of such a nature that participation in the project may involve certain risks to human subjects. If your project is one of this nature and in the implementation of your project an incidence occurs which results in a research-related adverse reaction and/or physical injury, such an occurrence must be reported immediately in writing to the Human Subjects Review Board. Any project-related physical injury must also be reported immediately to the University physician, Dr. Loren Hamel, by calling (616) 473-2222.

We wish you success as you implement the research project as outlined in the approved protocol.

Sincerely,

Human Subjects Review Board

c: F. Kosinski

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Stephen A. Lazar, Ph.D.
Psychologist
12 Latta Street
Battle Creek, Michigan 49017
(616) 962-2722

January 12, 1998

Randall Haugen:
Doctoral Intern
Andrews University

RE: Research Proposal

Dear Mr. Haugen:

I have reviewed your research proposal and am giving you formal approval to proceed with your research. If there are any changes in your methodology or procedures, please advise me.

Good luck with your research, and please let me know if you have any further questions.

Sincerely,

Stephen A. Lazar, Ph.D.
Licensed Psychologist
President/CEO

SAL:rc

REFERENCE LIST

REFERENCE LIST

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VITA

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CURRENT OBJECTIVES: Continue to enhance and develop clinical skills.

QUALIFICATIONS:

- Director of Adolescent and Adult Sex Offense Program at present office.
- Extensive work with individuals and families with abuse and neglect issues.
- Performed psychological assessment for professional case management and developed behavior plans for challenging clients.
- Director for Youth Guidance Foster Care in Battle Creek, Michigan.
- Performed numerous training and workshops in parenting issues, adoption, foster care, sexual disorders, pain management, enuresis, encopresis, suicide assessment, firesetting, attachment issues, and many others.

EDUCATION:

Completing Ph.D. in Counseling Psychology at Andrews University
 Berrien Springs, Michigan
 (GPA 3.98 - 4.00 scale).

Master of Arts - April 1990,
 Western Michigan University
 Kalamazoo, Michigan
 Concentration: Counseling Psychology
 (GPA 3.96 - 4.00 scale).

Bachelor of Science - December 1981, Andrews University, Berrien Springs, Michigan
 Concentration: Nursing.

LICENSURE: Limited Licensed Psychologist in Michigan.

Registered Nurse in Michigan.

AWARDS:

Glenda Miller Thompson Award in 1993 for distinguished service.

RELATED WORK:

Limited Licensed Psychologist
Independent Contractor.

EXPERIENCE:

Lazar Psychological Associates,
Battle Creek, Michigan.
Duties: Individual, family, and
group psychotherapy. Psychological
testing, including psychological,
intellectual, and pain evaluations.

Clinical Supervisor of
Child/Adolescent service - Battle
Creek Adventist Hospital (1986-
1991).

Responsible for training, and
development of milieu staff.
Developed policies and procedures
for the unit and supervised daily
operation. Worked with integrated
treatment including O.T.R.s, RNs,
mental health technicians,
psychologist, social workers, and
psychotherapist to develop an
effective treatment program.

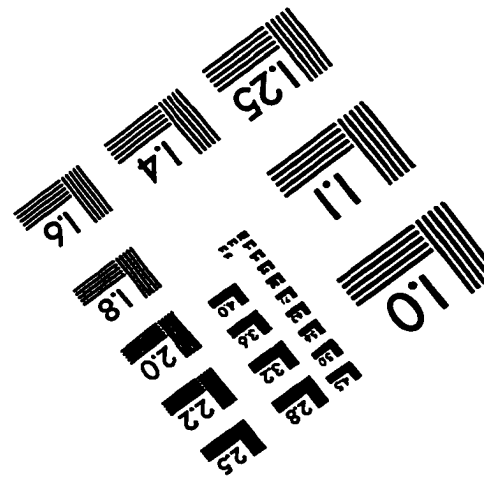
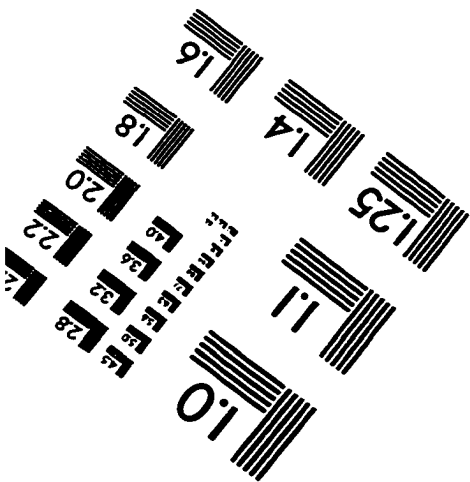
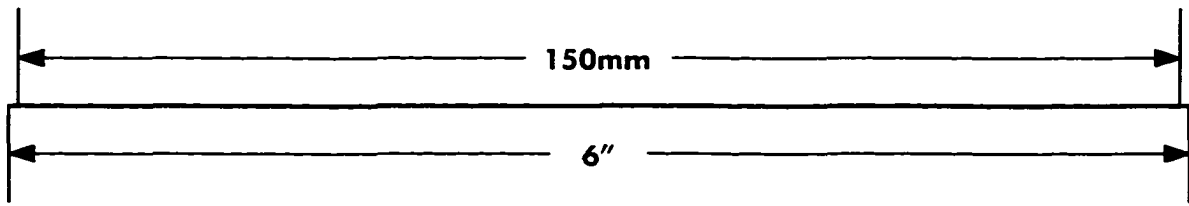
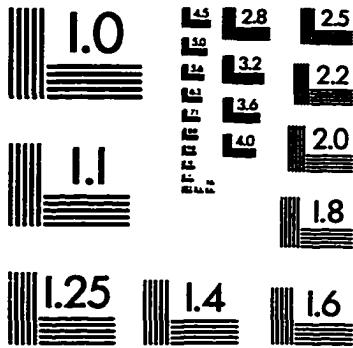
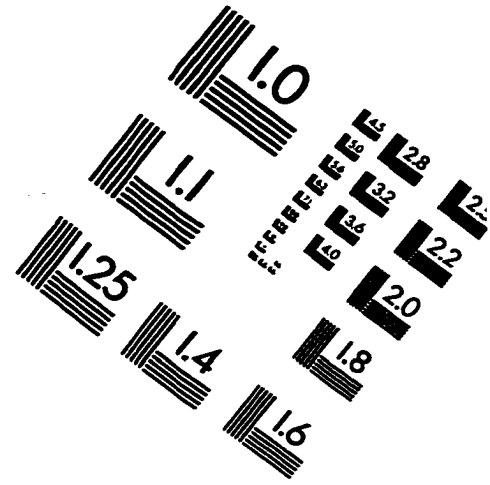
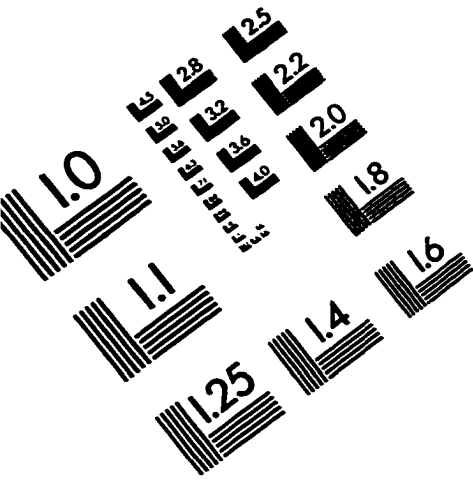
Night Supervisor of Nursing -
Battle Creek Adventist Hospital
(1985).

Responsible for supervision of five
nursing units on night shifts.

Staff Registered Nurse - VA Medical
Center, Battle Creek, Michigan
Special Care Unit (1984).

Charge/Staff Nurse - Battle Creek
Adventist Hospital (1981-1983)
Coordination, medication, and
supervision of milieu.

IMAGE EVALUATION TEST TARGET (QA-3)



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