

## Altruism, Empathy, and Sex Offender Treatment

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### Abstract

Treatment programs for serious offenders such as sex offenders typically include an empathy training component as part of a comprehensive intervention package. The reasons for doing so are partly based on research evidence indicating that social disconnection and relationship ruptures related to empathy failures often trigger offending, and also because it is hard for people to grasp how individuals can inflict severe harm on others without lacking empathic capacities. In this paper we examine Philip Kitcher's concept of psychological altruism and altruism failure and consider its conceptual relationship to empathy and morality. We then apply Kitcher's multidimensional concept of altruism to the field of sex offender rehabilitation and argue that it can provide a useful ethical resource through which to approach the various tasks of practice.

### Keywords

altruism and empathy; sex offender treatment

Being able to emotionally respond to other people and to share their experiences is a core psychological skill and an essential ingredient of healthy intimate relationships and strong communities. It enables us to enter into individuals' internal worlds and draw from the knowledge that this imaginative process yields an explanation for their actions and predict what they are likely to do next. The capacity to respond in this way has been called *empathy*, *sympathy*, *emotional knowledge*, *mind reading*, and *mentalizing*, to name just a few of the concepts evident in the research and popular literature (Decety, 2012). The ability to be empathic helps people to act in altruistic ways and to acquire social and moral norms. Its absence is thought to be associated with dysfunctional and destructive social behavior. If you are unable or unwilling to empathize with another person's distress it becomes much more difficult to act in ways that further their interests rather than simply attending to your own. The personal consequences of a failure to empathize with others include social isolation, confusion, and possibly the infliction of formal or informal sanctions by the community.

Given the apparent foundational role of empathy in the establishment and maintenance of social relationships and community cooperation, it is not surprising that developers of programs for sex offenders have included empathy interventions in their list of essential treatment components (e.g., Laws & Ward, 2011; Marshall, W. L., Marshall, L. E., Serran, & Fernandez, 2006; Pithers, 1999). Sexual offenses clearly involve the overriding of another person's best interests by an offender, and hence display, at least on the face of it, empathy deficits. However, despite the face validity of including victim empathy interventions in the treatment of sex offenders there is surprisingly little evidence that sex offenders have enduring empathy deficits, or, more worryingly, that empathy interventions result in reduced reoffending. According to Mann and Barnett (2013)

the problems reside in a weak evidence base and a lack of a coherent model of change.

It seems to us that there are several contestable assumptions underpinning current theoretical and empirical research into the nature and function of victim empathy deficits in sex offenders, and subsequent treatment programs based on this research. These assumptions are: (a) empathy deficits represent specific psychological problems that are reliably present (even if specific to a particular victim or context) in individuals who commit sex offenses, (b) empathy interventions increase the ability of offenders to respond empathically to potential victims, and (c) offenders who successfully resist the desire to reoffend do so, at least partially, because they have become more empathic. In essence, these assumptions boil down to the claim that empathy related competencies (i.e., perspective taking, emotional responsiveness, according others respect, being able to manage one's own emotional distress etc. – see Barnett & Mann, 2012) are necessary and/or sufficient for desistance from sexual offending. The trouble is, we lack the evidence to support these assumptions as well as an account of where empathy figures in the rehabilitation process.

In this paper we examine Philip Kitcher's (2010, 2011) concept of psychological altruism and altruism failure, and consider its conceptual relationship to empathy and morality. We then apply Kitcher's multidimensional concept of altruism to the field of sex offender rehabilitation and argue that it can provide a useful ethical resource through which to approach the various tasks of practice. Importantly, the concept of altruism and its five dimensions shifts the focus away from the concept of empathy, which is plagued with definitional vagueness and is somewhat normatively detached (see below), to the theoretically richer and pragmatically more versatile concepts of psychological and behavioral altruism.

### ■ The Concept of Empathy

According to Oxley (2011) empathy is "both an act and a capacity" (p. 15). Individuals engage in acts of empathy when they imagine how someone else is likely to be feeling in certain situations, or alternatively, anticipate how they would feel in similar circumstances. In order to act empathically individuals require cognitive and emotional capacities, such as the ability to psychologically decenter, emotional knowledge, and the possession of emotional regulation, deliberation, and perspective taking skills. For example, in order to empathize with a friend's sadness following the death of a parent I need to be able to place myself in *her* shoes, so to speak. Taking in account my friend's personality, circumstances, history, relationships with her parent etc., I imagine what she would feel. This is what has been called other-focused empathy (Oxley, 2011). Another possible empathic mechanism is to place *myself* in the situation of my friend and to assume that *my* parent had just died. Ideally, I would experience similar emotions and therefore be able to accurately infer what she was feeling, thinking, and so on. This type of empathic imaginative process has been labeled self-focused empathy (Oxley, 2011). It is pretty obvious that sophisticated, empathic actions of these types have significant epistemic or knowledge generating advantages. It helps people to extend their understanding beyond the limited boundaries of their own minds-and bodies and to establish strong emotional connections to others.

Many definitions of empathy have been offered in the philosophical and scientific literature, although none universally accepted. Maibom (2012) has usefully distinguished between sympathy, emotional contagion, and empathy while others have added perspective taking, simulation, and imitation to the conceptual mix (Decety, 2012; Oxley, 2011). Rather than become bogged down in definitional disputes, we agree with Oxley (2011) that a core component of any definition of empathy is the requirement that a person experiences an appropriate emotion in response to another individual's emotional state. More specifically, Oxley (2011, p.32) formulates a generic working definition of empathy as follows:

*Feeling a congruent emotion with another person, in virtue of perceiving her emotion with some mental process such as imitation, simulation, projection, or imagination.* (italics in the original)

According to this definition, there are a number of possible psychological mechanisms capable of generating an emotional (empathic) response to, for example, a person experiencing sadness. The mechanism could be simple emotional contagion (I feel sad when the other person does, without necessary being aware of the link), imitation (I copy someone's emotional behaviors and as a result experience a similar emotion), or imagination (e.g., I place myself in someone's situation and anticipate how he or she would be feeling). Forms of empathy that rely

on sophisticated cognitive abilities such as self- and - other- focused perspective taking are necessary for morality and complex social functioning.

Empathy is an important motivator for prosocial and moral functioning and therefore it makes sense for treatment programs to devote some of their therapeutic resources to the cultivation of empathy in sex offenders. However, empirical research and theoretical analyses suggest that the presence of empathy on its own does not reliably result in moral and prosocial behavior (Barnett & Mann, 2012; Batson, 2011; Oxley, 2011). In brief, people are more likely to act empathically towards individuals who are similar to them and fail to do so when others are different on relevant dimensions, such as class or culture. Second, people tend to over privilege current circumstances when considering the interests of others and discount longer term factors. Third, empathy helps to *motivate* individuals to take into account others' interests but is not a form of ethical or value based deliberation in itself. In other words, it is *normatively detached* and if it is to lead to prosocial outcomes it needs to be explicitly linked to justified ethical norms. Fourth, people can act in prosocial ways because of their personal commitment to certain ethical norms or due to the anticipated negative consequences of not doing so, rather than because they are empathic. In other words, the occurrence of empathy is not necessary (i.e., other interested actions can occur without the presence of empathy) or sufficient (i.e., the presence of empathy may not result in other interested actions, could reflect bias, etc.) for actions that place other people's interests above those of the person concerned.

Relatedly, there are empirical and theoretical grounds for arguing that people could commit harmful acts against others in the presence of an empathic response. First, the fact that studies have indicated that some sex offenders do not display empathy deficits does raise the possibility that their offending may occur in the presence of an empathy response. Second, clinical data suggest that sex offenders exhibiting a high degree of emotional congruence towards children and related deviant sexual preferences view themselves as empathic and caring individuals who have sex within the context of a relationship (Navathe, Ward & Rose, 2013). They may be accurately identifying a (vulnerable and previously abused) child's emotional states and current needs and responding with a similar emotion. Their failure is not so much a failure of empathy as a moral failure: such individuals have not aligned their actions with consensus norms that are intended to protect children from having sex with adults on the grounds of their vulnerability to exploitation and lack of fully fledged agency.

### The Concept of Empathy in the Sexual Offending Field

But how is empathy conceptualized within the field of sexual offending? In three valuable recent papers on empathy and sexual offending theory, assessment, and treatment Barnett and Mann (2012, 2013; Mann & Barnett, 2013) examined conceptions of empathy in treatment programs, discussing foundational work by theorists such as Marshall, Hudson, Jones, and Fernandez (1995), Hanson, (2003), and Polaschek (2003). Following a critical analysis of competing definitions of empathy, Barnett and Mann (2013a) define it as:

*A cognitive and emotional understanding of another person's experience, resulting in an emotional response for the observer which is congruent with a view that others are worthy of compassion and respect and have intrinsic worth (p.23).*

They state that offenders display victim empathy when they are able "to accurately identify and understand, free from their own biases" what the person they abused was likely to have experienced during the sexual assault (2013a, p.23). After pointing out a tendency to conflate empathy definitions with models of the empathic process, and to confuse general empathy with victim empathy, Barnett and Mann (2012) hypothesize that five sets of processes converge to create an empathic response: (a) the ability to accurately infer what another person is experiencing - perspective taking; (b) the ability to experience an appropriate emotion when confronted with another person's distress or pain; (c) the belief that other persons, aside from the offender, ought to be respected and treated with compassion; (d) the absence of contextual variables or competing motivational states that may override the empathic processes and motivations, and (e) the capacity to modulate any resulting personal distress experienced by the individual concerned so that his or her empathic responses (likely to be generated by the first three processes) are not blocked or avoided. Each of the five types of processes necessary for an empathic response is associated with its own, specific category of empathy deficits. For example, some sex offenders are hypothesized to lack theory of mind capacities, making it extremely difficult for them to accurately infer other persons' emotional and cognitive states.

It is notable that the definition of empathy offered by Barnett and Mann (2012) and the model of the empathy process that is hypothesized to cause empathic states do not align that well with Oxley's definition. There are references to moral status, cognitive distortions, contextual factors, emotional control, and so on in their definition and supporting discussion. These variables are all associated with sexual offending and many are predictors of reoffending. In addition, all have immense clinical utility. It seems to us, in their understandable desire to provide a theoretically coherent and empirically

justified definition and causal analysis of empathy Barnett and Mann have extended the concept beyond its domain of meaning and transformed it into something approximating altruism. This is an excellent idea, but it may be helpful to be clearer and more explicit when doing this. It may be less confusing to use another term and allow empathy to retain its narrower meaning as an appropriate emotional response to another person's emotional state (see above- Oxley, 2011).

In our view, what matters from a treatment perspective is that offenders *act* towards others in an altruistic manner, rather than that they *feel* empathic. Additionally, the trouble with the concept of an empathy response as used in the correctional field is that empathy tends to be viewed as either present or absent within an individual and there is a failure to make room for the important role of context and moral norms. First, human beings are not simply empathic (or altruistic) or not; they tend to exhibit a more fine grained picture varying along a number of dimensions (see Kitcher, 2011). Second, as we will argue below, the concept of psychological and behavioral altruism is underpinned by normative concerns and, by virtue of its multi-dimensional nature, is responsive to issues of context and scope not easily handled by the concept of empathy.

In our view, researchers and practitioners should be concentrating on incidents of *altruism failure* rather than empathy failure. The concept of altruism (psychological and behavioral), as developed by theorists such as Kitcher, is richer and provides a more useful way of linking ethical norms and concern for others to the kinds of psychological and social interventions employed in treatment programs for sex offenders. The fact that its stress is on action is also an advantage; it is what people do, or fail to do, when committing offenses that is of interest to practitioners.

We argue that all of the treatment modules typically implemented with sex offenders play a role in addressing the major classes of problems evident in altruism failure (which includes empathy failure as currently construed). In our view, the multidimensional, rich account of psychological altruism created by Philip Kitcher (2010, 2011) has the conceptual resources to incorporate the contributions and interventions brought into treatment by the concept of empathy, while avoiding its weaknesses.

### ■ A Multidimensional Concept of Psychological Altruism

In the exposition of his ethical theory Philip Kitcher (2010, 2011) distinguishes between biological, behavioral, and psychological altruism. *Biological altruism* occurs when a biological entity promotes the reproductive success of another entity at the expense of itself. Essentially, *psychological altruism* is concerned with the intentions of an agent and is ev-

ident when an individual adjusts his/her actions to take into account the interests and desires of other people. *Behavioral altruists* act to further their own, self-serving interests while seeming to intentionally act in ways that promote others' interests. While this form of altruism does not cohere well with our intuitive understanding of the concept, it may be the only realistic way that some individuals can advance the interests of other people (e.g., individuals diagnosed with psychopathy). Kitcher argues that ethical norms are especially important in preventing altruism failure by prompting people to behave altruistically even if they are not inclined to do so. Ideally, we would all be committed and competent psychological altruists, but given the complexities of modern living, and taking into account our psychological nature, this is unrealistic. In this paper our focus is solely on psychological and behavioral altruism.

We would now like to look at the concept of psychological altruism more closely. Kitcher (2010) states that:

*To be an altruist is to have a particular kind of relational structure in your psychological life – when you come to see that what you do will affect other people, the wants you have, the emotions you feel, the intentions you form change from what they would have been in the absence of that recognition. Because you see the consequences for others of what you envisage doing, the psychological attitudes you adopt are different. (p.122)*

In offering an analysis of psychological altruism Kitcher (2010, p.123) distinguishes between the desires (or other relevant mental states) an altruistic person is likely to have when his/her actions only have consequences for him or herself, and those when his/her actions will have an observable impact on other persons. In this kind of situation (we have paraphrased Kitcher here) he stipulates that: (a) the desires an agent acts on will be more closely aligned with those he/she attributes to another person than it would be if he acted in a solitary context; (b) the desire that leads an agent to act follows from his/her perception of the other person's desires; and (c) the desire that caused the agent to act in this context was not intended to further his/her own interests. Rather, he gives *priority* to the desires of the other persons and relegates his/her own desires to the background. Kitcher makes it clear that there are likely to be other mental states such as emotions that accompany the altruistic person's desires when he/she acts altruistically; for example, compassion or sadness.

Once he has defined psychological altruism, Kitcher states that because altruism is a multidimensional concept it makes little sense to assert that a person is either altruistic or not. More specifically, Kitcher contends that an individual's altruism profile can be established by using five dimensions. The *intensity* of an altruistic response involves the de-

gree to which a person realigns his/her own desires or interests to accommodate those of another. The *range* of someone's profile refers to the list of people whose desires or interests (could involve all human beings or be restricted to family and friends) he/she normally takes into account when acting. The *scope* of an altruism profile denotes the internal and external contexts in which an individual is likely to act altruistically. For example, a male might usually take his partner's desires into account in their relationship unless he was feeling angry or depressed. An individual's *discernment* refers to his/her ability to identify the consequences of his/her actions for relevant others. Finally, someone's *empathetic* skills speak to the ability to accurately infer another person's desires, or, more broadly, relevant mental or physical states. This is similar to the notion of perspective taking and theory of mind ability. Kitcher comments that typically individuals' altruistic profiles consist of an inner circle of valued people whose interests they almost always take into account when acting in ways that are likely to influence them. However, it is likely that the interests of persons on the periphery or beyond this circle would be overlooked or downplayed.

Kitcher presents an analysis of psychological altruism as a multidimensional concept and the point of describing the five dimensions is to encourage researchers to think of the type of psychological altruism individuals display, or alternatively to elucidate the nature of altruism failures. Taking a step back it is possible to transform the concept of psychological altruism into a theoretical framework that is capable of guiding theorists and empirical researchers in the formulation of explanations of altruism (and empathy) failures. From the perspective of this framework, individuals act in ways that disregard the interests of others (altruism failure) in situations where other people's desires and interests should have high priority, when: (1) they do not sufficiently modulate their own desires (etc.) to adequately respond to the situation at hand (intensity); (2) they unreasonably exclude certain classes of people or specific individuals from the list of those towards whom they ought to behave altruistically and therefore would not sexually abuse them (range); (3) they fail to behave altruistically in certain contexts because of the influence of cognitive, emotional, physiological, social, or environmental factors (scope); (4) they are incapable of, or fail in certain contexts to exhibit their capacities to discern the consequences of their actions for the individuals they sexually abuse (discernment); and (5) they lack the capacity to accurately detect the mental states of people they abuse or, if they possess this capacity, they fail to exercise it in certain contexts (empathetic skill). Of course, these claims are abstract and overly general but they function as useful indicators of the social, psychological, and physical variables researchers ought to concentrate their efforts on.

## Relationship Between Empathy and Psychological Altruism

It seems to us that the multidimensional concept of psychological altruism has several advantages over the concept of empathy within the correctional domain. First, conceptualizing altruism in a graduated way means that it is not simply a question of whether a person is responsive to another's interests or is not. It is more likely that individuals will possess their own altruism profile consisting of the weightings on each of the five dimensions described earlier.

Second, empathetic responses and their constituents have a role to play in psychological altruism. For one thing, empathic emotions such as compassion or sadness may accompany a person's desire to take another's interests into account in certain contexts. Furthermore, the perspective-taking component of empathy, as construed in the sex offending literature, is evident in the empathetic skills and discernment dimensions of psychological altruism. The more complex empathy models, such as the one formulated by Barnett and Mann (2012), also map onto the multidimensional concept of psychological altruism or, more accurately, the theoretical framework we derived from Kitcher's analysis. It seems clear that the emotion and perspective taking components of Barnett and Mann's theory map nicely onto Kitcher's dimensions of empathetic accuracy and discernment. Similarly, the claim that emotions can accompany the perception of another's distress incorporates empathic emotions. The assertion that empathic responses are mediated partly by compassion and respect for target persons seems to be directly related to issues of range. That is, individuals who are accorded a certain moral status should also merit our respect and compassion when experiencing hardship. The requirement that contextual variables and competing motivations do not override an empathic response appears to be a straightforward example of Kitcher's notion of context. Finally, Barnett and Mann's assumption that individuals' levels of personal distress be suitably modulated in order for an empathic response to occur is also an example of the importance of context from an altruism viewpoint. One element of Kitcher's concept of psychological altruism that is not mentioned by Barnett and Mann is that of intensity, or the matching of the degree of an altruistic response to the demands of a situation.

Third, problematic aspects of the concept of empathy as formulated by theorists and some puzzling research findings can potentially be accommodated by the employment of the concept of psychological altruism. For example, the finding that some sex offenders appear to lack empathy only for their victims rather than for all children or adult females (for example), may reflect a narrowness of range or problem with scope. That is, in certain contexts an

individual's normal altruism inclinations are overridden. In addition, some sex offenders may lack the ability to accurately discern a victim's mental states and thus suffer from skill deficits, while another offender may have the relevant skills but fails to utilize them when angry, or when sexually aroused (a scope or context failure). Thus an etiological implication of the psychological altruism perspective is that, while sexual offenses can occur in the absence of empathy deficits, every act of sexual aggression displays a lack of psychological altruism. By way of contrast, the altruism framework also predicts that individuals may inhibit sexually aggressive actions and act altruistically without demonstrating the cognitive and affective elements of an empathic response. This could be because they do not want to let their friends down, because they are committed to specific moral norms, or because they calculate that it is in their best interests to do so. In our experience, offenders often give these types of reasons for inhibiting sexually deviant or aggressive desires and impulses.

Fourth, the multidimensional concept of psychological altruism offers practitioners an overarching ethical/psychological framework with which to approach treatment with sex offenders. As we shall demonstrate below, locating problems in the intensity, range, scope, discernment and empathetic skills components of psychological altruism can help to highlight key areas of clinical concern and focus intervention efforts more tightly. The fact that the presence of psychological altruism directly reflects the recognition of others' needs, and also supports the legitimacy of adjusting one's own actions in the light of others' relevant mental states, points to its moral relevance.

Fifth, the concepts of psychological and behavioral altruism have certain advantages over that of empathy when it comes to appreciating the normative laden nature of offender treatment and rehabilitation. An empathic response may motivate individuals to act in an ethical manner because of their awareness of others' mental states and the fact that empathy related emotions (or affective states) such as compassion, guilt, shame, remorse, and concern are action directing. However, if for some reason a person fails to experience empathy in the face of a potential victim's suffering or confusion, it can play no role in accounting for his/her inhibition of sexually deviant desires or inclinations. However, the concept of psychological and behavioral altruism can do so. A person may be strongly inclined not to sexually offend against someone, even in the face of conflicting motivations, because he is committed to acting in accordance with norms that are directed towards the desires and needs of the potential victim. The investment in certain norms, in conjunction with the other requirements for acting in a psychologically altruistic manner, can promote actions despite the lack of empathic emotions. In other words the experience of empathic affective

states is not required for altruistic actions, either of a psychological or behavioral form. In addition, because a primary aim of offender treatment is to reduce the chances of altruistic failures occurring, all of the specific treatment modules delivered to offenders are underpinned by norms that specifically link each to this overarching goal. For example, in treatment sex offenders learn how to establish adaptive social relationships, and by doing so, are less likely to use sex with children as a means of securing intimacy. The specific instructions or norms outlining how treatment ought to proceed are undergirded by a general norm: it is good to establish sexually intimate relationships with adults (and wrong to do so with children). There are both prudential and moral aspects to this norm. On the one hand, adults are more likely to be able to meet offenders' needs for companionship and love, and on the other, sex with children is harmful to them and therefore wrong. Because the overall goal of treatment is to reduce altruism failures-which offending surely represents- and also to increase the chances of offenders experiencing second level altruism, the concept of psychological altruism provides a comprehensive psychological and ethical guide for practitioners.

In conclusion, while empathic responses are useful treatment targets because they can motivate altruistic actions (e.g., inhibit aggressive behavior), people can behave altruistically without feeling empathetic emotions or inclinations. This may be because they are committed to certain norms, they do not want to let down a mentor, or for a number of other reasons. There may in fact be multiple pathways to acting altruistically. An advantage of orientating interventions with offenders around the concept of altruism is that it broadens the range of therapeutic targets and can explain (a) why empathic responses such as sympathy can facilitate prosocial behavior, and also (b) why a person might act in ways that are clearly other serving while not experiencing empathy related emotions such as sympathy. This is not to downgrade the importance of empathy in promoting prosocial behavior, merely to locate it in its appropriate place in the context of offender rehabilitation. An additional issue is that an individual may fail to act altruistically because of the influence of external contextual factors and not because he or she lacks the *capacity* to feel for others or to accurately infer their mental states. Thus it is not sufficient for therapists to assist offenders to cultivate appropriate psychological predispositions such as sympathy, perspective taking, or compassion; it is not simply a question of character or personality development. Sometimes contextual or environmental factors will override someone's normally empathic nature; social isolation or extreme stress, for example. What are required in these instances are social interventions that seek to alleviate problems such as poverty, lack of support, or environmental threats. In our view, the altruism

framework sketched above is able to accommodate these variables with relative ease.

## ■ Psychological Altruism and Treatment of Sex Offenders

### Aims of Rehabilitation

The aims of treatment from the framework of psychological altruism is to make it less probable that an offender will experience altruism failure and therefore fail to take the desires and interests of relevant individuals into account in the course of their daily lives. Failure to do so could adversely impact on them and other members of the community in two ways. First, once in a high-risk situation, disregarding the desires and interests of a potential victim makes it easier for an individual to commit an offense. Second, consistently acting in ways that ignore the preferences and interests of other people is likely to impair the reintegration process because of the corrosive effects on offenders' vocational, social, and intimate relationships (Ward & Laws, 2010). A downstream effect of any subsequent social rejection may well be further offending. Minimizing the likelihood of altruism failures occurring by strengthening the social, psychological, and situational constituents of psychological altruism through correctional interventions should also make it easier for offenders to live more fulfilling and meaningful lives.

### Etiological Considerations

The Risk-Need-Responsivity model (RNR) of offender rehabilitation states that effective correctional interventions should follow the principles of risk, need, and responsivity. While a number of conceptual and practice problems have been identified in this model (Ward & Maruna, 2007), most researchers and practitioners working with offenders agree that ethical and effective practice should be guided by the RNR principles (Yates, Prescott & Ward, 2010; Ward & Stewart, 2003). One core requirement of RNR practice is that clinicians concentrate their therapeutic efforts on managing or eliminating dynamic risk factors. These psychological and environmental variables are thought to causally contribute to the onset of criminal events and their successful reduction typically results in lowered re-offending rates (Andrews & Bonta, 2010). The theoretical framework we derived from Kitcher's multidimensional concept of psychological altruism can easily accommodate the RNR principles in the following way. Criminogenic needs such as offense supportive beliefs and attitudes, intimacy deficits, emotional regulation problems, substance abuse, and impulsivity represent causal variables that are likely to impair the ability of offenders to act in a psychologically altruistic way. For example, offense supportive beliefs, or what have been termed cognitive distortions, typically cast potential victims in ways that permit the offender not to consider them as having the same moral status as them, or else as

possessing desires and preferences that make sexual abuse acceptable. This is a problem relating to the range dimension. Two good examples of this type of cognitive distortion are the belief that women are untrustworthy or dangerous, and that children are sexual agents (Gannon & Polaschek, 2006). The former depicts women as belonging to a class of beings whose desires and interests are not that relevant when engaging in sex and the latter portrays children as competent sexual beings who are capable of making decisions about sex for themselves. We suggest that all of the dimensions of intensity, range, scope, discernment, and empathetic skill can be linked to causal factors resulting in a sexual offense, directly or indirectly (see below).

### Assessment

The aim of the assessment phase of sex offender treatment is to systematically collect clinically relevant information about individuals' offending, functional life domains, personal characteristics, and developmental and social history. Once a sex offender's problems have been identified a case formulation (or mini clinical theory) is constructed in which the nature of the problems, their onset, development, and interrelationships are described. Following the development of a case formulation, clinicians construct an intervention plan in which the various treatment goals, their sequencing, and strategies for achieving them are noted. The components of sex offender treatment in a comprehensive treatment program for sex offenders typically include the following types of interventions: cognitive restructuring/offense reflection, sexual reconditioning, sexual education, social skill training, problem solving, (empathy) perspective taking/constructing victim biographies/victim impact work, intimacy work, acquiring emotional regulation skills, lifestyle/leisure planning and experience, vocational training, and reentry or adjustment planning including relapse prevention (Marshall et al., 2006; Laws & Ward, 2011).

When formulating a case the theoretical framework we derived from Kitcher's altruism dimensions can be used to direct and concentrate clinical attention to certain kinds of problems. Drawing from the assessment data (comprising interview information, psychological measures, archive data, behavioral observations etc.) practitioners can ask the following questions, each covering one of the five dimensions of altruism.

**Range.** Are there any individuals or classes of people explicitly excluded from X's list of altruism targets? Does he hold certain beliefs or attitudes that effectively disenfranchise persons from a consideration of their interests, for example children or young adult women? Does he lack the skills to communicate openly and honestly with adults?

**Scope.** Are there any internal contexts in which X's ability to act altruistically are compromised in

some way? For example, does he find it hard to take account of someone else's interests when feeling angry, sexually aroused, or lonely? What about external contexts? Does X struggle to control his sexually deviant desires and preferences when alone with a child or woman? What about if he is in the company of certain groups of friends? Or when he is socially isolated?

**Discernment.** Does X lack an adequate understanding of the psychological and developmental needs of children? Are his problem solving and inductive reasoning skills of poor quality making it difficult for him to think through the consequences of acting in sexually abusive, or offense reacted ways?

**Empathetic skills.** Does X struggle to accurately identify other people's mental states during an interaction? Is he able to adjust his actions in light of his reading of others' mental states?

**Intensity.** Does X possess the general practical reasoning and self-management skills in order to frame other people's situations in ways that accurately describes what is going on for them? Having done this, can he realign his own desires (and other relevant mental states) and actions in order to respond in an appropriate manner? We view intensity as a more global capacity that builds on the skills, etc. aligned to the other altruism dimensions.

It is anticipated that the answers to the above questions will enable practitioners to pinpoint the reasons why a sex offender acted in ways contrary to the desires and interests of his/her victim. This information can then be recruited in the construction of the case formulation and subsequent intervention plan.

### Practice

In discussing the practice implications of the theoretical framework derived from Kitcher's concept of psychological altruism, we will describe briefly a number of typical sex offender treatment modules and trace their potential for strengthening altruistic actions. The description of the modules' content is based on our clinical experiences and the work by Marshall et al. (2006) and Ward et al. (2007).

#### Understanding One's Offense/ Cognitive Restructuring

The aim of this treatment module is for offenders to acquire an understanding of their offense process and the psychological and contextual triggers and precursors to their offending. With gentle prompting and feedback from the group, often individuals start to question their interpretations of their victim's actions and their own justifications for what they did. Ideally, offenders will exit this phase of treatment with a sense of accountability for their actions, awareness of the problematic nature of some of their beliefs and attitudes, and a grasp of their own suite of risk factors for further offending.

The foci of this model are individual offense supportive beliefs and attitudes and acceptance of responsibility for his/her abusive actions. It is normal to see the emergence of an awareness of their cognitive and emotional barriers to accepting victims as moral equals; beings who merit equal consideration of their desires, needs, and interests when contemplating sex. Furthermore, clinicians may obtain insight into offenders' knowledge of sex and interpersonal relationships, and their level of empathetic skill. Finally, it should be possible to ascertain how emotionally competent individuals are and what relationships exist between emotional states and offending (contextual dimension).

### Empathy Training

The major aim of the empathy module is to encourage offenders to reflect on the impact of sexual abuse on victims and their families. This is achieved through the use of victim biographies, role plays of the index offense, and the assimilation of information about sexual abuse and its consequences for victims. Offenders often describe this as an emotionally devastating experience and report that it helped them to grasp the self-serving nature of their behavior and the callous disregard for the well-being of vulnerable children and unconsenting adults.

Victim perspective taking and appropriate emotional responding are therapeutic targets of this module, and are classical components of an empathy response. In the language of psychological altruism, an expectation is that empathetic accuracy is improved, discernment skills are sharpened, and contextual features of high risk situations that increase the likelihood of sexual crime occurring are discovered.

### Social skills and Intimacy Interventions

The social skills/intimacy module seeks to equip offenders with the internal and external capabilities to adaptively navigate their way through the social world and to learn how to establish and maintain intimate relationships. Research has indicated that some offenders commit sexual offenses because of their feelings of loneliness and social isolation (Ward, Mann, & Gannon, 2007). In addition, there is emphasis on dealing with social conflicts and learning how to communicate feelings in a range of interpersonal contexts, from work to disagreements in close relationships. Frequently, the impact of offenders' early interpersonal relationships are explored and the resulting influence on their internal working models of attachment figures and romantic partners are clearly identified.

The human world is pretty much a social world, and there is no practically possible way to escape or avoid the demands and impact of interpersonal relationships. Offending is an interpersonal event and involves an interaction between at least two people. The offender and the person he or she

sexually assaults. Internal working models of relationships that are characterized by distrust or perceptions of vulnerability may impair offenders' perceptions of children and adults, and result in sexual crimes. Problematic beliefs of these types, and the strategies that accompany them, make it difficult for offenders to function in a psychologically altruistic way. There is frequently a problem of range, where the needs and interests of certain people are dismissed as irrelevant, or else are misperceived in ways that promote sexual offending (empathetic skill). There may also be problems of context (e.g., experiencing altruism failure when feeling lonely) that would benefit from therapeutic attention.

### Emotional Regulation

Emotional regulation modules tend to look closely at offenders' competence on a number of emotional tasks. These include being able to accurately identify and label an emotion, in oneself and in others; once the emotions have been correctly identified, knowing how to act in (adaptive) ways prompted by the emotion in question; and being able to manage powerful emotional states so they do not overwhelm the person concerned.

Powerful emotional states can disinhibit individuals and create immense pressure on them to act non-altruistically. For example, if an offender is experiencing strong feelings of anger, self-control could prove to be particularly challenging. Norms directing him to attend to his potential sexual partner's desires or preferences may be overlooked and his own desires trump all other motivations; he commits an offense. Alternatively, another sex offender could use sex as a soothing activity and when feeling vulnerable, anxious, or depressed seeks out a sexual partner. These kinds of problems are unfortunately relatively common and point to issues with psychological altruism. Perhaps the most obvious issue relates to one of internal context, where failure to effectively modulate certain moods makes it hard for an offender to enter act in a psychologically altruistic manner; his own desires and needs take precedence in a context when the reverse should be true.

### Problem Solving

The final module we will consider is that of problem solving. Basically, in this module offenders learn how to frame problems and work towards effective solutions. The aim is to increase their ability to step back from social and personal crises in order to reflect on the nature of the difficulty, and by thinking in a flexible and pragmatic way arrive at a workable solution. Offenders learn the various phases of problem solving and how to seek relevant information when deciding between a number of options to resolve their difficulties.

The acquisition of good problem solving skills is most likely to improve the way offenders think

about the consequences of their actions (discernment dimension) although it does have implications for the other dimensions as well. For example, when faced with an interpersonal problem or experiencing a negative emotion such as intense fear, the offender would ideally sit back and ask himself what is going on. Creating cognitive space between feeling and acting should open up further opportunities to explore his difficulties and to consider alternative ways of dealing with them. This could result in a shift of focus from his own needs to what the potential victim is experiencing, and ultimately, to a decision to realign his own desires to those of the other person and not to engage in a sexual assault. It is also to be expected that improved problem solving skills could impact in a positive manner on offenders' cognitive distortions and thus contribute to dealing with any possible altruism failures associated with the dimension of range.

### Conclusions

In this paper we have explored the relevance of the concept of empathy for sex offender research and practice. In doing so, it has become apparent that empathy may play an important role in motivating individuals to act in morally acceptable ways, and importantly, to cease offending. After examining empathy and its conceptualization in the sexual offending field more closely, we concluded that the concept of psychological altruism and its associated five dimensions could incorporate valued aspects of empathy, while avoiding some of the conceptual and practice related problems that attend it. After describing Kitcher's concept of psychological altruism, and using it as the basis for an altruism theoretical framework, we investigated its implications for practice. In our view, the capacity of the psychological altruism concept to provide an ethical and theoretical framework for viewing correctional practice is encouraging. It reminds practitioners that work with sex offenders has a strong normative, as well as a scientific or empirical, dimension and that the concept of psychological altruism is much better positioned to provide this broader perspective than that of empathy.

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