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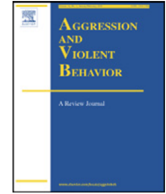

Empathy deficits and sexual offending: A model of obstacles to empathy

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ABSTRACT

Theoretical models of the role of empathy in sexual offending agree on five components relevant to the experience of empathy: a respectful and compassionate orientation to others, perspective taking, affective responding, the ability to manage personal distress, and situational factors. We identify overlap between these components of the empathic process and established risk factors for sexual offending and create a model detailing potential blocks to the empathic process during sexual offending. The model has external consistency and useful implications for interventions with sex offenders. Viewed in the light of this model, we argue that current sex offender treatment programs spend a disproportionate amount of time examining empathy for past victims. We recommend, instead, that treatment aims to enhance offenders' abilities in relation to the components of the empathic process more generally, using creative and engaging techniques akin to those used to develop "victim empathy".

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1. Introduction

Evidence from meta-analyses has given increasing weight to the notion that victim empathy work should be removed from treatment aimed at helping sexual offenders to live more fruitful, satisfying, and prosocial lives and reducing reoffending (Hanson & Bussière, 1996, 1998; Hanson & Morton-Bourgon, 2004, 2005; Landenberger & Lipsey, 2005). However, service-user studies indicate that offenders themselves often see victim empathy work as one of the most important and influential components of their treatment (Levenson, Macgowan, Morin, & Cotter, 2009; Levenson & Prescott, 2009; Wakeling, Webster, & Mann, 2005). Indeed, the most recent national survey of sexual offender intervention providers in the U.S. indicated

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that between 87% and 95% of interventions include victim empathy work (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010). In England and Wales, victim empathy work is included in all of the accredited primary programs for sexual offenders run by the Probation and Prison Services. This suggests that treatment providers accord this sort of work considerable therapeutic significance. Elsewhere (Mann & Barnett, 2012), we have discussed the reasons for this conflicting position, including the conflation of ethical and rehabilitative justifications for victim empathy work (Ward, 2010). We concluded that before we are able to resolve the question of whether or not we should be incorporating into treatment work to increase empathy for the victim(s) of an offender's sexually abusive behavior, it is necessary to have a clearer idea of the theoretical relationship between a lack of empathy and sexual offending.

In this paper we will build on previous theoretical work about empathy in sexual offending. We start by examining definitions of empathy in order to obtain a sound understanding of this important therapeutic and psychological concept. We then identify the processes and factors involved in generating empathy, and propose and systematically outline a model of the empathic process. Assuming that sexual offending occurs, in part, as a result of a failure to empathize properly with the victim, we suggest ways in which the empathic process could be blocked or impaired during offending, as a result of specific factors known to be related to risk of sexual reoffending. Specifically, we suggest that empathy processes can be disrupted or impaired by the presence of offense-supportive implicit theories, theory of mind deficits, intense emotion resulting in cognitive deconstruction, emotions that lead to a self-focus and reduced 'other focus', such as shame, a general lack of concern for others, a restricted ability to experience emotion or problems coping with personal distress. We consider that any of these could present obstacles to the experience of empathy for a potential victim in a sexual offense situation. We also suggest that these blocks will differ across and within individuals, as what may have been an obstacle for one offender will not explain another's lack of empathy for their victims at the time of offending. Relatedly, what may have been an obstacle to empathy for an offender in one offense situation may be different to the obstacles that were relevant to that offender in another. We go on to examine the empirical adequacy and external consistency of the model, before discussing its treatment implications.

2. What is empathy and how does it work?

A number of the theories of empathy in the forensic psychological literature conflate definitions of empathy with descriptions of the empathic process, that is, those processes and mechanisms involved in *generating* the experience of empathy. We start by proposing a definition of empathy, before going on to review literature that has focused on the theoretical constructs developed to explain its occurrence.

2.1. Definitions of empathy

Early theorists believed that empathy was primarily an emotional response to another person. In an excellent review, Gladstein (1984) described the history of thinking about the concept of empathy, starting with philosopher–psychologists such as Theodor Lipps. Lipps believed empathy to be a primarily affective unconscious experience in which observing someone's physical appearance led to an immediate and intuitive understanding of their thoughts and feelings. He proposed that this creates a connection between two people in which the empathizer becomes 'as one' with the person they are observing and that this only becomes cognitive and conscious *after* the empathic experience. While Lipps felt that the empathizer projects his or her emotions and understanding onto the other person, other theorists', such as Wundt, a physiologist–psychologist, believed the converse to be true; that the other person's emotions are experienced by the empathizer. Social psychologists like Allport and Heider referred to the 'taking on' of someone else's emotional state as 'emotional contagion', a process through which the experience of empathy could be achieved (Allport, 1924). From this viewpoint, it is emotional contagion that distinguishes empathy from a related concept, sympathy. While sympathy is characterized by immediate feelings of pity and sorrow, the affective component of empathy is captured by experience of the emotion (or imagined emotion) of the other, regardless of what that emotion may be.

Gladstein (1984) also described how an early sociologist, George Mead (when writing about what was then termed sympathy but came to be called empathy) was one of the first to suggest that empathy could be achieved through a deliberate, conscious and cognitive process. Indeed, developmental psychologist Piaget (1975) believed that it is only with the ability to take others' perspectives that emotional contagion could lead to empathic behavior towards another. Thus, if emotional contagion exists without the understanding gained from perspective-taking the ensuing action's main function would be entirely egocentric, serving to alleviate personal distress, rather than serving to help the other person (although the latter could occur as a by-product). A number of theorists have proposed that empathy should be defined, in part by one's behavior towards another person; that is, empathy necessarily involves acting empathically towards another. Marshall, Hudson, Jones, and Fernandez (1995), for example, asserted that empathy is a four-stage process that ends in action to ameliorate the other's distress. This model, however, appears to conflate the processes, and indeed possible outcomes, of the experience of empathy, with a definition of empathy. Polaschek (2003) criticized the notion of defining empathy on the basis of behavioral outcomes, arguing that whether or not someone acts on an experience of empathy is determined by multiple factors, such as competing interests, situational determinants, and so on. Conversely, we argue that even if someone acts in an empathic manner this will not necessarily be motivated by the experience of empathy but can be ethically driven, out of a sense of duty.

Hanson and Scott (1995) suggested empathy is also characterized by caring or concern for the other (the terms caring, compassion and concern have been used interchangeably in the literature on empathy). They suggested that empathy is more than feeling how someone else feels, or thinking how someone else thinks, (both of which they conceptualize as processes involved in empathy); it is defined by a feeling of *compassion* for the other resulting from these processes. Certainly, someone high in callousness and who had a lack of concern for others could potentially understand how someone else thinks or feels without necessarily experiencing compassion for them. It is caring about someone else's experience, once the experience is recognized, that is central to the concept of empathy.

The notion that any definition of empathy must involve the experience of compassion or concern is supported by Polaschek (2003), who argued that caring may be important in understanding both trait (general) and state (situational) empathy deficits. The differentiation between general and situational deficits in empathy is one that has gathered growing importance among those working with sexual offenders, and is an issue to which we will return later in this review. As mentioned earlier, Polaschek (2003) stated that definitions of empathy should move away from inclusion of compassionate *behavioral* responses, as whether such responses occur could be unrelated to whether the individual experienced a sense of compassion for another. For example, situational constraints or competing interests may suppress a compassionate response in an individual despite the experience of empathy for another. Interestingly, this is the reverse of the way in which caring is defined in the literature on the ethics of care. Care theorists argue that care involves actions, and that actions can be still be regarded as caring regardless of whether or not they actually stem from feelings of concern, empathy or care (Ward & Salmon, 2011). We argue that empathy, however, is an intrinsically affective experience, and that taking the affect out of any definition of empathy would be going against the very nature of this construct. Thus, caring

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