MINDFULNESS MEDITATION: A NEW APPROACH TO WORKING WITH SEXUAL OFFENDERS

by

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Abstract

Negative affect and emotions such as anger and anxiety, are risk factors related to sexual offending (Howells, Day, & Wright, 2004; Serran & Marshall, 2006). Consequently, most sexual offender treatment programs teach offenders how to cope with situations that produce negative emotionality (Pithers et al., 1989; Marshall, Marshall, Serran, 2006). A review of mindfulness meditation, a positive therapeutic approach, has demonstrated utility in improving emotional management skills (Baer, 2003), however meditation has yet to be considered as a treatment for sexual offenders. The present study is a pilot attempt at exploring the feasibility of using meditation in working with sexual offenders. Results show that participants were receptive to meditation, thought it may be beneficial, and were able to concentrate and relax during an experiential session. The potential benefits of mindfulness for improving emotional management in sexual offenders will be discussed and directions for future research will be explored.
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CHAPTER 1

Introduction

Researchers have been examining the role of affect and emotion in sexual offending for many years (Pithers, Kashima, Cumming & Beal 1988; Proulx, McKibben, & Lusigna 1996; Looman, 1999; Gee, Ward & Eccleston, 2003; Marshall, Marshall, Serran, & Fernandez, 2006). Among these investigations retrospective reports of convicted sexual offenders indicate that low mood, accompanied by negative emotions such as depression and anger, often directly precede a sexual offense (Price, 1999; Hanson & Harris, 2000; Serran & Marshall, 2006). This idea is hardly new. Pithers et al., (1988) found that upwards to 89% of sexual offenders reported strong negative emotions as an immediate precursor to relapse. Among rapists, 80% reported anger as the predominant preceding emotion, in child molesters 46% reported feeling anxious, while another 38% reported feeling depressed. Two recent published reviews examining the role of negative affect in sexual offending, concluded that negative affect is causally related to sexually deviant behaviour (Howells, Day & Wright, 2004; Serran & Marshall, 2006), however, not all researchers agree on the causal nature of this relationship.

Although most research suggests that negative affect is associated with sexual offending, theories that attempt to describe this relationship differ in their explanations. This may in part be due to the lack of commonality across definitions and the overlap among constructs used to describe emotions.

The terms affective state and emotion, for example, are often used interchangeably. Although these are related constructs, they differ in their definitions. Affect is a more general term and broad in scope, including emotions, moods, and feelings, while emotions on the other hand, are brief, target-specific affective reactions (Berkowitz, 2000). For example, an individual could be in a negative affective state for the past couple of weeks, generally feeling down and frustrated. However, a specific situation such as losing a job may cause the individual to feel depressed or angry (i.e. emotions). It is suggested that difficulty tolerating the distress associated with a negative emotion may influence an
individual's ability to cope. Therefore, it is not surprising that most sexual offender rehabilitation and treatment programs teach offenders how to cope with situations that produce negative emotionality (Pithers et al., 1989; Ward and Hudson, 2000; Marshall et. al., 2006).

**Sexual Offender Treatment and Rehabilitation**

Relapse Prevention. The dominant approach to sexual offender rehabilitation is the relapse prevention model. This model was originally developed by Marlatt (1982) in order to assist individuals who had just finished a treatment program for addictions, maintain their cognitive and behavioural treatment gains. It was later adapted and applied to sexual offender treatment by Pithers et al., (1988). Although relapse prevention was originally designed to follow a treatment program for addicted behaviors, it is now used as either treatment, post treatment maintenance, or both.

Central to the relapse prevention model is the notion of an offense chain, or in other words the various steps or stages that offenders pass through on their way to committing a sexual offense. Pither's et al., (1983) original relapse prevention model had four stages that individuals progressed through in a linear fashion. The first, the appraisal of relevant background and lifestyle factors, was proposed to be associated with the experience of negative affect, depending on how the individual felt about his current life situation. If he evaluated it positively then he was unlikely to be at risk for entering the next stage, however, if he evaluated it negatively, for example by feeling like something was missing from his life, then he was at greater risk for progressing to the next step in the model. The second stage, high risk situation, occurred when the individual gave himself permission to enter a risky situation, such as going to a baseball game alone with his nephew, in order to alleviate the negative emotion that resulted from his appraisal in stage one. The third, lapse, was where the individual actually entered the high-risk situation. A lapse is often accompanied by feelings of guilt or shame, as the offender realizes that he has made a poor decision and is now at greater risk of offending. Lastly, the fourth stage, relapse, occurred when the individual actually engaged in overtly deviant sexual behaviour.
A major criticism of the relapse prevention model is that a linear, one pathway approach to sexual offending, overlooks the heterogeneity that exists among sexual offenders (Ward, Louden, Hudson, & Marshall, 1995; Hanson, 1996; Ward, Hudson, & Keenan 1998; Bickely & Beech, 2003; Webster, 2005; Yates & Kingston, 2006). In an effort to account for this heterogeneity Ward et al., (1995) developed a descriptive model of sexual offending, and suggested that within a subgroup of sexual offenders, namely child molesters, there are at least three distinct pathways to offending, with an offense chain of nine stages in total. The first pathway, avoidant, was similar to Pither's model and characterized by negative affect, implicit planning, self focus, and a resolution to avoid future offending. The second, an approach pathway, described those offenders who began the offense chain with a positive appraisal of their current life circumstances. They were characterized as having a positive affective state, explicit planning, mutual victim focus, and an intention to continue offending. This pathway was unique in that it stated that offenders could also engage in deviant sexual behaviour in order to enhance the emotions associated with a positive affective state. The third pathway, mixed, described those offenders who shifted back and forth between the previously described pathways, and was thought to be less common.

**Self-Regulation Model**

Building on the descriptive model of the offense chain, Ward and Hudson (1998, 2000) developed the self-regulation model of sexual offending in order to account for the heterogeneity within all subgroups of sexual offenders. The basic assumption of the self-regulation model is that sexual offenders are goal directed in their behavior and act to either achieve a desired state (i.e., approach goal offenders) or to avoid an undesired state (i.e., avoidant goal offenders). The self-regulation model further divides the approach/avoidant pathways into two subcategories, resulting in four offense related pathways in total; avoidant-passive, avoidant-active, approach-automatic, and approach-explicit (Ward & Hudson, 1998, 2000). As previously mentioned, the avoidant pathways are
characterized by a desire to avoid sexual offending but an inability to prevent this from happening. Avoidant offenders tend to experience high levels of negative affect, minimization, and denial, and often offend during times of high stress (Groth, Hobson, & Gary, 1982; Hudson, Ward, & McCormack, 1999; Ward & Hudson, 1998, 2000). In the avoidant-passive pathway specifically, this inability manifests itself via the lack of coping skills, while in the explicit pathway avoidance is attempted through the use of inappropriate coping strategies, for example alcohol or drug consumption, thereby paradoxically increasing the probability of an offense occurring (Ward et. al., 1998). Within the approach pathways, goals are more acquisitional in nature, characterized by over-learned, impulsive, behavioural scripts, that are activated situationally. Approach offenders appear to have positive views about sexual contact with children and therefore they tend to experience higher levels of positive emotions throughout the offense cycle (Hudson et al., 1999; Ward & Hudson, 2000b). Self-regulation is likely to be in tact, but is characterized by inappropriate and harmful goals that lead to the commission of a sexual offense (Ward et. al., 1998).

Although relapse prevention and self-regulation models of sexual offending differ in their explanations of how affect and emotions influence offending, they share the assumption that affect plays a role in increasing risk. It has been suggested however, that it may not be the experience of emotions themselves that directly increases the risk of relapse, but rather an offender's inability to tolerate the distress associated with his affective states that increases his likelihood of committing a sexual offense (Hanson, 1996). In order to cope with the distress resulting from a negative emotion such as anger, an offender makes a decision to engage in high-risk behaviour, such as being sexually aggressive with a partner. However, some researchers argue that this is not the case for all offenders, and that for some, cognitive processes occur unconsciously in an attempt to reduce distress (Ward et al., 1995).

Cognitive deconstruction is an example of one of these processes and explains periods of
behaviour where individuals appear to lack awareness of their goals or actions (Baumesitter, 1989, 1990, 1991). In a cognitively deconstructed state an offender suspends appropriate self regulation in order to avoid the emotional effects of a particularly stressful experience. Self-awareness then becomes guided by immediate goals, and as a result the individual in a cognitively deconstructed state becomes disinhibited and more likely to violate their personal standards. Applied to sexual offenders, Ward et al., (1995) suggest that when an offender is confronted with a problematic situation, for example being rejected by a woman, he experiences an increase in negative emotions such as depression or anger. In order to avoid these painful emotions the offender enters a cognitively deconstructed state and suspends self-awareness. With some offenders, this state is enhanced by using substances such as drugs and alcohol which further suspend awareness and increase high-risk behaviour. When a cognitively deconstructed state has begun to develop in response to aversive self-awareness, the possibility of engaging in deviant behaviour is high (Ward et al., 1995).

While the self-regulation model of sexual offending has received empirical support (Hanson, 1996; Bickely & Beech, 2003; Webster, 2005; Yates & Kingston, 2006), relapse prevention remains the dominant approach to sexual offender rehabilitation (Ward, Laws & Hudson, & Ward, 2003; Marshall et al., 2006). Both models have their strengths and limitations. Although they have different approaches to rehabilitation, they are similar in the fact that they both share the assumption that the experience of strong emotional states has a role in the etiology, escalation, and maintenance of sexual offending.

**Emotional Management and Sexual Offenders**

Although sexual offenders vary in their risk factors and the ways in which they proceed through the offense chain (Ward et al., 1995; Hanson, 1996; Yates & Kingston, 2006), research suggests that the experience of negative affect and emotionality (although not exclusively), increases the risk of offending (Pithers et al., 1988; Ward et al., 1995; Ward et al., 1998; Marshall et al., 2006). The most commonly cited emotions accompanying high-risk situations include anger, anxiety, depression,
rejection, frustration, guilt, loneliness and shame (Price, 1999; Serran & Marshall, 2006). It is suggested that for sexual offenders, the presence of these emotions increases risk by impacting the ways in which they choose to cope with their distress (Neidigh & Toiko, 1991; Marshall, Serran & Cortoni, 2000; Looman, Abracen, DiFazio & Maillet, 2004). In fact the majority of rehabilitation programs are based on the premise that teaching offenders adaptive ways to cope with high-risk emotional situations reduces the risk of reoffending (George & Marlatt, 1989; Marshall et. al., 2006).

**Coping Styles in Sexual Offenders**

Lazarus and Folkman (1984) defined coping as the “cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p. 141). According to Lazarus and Folkman (1984) there are two coping styles: problem and emotion-focused. The first, task or problem-focused coping, is an adaptive strategy which directly addresses the problem at hand (e.g., outlines priorities, determines a course of action, and follows it). The second, emotion-focused coping, involves ineffective responses to stress such as blaming oneself for being too emotional about the situation, being preoccupied with bodily sensations such as aches and pains, and worrying about what to do (Lazarus & Folkman, 1984). Endler and Parker (1999) proposed a third coping style, avoidance-focused coping, which involves actions designed to ignore the problem, such as going out for dinner, watching television, or using substances such as alcohol in order to escape the reality of the situation.

Sexual offenders, including both child molesters and rapists, have been found to utilize more emotion and avoidance-focused coping strategies in response to stress (Neidigh & Toiko, 1991; Marshall, Cripps, Anderson, & Cortoni, 1999; Marshall, et al., 2000; McKibben, Proulx, & Lussier, 2001; Looman et al., 2004). Marshall et al., (2000) found that the Coping Inventory for Stressful Situations (CISS), a measure of emotional processing in which higher scores indicate greater use of emotion-focused coping styles, was able to distinguish sexual offenders from nonsexual and non-
offenders. Both rapists and child molesters demonstrated elevated scores on the CISS suggesting that they engage in more emotion-focused coping strategies than both nonsexual offenders and nonoffenders in general (Marshall et. al., 1999, 2000). Common emotion-focused strategies include daydreaming, fantasizing, temper tantrums, and an exaggerated sense of self-perception to name a few (Endler & Parker, 1999). Emotion-focused strategies have been shown to produce negative consequences including depression, anxiety, and greater distress (Endler & Parker, 1999), which as described above increases the risk of sexual recidivism (Pithers et al., 1989; Hanson, 1996; Ward & Hudson, 2000; Marshall et al., 2006). Furthermore, emotion-focused strategies such as fantasizing further increase the risk of recidivism as sexual offenders’ fantasies are often of a deviant sexual nature, which for some increases the risk of actual deviant behaviour (Marshall et. al., 1991; Looman, 1999; Gee et al., 2003). Emotion-focused coping is similar to the cognitive deconstruction process described earlier, both being characterized by an extreme self-focus in which fantasies guide behaviour and long term consequences are ignored (Marshall et al., 2000).

Child-molesters in particular have been found to use primarily emotion-focused and avoidance-based coping strategies (McKibben et. al., 2001; Kear-Colwell & Sawle, 2001; Neidigh & Tomiko, 1991). Kear-Colwell & Sawle (2001) suggested that child molesters actively avoid stress by attempting to get away from, or avoid a problematic situation. As mentioned earlier, strategies such as drinking often help these men alleviate the negative emotions they are experiencing. Unfortunately many of these strategies, especially substance abuse, inadvertently increase the risk of engaging in high-risk sexual behaviour. Research also suggests that some child molesters do not try to avoid their negative emotions, rather they choose to focus or over-engage with them through processes such as rumination. Rather than working to solve the problem, focusing on the negative emotion increases it’s intensity (Marshall et al., 2000). It is suggested that due to their high levels of negative emotionality, child molesters are also more likely to be confrontative and prone to using hostility as a way of coping with
negative feelings (Kobak & Sceery, 1998; Kear-Colwell & Sawle 2001).

Hostile methods of coping, such as being sexually aggressive with a woman, have also been suggested as ways in which sexual offenders attempt to increase their self-esteem (Marshall et al., 1999). These methods often lead to an offense being committed. Following the offense feelings of guilt and shame are common (Marshall et al., 1999). This in turn increases the risk of a future offense being committed, as the offender once again engages in high-risk behavior such as flirting with a child, in order to boost their self-esteem (Marshall et al., 1999). The effect is a vicious circle in which ineffective coping and low self-esteem work together to perpetuate the offense cycle (Marshall et al., 1999, 2000).

**Sex as coping.** Research shows that not only do sexual offenders engage in general dysfunctional coping strategies, but that the use of these strategies is also related to using sex as a way of coping (Cortoni, 1998, Cortoni & Marshall, 2001). Using sex as a coping strategy is particularly effective if the individual offender's goal is to escape a negative emotional state (i.e. avoidance-focused coping). Through the process of cognitive deconstruction the offender can reduce the impact of his negative emotions by suspending appropriate self-regulation. He is then able to overcome any inhibitions he may have about engaging in either normative and/or deviant sexual behaviour, allowing him to focus exclusively on the pleasurable sensations resulting from sexual activity (Ward et. al., 1995).

Research shows that both normative and deviant sexual behaviour is used by sexual offenders to cope with negative affect and stress (Price, 1999; Proulx, McKibben, & Lusignan, 1996; Cortoni & Marshall, 2001). Cortoni and Marshall (2001) found that 56 rapists and 57 child molesters scored higher than controls on the Coping Using Sex Inventory (CUSI) (Cortoni & Marshall, 2001), a measure of the degree to which an individual uses sex to cope with problems. They scored higher on the themes which assessed consensual as well as non-consensual sexual activities, in comparison to nonsexual
offenders. Feelgood et al., (2005) found that child molesters specially scored higher than violent offenders and rapists on all scales of the CUSI, except for consensual sex. Unfortunately findings using the CUSI are inconclusive as some studies have found no relationship between sexual offenders and CUSI scores (Marshall, Serran, & Cortoni, 2000).

It has been suggested that the reason for the discrepancy across these studies is due to methodological flaws and design inconsistencies (McCoy & Fremoux, 2010). However, although the results are inconclusive, the fact that some studies find that sexual offenders use sex directly as a coping strategy suggests that this is a relationship that needs further investigating. Alternatively, it is possible that the relationship between sex and coping is better represented through the relationship between stress and deviant sexual fantasies.

**Deviant Sexual Fantasies as Coping.** Research has looked at the role of deviant sexual fantasies in sexual offending for a number of years (Burgess et al., 1988; Looman, 1995; Ward & Siegert, 2002). Several years ago McGuire et al., (1965) found that 75% of participants classified as sexually deviant, admitted that their most common sexual fantasy involved paraphillic activity. Since the 60's research has continued to suggest that deviant sexual fantasies are common among sexual offenders (Burgess, Hartman, Ressler, & McCormack, 1986; McKibben et al., 1994; Looman, 1999; Gee et al., 2003). Prevalence rates are as high as 95% during masturbation for both serial rapists and child molesters (Burgess, Hazelwood, et. al., 1988; Marshall, Barbaree, & Eccles, 1991). While this does not suggest that deviant sexual fantasies directly translate into committing a sexual offense, Marshall et al., (1991) found that 21.7% of sexual offenders recalled having deviant fantasies just prior to their first offence. However, how these fantasies impact the likelihood of committing a sexual offense is unclear. Among the numerous theories proposed to account for the role of deviant sexual fantasies in offending, affect regulation is suggested to be one of the more fundamental functions (McKibben et al., 1994; Looman, 1999; Gee et al., 2003).
As previously described, affect appears to be central to the offense chain, mediating the progression across stages (Pithers et al., 1988; Ward et al., 1995). Research also suggests that strong affective states, negative moods, and interpersonal conflict, precede the occurrence of deviant sexual fantasies (McKibben et al., 1994; Proulx et al., 1996). McKibben et al., (1994) demonstrated that the inverse is also true and that the absence of conflicts, or same as usual or better mood, appears to be associated with less frequent deviant sexual fantasies. These studies suggest that negative emotions have a direct influence on the frequency of sexual fantasies.

A review by Looman (1999) indicated that the negative emotions most commonly reported in association with both deviant and non-deviant sexual fantasies, were loneliness, inadequacy, depression, rejection, and conflict. When separated by offense type, the emotions most frequently reported by rapists were anger, loneliness, and humiliation, while loneliness and humiliation were most commonly reported by child molesters (Proulx et al., 1996). Research also suggests that while both subgroups of sexual offenders experience negative affect and deviant sexual fantasies, that deviant sexual fantasies may have a more exclusively sexual function for homosexual pedophiles (Proulx et al., 1996). In general child molesters reported that fantasies about children were often preceded by depressed mood, feelings of being rejected by women, anger, fear, guilt, and arguments with wives or girlfriends (Looman, 1995). Based on these results Looman, (1999) suggested that for child molesters deviant sexual fantasies function as a means of coping with negative emotional states. In fact research suggests that deviant sexual fantasies are an avoidance-based coping strategy utilized by some sexual offenders in order to alleviate the distress associated with a negative emotional state (Gee et al., 2003; Ward & Hudson, 2000; Looman, 1999; Cortoni, 1998; Ward et al., 1998; McKibben et al., 1996).

While the above studies cannot prove that deviant sexual fantasies directly translate into deviant behaviour, the high prevalence of these fantasies in men who have committed a sexual offense suggests that they serve a disinhibitory function of some sort. Negative affect is important to this relationship as
it appears to directly precede sexual fantasies, especially for child molesters. Not only does negative affect appear to precede deviant sexual activities, but it has also been implicated as a significant cause of maladaptive coping including the use of sex, and emotion/avoidance focused coping strategies (Marshall et al., 2000; Looman, 1995; Feelgood et al., 2005). A recent review of the role of negative affect in sexual offending by McCoy and Fremouw (2010) concluded that regardless of the exact relationship, negative affect is likely to contribute in some way to sexual offending. Therefore it is suggested that finding adjunct treatment approaches which focus on teaching offenders how to cope with negative affect will be helpful in reducing sexual recidivism.

**Negative Affect, Relapse Prevention, and Need for New Treatment Models**

The finding that strong affective states often precede a number of proposed risk factors for sexual offending has significant implications for the relapse prevention model. In relapse prevention the emphasis is on teaching offenders how to cope with the specific high-risk situations that generate negative emotions (McKibben, Proulx, & Lussier, 2001). It is suggested that this approach can be enhanced by including treatment components which teach offenders how to cope with negative emotionality directly. For example, coping with a high risk situation such as being at a baseball game alone with one’s nephew, may require different skills than coping with a negative emotion such as anger. In fact, a retrospective study of coping in sexual offenders indicated that emotional disturbances were often cited as a reason why offenders did not attempt to use an adaptive coping strategy they learned in their treatment programs (McKibben et al., 2001). In other words, offenders are unlikely to benefit from the skills training they receive, if they are not first taught ways to cope with their negative emotions. Therefore, in order to make sexual offender treatment programs maximally effective it is important to find adjunct treatments which address negative emotionality directly.

The following section outlines one such treatment, mindfulness meditation. Mindfulness meditation, the practice of nonjudgmental awareness and acceptance of one's thoughts, feelings, and
sensations (Kabat-Zinn et al., 1992), has demonstrated great success in working with a variety of clinical and non-clinical populations struggling with negative emotions (see Baer, 2003 for a review). While it has been shown to improve emotion regulation and coping skills in these populations (Bishop et al., 2004; Hayes & Feldman, 2004), it has yet to be examined as a possible adjunct treatment for sexual offenders specifically. Due to the role of negative affect in the offense process, as well as its relationship with other risk factors related to sexual offending, it is suggested that using mindfulness meditation in sexual offender treatment programs may have a number of benefits.

**Mindfulness Meditation: Origins and Assumptions**

Mindfulness meditation has been increasing in popularity in the Western world over the past two decades. While mindfulness practices are relatively new to Western culture, they have been used in the East for hundreds of years. The past reluctance to adopt mindfulness practices in the West, may be in part due to it's roots in Buddhism (Baer, 2003). Buddhist traditions and language may intimidate Westerners unfamiliar with this religious philosophy, however nowadays mindful practices can be taught independently of the philosophies which informed its original practice.

Almost two decades ago, in an attempt to bridge the gap between Eastern mindful practices and Western philosophies, Jon Kabat-Zinn (1982) developed Mindfulness-Based-Stress Reduction (MBSR), a meditation and yoga based approach to treating chronic conditions and diseases, which could be taught independent from mindfulness’s religious and cultural origins (Baer, 2003). Based on the success of MBSR, other researchers have developed modified mindfulness programs to work with specific populations. For example, Teasdale, Segal, and Williams (1995), developed mindfulness-based cognitive therapy (MBCT) for preventing relapse in individuals diagnosed with major depression. The premise of MBCT is that those individuals who have had more than one major depressive episode, become vulnerable to a depressive relapse everytime they experience a dysphoric state. The negative emotions which accompany dysphoria reactivate habitual negative thinking patterns (Teasdale et al.,
Mindfulness meditation is proposed to help mediate this relationship. Defined as the process of purposely paying attention, non-judgmentally, to experiences happening in the present moment (Kabat-Zinn et al., 1992), mindfulness meditation has been shown to increase emotional awareness and improve overall well-being in a variety of populations (Kabat-Zinn et al., 1992; Teasdale, Segal, Williams, Ridgeway, Soulsby, & Lau, 2000; Marlatt, 2002 & Singh et. al., 2007). Mindfulness training facilitates greater overall well-being through the development of nonjudgmental awareness and acceptance of one's thoughts, feelings, and sensations (Kabat-Zinn et al., 1992). Take for example, the case of a client experiencing frequent panic attacks. Much of their time is spent engaging in behaviours designed to prevent future attacks, such as drug or alcohol abuse. Rather than the common approach of desensitization, or teaching the client to recognize and avoid the situations which result in panic attacks, mindfulness training helps the individual to recognize and accept their feelings of anxiety. Cognitive approaches to anxiety teach anxious individuals to label their thoughts and sensations as positive, negative, or neutral. In contrast, in MBSR participants learn that their thoughts have limits and potential inaccuracies, and they become better able to identify their anxious thoughts and sensations as “just” thoughts or sensations, not impending catastrophic events (Kabat-Zinn et al., 1992). Participants report that this alone helps to reduce anxiety and their perceived ability to cope with anxiety-provoking situations. Instead of reacting to their symptoms in habitual, emotionally-focused ways, participants are encouraged to see anxiety provoking situations as opportunities to engage in mindful coping (Kabat-Zinn et al., 1992). The effect is that the individual begins to learn that panic attacks may occasionally occur but when they do they are time-limited and not dangerous. While they may be unpleasant, they are also brief experiences that can be tolerated, rather than fearsome and dangerous experiences to be avoided (Baer, 2003). While this approach differs in several ways from the more common cognitive and behavioural approaches to treating anxiety, 92% of participants completing the MBSR program showed a reduction in anxiety which was maintained at
a 3 month follow-up (Kabat-Zinn et al., 1992).

Outcome studies evaluating the effectiveness of meditation programs have demonstrated that mindfulness training is beneficial in helping people cope with a variety of chronic conditions, for example, as previously mentioned, generalized anxiety and panic disorder (Kabat-Zinn et al., 1992). Participants suffering from chronic pain have also reported reduced levels of pain, other related medical concerns, and general psychological symptoms following a mindfulness-based program (Kabat-Zinn et al., 1992). Furthermore, meditation has demonstrated significant improvements in overall mood in those with binge eating disorders (Kristeller & Hallet, 1999), and reduced rates of relapse for patients struggling with chronic depression (Teasdale et. al., 2000) and addiction (Marlatt, 1994). A qualitative study of eight participants in an acute inpatient mental health hospital setting who took part in a weekly mindfulness based group, revealed a positive association between participation in meditation classes and increased awareness, self-esteem, sense of hope, and compassion (Winship, 2007). More specifically, several participants reported that their mindfulness training helped them to identify less with their problematic thoughts and feelings, helped to improve their ability to concentrate, increased their sense of peace and relaxation, and was something they wanted to continue practicing upon their discharge (Winship, 2007).

It is proposed that mindfulness is effective across a variety of clinical and non-clinical populations due to it's impact on reducing the specific cognitive vulnerabilities which make an individual more emotionally reactive and distressed (Bishop et. al., 2004). Clients are taught to simply observe their unique "problematic" thoughts and emotions without over-identifying with them or reacting to them in their habitual ways of responding. As a result the majority of the populations mentioned above show improvements in self-regulation and emotional acceptance (Bishop et. al., 2004), two constructs thought to be related to sexual offending.
How does Mindfulness Work?

Operational definitions of mindfulness help to conceptualize how this type of training facilitates a greater sense of overall well-being. A widely accepted working definition of mindfulness by Bishop et al., (2004) proposes that mindfulness is comprised of two main components. The first component, the self-regulation of attention, pertains to the idea that attention can be controlled and maintained on the immediate experience associated with thoughts, feelings, and sensations. The second component involves adopting an orientation of curiosity and acceptance towards one's experience in the present moment. Individuals are encouraged to attend to their bodily sensations, thoughts, and emotions, and to observe them carefully, in absence of an evaluation of them as good or bad, true or false, healthy or sick (Marlatt & Kristeller, 1999). The ability to observe one's thoughts and feelings and label them, as anxiety or anger for example, has been shown to encourage understanding that feelings are not always accurate reflections of reality. Feeling afraid does not necessarily mean that danger is imminent, and thinking “I am failure” does not make it true. This process helps individuals to develop a distanced or "decentered" relationship to their internal and external experiences and decreases emotional reactivity (Hayes & Feldman, 2004). In individuals diagnosed with Borderline Personality Disorder, prolonged observation of current thoughts and emotions without trying to avoid or escape them, extinguished previous avoidance behaviours. These results suggest that mindfulness is able to improve one's ability to tolerate negative emotional states and the capacity to cope with them effectively (Linehan, 1993a, 1993b).

In addition to improving specific clinical difficulties, mindfulness training has also been shown to help facilitate the regulation and control of emotions in nonclinical populations. In a sample of thousands of University students in the United States, higher scores on mindfulness measures were associated with less experiential avoidance, thought suppression, rumination, worry, and over-generalization. Mindfulness was also associated with an increased clarity of feelings, a perceived
ability to repair one’s mood, and cognitive flexibility. Those with higher mindfulness scores also
demonstrated less depression and anxiety and a greater sense of overall well-being (Hayes & Feldman, 2004). It appears that mindfulness training helps to facilitate an emotional balance that involves
acceptance of internal experiences, emotional clarity, and an ability to regulate one’s emotional states
(Hayes & Feldman, 2004). These results have significant implications for the treatment of sexual
offenders, as an inability to cope with negative emotions has been shown to be related to deviant sexual
behavior.

**Mindfulness Meditation in Correctional Settings**

Mindfulness meditation has been used successfully for a number of years in the international
prison system, however meditation programs have only recently been introduced in North American
prisons. The results from these newer programs mirror those found in international settings and
suggests that mindfulness training can help inmates develop greater emotional intelligence and self-
regulation abilities (Upaya, 2010). Testimonials from participants in meditation programs reveal that
inmates feel an increased sense of overall well-being following regular meditation practice.
Furthermore, they describe feeling better able to connect to their feelings without being driven or
controlled by them (Upaya, 2010).

One example of a prison-based meditation program, the North American Vipasanna Prision
Project, offers ten day institutional programs in Vipasanna meditation. Vipasanna, a specific form of
mindfulness meditation, is often practiced in residential settings and takes place over a period of ten
days during which participants are actively engaged in day long meditation sessions. Like all
mindfulness practices Vipasanna focuses on quieting the mind and strengthening concentration. The
first North American Vipassana-based program was delivered in November 1997 at the North
Rehabilitation Facility (NRF) near Seattle, Washington. Twenty courses were offered at NRF up until
its closure in 2002, however, since then Vipasanna courses have been delivered at American
correctional facilities in Alabama, Devans and Hamilton. While they are still relatively new in North America, Vipassana courses have been conducted internationally in Jaipur, India since 1975, and since 1993 in jails in New Delhi, Mexico, England, Spain, Thailand, Argentina, Taiwan, New Zealand, Mongolia and Israel (North American, n.d.).

To date two research studies examining the effectiveness of North American Vipasanna prison programs have been conducted. The first, a study on recidivism done at NRF in 2002, showed that in a group of 47 male inmates and 27 female inmates who completed an institutional Vipassana program, 55% returned to the NRF King County Jail within two years following their release. Previous recidivism evaluations of inmates who did not complete the Vipasanna program indicate that approximately 75% of inmates in the King County Jail recidivate within two years of their release (North American, n.d.). This was not a direct comparison between two samples at one period in time, therefore conclusions cannot be drawn from this data, however taken together the NRF suggests that the differing recidivism rates indicate that inmates completing a Vipasanna program are less likely to return to jail following their release. The second research project was conducted in 2006 by the University of Washington and funded by the National Institute of Health. Within this study a variety of self-report measures assessing alcohol and drug use, as well as impulse control, social responsibility, and physical, interpersonal, and intrapersonal consequences, were administered to participants in a Vipasanna program at the King County jail at baseline and at three and six month follow ups. The results found that those inmates who participated in the Vipassana program reported significantly less use of alcohol, marijuana, and crack cocaine following program completion (Bowen et al., 2006). They also reported improved psychological and social functioning, less severe psychiatric symptoms, and higher levels of optimism. While only the Bowen et al., (2006) study had a structured, empirical design, the results of these two preliminary studies provide support for the effectiveness of the Vipassana meditation program in reducing substance abuse and improving psychosocial functioning,
thereby reducing the likelihood of an offender returning to jail upon release.

The Upaya Institute and Zen centre in Sante Fe New Mexico, another example of a prison-based meditation program, developed the Prison Outreach Project. This project uses mindfulness meditation to help inmates create changes in their behaviors that are sustainable upon release, promote a positive lifestyle, and decrease the likelihood of recidivism (Upaya, 2010). In support of research which highlights that low self-esteem and poor coping form a causal loop that leads to sexual offending (Marshall et. al., 1999), the Upaya program acknowledges that prison time further compounds upon self-esteem issues and intensifies feelings of inadequacy. Therefore, the goal of this program is to use mindfulness-based techniques to help prevent inmates from returning to their communities in a damaged, disengaged manner. The mindfulness training sessions in the Prison Outreach Project engage residents in simple yoga exercises and meditation practice. In silent meditation, inmates are encouraged to experience their emotions in a non-judgmental, safe, and supportive environment, without repressing or acting upon them. These programs have been shown to help inmates cope with their feelings and develop greater emotional intelligence and self-regulation skills. Inmates have also shown improvements in their ability to examine and transform the unhealthy thoughts and behavioural habits that had previously governed their lives. Testimonials from participants indicate that many feel better able to connect to their feelings without being driven or controlled by them. Many inmates in the Upaya program stated that mindfulness practices kept them feeling balanced and sane. Their training also helped them to deal with the frustrations and anxieties common to prison life (Upaya, 2010). This is significant as some research suggests that learning to cope with institutional stress will help offenders develop the skills they need to be successful in dealing with stressful environments upon their release (Wooldredge, 1999).

There are a number of other programs being offered at Correctional facilities across North America which like the Prison Outreach Project, include a combination of meditation and yoga. For
example, the Free Inside program offered at the Maui Community Correctional Centre in Hawaii, consists of twelve-week cycles of twice weekly, hour-long classes in yoga, meditation, and chi gung practice. Using pre and post group self-report measures, Duncombe, Komorosky, Wong-Kim, & Turner, (2005) found an association between inmate participation in the Free Inside Program and increased awareness, self-esteem, sense of hope, and compassion. Another program, Freeing the Human Spirit Organization (FHSO), teaches meditation and yoga to Canadian inmates at 15 prisons in Ontario. Testimonials from participants in FHSO programs suggest that inmates are interested in meditation, that meditation programs are popular and attended regularly, and provide a means of finding a positive way to deal with the stress inherent in institutional life (Freeing, 2008).

In combination, the results of the reviewed studies suggest that mindfulness meditation may be suitable and beneficial for some correctional populations. Testimonials indicate that participants are interested in and attending existing meditation programs (Freeing, 2008), and feel better able to connect to and cope with their feelings following program completion (Upaya, 2010). Self-report studies show that inmates who participate in meditation programs report less alcohol and drug use, reduced psychiatric symptoms, and increased feelings of optimism (Bowen et al., 2006). Furthermore, research has found an association between institutional meditation practice and an increased sense of awareness, self-esteem, sense of hope, and compassion (Duncombe et al., 2005). Based upon these preliminary findings it is not surprising that some programs suggest that meditation helps inmates to improve their emotional intelligence and self-regulation skills (Upaya, 2010). Lastly, all of the research reviewed indicates that mindfulness training helps offenders to better cope with institutionally based stress.

It is proposed that meditation may be uniquely beneficial for sexual offenders due to its reported ability to help offenders cope with stress. As negative affect and accompanying distress has been shown to be related to the etiology and/or maintenance of sexual offending (Pithers et al., 1988; Neidigh & Toiko, 1991; Ward et al., 1995; Marshall et al., 2006), teaching sexual offenders adaptive ways to cope
with stress is of the utmost importance. Existing work in this area suggests that mindfulness meditation may provide clinicians with a novel and effective way to help facilitate increased coping in sexual offenders. However, because this approach to treatment has never been examined exclusively with this population, it is first important to determine if this group of offenders is open to and interested in the possible benefits of mindfulness meditation.

The Present Study

Rationale

Rehabilitating sexual offenders has important consequences not only for the individual offender but for the safety of society as a whole. Although relapse prevention treatment programs have had modest success in reducing recidivism, this linear approach to offending has several limitations. Finding adjunct therapies which can be used to improve treatment outcomes is therefore essential for sexual offender rehabilitation.

Mindfulness meditation, a novel approach to sexual offender treatment, has been shown to be effective in helping people manage their emotions and reduce the use of maladaptive coping strategies (Hayes & Feldman, 2004). A review of the mindfulness literature shows that meditation exercises have been successful in helping a wide variety of individuals improve their emotional management abilities, including those struggling with depression (Teasdale, et. al., 2000), anxiety (Kabat-Zinn et al., 1992), anger (Singh et. al., 2007), and addiction (Marlatt, 2002), all constructs known to be related to sexual offending.

Although meditation practices have yet to be examined with sexual offenders specifically, they have existed internationally for several years and have recently been introduced in North American institutions. The preliminary results of mindfulness programs in North America mirror those found internationally and include; an increased sense of overall well-being, feeling better able to connect to one's feelings without being driven or controlled by them, and increased emotional awareness, self-
esteem and compassion (Upaya, 2010). It is suggested that mindfulness training may be uniquely beneficial for sexual offenders due to it's ability to increase one's capacity to cope with negative emotionality.

The present study is a pilot project examining the feasibility of mindfulness meditation in working with men who have committed a sexual offense and seeks to answer three basic questions. First, is mindfulness meditation an appropriate approach in working with sexual offenders, second, can sexual offenders engage in and relate to mindfulness meditation and third, how may mindfulness meditation be of benefit?

CHAPTER 2
Methodology

Setting and Participants

Administrators at a correctional institution in Ontario were contacted several months before the beginning of the study and invited to participate in research examining the feasibility of using mindfulness meditation in working with men within the institution who have committed a sexual offense (see appendix A). Upon agreeing to take part, administrators at the institution were forwarded a recruitment letter (see appendix F) which was handed out to members of various sex offender treatment groups at the institution. Those individuals who were interested in participating were informed they could contact their psychologist to indicate their interest in the study.

A total of ten sexual offenders were recruited. All participants were serving provincial sentences for a sexual offense, that is two years less a day. Participants were not asked to disclose their offenses, therefore the breakdown of subtypes of sexual offenders is unknown in the current study. The participants were exclusively male, of various ethnic backgrounds, and ranged in age from 18 to 60 years. All participants were attending intensive sex offender treatment programs in addition to various other institutional programs prior to and during the study. No other background or demographic
information was collected from the participants in order to ensure anonymity and confidentiality.

**Materials**

Data collection in this study consisted of the completion of the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004), as well as a structured interview assessing emotional management difficulties and general perceptions of mindfulness before and after a meditation session.

**The Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004).** Participants were asked to complete the Difficulties in Emotion Regulation scale (DERS; Gratz & Roemer, 2004) (see appendix B) in order to assess their emotion related difficulties and coping strategies. The DERS is a brief, 36-item, self-report questionnaire written in simple language and through six subscales assesses multiple aspects of emotion dysregulation on a five point likert scale including: 1) nonacceptance of emotional responses (NONACCEPTANCE), 2) difficulties engaging in goal directed behavior (GOALS), 3) impulse control difficulties (IMPULSE), 4) lack of emotional awareness (AWARENESS), 5) limited access to emotion regulation strategies (STRATEGIES), and 6) lack of emotional clarity (CLARITY). Each answer on the DERS adds up to a total score as well as individual scaled scores derived through factor analysis. Examples of statements from the DERS include: “when I am upset, I take time to figure out what I'm really feeling,” (AWARENESS) and “when I’m upset, I believe there is nothing I can do to make myself feel better,” (STRATEGIES).

Evidence has been provided in support of the reliability of DERS scores. Specifically, DERS scores have been found to demonstrate good test–retest reliability over a period of 4 to 8 weeks in a sample of college students (r= .88; Gratz & Roemer, 2004). The total DERS score and subscale scores have been found to have high internal consistency within both clinical (Fox et al., 2007; Gratz et al., 2008) and nonclinical populations (e.g., Gratz & Roemer, 2004). Support for the construct and predictive validity of DERS scores within both clinical and nonclinical populations have also been found (Fox et al., 2007; Gratz & Chapman, 2007; Gratz & Roemer, 2004, 2008; Gratz et al., 2006).
Semi-Structured Interview, Section One. Following the administration of the DERS the first four questions of the semi-structured interview were presented (see appendix C). These questions examined participants’ emotion regulation abilities and strategies and included questions such as “what sorts of things do you do to control your emotions?”

Mindfulness Meditation Description. Participants’ initial perceptions of mindfulness meditation were assessed after being read a short five minute mindfulness meditation description (see appendix D). This description included what mindfulness meditation is, the possible benefits of meditation, and how it is usually practiced.

Semi-Structured Interview, Section Two. The meditation description was followed by the next four questions of the semi-structured interview (see appendix C) which assessed participants' openness to mindfulness meditation through questions such as "do you think this (meditation) sounds like something that might be beneficial for you? How so?"

Mindfulness of the Breath Meditation (Jon Kabat-Zinn, 2002). A short 10 minute mindfulness of the breath meditation was played for each participant (see appendix E). This meditation exercise is a guided meditation from Jon Kabat-Zinn's mindfulness compilation and focuses on connecting to the breath. The meditation was brought in as an audio file and played through an Ipod stereo system provided by the primary investigator.

Semi-Structured Interview, Section Three. Participants’ perceptions of meditation were assessed again following the meditation through the last six questions in the semi-structured interview (see appendix C). These questions included "were you able to concentrate on the instructions? Why or why not?, and “after having tried to meditate for the first time do you think this is something you would/could incorporate into your life?”

Design

This study used a phenomenological approach and was descriptive in nature. A semi-structured
The interview format was used in order to allow participants to have some control over the progression of the interview, while simultaneously allowing for the primary investigator to pursue commonalities across research participants. The DERS was included to allow for a small quantitative analysis to support the well documented assertion that sexual offenders have difficulties with their emotions (Pithers et al., 1988; Marshall et al., 2006; McCoy & Fremouw, 2010). The experiential exercise was included in order to determine if sexual offenders could actually engage in and relate to a meditation exercise. Furthermore, it allowed for a comparison of perceptions of mindfulness meditation before and after a practice session. All interviews took place in a private office in the Psychology department at a correctional institution in Ontario. The office was equipped with a desk, a filing cabinet, and two chairs. During all interviews only the primary investigator and the current participant were present.

**Procedure**

The data collection sessions took part over the period of two days conducted one week apart. Each day consisted of five interviews lasting approximately one hour each. Prior to the experimental session each participant was given a consent form to read, sign, and bring to the session (see appendix G). At the beginning of each session the primary investigator briefly went over the consent form and gave each individual an opportunity to ask any questions. The consent forms were separated from the data in order to protect confidentiality and anonymity. Following the informed consent process each participant was administered the DERS. They were then asked the first series of questions from the semi-structured interview. Next each participant was asked about their knowledge of mindfulness meditation. It was expected that most participants would be unfamiliar with meditation so each individual was given a brief description of what mindfulness meditation is, how it is practiced, and its possible benefits (see appendix D). Following an opportunity to ask questions about the meditation process, participants were then asked the next section of questions from the semi-structured interview, regarding their initial reactions and hesitations to using meditation. The experiential section followed
these questions and each individual was asked to participate in a ten minute mindfulness meditation. All participants stayed seated in their chair throughout the meditation, although some turned to face the wall or filing cabinet in order to facilitate increased privacy. All participants kept their eyes closed throughout the entire ten minutes. Following this exercise participants were asked the last series of questions in the semi-structured interview, which once again examined their openness to mindfulness meditation, however this time grounded in their experience during the experiential activity.

Data Analyses

The data was analyzed using a phenomenological approach which broadly sought to examine sexual offenders' openness to meditation, perceived obstacles associated with regular practice, and the specific benefits they perceived as being relevant for them individually. Data analyses began by taking the notes from each participant's interview and entering their answers electronically question by question. This data was examined thoroughly over a number of days to decipher themes common to each question. Participants’ answers to each question were then regrouped according to these common themes. A summary of these responses is reported in the results section.

The results from the DERS were also analyzed. Individual tests were first examined for items that required reversed scoring, including questions 2, 4, 7, 8, 10, 17, 20, 22, 24 and 34. Once each test had been reversed scored, total scores were determined by adding up the sum of the responses to each question. Individual subscale scores were then determined by summing the answers of the individual items comprising each subscale, as outlined by Gratz and Roemr (2004). However, because there are no norms for the DERS subscales participant subscale scores were not used in the data analyses.

CHAPTER 3

Results

The results are organized into three separate sections. The first section examines participants' emotion related difficulties through the first four questions of the semi-structured interview and the
analysis of the DERS scale. The following two sections explore participants' perceptions and openness in regards to mindfulness meditation prior to and following the experiential activity. The questions for all sections of the semi-structured interview are listed in appendix C.

**Semi Structured Interview Emotion Related Difficulties.**

The emotion related difficulties section of the semi-structured interview consisted of four questions examining participants' general emotional awareness, acceptance, regulation strategies, and emotion-related goals.

**General Emotional Awareness.** The question which assessed emotional awareness was “do you understand what events, people, or things make you feel a certain way, for example how would you know that you are feeling sad or happy?” Eight out of ten participants reported that they are aware of their emotions. When asked to provide examples of negative emotions they generally experience, six of these eight, gave examples including anger, guilt, sadness, and anxiety. Within the participants who indicated a high level of emotional awareness, sadness and anxiety were the most common. Half of these eight participants indicated that they often felt anxious following situations where they had to interact with strangers or people who were perceived as hostile. Anger was also commonly reported, often resulting from difficult interpersonal interactions, such as having an argument with a spouse or child. Another participant mentioned depression and guilt as being common emotions he experienced and that he felt that he was unable to prevent himself from feeling guilty on a regular basis. He explained that his guilt was having a negative impact on his self-esteem and that he was always putting himself down. Self-esteem issues were also reported by another participant who indicated that he believed his lack of personal identity and inability to connect with his emotions, were contributing to his low self-esteem. This participant explained that he was unsure whether or not he had any awareness of his emotions.

In contrast to these participants, two individuals stated that they are not at all emotionally
aware. Both explained that they do not have an awareness of what causes them to act in specific ways. One of these participants noted that he has difficulty seeing his emotions building and therefore often loses control, or over-engages with his emotions by putting most of his focus on coming out on top of the situation, regardless of the cost to him or others.

It is important to note that most of the participants who claimed to be emotionally aware explained that their emotional awareness developed through institutional programming, and that prior to being incarcerated they lacked the same level of awareness. One individual reported that during a treatment program he learned that he was not in fact depressed, but rather he was feeling angry at life in general which helped him realize that he needed to learn to cope with his anger not depression.

**Emotional Acceptance, Impulsivity, and Regulation Strategies.** There was a great deal of overlap between the answers to questions assessing emotional acceptance, impulsivity, and regulation strategies, therefore they are all reported in the following section. The questions which inquired about participants' emotional acceptance were a) *how accepting are you of your emotions?* and b) *do you often try to change how you are feeling?* The questions which assessed emotional impulsivity were “*do you feel like you are in control of your emotions?*” and “*what sorts of things do you do to control them?*”

The results were split across participants. In regards to emotional acceptance specifically, four participants indicated that they were not accepting of their emotions, while the other six stated that they were. However, some participants who answered in the affirmative mentioned that they were unsure whether or not they were consistently accepting. In regards to emotional impulsivity half of the participants stated that they were in control of their emotions, three stated that they were sometimes in control, and two stated that they definitely were not in control of their emotions. The four participants who stated that they were not accepting of their emotions were among those who indicated that they were either sometimes able, or unable to control their emotions. The six participants who explained that
they were accepting of their emotions were among the five who indicated that they had good control over them, with one indicating that he was unsure about his level of control.

For those participants who reported being in control of their emotions they mentioned using strategies such as stepping back and thinking things through, talking to friends or family, using visualizations, listening to music, completing institutional programming workbooks, and deep breathing as strategies that helped to control their emotions. One of these participants stated that his emotional acceptance was time-limited as he does not like to dwell on his emotions for too long for fear of becoming overwhelmed by them. Several participants were unsure whether or not they had control over their emotions, noting that they had seen improvements since becoming institutionalized, but often found themselves resorting to habitual maladaptive strategies, such as withdrawing from social situations, when they become upset. It is important to note that for those participants who indicated that they were emotionally aware or in control of their emotions, as was mentioned previously, the majority stated that these skills developed as a result of institutional programming.

In contrast, participants who stated they were not in control of or aware of their emotions, commonly cited distraction strategies such as reading, playing with their children, watching television, or going to sleep, as methods of coping. One participant noted that prior to becoming institutionalized he often used cutting, hanging, or anything that would cause him physical pain or harm, as a common method of coping. Another stated that when he is upset he often acts impulsively and aggressively, and has a tendency to be emotionally reactive. Two participants noted that they are currently searching for ways to better manage their emotions and were trying strategies such as relaxation and journaling to help them think more positively.

**Goals.** All participants were asked “do your emotions ever help you achieve a goal you’ve set for yourself?” and “do they ever interfere?” Six of the ten participants stated that their emotions have been useful in helping them accomplish goals, but half of these six stated that they often use their
emotions manipulatively in order to get something they desire. For example one man cited using his frustration towards his girlfriend as a strategy for making her feel guilty, resulting in her fulfilling any requests he made, such as getting her to get him alcohol. For those who indicated that their emotions were useful in helping them achieve their goals, all of them stated anger as being a power motivator for physical activity related goals such as going to the gym or doing work outside. Two men indicated that their emotions have been positive motivators for them in the past, one explaining that fear of losing his son motivated him to take the necessary legal actions to continue to have visitation rights after being released from prison.

On the other hand four men reported that their emotions often get in the way of them achieving their goals because when they are feeling negative they find it more difficult to concentrate and focus. One individual explained that when he is feeling negative he cannot do anything and becomes unable to function. This statement was supported by three others who also explained that once they begin feeling negative they cannot get anything accomplished.

**Difficulties in Emotion Regulation Scale (DERS (Gratz & Roemer, 2004)).**

The average total raw score across all participants in the present study was 91.8 (range 63-135). The raw subscale scores are not reported here as the DERS subscales have not yet been normed. There is however, evidence which suggests that borderline personality disordered patient samples average 120 on the measure (Gratz & Gunderson, 2006; Gratz, Lacroce, & Gunderson, 2006; Gratz, Rosenthal, et al., 2006), college students average 75-80 (Gratz & Roemer, 2004; Salters et al., 2006), symptomatic college students (with self-harm or panic attacks) average 85-90 (Gratz & Chapman, 2007; Tull, 2006), analogue general anxiety disorder samples average 90-95 (Salters et al., 2006), and individuals with PTSD symptoms at a severity level consistent with a PTSD diagnosis average 105 (Tull et al, 2007). There are no reported studies on DERS scores within offender populations. With these scores in mind two participants fell under the stated categories, with one just slightly below, while half of the
participants fell in the 82-97 range which is similar to populations presenting with primarily anxious symptoms. Notably three participants had averages over 100, with one participant averaging 135.

**Perceptions of Mindfulness Meditation Prior to and Following Meditation**

In order to determine participants’ perceptions and openness in regards to meditation, semi-structured interviewed questions were presented prior to and following a short meditation (see appendix C). The first four questions assessing participants' perceptions and openness, followed the brief description of mindfulness, while the last six questions were presented after the meditation had been completed. The following is a summary of participants’ answers prior to and following the meditation, organized into common themes.

**Initial Thoughts Prior to Meditation.** After being read a description of mindfulness each participant was asked “what are your initial thoughts about practicing mindfulness meditation?” Eight out of ten participants were positive and open, stating that they were coming to the session with an open mind and interested in seeing what meditation was all about and if it may be beneficial for them. Two of the participants explained that they had always wanted to try a mediation program such as tai chi or yoga, but had never had the opportunity. All eight stated that they thought meditation sounded like it could be beneficial, with one individual reporting that it sounded a lot easier than he thought it would be.

Two participants were unsure about whether or not they were open to meditation. One indicated that he has a lot of trouble managing his emotions and that he was not convinced that meditation would be the answer for him. The other participant was concerned about trying meditation and explained that because he suffers from anxiety and depression that in the past when he has tried to meditate it has compounded upon these problems. He indicated that he has a difficult time getting comfortable and that when he meditates he becomes very aware of his physical pain, which tends to increase his levels of anxiety.
Initial Thoughts following Meditation. To assess whether participants' perceptions stayed the same or changed following the experiential activity, after the meditation session they were asked "what was that like for you?" All of the participants, with the exception of one, indicated that they found the mindfulness exercise positive and beneficial. Of the two participants who were initially unsure about meditation, only one of them stated that the meditation was a negative experience. He attributed this to the fact that he is a highly anxious individual and therefore any activity which requires him to focus on his body or sensations, usually causes him to become more anxious. The rest of the participants, including the one who was initially unsure, mentioned that they enjoyed the guided nature of the meditation. Several stated that by the end of the meditation they felt lighter, happier, and better than they did at the beginning of the session.

Perceived Benefits Prior to Meditation. Participants' perceived benefits of meditation prior to the experimental session were examined through the question “do you think mindfulness meditation sounds like something that might be beneficial for you?” Three participants were 100% confident that meditation would be beneficial for helping them gain better control over their emotions. One of these three explained that he felt meditation would help him control his emotions by facilitating an increased sense of calmness which could help him to escape some of the stress in his life. Another stated that he felt being able to slow down would assist him in becoming less impulsive. The third participant was not entirely sure how meditation would help him specifically, but remained confident that regular practice would produce a number of benefits.

The majority of participants, consisting of seven individuals, were unsure whether or not meditation would be beneficial for them, but were willing to give it a try. Four of these participants stated that they hoped meditation would help them to better connect with their feelings. One of these men indicated that he was hoping that meditation could teach him to focus less on his negative feelings that have resulted from the lack of contact he has been receiving from friends and family since
becoming incarcerated. Another participant reported that he hoped meditation would help with his concentration and teach him to express his negative emotions in healthier ways, as opposed to his usual method of blowing up when he is feeling negative.

**Perceived Benefits Following Practice.** After having an opportunity to actually participate in a meditation, participants were once again asked *"do you think meditation may be of benefit to you, why or why not?"* Three participants mentioned that following the meditation they were more confident that regular practice would help them to get in better touch with their thoughts and feelings, thereby improving their ability to control their negative thoughts and emotions. Two of the men stated that the meditation was calming and that they believed that regular practice would help them to become less uptight and improve their ability to manage stress both inside and outside the institution. Two others noted that the meditation helped to improve their moods, while simultaneously allowing them to temporarily forget about all of the stress inside of the institution. One participant indicated that although he did not find that meditation produced a lot of benefits for him personally, that focusing on Kabat-Zinn’s voice did help him to control his runaway thoughts.

**Realities of Practice Prior to Meditation.** Prior to attempting to meditate participants were asked *“realistically do you think you would practice this on your own, and if so, how often?”* In order to determine what might impede participants from practicing regularly they were also asked *“are there any aspects you feel would make practicing mindfulness meditation difficult for you?”*

The majority of participants, specifically seven out of ten, indicated that they would practice meditation regularly provided they were seeing benefits. While one of the seven indicated that he felt that there were no constraints in regards to the amount of time regular practice would require, the other six stated that practicing one hour a day would probably be too much. These participants agreed that 20 minutes around four to five times a week was more realistic. Two of the seven stated that they would probably practice when they were feeling angry or depressed in order to alleviate their negative state,
although the description indicated that this was not the way that meditation was intended to be practiced. While these seven participants mentioned that they were likely to practice meditation regularly, they did report some perceived obstacles to regular practice as well. Five of these participants mentioned physical limitations such as having to sit for too long, or being unable to get comfortable in a seated position. The other participant highlighted his wandering thoughts and his tendency to get down on himself during quiet moments as possible barriers to being able to meditate.

The three participants who did not think that they would practice meditation regularly indicated that the major factor impacting their likelihood of regular practice was the time commitment. The numbers of days per week as well as the length of practice was perceived as overwhelming. An additional factor mentioned by one participant was his fear of evaluation by other inmates. He explained that worrying about what other inmates would think about him if he was meditating, would likely impede him from practicing regularly. Importantly, all three participants noted that their perceived obstacles to meditation would become less important if they noticed meditation benefits.

**Likelihood of Continued Practice Following Meditation.** Following the meditation session participants were asked "after trying meditation for the first time, do you think this is something that you could/would incorporate into your life?" All participants indicated that they would definitely like to continue learning and practicing meditation. Furthermore, they all stated that if the institution were to offer a mindfulness program that they would definitely sign up for one. Two of these men indicated that before the session this would not have been true as they thought that meditation was strange and something they could not do. Another couple of participants mentioned that they were interested in the yoga program offered at the institution but that it was too early in the morning for them. They explained that a lot of men within the institution were interested in the yoga program because of the meditative component, but that they do not go because it is too early in the morning and they are embarrassed about their lack of flexibility. These two participants stated that they believed that if a
Relaxation, Concentration, and Thoughts during Meditation

The remaining three questions in the semi-structured interview assessed participants’ ability to relax and concentrate, as well as any thoughts or feelings that arose throughout the meditation (see appendix C).

**Relaxation.** Participants were asked to rate their level of relaxation prior to the beginning of the meditation exercise on a ten point scale, with one being incredibly anxious and ten being totally relaxed. They were asked to provide this rating again following the meditation. After obtaining this quantitative rating participants were asked "were you able to relax during the meditation, why or why not?"

The participant who described himself as highly anxious stated that he got more and more anxious as the meditation progressed. His level of relaxation was initially a three and after the meditation dropped to a two. In contrast, all other participants' level of relaxation increased following the meditation. The relaxation ratings before meditation ranged from three to eight on a ten point scale, with an average of five. The after ratings ranged from seven to nine with an average of 7.7.

Qualitatively, participants had a number of things to say about their ability to relax. One individual noted that he was actually thinking about how relaxed he was during the meditation, another commented on how his confidence grew throughout the ten minutes which aided in his relaxation. A couple of men stated that they became very focused on their breath which helped them to relax, and that the tone and pace of the instructions were very relaxing in and of themselves. A couple of others mentioned that the guided nature of the meditation aided in relaxation.

**Concentration.** In order to determine whether participants were able to concentrate on the meditation they were asked "were you able to concentrate on the instructions, why or why not?" Six
participants stated that they were for the most part able to focus on the instructions, however at times their minds did wander. For these six their wandering thoughts did not become problematic as they found that once they noticed they had become distracted that they were able to bring their attention back and focus once again on the instructions. One of the participants who perceived sitting still as an obstacle to meditating indicated that he was surprised that he had no difficulties sitting, and that it did not interfer with his concentration.

For the four participants who had some difficulty concentrating, one explained that he was suffering from allergies that day which was impacting his ability to focus, and that it had nothing to do with the meditation itself. Another noted that concentration was difficult for him due to his fear of failure and evaluation. Lastly, one participant explained that when Kabat-Zinn instructued him to focus on his thoughts, it caused him to end up having more thoughts, which in turn became distracting.

**Thoughts/Feelings during Meditation.** In order to determine whether this initial meditation aided in emotional awareness, participants were asked "did any thoughts, feelings, or images, come to mind during the meditation, and if so how did they impact you?" One participant reported that he found himself wondering why participants were recruited solely on the basis of a sexual offense conviction. Others mentioned that they found their minds drifting to an event that had happened the day before, earlier that morning, or on their way to the session. One of these individuals indicated that his memory from the night before caused him to feel anxious and made him feel like he had to instantly go and fix the problem. He explained that his reminded him of how impulsive he can be. Another participant noted that he was reminded of when he tried relaxation when he was going through withdrawal, which caused him to begin thinking about his alcohol abuse and withdrawal symptoms. Yet another reported that a memory of his son as a young child playing with his wife made him initially feel happy, but also got him thinking about life after his release which caused him to feel anxious. He explained that he felt like his mind never stopped throughout the ten minute session, but that he liked to watch the ebb and
flow of his thoughts as they entered and left his mind.

A couple of men described having positive thoughts and emotions during the meditation. One indicated that when the instructions told him to envision himself as a mountain, it reminded him of downhill skiing, which is an activity he loves to do. He explained that experiencing this memory made him feel like he was on top of the world and filled him with happiness. Another mentioned that during the ten minutes he saw a number of different shapes and colours, specifically green orbs, and that they made him feel happy.

**CHAPTER 4**

**Discussion**

The purpose of the present study was to examine the feasibility of using mindfulness meditation in working with men who have committed a sexual offense. As this is a novel approach to treatment in this population of offenders, the present study was a pilot attempt at exploring sexual offenders’ openness to meditation and sought to answer three basic questions. First, is mindfulness meditation appropriate in working with sexual offenders, second, can sexual offenders engage in and relate to meditation and third, how may mindfulness meditation be of benefit?

In order to begin to address these research questions the success of existing institutional meditation programs for offenders were reviewed. This review suggests that participants are interested in and currently attending existing meditation programs (Freeing, 2008). Those offenders successfully completing a program reported less alcohol and drug use (Bowen et al., 2006), and an increased sense of emotional awareness, self-esteem, hope, and compassion (Duncombe et al., 2005). Some researchers suggest that meditation practice helps inmates improve their emotional intelligence and self-regulation skills (Upaya, 2010). Based on these preliminary results it was suggested that mindfulness meditation may be uniquely beneficial for sexual offenders due to their emotional management difficulties.

During the semi-structured interview participants indicated that in general they experience a
range of negative emotions cited in the literature review. The most commonly reported negative emotions were anger, sadness, anxiety, and guilt. Avoidance and/or distraction related coping strategies were often cited as common methods of coping with negative emotions, and several participants indicated that their negative emotions get in the way of them accomplishing their goals. In regards to meditation, the majority of participants were open to the idea and hoped that it could be helpful in increasing relaxation and improving their ability to cope with their emotions. Almost all participants indicated that the meditation was a positive experience and that they were able to concentrate and relax throughout. Many reported that their overall sense of well-being improved over the course of the meditation and that they thought a meditation-based program would be helpful for them. In fact, all participants stated they would sign up for a meditation program if their institution were to offer one.

While this brief summary of the study findings suggests that mindfulness meditation is a feasible treatment approach for working with sexual offenders, in order to answer this question thoroughly it is necessary to discuss the answers to both the second and third research questions as well. Beginning with the second research question, can sexual offenders engage in and relate to mindfulness meditaiton, the results of this pilot study suggest that it can.

Participants' openness and interest in meditation was assessed prior to and following a ten minute meditation. The majority of participants (80%) were open to the idea initially however, this number increased to 90% after they were given the chance to actually meditate. With the exception of one individual, all participants reported that the meditation was a positive experience and increased their sense of overall well-being. Most participants explained that having a chance to actually try meditation changed their perceptions of what meditation is. Furthermore, they surprised themselves when they found that they were in fact actually able to meditate. This finding may have significant treatment implications. If correctional facilities were to provide inmates with an opportunity to try meditation, many offenders may overcome their hesitations and biases in regards to what meditation is
and their ability to meditate, while subsequently developing an interest in participating in a mindfulness-based program. In line with this suggestion, a couple of participants in the present study indicated that their intimidation of meditation-based programs, such as the yoga program currently offered within their institution, was somewhat lifted due to their positive experience within the short meditation session, and all participants responded that they would definitely sign up for a mindfulness-based program if their institution were to offer one. This may also have important treatment implications, as sexual offenders have been described as unmotivated to engage in their treatment goals (Abel, Becker, & Cunningham-Rathner, 1984; Looman, Dickie, & Abracen, 2005; Ward et al., 2007).

The debate surrounding the effectiveness of sexual offender treatment programs has existed for a number of years. Some authors have argued that treatment with sexual offenders is effective (Marshall et al., 1991; Marshall & Pithers, 1994), whereas others have stated that is not (Quinsey, Harris, Rice, & Cormier, 1998; Quinsey, Harris, Rice, & Lalumiére, 1993). One of the most important factors accounting for the treatment outcome controversy is the methodological differences and weaknesses across studies. For example, in a review of 92 studies on sex offender treatment, Hall (1995) eliminated all but 12 of them from a meta-analysis because of small sample sizes, lack of any comparison or control group, or because no recidivism data were provided. Therefore it is difficult to determine how, or if, sexual offender treatment programs are successful. While some studies suggest that it is not (Quinsey et al., 1998, 1993), reviews indicate that the majority of sexual offenders who have completed a cognitive behavioural treatment program have lower recidivism rates than those who have not (Hall, 1995b; Gallagher et al., 1999; Hanson et al., 2009). That being said, recidivism rates are not 0% therefore there is still work to be done in improving sexual offender treatment programming.

One of the several variables proposed to be related to poor treatment outcome is motivation (Looman et al., 2005). The majority of sexual offenders are in treatment because they are mandated to, not because they want to. Motivation to engage in treatment is often fairly low. Low treatment
motivation is associated with frequent denial, minimization, rationalization, and justification of offending, and has been shown to be associated with higher recidivism and attrition rates (Abel, et al., 1984; Looman, et al., 2005; Marshall et al., 2006; Ward et al., 2007) While there are a number of other variables which have been examined in regards to their impact on treatment outcome including level of risk (Lovins, Lowencamp, & Latessa, 2009), deviant arousal (Hanson and Bussière, 1998), and sexual offender subtype (Hanson, 2001), to name only a few, it is proposed that increasing one’s motivation to engage in treatment will also have an effect on other outcome variables. Working with sexual offenders to find programs that not only target risk factors related to offending, but are also programs they are willing to participate in, is essential in maximizing the effectiveness of correctional programming.

In support of this argument a number of studies have examined the opinions of sexual offenders’ themselves in regards to what they consider to be important components of a successful treatment program (Lambert & Bergin, 1994; Day, 1999; Tschacher, Baur & Grawe, 2000; Drapeau, Korner, and Brunet, 2004). When taken together, the results of these studies suggest that in general sexual offenders believe that gaining a sense of mastery throughout their treatment program is of the utmost importance (see Drapeau et al., 2004 for a review). In the current study, mastery also appeared to be important for a couple of participants who highlighted that learning that they can actually meditate was a powerful and positive outcome of the meditation practice. Furthermore, as the research reviewed indicates, continued mindfulness practice is associated with improved emotion and self-regulation skills (Baer, 2003; Bishop et al., 2004; Hayes & Feldman, 2004). This suggests that as offenders begin to gain a greater sense of control over their emotions, they are likely to also gain an increased sense of mastery, thereby improving their treatment motivation and subsequently reducing their likelihood of relapse.

It is important to note that not all participants experienced the entire meditation as positive. A number noted accompanying negative experiences such as anxiety, fear of evaluation, or troublesome
previous memories, as impeding their ability to concentrate and relax. As sexual offenders have been shown to cope with negative emotionality through the use of emotion-focused strategies such as rumination (Neidigh & Toiko, 1991; Marshall et al., 1999; Marshall et al., 2000; McKibben et al., 2001; Looman et al., 2004), these experiences suggest that for some, meditation may actually increase the prevalence of negative thoughts or emotions. However, research consistently shows that prolonged exposure to negative emotions through mindfulness practice can actually improve one's ability to tolerate and cope with negative emotional states (Linehan, 1993a, 1993b; Hayes & Feldman, 2004). Furthermore, mindfulness training has been shown to help foster a decentered relationship with one's internal experiences, reducing the impact emotions have over behaviour (Hayes & Feldman, 2004). It is suggested that with longer and/or more frequent practice sessions these problematic thoughts and feelings would become less distracting.

The length of meditations and the frequency with which one practices is important to treatment success. Most mindfulness-based programs require participants to practice for one hour, six days a week (Kabat-Zinn et al., 1992; Teasdale et al., 2000). However, other practitioners suggest that flexibility in practice time is essential (Roemer & Orsillo, 2009), and that practicing for at least 20 minutes five or six times a week will also produce benefits (Siegal, 2010). Regardless of the exact time allotted to meditation, program participants are required to make a substantial commitment to regular practice. Therefore, in order to determine whether this type of program is appropriate for working with sexual offenders it was important to determine whether these men thought that they could commit to the practice requirements.

The majority of participants (70%) indicated that they were open to regular practice, albeit regular practice was defined by most as 20 minutes four or five times a week. A couple of participants noted that they would probably practice more when they were feeling negative in order to help alleviate their negative emotional state. This finding is significant as although this is not the way that
mindfulness meditation was intended to be practiced, it does suggest that for some offenders meditation may also be used as an immediate coping strategy to deal with the distress associated with negative emotionality. Emotions such as anger, anxiety, and frustration, have been shown to be immediate precursors to sexual offending (Pithers et al., 1988; Price, 1999; Serran & Marshall, 2006), therefore using meditation techniques situationally to reduce the intensity of these emotions may help to reduce the immediate risk of engaging in deviant sexual behaviour, as well as have the added benefit of long-term emotion and self-regulation benefits.

Lastly, in answering the question, can sexual offenders engage in and relate to mindfulness meditation, it is important to determine whether they can actually concentrate and sustain their attention throughout a practice session. More than half (60%) of participants stated that they were able to concentrate on the guided instructions for most of the session. For the four participants who had difficulty concentrating, allergies, a fear of failure and evaluation, and Kabat-Zinn's mention of thoughts within the meditation itself, were cited as reasons for impeding concentration. As this was the first time most of the participants had ever tried to meditate the fact that some had difficulty concentrating is expected. In fact, over half of the participants being able to concentrate for the majority of the ten minute session is surprising, as most meditation beginners cite difficulties concentrating and frustration as common to learning how to meditate (Glickman, 2002).

Based on these results it is suggested that sexual offenders are open to and can relate to mindfulness meditation, however, it is also important to understand how this practice may be of benefit, the third research question. The results show that in general participants thought that mindfulness practice would be beneficial for them, although some did highlight that time constraints and physical limitations such as sitting still or comfortably as possible barriers to regular practice. These obstacles aside, an immediate benefit of practice that was obvious directly following the meditation, was that most participants’ level of relaxation increased from pre meditation levels.
Participants reported that focusing on the breath, the tone and pace of Kabat-Zinn's voice, and the fact that the entire meditation was guided, were all factors that helped to aide in relaxation. An examination of the qualitative results highlighted that nine participants thought that regular practice would help them to become less uptight and aid in stress management both inside and outside the institution. While relaxation does not initially appear to be a significant treatment goal, the importance of teaching offenders how to relax cannot be understated.

The majority of the research reviewed for the present paper has focused on the role of negative emotionality in offending, however research also suggests that it may not be the experience of negative affect itself that increases the risk of offending, but rather an inability to tolerate the distress associated with a negative affective state (Hanson, 1996). For example, if an offender is confronted with a situation that makes him feel angry (i.e. an argument with a partner) it is proposed that the distress accompanying feeling angry at his partner is what needs to be alleviated, not necessarily anger itself. Regardless of whether negative affect or its associated distress is what increases risk, teaching offenders the necessary skills to calm themselves and relax in moments such as these, may prevent a high-risk emotional state from progressing into overtly deviant sexual behaviour (Hayes & Feldman, 2004).

The ability to calm oneself during moments of emotional distress, requires a certain amount of emotional awareness and control. As sexual offenders are characterized as utilizing more emotion and avoidance focused strategies, impairing emotional awareness and control (Neidigh & Toiko, 1991; Looman et al., 2004), for many participants taking the time during the meditation practice to simply sit and focus their attention on their immediate experience, was something they had never done before. Most participants commented that during this time they were surprised by what came up for them. The memories, images, thoughts, and feelings, which arose during meditation were varied across participants, as were the emotions that accompanied them. Because of this, several individuals stated
that they thought taking the time to be quiet and alone would help them to get in better touch with their thoughts and feelings. When further questioned as to why this would be helpful for them individually, it was explained by a few men that based on their initial experience and the description of mindfulness provided, that regular meditation practice would likely help them to become more aware of their emotions, be less impulsive, and increase their ability to control their emotions appropriately.

Returning again to the last research question, is mindfulness meditation appropriate in working with sexual offenders, based on the results of the present study it is suggested that in many ways it is. First, as demonstrated in the literature review negative affect and it's related negative emotions, appear to play an important role in sexual offending (Pithers et al., 1988; Marshall et al., 1991; Serran & Marshall, 2006). Whether negative affect exerts it's influence through the process of cognitive deconstruction (Ward et al., 1995), the use of maladaptive coping strategies (Neidight & Tomiko, 1991; McKibben et al., 2001; Looman et al., 2004), or by increasing the risk of engaging in normative and/or deviant sexual behaviour (Cortoni et al., 1999; Marshall et al., 1991, it appears that negative emotionality increases the risk of an offender engaging in high-risk behaviour.

Based on this assumption, mindfulness meditation shows promise for working with sexual offenders as it has been shown to improve emotional awareness (Kabat-Zinn et al., 1992; Teasdale et al., 2000), increase emotion and self-regulation skills (Bishop et al., 2004; Hayes & Feldman, 2004), as well as improve overall-wellbeing in a variety of clinical and non-clinical populations (Kabat-Zinn et al., 1992; Teasdale et al., 2000; Marlatt, 2002 & Singh et. al., 2007). More specifically, meditation-based programs have been shown to reduce the rate of relapse for patients struggling with chronic, difficult to treat conditions, such as depression (Teasdale et. al., 2000) and addiction (Marlatt, 1994) to name only two. The effectiveness of these programs appears to be a result of their ability to reduce the specific cognitive vulnerabilities which make people more emotionally reactive and distressed (Bishop et. al., 2004). A further advantage of using mindfulness meditation in correctional settings is that
variations of Kabat-Zinn's original mindfulness-based stress reduction program, have already been used successfully in working with individuals struggling with psychological conditions often seen in sexual offenders.

An example that may prove beneficial in working with sexual offenders, is Teasdale et al.,’s (1995) mindfulness-based cognitive therapy (MBCT). As mentioned previously, the premise of MBCT is that those individuals who have had more than one major depressive episode become vulnerable to a depressive relapse everytime they experience a dysphoric state due to the reactivation of habitual negative thinking patterns associated with a depressive episode. The added advantage of using MBCT in correctional settings is that it incorporates principles of cognitive therapy (Beck, Shaw, & Emery, 1979) that are already well ingrained within sexual offender treatment programs (Andrews & Bonta, 1994; Marshall et al., 2006). Through daily practice individuals in MBCT programs learn to facilitate a nonjudgmental, decentered approach to their thoughts, emotions, and bodily sensations, which helps to prevent the escalation of negative thoughts into automatic ruminative thinking patterns (Teasdale et al., 1995; Segal, Williams & Teasdale, 2002). The popularity and success of MBCT continues to grow. Applied to sexual offenders specifically, it is suggested that MBCT may be helpful in assisting these men cease the use of deviant, sexually oriented, coping mechanisms.

MBCT has not yet been introduced in correctional facilities, however, as previously mentioned, meditation programs have existed in international correctional facilities for decades (North American, 2010). It is only in the past few years that mindfulness oriented treatment programs have begun to increase in popularity in North American facilities. Preliminary research conducted institutionally indicates that these programs are successful in helping inmates improve their emotional intelligence and self-regulation abilities (Upaya, 2010). However, little has been done in the way of systematic implementation and evaluation of these institutional mindfulness programs.

In the existing North American programs previously reviewed, including the North American
Vipassana Project (NAVP), The Prison Outreach Project, the Free Inside Program, and the Freeing the Human Spirit Organization, mindfulness meditation is taught to all offenders as a group on a drop-in, weekly basis, with the exclusion of the NAVP which is residential in nature. The majority of the outcome data evaluating the effectiveness of these programs is not empirical in nature, rather it is conducted by the institutions themselves and based highly on testimonials from participants. While this approach is helpful as a starting point and suggests that meditation is appropriate for working with offenders in general, it does little to shed light on the potential benefits for subgroups of offenders, nor does it provide structured study designs which can be used to implement similar programs in other correctional facilities.

The purpose of the present study was to take an initial step in addressing these issues and examine the feasibility of using mindfulness meditation in working with a specific correctional population, sexual offenders. While the study is small and exploratory in nature, the theoretical framework outlined in the introduction, as well as the data collected, represents a first attempt at exploring the feasibility, appropriateness, and potential benefits of meditation for men who have committed a sexual offense. The results of this study suggest that mindfulness meditation may be a useful approach to treatment for this population. Not only were participants open to the idea of meditation initially, but they were also able to engage in a short meditation exercise, which most described as positive and relaxing. Furthermore, several participants indicated that they thought meditation may be useful in helping them cope with stress and improve their emotional management skills. Most importantly, several offenders reported that having the opportunity to engage in a meditation changed their perceptions of what meditation is and their ability to actually meditate, with all participants indicating that if their current institution offered a mindfulness program that they would definitely sign up. While social desirability may have had a role in participants overwhelming eagerness to take part in a mindfulness program, the results do suggest that sexual offenders are open to
Future Directions and Limitations of the Current Research

The current study was a pilot attempt at exploring the feasibility of using mindfulness meditation in working with sexual offenders and designed primarily to generate research interest and future more advanced studies. However, it is important to note the present study limitations.

First, due to the exploratory nature of the study, the study included only ten participants who were recruited based upon a self indicated interest in learning about meditation. As these participants were all incarcerated individuals with little to do throughout the day, their interest in meditation may not have been genuine interest and rather sparked by boredom. Alternatively, these men may reflect a subset of sexual offenders who are particularly open to meditation. Furthermore, all participants had already undergone intensive sex offender treatment programming examining their emotion-related difficulties and coping strategies, among a number of other related risk factors. This would have affected how participants were responding to questions in the present study, and therefore is not reflective of sexual offenders in general. An additional limitation of the current sample was that there was no demographic information collected from the participants in order to ensure ananomity, therefore there were no demographic analyses conducted. Due to these factors the sexual offense subtypes of participants (i.e. rapists or child molesters) is unknown. This may have counfounded the results due to the differing treatment needs and attitudes across sexual offender subgroups (Bickely & Beech, 2003; Yates & Kingston, 2006). Future research which includes a much larger sample and accompanying demographic characteristics such as age, offense-type, other convictions, and previous and/or cooccurring treatment is essential. It is suggested that using a random selection, and/or untreated sample would be beneficial as many of the participants in the current study noted that their emotional management difficulties and coping strategies have changed since becoming institutionalized. This change in behaviour following institutional programming may not be an accurate reflection of the
emotional management difficulties of sexual offenders. Lastly, social desirability likely had large role in individual’s willingness to participate, as well as their overwhelming positive responses to meditation. The primary investigator was a young female who indicted that she practiced meditation, therefore, it is probable that many participants gave an overly favorable impression of meditation in order to satisfy her research goals.

An additional limitation of the present study was the self-report measure chosen, the DERS. The DERS is a well-validated measure of emotion regulation difficulties (Gratz & Roemer, 2004; Fox et al., 2007; Gratz & Roemer, 2008), however the subscales have yet to be normed and therefore could not be used in the data analyses. As participants' total emotion regulation scores were not in the predicted low range, an examination of the unique difficulties via the DERS subscales would have been helpful. It is predicted that the subscales pertaining to emotional awareness and impulsivity would have been elevated for the current sample, as many of the participants stated that they had difficulty within both of these domains. This also has important implications for the present study as mindfulness has been shown to increase emotional awareness and reduce the habitual ways of responding to stress for a variety of clinical and nonclinical populations. Future research including measures of mindfulness such as the Cognitive and Affective Mindfulness Scale (CAMS; Feldman, Hayes, Kumar, & Greeson, 2007), or the Toronto Mindfulness Scale (Lau et al., 2006), may be useful in identifying the specific risk factors which mindfulness programs may be able to address in sexual offenders. Furthermore, using pre and post session measures which examine participants' level of relaxation, concentration, and overall well-being, before and after a meditation session, may also be useful in determining what changes occur as a direct result of mindfulness practice.

It is not suggested that the previously mentioned limitations are the only limitations that existed in the present study, as the design was fairly simple and the participant sample was small. However, as this study was a pilot example only, the goal was to provide preliminary support for the feasibility of
using meditation in working with sexual offenders. Future research which is much more methodologically sound and can be evaluated post program completion is needed in order to determine if mindfulness meditation is beneficial in helping sexual offenders cope with negative affect and distress. While the present study examined the utility of mindfulness for improving emotional management skills, there may be a number of other benefits of regular practice for sexual offenders. Post-intervention analyses of the effects of mindfulness across subtypes of sexual offenders would also be helpful in order to determine if emotional management difficulties and the possible benefits of mindfulness are unique to subtypes of sexual offenders. The present study sought only to examine whether sexual offenders appeared open to and could possibly engage in meditation, while providing theoretical support for its potential use in helping offenders cope with their emotions. Based on these goals, the present study was useful. Participants in general were open to the idea of meditation, were able to complete a short meditation exercise, thought it may be beneficial for helping them manage their emotions and cope with stress, and were eager to sign up for a meditation program if one were to be offered institutionally. Therefore it is suggested that mindfulness meditation is a feasible adjunct treatment to be used in working with sexual offenders.

**Conclusion**

The importance of finding adjunct treatments cannot be underscored in this population. Sexual offenders are diverse in their risk related factors, as well as their coping strategies. Research on the etiologies and treatment of sexual offenders is full of inconsistencies and methodological constraints. However, it appears that regardless of this diversity emotional management difficulties play a role in the etiology, maintenance, and escalation of deviant sexual behaviour (Pithers et al., 1988; Ward et al., 1995; McCoy & Fremouw, 2010). The inability to tolerate negative affect specifically, has been shown to increase the frequency of deviant sexual fantasies, the use of maladaptive coping strategies, and the tendency to use sex directly as a coping mechanism (Looman, 1999; Marshall et al., 2000; Cortoni &
Marshall, 2001). Interestingly mindfulness meditation has been shown to be effective in helping a variety of populations manage their negative emotions and reduce the use of maladaptive coping strategies (Hayes & Feldman, 2004), including those struggling with depression (Teasdale, et al., 2000), anxiety (Kabat-Zinn et al., 1992), anger (Singh et al., 2007), and addiction (Marlatt, 2002), all constructs known to be related to sexual offending. Furthermore, preliminary results from correctional settings that have begun to teach meditation to offenders, suggests that mindfulness training increases emotional awareness, self-esteem, compassion, and a general sense of overall well-being (Bowen et al., 2006). However, the benefits of meditation for working with sexual offenders specifically has yet to be examined.

The present study represents an exploratory attempt at examining the feasibility of mindfulness meditation in working with sexual offenders. Using a primarily phenomenological design, the results suggest that meditation may be useful in helping sexual offenders learn how to cope more adaptively with their negative emotions. As sexual offenders are generally unmotivated to engage in their treatment programs (Travis & Petersilia, 2001; Looman et al., 2005), and relatively high recidivism rates still exist (Marshall et al., 2006), it is important to continue to examine and implement new approaches to treatment in this population.

Sexual offending is a serious crime which damages the lives of men and women, children and adults, and impacts the safety of communities as a whole. The only way in which we will ever reduce the scope and severity of this problem is to work directly with sexual offenders themselves to find solutions. Treatment programs which they are motivated to engage in are an essential first step in this process. It appears that not only is mindfulness meditation a treatment program that sexual offenders are interested in participating in, but that it may also have several treatment related benefits, such as improving one's ability to cope with negative affect and it's associated distress. The present study was a pilot attempt at examining mindfulness in working with sexual offenders and shows promise as a adjunct
treatment approach. It is hoped that this initial attempt will generate greater research interest and future empirical studies in this area.
References


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Appendix A: Letter to Correctional Institution

(Name of Correctional Institution)
(Address)

This letter is to confirm in writing our recent correspondence regarding my Master's research to be conducted at (name of institution) under the supervision of Dr. Lana Stermac. My study seeks to examine the feasibility of mindfulness mediation for working with sexual offenders. While it is acknowledged that the commencement of my research is pending both University of Toronto and The Ontario Ministry of Community Safety and Correctional Services ethical approval, following is a summary of what we have discussed to date.

Upon ethical approval I will forward along a letter of recruitment which outlines the nature of my study and participation requirements. This recruitment letter will be forwarded along to (name of institution) staff members currently working with sexual offenders. I am looking to recruit approximately 10 to 15 men who have committed a sexual offense. I will require approximately one hours time from each participant. With your assistance if these interviews are scheduled consecutively over a few days I will need only two or three days to complete my research. I anticipate obtaining University of Toronto ethical approval by early to mid March and therefore hope to begin data collection by the end of March at the latest.

The experimental sessions will not be audio or video-taped, nor will participants be offered compensation for their participation. Each experimental session will begin with the administration of the Difficulties in Emotion Regulation scale (DERS; Gratz & Roemer, 2004), a brief 36-item, self-report questionnaire which assesses multiple aspects of emotion dysregulation. Following the DERS each participant will begin the semi-structured interview which forms the basis of the experimental session. The first section of the interview expands upon the DERS and involves questions about the emotion regulation difficulties of each participant. Following this questions about participants' knowledge of mindfulness meditation and an explanation of what it entails. Participants will be asked about their initial reactions to using meditation and then given an opportunity to participate in a ten minute guided mindfulness meditation. Following this exercise participants will again be asked about their openness to mindfulness meditation, this time grounded in their experience during the exercise.

The study results will be summarized upon the completion of the data analyses and forwarded to you to pass along to the participants who indicated wanting to see a copy of the results. It is expected that data analyses will be completed by early May. I will be in contact following ethical approval to go over the details once more and to begin the recruitment process. In the meantime you can reach me at my contact information below.

Thank-you for your time;

Sincerely;

Terra Dafoe, B.Sc.
Masters Candidate,
Counselling Psychology Program
OISE/University of Toronto
Email: terra.dafoe@utoronto.ca
Appendix B: The Difficulties in Emotion Regulation scale (DERS; Gratz & Roemer, 2004)

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item:

<table>
<thead>
<tr>
<th>1</th>
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<th>3</th>
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<tbody>
<tr>
<td>almost never (0-10%)</td>
<td>sometimes (11-35%)</td>
<td>about half the time (36-65%)</td>
<td>most of the time (66-90%)</td>
<td>almost always (91-100%)</td>
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____ 1) I am clear about my feelings.
____ 2) I pay attention to how I feel.
____ 3) I experience my emotions as overwhelming and out of control.
____ 4) I have no idea how I am feeling.
____ 5) I have difficulty making sense out of my feelings.
____ 6) I am attentive to my feelings.
____ 7) I know exactly how I am feeling.
____ 8) I care about what I am feeling.
____ 9) I am confused about how I feel.
____ 10) When I’m upset, I acknowledge my emotions.
____ 11) When I’m upset, I become angry with myself for feeling that way.
____ 12) When I’m upset, I become embarrassed for feeling that way.
____ 13) When I’m upset, I have difficulty getting work done.
____ 14) When I’m upset, I become out of control.
____ 15) When I’m upset, I believe that I will remain that way for a long time.
____ 16) When I’m upset, I believe that I’ll end up feeling very depressed.
____ 17) When I’m upset, I believe that my feelings are valid and important.
____ 18) When I’m upset, I have difficulty focusing on other things.
____ 19) When I’m upset, I feel out of control.
____ 20) When I’m upset, I can still get things done.
____ 21) When I’m upset, I feel ashamed with myself for feeling that way.
<table>
<thead>
<tr>
<th></th>
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<tr>
<td></td>
<td>(0-10%)</td>
<td>(11-35%)</td>
<td>(36-65%)</td>
<td>(66-90%)</td>
<td>(91-100%)</td>
</tr>
</tbody>
</table>

22) When I’m upset, I know that I can find a way to eventually feel better.
23) When I’m upset, I feel like I am weak.
24) When I’m upset, I feel like I can remain in control of my behaviors.
25) When I’m upset, I feel guilty for feeling that way.
26) When I’m upset, I have difficulty concentrating.
27) When I’m upset, I have difficulty controlling my behaviors.
28) When I’m upset, I believe that there is nothing I can do to make myself feel better.
29) When I’m upset, I become irritated with myself for feeling that way.
30) When I’m upset, I start to feel very bad about myself.
31) When I’m upset, I believe that wallowing in it is all I can do.
32) When I’m upset, I lose control over my behaviors.
33) When I’m upset, I have difficulty thinking about anything else.
34) When I’m upset, I take time to figure out what I’m really feeling.
35) When I’m upset, it takes me a long time to feel better.
36) When I’m upset, my emotions feel overwhelming.
Appendix C: Semi-Structured Interview

**Post DERS Administration**

1) How accepting are you of your emotions? Do you often try to change how you are feeling? If so, how do you do that? (NONACCEPTANCE/STRATEGIES)

2) Do you understand what events, people, or things make you feel a certain way? What makes you feel angry for example? How do you know that you are feeling sad or happy? (AWARENESS)

3) Do you feel like you are in control of your emotions? What sorts of things do you do to control them? (IMPULSE/STRATEGIES)

4) Do your emotions ever help you achieve a goal you've set for yourself? Do they ever interfere? (GOALS)

**Openness to mindfulness mediation**

1) What are your initial thoughts about practicing mindfulness meditation?

2) Do you think this sounds like something that might be beneficial for you? How so?

3) Realistically do you think you would practice this on your own? How often?

4) Are there any aspects you feel would make practicing mindfulness meditation difficult for you?

**Following Meditation**

1) What was that like for you?

2) Were you able to relax? Yes/no? Why or why not?

3) Were you able to concentrate on the instructions? Yes/No? Why or why not?

4) Did any thoughts, feelings or images come to mind during the meditation? Were you able to recognize them? How did this impact you?

5) After having tried to meditate for the first time do you think this is something you would/could incorporate into your life?

6) Do you think mindfulness meditation may be of benefit to you? Why or why not?
Appendix D: Description of Mindfulness Meditation

Mindfulness meditation is a way of paying attention to thoughts, feelings, or sensations happening in the present moment and teaches people learn to observe these events with an attitude of openness and acceptance. Mindfulness meditation often helps people understand their thoughts and feelings better. Observing your thoughts and feelings without responding to them has been shown to help people learn that just because they think or feel a certain way doesn't necessarily make it true. For example, feeling afraid does not mean that you are actually in danger. Practicing mindfulness meditation has also been shown to help people improve their ability to cope with stress. Meditating can improve your awareness of your emotions and therefore it becomes easier to recognize when you are becoming stressed or upset. Once you are able to recognize these early signs of distress you are better able to change your situation and prevent yourself from acting impulsively.

When practicing mindfulness meditation you are instructed to sit up straight in a chair or cross-legged on the floor, and focus on paying attention to your breathing. Whenever you find your attention wandering away from your breathing and become distracted by your thoughts and feelings, you are instructed to notice them and then let them go and return your attention to your breathing. The idea is notice what is happening in your mind and body but not to attach any specific meaning or action to it and just let it be. People who practice mindfulness meditation are encouraged to use this general strategy in their day to day lives as well and whenever possible to bring their awareness back to the present moment.

Learning how to experience emotions without ignoring or judging them has helped many people change the thoughts and behaviours that previously controlled their lives and contributed to their offending. In fact, many people who have practiced mindfulness meditation in prison report that mindfulness exercises helped them feel much calmer, and was useful in helping them overcome the frustration and anxiety common to prison life.

It appears that mindfulness meditation has a number of benefits, including helping people become more aware of and in control of their emotions. However, just as importantly it has also been shown to improve the overall quality of people's lives. People report feeling calmer, less anxious and happier following their mindfulness meditation practice. While one session may help you to relax and feel calmer, the benefits I just described are often the result of regular, almost daily, twenty to forty-five minute mindfulness meditation practice.

Any questions?
Appendix E: Guided Meditation Script

Establish in sitting posture that embodies wakefulness and dignity in a straight back chair, allowing your head and neck to be balanced on your shoulders and torso to be erect but not stiff. Placing your hands on your knees or in your lap in a comfortable way and allowing your shoulders to be relaxed and dropped. Letting your pelvis provide a stable base to support your body, aware of sensations of contact between yourself and the chair, in other words as best you can, sitting with the qualities of a mountain fully present in the body, stable, grounded and with an element of uplift to the posture itself.

And when you're ready pay attention to the fact that you're breathing. Bringing your attention to your belly as it expands with your in-breath and deflates with the out-breath or anywhere else where the breath sensations are accessible to you. Just feel your breath, coming into the body and leaving the body. Riding on the waves of your breath sensations with your full attention as best you can, moment by moment, breath by breath as we sit here. In touch as best you can be with the full dimension of breath coming into the body and the full duration of each breath leaving the body. Feeling the breath's sensations as they flux and change moment by moment by moment.

It's best if you can stay with the breath at a particular location in the body for an entire practice period. So if you start with the belly or the nostrils the suggestion is to stay with the sensations in that region rather than to jump around, and that way we are gathering a greater intimacy and familiarity with the breath and a greater stability of attention. So just letting each breath come and go of it's own accord, feeling the sensations of the breath moving in and out moment by moment by moment.

Of course you may rapidly discover it's not so easy to keep your attention on the breath. It doesn't take long to realize that the mind has a mind of it's own and will invariably take off into the past or the future, planning or worrying, liking or disliking, daydreaming or reverie, patience or boredom, or even sleepiness, this is totally normal and not a problem at all. When noticing that your mind is no longer on the breath then noticing what is on your mind in that moment and then gently letting go of whatever it is. Which doesn't mean pushing it away but just recognizing it and letting it be as we escort out attention back to the belly or the nostrils, back to the breath, whether it's an in-breath or out-breath, and once again reestablishing the breathing as center stage in the field of awareness.

And if the mind wanders away from the breath a 100 times, as it surely will, each and every time we become aware that it is someplace else, we gently and patiently note what is on our mind in this moment, whatever it is. Perhaps even making a light mental note such as thinking thinking, or planning planning, or worrying worrying. And without being harsh or critical or judging of ourselves we simply recognize what is arising for what it is and let it be, as we come back to feeling, as we come back to this breath, in this moment and we begin again and again and again. Each time for the first time, each moment the only moment. Since our lives are unfolding here and now and only here and now, no matter what our thoughts are telling us.

Since it's in the nature of the mind to wander it's not that you are failing at meditation if your mind doesn't stay on the breath, it's that you're discovering something exceedingly important about the nature of the mind itself and that is that it waves, just as the ocean waves. So it's never a matter of trying to put a stop to it, shutting off your thinking or making your mind go blank, but rather familiarizing yourself with the nature of your mind and cultivating a deeper intimacy with it through gentle observation, grounded in an awareness that is bigger than thinking and wiser than thinking and usually kinder than thinking. An awareness that grows out of bringing the mind back to the breath,
gently but firmly, over and over and over again. Allowing each in-breath to be a new beginning and each out-breath a complete letting go.

So sitting here now, mountain-like, fully awake with a light touch resting in awareness, not forcing anything but as best we can being fully in touch, moment to moment, with the breath as it comes into the body and as it leaves the body. Coming back over and over again when we lose touch with it momentarily, as we stay here sitting.

Soon you will hear a bell to signal the end of this segment of the sitting meditation practice. Please use the sound of the bell to mindfully bring this formal period of practice to a close.
Appendix F: Recruitment Letter

Department of Counselling Psychology
Ontario Institute for Studies in Education of University of Toronto (OISE/UT)

PARTICIPANTS NEEDED FOR RESEARCH ON THE BENEFITS OF MINDFULNESS MEDITATION IN CORRECTIONAL SETTINGS

My name is Terra Dafoe and I'm a Master's student in the Counselling Psychology Program at the University of Toronto. Along with my supervisor, Dr. Lana Stermac, I'm conducting a study on the benefits of mindfulness meditation for individuals who have been convicted of a sexual offense. Mindfulness meditation has been shown to improve emotional awareness, acceptance, coping and overall well being. Therefore, it is suggested that mindfulness meditation may be useful in helping you learn to better cope with your emotions.

As a participant in this study you will be asked to volunteer one hour of your time. During this hour you will be asked to fill out a questionnaire about your emotions and the coping strategies you use to help control them. I will explain to you what mindfulness meditation is and give you an opportunity to practice a short ten minute meditation exercise. This exercise is designed to help you focus on your breath and relax. Afterwords I will ask you about your meditation experience, what you liked and disliked about the exercise, whether you think you would practice this on your own, and how useful you think mindfulness meditation may be for you.

You are not likely to experience any negative effects by being a part of this study. However, it is possible that by discussing your emotions and coping strategies that you may bring up difficult memories or emotions, but this would likely be minimal and short-term. The contact information of a correctional psychologist will be provided in case this occurs. Additionally there may be benefits of your participation in this study which include learning an exercise that may help you relax and focus your mind.

There is no compensation for participating in the study and your participation is entirely voluntary, therefore you may refuse to participate. In addition you may withdraw from the study at any time, without any consequences to you. Lastly, you may refuse to answer any questions I ask or refuse to participate in the meditation, again with no negative consequences to you.

These sessions will not be audio or video-taped. Your name, contact information, or anything else that would make you identifiable will not be used in the current study. I will be the only person to know which answers are yours, and none of this information will be shared with other individuals within the correctional system. The one exception to this is if you indicate that you intend to harm yourself or others. In cases like this, I am legally and ethically bound to inform the authorities to ensure the safety of you and others.

If you have been convicted of a sexual offense and would like to participate in the present study please let an (name of institution) staff member know.
Appendix G
The Benefits of Mindfulness Meditation in Correctional Settings
Consent Form

You are invited to participate in a research study being conducted by Terra Dafoe, a Master's student from the Counselling Psychology Program at the Ontario Institute for Studies in Education at the University of Toronto. This study is being conducted under the supervision of Dr. Lana Stermac, a Counselling Psychology faculty member. This form will outline why we are doing this study, what the study involves if you agree to participate, how your information will be stored, and your rights as research participant. If you have any questions or concerns about the research at any time, please feel free to contact a staff member at the (name of institution) who can forward these concerns on to the primary researcher.

PURPOSE OF THE STUDY

The purpose of this study is to examine the benefits of mindfulness meditation and your openness to this kind of exercise. Mindfulness meditation is a way of paying attention to thoughts and/or feelings that are happening in the present moment. It teaches you a way to observe these events with an attitude of openness and acceptance. Mindfulness meditation often helps people understand their thoughts and feelings better. As it has been shown to improve emotional awareness, acceptance, coping and over-all well being, it is suggested that mindfulness meditation may be useful in helping you learn to better cope with your emotions.

PROCEDURE

This study will involve approximately 10 to 15 participants and will require about an hour of your time. Participation includes:

1) Completing a short questionnaire about your emotions and the coping strategies you usually use to help control them. We will briefly talk about your answers (10 – 15 minutes).

2) I will explain what mindfulness meditation is and how to do it. I will then ask you some questions about your willingness to practice mindfulness meditation, and based on what you just learned about it, how you think it might be beneficial for you (10-15 minutes).

3) I will ask you to participate in a short ten minute meditation designed to help you relax and focus on your breathing which you will follow from an audio CD (10-15 minutes).

4) I will ask you questions about your meditation experience and how useful you think meditation will be for you now that you've had a chance to try it.

PARTICIPATION AND WITHDRAWAL

There is no compensation for participating in this study and participation is completely voluntary. If you volunteer to participate, you may withdraw at any time without consequences of any kind. You may also decide to remove or change your responses at any time before I leave your session. However, once I have left (name of institution) I can no longer identify what answers are yours as I will not be recording your name. Therefore at this time it will be impossible to withdraw from the study. Lastly, you may also refuse to answer any questions you don’t want to and still remain in the study.

CONFIDENTIALITY

Any data obtained through this study is confidential and will be kept in a locked cabinet, which is accessible only to me and my supervisor. The data could be kept for up to seven years and may be used for additional publications or presentations at academic conferences. The research sessions will not be audio or video-taped.
and your name, contact information, or anything else that would make you identifiable will not be used in the current study. I will be the only person to know which answers are yours, and none of this information will be shared with other individuals within the correctional system. As such, all participants and the work they submit will remain anonymous to everyone except for me. **The one exception** to this is if your answers indicate that you intend to harm yourself or others. In cases like this, I am legally and ethically bound to inform the authorities to ensure the safety of you and others.

**POTENTIAL RISKS AND DISCOMFORTS**

You are not likely to experience any emotional or physical distress by being a part of this study. It is possible that by discussing your emotions that you may bring up difficult feelings, but this would likely be minimal and short-term. In case this occurs and you feel that additional support is needed, you will be provided with the contact information of a correctional psychologist to follow up with. In addition, there may be benefits of your participation in this study which include learning an exercise that may help you relax and be better able to focus your mind.

**RIGHTS OF RESEARCH PARTICIPANTS**

You may withdraw your consent at any time and stop your participation without penalty. The results obtained through this study will be made available upon request. If you have questions regarding your rights as a research participant, please contact:

Office of Research Ethics  
Telephone: 416-946-3273  
University of Toronto  
Fax: 416-946-5763  
McMurrich Building, 3rd Floor  
E-mail: ethics.review@utoronto.ca  
12 Queens Park Crescent West  
Toronto, ON, M5S 1S8

I, __________________________ have read and understood the information above, and give my consent to participate in the current study. As well, I agree to have the data collected used for future projects, including scholarly presentations, journal articles and research studies (to be conducted under the supervision of Dr. Lana Stermac.).

NOTE: all data used for future projects, presentations, or journal articles will ensure anonymity by removing all identifying information.

I also acknowledge that a copy of this form has been provided to me.

☐ I would like to receive a copy of the research results

Please sign and date below if you agree to all of the above conditions.

_________________________________  ____________________________________  
Signature                                                                 Date