

AN ABSTRACT OF THE THESIS OF

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Title: The Content Analysis of Low-Functioning Sex Offenders' Dreams

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The problem discussed in this research concerns the content of the dreams of low-functioning sex offenders and clinical applications of those dreams in the treatment of these offenders. The subjects of the research are five low-functioning sex offenders in the Social Skills Program (SSP) of the Oregon Forensic Psychiatric Center (OFPC) at the Oregon State Hospital. A group of five high-functioning sex offenders from the Sex Offenders Program (SOP) at OFPC is used as a comparison. In the study, a low-functioning sex offender is defined as having a full scale intelligence quotient (FSIQ) of between 65 and 84. The high-functioning sex offender comparison group is defined by an FSIQ of 85 or above.

The experimental method used is a case study design using qualitative methods. The subjects submitted dreams to the researcher to be analyzed using the content analysis of dreams method developed by Hall and Van de Castle (1966). The statistical analysis used is the Mann-Whitney U test for comparison between the groups: experimental (SSP), comparison (SOP), and the norms. The

Kruskal-Wallis one-way ANOVA is used to compare the findings within the groups.

The statistical findings indicate there are no significant differences at the .05 level between the groups on all the subscales except in the case of "Good Fortune." The "Good Fortune" subscale shows a significant difference between the experimental group (SSP) and the comparison group (SOP).

Although the statistical analysis does not show major differences between the experimental group, the comparison group, or the norm group, a number of clinically useful findings have been uncovered. There are a number of clinical applications of dreams for the low-functioning sex offender population. One application is to use dreams as a monitoring tool for progress in treatment. Dreams change during the course of treatment (Cartwright, 1986). This application gives the clinician another measure of change.

A second application is to use dream reports in connection with standard treatment interventions with sex offenders, such as covert sensitization and minimal arousal conditioning. A third clinical application is the use of dreams reports in combination with art therapy techniques as a means of helping low-functioning sex offenders access their feelings.

The Content Analysis of Low-Functioning  
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CONTENT ANALYSIS OF LOW-FUNCTIONING  
SEX OFFENDERS' DREAMS

I. INTRODUCTION

The effectiveness of treatment of convicted felons has received mixed reviews in recent professional literature (Martinson, 1974). In spite of this, in 1975 the State of Oregon established a program of treatment for convicted felons. These programs, originally known as The Correctional Treatment Programs, are now named Oregon Forensic Psychiatric Center (OFPC) and are a part of the Oregon State Hospital. Four of the residential programs of OFPC are joint ventures by the Department of Corrections and the Division of Mental Health and Developmental Disabilities Services. The research in this thesis is concerned with the Social Skills Program.

Four of the residential programs in OFPC are unique because of their dual roles. This uniqueness comes from the fact that they are treatment programs housed outside the correctional setting, yet they maintain security responsibilities for the residents in their programs. (No other programs like these four residential ones in OFPC exist for offenders in the United States.)

During the development of the various programs' treatment philosophy, Ellis's (1977) Rational-Emotive-Therapy was blended with Yochelson and Samenow's (1976, 1977) ideas. The programs continue to place a strong emphasis on the cognitive behavioral methods of treatment interventions with assertiveness training, anger-management training, and recreational therapy also a part of the methods used on the units. The Sex Offender Program developed the use of behavioral



training, using the penile plethysmograph as one of the elements of its program. The penile plethysmograph measures erection responses to explicit sexual stimuli by the use of a mercury strain gauge placed around the penis with responses electronically recorded on graph paper. The Social Skills Program (approximately ninety-five percent sex offenders) also is fully equipped with a behavioral therapy lab and trained technicians.

The programs have developed numerous useful techniques in dealing with the variety of clients they serve. However, for any program to continue to grow in its treatment understanding, new ideas are important. Although this research deals with the content of low-functioning sex offenders' dreams, the use of dreams as a treatment intervention could be introduced into the thinking of the other programs. This research project is designed to investigate the use of dreams as a cognitive and emotional experience to be processed in treatment.

The use of dreams as a part of the treatment process has several advantages. Dreams can give the therapist access to the affective side of the client's personality. Also, the client may become more aware of various conflicts that need to be addressed in treatment. Some research has shown that clients who record their dreams on a regular basis make more progress in treatment than those who do not record their dreams (Cartwright, Weiner & Wicklund, 1980). Another possible benefit from accessing dreams as a part of treatment is that change in the content of dreams occurs over time as a client integrates treatment values (Cartwright, Lloyd, Knight & Trenholme, 1984).

In the following chapter, these issues are discussed:

- (A) Statement of the problem, (B) Purpose for the research,
- (C) Rationale for the research, (D) Definition of Terms,
- (E) Limitations of the Study, (F) Hypotheses, and (G) Summary.

### A. Statement of the Problem

The problem to be researched in this study is: What is the dream content of a group of low-functioning sex offenders, and how can these dreams be integrated into the treatment milieu of the Program? (All the subjects in this research are males; therefore, the subjects will be referred to using masculine pronouns throughout the paper.)

The usefulness of content analysis of dreams is set forth in "A Cognitive Theory of Dreams" (Hall, 1953b). The ideas put forth in that paper were then developed further by Hall and his associates over the next twenty years. Studying the dreams of a wide variety of subjects, Hall demonstrates that content analysis adds new insights into the understanding of human personality, and his research suggests that the content of a person's dream life is consistent with that of the waking life. In theory, problems encountered during the day continue to be processed during the night.

Hall and Van de Castle (1966) have developed a content analysis of dreams that illustrates the similarity of the dream life to the waking life. They also have shown that there is value for the change agent to have this information. Alfred Adler (1956) puts forth a similar view when he refers to dreaming as a problem-solving function.

He writes:

A dream is a bridge that connects the problem which confronts the dreamer with his goal of attainment. in this way a dream will often come true, because the dreamer will be training for his part during the dream and will be thus preparing for it to come true . . . .

This seeking of a solution contains the 'forward to the goal' and 'whither' of individual Psychology in contrast to Freud's regression and fulfillment of infantile wishes. It points to the upward tendency in evolution and shows how each individual imagines this path for himself. It shows his opinion of his own nature and of the nature and meaning of life (p. 359).

The use of content analysis of dreams with the Social Skills client could prove to be advantageous for several reasons: First, it could provide an additional diagnostic tool that would give the therapist and client a clearer understanding of the client's treatment issues.

The following is an example of what might be developed on the Social Skills Unit as a part of the orientation process. The Orientation Specialist meets with the client to explain the testing that each client is given during the first thirty to sixty days in the program. During the explanation of the procedures, the Specialist requests the client to record his dreams and gives specific instructions as to how he may recall and record his dreams. This data can then be made a part of the assessment procedure and monitoring process.

James Hall (1983), a psychiatrist who works from a Jungian orientation, tells how he uses dreams as a diagnostic tool. He writes:

Inquiry about recent or significant dreams fits naturally into an initial interview, when one is asking questions that allow observations of the patient's intellectual functioning: flow of thought; ability to abstract; orientation as to time, place and situation; recent and remote memory; judgment in real and hypothetical situations; level, congruence and type of affective response; and such optional but interesting aspects of mental functioning as revealed by proverb interpretation (p. 38).

Hall (1983) continues to discuss the use of dreams as a diagnostic and monitoring tool and gives a pertinent example of his point. He notes:

Dreams that occur early in analysis sometimes point to the long-range outcome of the presenting problem. A man with a long-standing practice of 'cross-dressing,' for example, had a dream early in analysis that he was dressed in women's clothes, walking across the parking garage of a hotel, when the clothing began to slip off without his being alarmed. This foreshadowed a successful treatment of the transvestism (which had no elements of homosexuality) within a comparatively short period of therapy (p. 38).

Second, content analysis would provide the therapist with a monitoring tool for the client's progress in treatment. At variously designated times in the client's treatment program, a progress check could be made to see if the content of the dreams is changing while in treatment. Research has shown that dream content will change over the course of treatment. Bishay (1985) writes of the changing dream content of clients who have been treated for phobias. These cases involve nightmares of the phobia object and the desensitization process used as an intervention. A similar study, conducted ten years earlier at a juvenile correctional institution, deals with a sixteen year old male's recurring dreams. The dream content changed after treatment was introduced. Interestingly, the authors conclude their comments by saying that the treatment intervention

appears desirable as an inexpensive, quickly taught, and easily practiced 'treatment package.' These advantages are particularly beneficial in institutional settings, where recurrent bad dreams are a frequent complaint, and where long term therapy is seldom available (Cavior & Deutsch, 1975, p. 435).

Assessment of dreams could be a special benefit to the Social Skills clients who typically have difficulty expressing their

thoughts and feelings. Through the use of content analysis of dreams, the internal and external conflicts of the client may be identified in areas in which he has asperity in expression. For example, the way he feels about certain staff or the fears he may have towards being in treatment may be observed in the dreams. Also, fantasies, both sexual and nonsexual, may be brought out. The client, through training, may be able to use dreams as a tool to express his internal conflicts. The "pictorial" representation of his conflicts gives the client a method to access his feelings.

#### B. Purpose for the Research

This research is designed to study the dream content of low-functioning sex offenders. It is believed that dream content analysis will assist treatment personnel in gaining a clearer understanding of the client and will also assist in monitoring the client's progress in treatment.

In addition to the benefit that dream analysis may accrue to the treatment staff, there are several other reasons for its use. As stated earlier, the Social Skills client is unexpressive of emotional content. However, the observation by this writer is similar to that expressed by Cavior and Deutsch (1975) regarding dreams in the institution in that the dream content spontaneously shared by the clients with the Social Skills staff appears to have a heavy emotional flavor. Adler (1956) observes:

People frequently get up in the morning argumentative and critical as a result of an emotion created by the night's dream. It is like a state of intoxication and not unlike what one finds in melancholia, where the patient intoxicates

himself with ideas of defeat, of death, and of all being lost (p. 361).

Questions addressed in the study:

- (1) What is the content of a low-functioning sex offender's dreams?
- (2) Is the content of a low-functioning sex offender's dreams different from higher-functioning sex offenders?
- (3) Is the dream content of a low-functioning sex offender different from the norms established by Hall and Van de Castle (1966)?
- (4) Can dream content be used as an assessment tool and a treatment intervention?

A review of literature shows no research being done with the dream content of low-functioning sex offenders, yet there is reason to believe that the dream-life of these subjects has an impact on their daily attitudes and actions.

The studies that have been done with dream content are with noncriminal types (Hall & Van de Castle, 1966) or with a higher functioning sex offender not in treatment (Bell & Hall, 1971). The clients being studied in this research are low-functioning sex offenders on an in-patient ward of a medium security correctional program, locked up twenty-four hours a day. They are in treatment related activities twelve to fourteen hours per day each weekday. On weekends, they do not have formal treatment groups or classes to attend but are, nevertheless, involved with other clients in a treatment milieu.

### C. Rationale for the Research

Currently, there is a great deal of interest in the treatment of sex offenders. In response to this interest, Fay Honey-Knopp (1984) collected an overview of the types of treatment being used with sex offenders in the United States. In her work she hopes to provide:

A background for understanding the rapidly evolving, highly eclectic sex-offender treatment discipline being used to treat adult men who have been legally defined as 'sex offenders.' The goal of treatment is to teach the sex offender how to intervene in and control his sexually abusive or assaultive behaviors. The illegal offenses in which they have been involved generally include acts of rape, child sexual assault (including incest), as well as the more common 'nuisance' offenses of exhibitionism, voyeurism, and frottage (p. xiii).

Since 1979, the Correctional Treatment Programs have provided a treatment program for sex offenders with average intelligence. That program has gained national attention because of its unique position as being a one-of-a-kind program in the field of corrections (Honey-Knopp, 1984). The Social Skills Program now holds the distinction of being the only corrections program in the country for low-functioning sex offenders (Honey-Knopp, 1984). The Social Skills Program, as noted earlier, consists of approximately ninety-five percent sex offenders at the time of this study. There are six reasons why research is needed with this type of correctional inmate.

First, there is virtually no work being done with these clients with little or no services available to them. They are generally the most used and abused clients in the system (De Silva, 1980).



They are not only sex offenders, who are the most disliked inmates in a prison, but they are also immature, unsophisticated, and ignorant. The Social Skills type client has great difficulty living inside the prison system as well as outside the prison (French, 1983).

Second, research of this type is valuable due to the rich fantasy life of the sex offender (Pithers, Marques, Gibat & Marlatt, 1983). Fantasizing about deviant sexual acts is a common phenomenon in the life of the sexual offender as was seen at the Atascadero State Hospital Sex Offender Treatment and Evaluation Project for Research. In the relapse model research being done at Atascadero, fantasy is found to be an intricate part of the relapse sequence. The relapse model is described in the following way:

Relapse prevention (RP) is a cognitive-behavioral program of assessment and treatment which is designed to enhance the maintenance of changes induced by other therapies for sexual aggressives. The model proposes that a major source of relapses, or repeat offenses, is the client's (and sometimes the therapist's) mistaken preconception that treatment will eliminate all of the client's fantasies of sexual aggression (p. 214).

As the researchers at Atascadero State Hospital observe, the sex offender often has an elaborate fantasy life that reinforces his deviancy. By conducting a content analysis of his dreams, it is hoped that a clearer view of his thought life will emerge. Since reporting dreams is usually less threatening than reporting waking fantasies, it is believed that the clinician will gain more accurate reports from the offenders. Along this line of thinking, Calvin S. Hall (1953b) writes regarding the cognitive use of dreams:

The images of a dream are pictures of conceptions. A dream is a work of art which requires of the dreamer no

particular talent, special training, or technical competence. Dreaming is a creative enterprise in which all may and most do participate. . . . The final objective of dream interpretation is not to understand the dream but rather to understand the dreamer (p. 275).

Hall (1953b) continues on in his article by discussing the value of studying a person's dreams. "We feel that dreams constitute the best material for studying the conceptual systems of a person and that such knowledge is absolutely essential if we are to understand why people behave as they do" (p. 280).

A third reason for this type of research is the fact that the feeling or affective aspect of treatment has been given less attention than other theories. The main emphasis in the Social Skills Program has been a cognitive-behavioral one. By incorporating other methodologies, such as dream therapy, art therapy and music therapy, the Program can continue to grow professionally.

The investigation of dreams through content analysis may lead to other types of related therapeutic interventions in the Social Skills Program. For example, the clients on this unit tend to be visual in their learning style. The tendency toward a visual style of learning has been documented over the years by the education specialists. They have reported this tendency from the testing they have done using both the WAIS-R (Wechsler, 1981) and the Elizur (1969). It is the philosophy of the unit to rely heavily on visual aids in communicating treatment values, and this is enthusiastically received by the clients. By introducing content analysis of dreams, a personal visual aid is accessible to the client. For example, the clients eventually may be trained to keep a daily "Dream Journal" which could become a part of a treatment group. Wilmer (1982), of

the University of Texas Health Science Center, has done some innovative work with chronic schizophrenic patients using dreams in a group setting that has possibilities for application to the Social Skills Program.

The Social Skills Program has recently become more involved with affective therapies. The Program has had three separate art therapy interns in the past two years. It has also had three music therapist interns during that same period of time. These therapies have proven useful with the low-functioning clients allowing the less verbal, more emotionally constricted clients to express themselves in a freer manner than before. By introducing the content analysis of dreams into the Program, an evaluation of these techniques and related uses of dreams can be made. Perhaps the use of dream content analysis will provide the clients and therapists access into the affective aspects of a client's life.

A fourth reason for conducting this type of research on the Social Skills Program is the Program's treatment philosophy which stresses the client's need to develop a new identity. This is an important part of the change process but is also a very difficult task due to the lack of appropriate role models in the client's past. Through the content analysis of dreams, the change agent may be able to assist the client in "discovering" an identity which is less dysfunctional. This concept of "discovering" other identities through dreams is based on the work of Carl Jung. Robert A. Johnson (1986), a Jungian analyst, writes about this in his book, Inner Work. Some of the ideas from Johnson's book could be easily adapted to the Social Skills client.

The fifth reason for conducting this type of research on the Social Skills Unit is to help clients develop an internal locus of control. The Social Skills client is often a victim as well as a victimizer, developing life patterns in which he sees himself as having inadequate control over what happens to him. He struggles through life with poor defenses against the "cruel" world around him. As a result, his response is to strike out at what he perceives to be aggression against him. Through the content analysis of dreams, the client may learn about aspects of his personality of which he is not currently aware. The task of the change agent is to assist the client in discovering how to take more control of his life and to express more positive aspects of his personality. The client and therapist may look at developing the images in the dreams and expressing those images through some of the affective techniques used in art therapy. Role playing the dreams on video tape or writing out the dream and illustrating it are other ways to express the positive parts of the dreams. Johnson (1986) and Faraday (1972, 1974) suggest several ways to personalize dream experience.

A sixth and final reason for conducting this research is the need to broaden knowledge about the sex offender. Although there is a growing body of research regarding the sex offender, there is still much to be learned about this population. The sex offender is secretive in his dealings with others as a defense against detection. As mentioned earlier, Bell and Hall (1971) conducted a case study of one high-functioning sex offender's dream. However, a review of existing literature shows little research on the dream life of the sex offender. Therefore, in the line of research, this study is the

first known attempt to look at this phenomenon with regard to low-functioning sex offenders. The study is primarily descriptive in nature as the researcher tries to discover what the low-functioning sex offender, who is in treatment, dreams.

#### D. Definition of Terms

Sex Offender: a male who has been convicted of a sexual offense against either a child or an adult.

Low-functioning Sex Offender: a sex offender with a full scale intelligence quotient (FSIQ) between 65 and 84 WAIS-R. The sex offenders in the Social Skills Program have an average FSIQ 77 at the time of this study.

Higher-functioning Sex Offender: a sex offender with an FSIQ of 85 or above. The sex offenders in the Sex Offender Program of OFPC all meet this criterion.

Content-Analysis of Dreams: according to Hall and Van de Castle (1966): "Content Analysis converts verbal or other symbolic material into numbers in order that statistical operations may be performed on such material" (p. 1). They quote several other researchers who have worked with content analysis of literature as follows: Berelson: Content analysis is "a research technique for the objective, systematic, and quantitative description of the manifest content of communication" (p. 2). Cartwright: "The fundamental objective of all content analysis is to covert phenomena, ie., [sic] symbolic behavior of people, into scientific data" (p. 2). Hall and Van de Castle further note that "in general, psychologists employ content analysis of verbal material in order to say something about

the personality of the individual who has produced it" (p. 2).

Dreams: J. Allan Hobson (1988), in The Dreaming Brain, describes dreams in the following manner: "Dreams are characterized by vivid and fully formed hallucinatory imagery with the visual sense predominant; auditory, tactile, and movement sensations are also prominent in most dream reports" (p. 5). In dreams, Hobson states, "one lacks the reflective self-awareness that helps us test reality during the waking state. Instead, the dreamer is of but one mind, and that mind is wholly absorbed by the dream process" (p. 5).

#### E. Limitations of the Study

There are several limitations to a study of this nature which must be considered before any generalizations or inferences can be made from this research.

- (1) The subjects in this study are volunteer clients from a correctional facility which limits results to volunteer populations from correctional settings.
- (2) The study is conducted in a facility separate from the more oppressive confines of the Oregon State Penitentiary, Oregon State Correctional Institution, or Eastern Oregon Correctional Institution. Even though the clients are inmates of the correctional system, they are in a "safer" environment than is found in these three institutions. Therefore, the content of dreams is possibly affected by this "safer" environment.
- (3) The fact that a modified case study design is used in this study is also limiting.

- (4) The use of five subjects in each group is a limitation.
- (5) The comparison of the dreams to the 1966 norms established by Hall and Van de Castle is limiting since those norms were established over twenty years ago.

#### F. Hypothesis

The null hypotheses will be compared using The Content Analysis of Dreams by Hall and Van de Castle (1966).

HO<sub>1</sub>--There is no difference between the experimental group (Social Skills Program) and the comparison group (Sex Offender Program).

HO<sub>2</sub>--There is no difference between the experimental group (SSP) and the comparison group (SOP) and the norm group.

HO<sub>3</sub>--There is no significant difference between the experimental group (SSP) and the norm group.

HO<sub>4</sub>--There is no difference between the comparison group (SOP) and the norm group.

#### G. Summary

Chapter I presents an overview of the research proposal, including a description of the Oregon Forensic Psychiatric Program, especially the Social Skills Program, and the unique position it plays in Oregon's correctional system. The stated problem consists of an analysis of the content of low-functioning sex offenders' dreams. The rationale for the study is given, and the purpose for such a study is noted. A definition of the key terms is also given to clarify for the reader how the terms are being used in this

research, and, finally, the limitations of the study and the four hypotheses are presented.



## II. REVIEW OF LITERATURE

The purpose of this review of literature is to (A) survey studies within the area of offender treatment; (B) discuss the treatment of sex offenders; and (C) present studies concerning the use of dreams in research and treatment. Under section (C), the following areas will be reviewed: (1) content analysis of dreams; (2) research using the Hall/Van de Castle instrument; (3) other studies using content analysis of dreams; and (D) summary.

### A. Treatment Programs for Criminal Clients:

#### A General Overview

The past 250 years of corrections has seen a great variety of methods used to "rehabilitate" the offender. However, there is still no clear method that is effective with this population (Martinson, Palmer & Adams, 1976). The review of literature under this heading will concentrate historically on what types of treatment have been used with criminals in North America.

Dr. Benjamin Rush was an early advocate in colonial times of classifying prisoners by the nature of their crimes. He further believed that the prisoner's length of punishment could be based on the amount of rehabilitative progress made during confinement (Bartollas, 1985).

The concept of the "penitentiary" was in use in France and England as early as the eighteenth century. The idea originated in the Roman Catholic Church which advocated penitence for wrongdoing. The State of Pennsylvania established the first two American

penitentiaries in 1826 and 1829. During this same era, Auburn State Prison was built in New York. This institution was influenced by the Quakers who advocated the "silent" system. Under this method of "treatment" the prisoner was placed in solitary confinement, but the harshness of such treatment created the need for modification. As a result, prisoners were allowed to have visual contact with fellow prisoners but were confined to small cells during nonworking or nonexercise hours. Since the Auburn system was less expensive to administer than the penitentiary, it won popularity as a method of confinement (Bartollas, 1985).

The more humane idea of a "reformatory" to deal with society's deviants was introduced after the Civil War. The advocates of this system sought to get the convict to conform to the norms of society by providing programs of education, vocational training, athletics and other activities. They also used a "mark system" whereby the offender could gain privileges. Other progressive ideas were introduced, but the Reformatory system failed to produce the expected changes that its founders had hoped to achieve (Lombroso-Ferrero, 1911).

Individualized treatment was the hallmark of the early 1900s. During this time period, there was optimism about the possibility of changing the criminal, and the idea that criminals were not bad, but mad, was expressed by psychiatrists; the psychological origin of criminal activity was gaining prominence. A medical model became a part of the prison system by the early 1920s. Great energy was put into this aspect of treatment, but by the 1960s, this treatment mode also lost its strength (Bartollas, 1985).

The next step in dealing with the offender was the reintegration of the person into the community through community-based corrections involving a wide variety of interventions. Work release centers, residential facilities for parolees, day treatment programs, and family counseling are all ways of reintegrating the offender back into his community of origin. However, the popularity of this type of programming for offenders has come under attack by conservatives who advocate a "get tough" policy towards the criminal (Bartollas, 1985).

As mentioned earlier, Benjamin Rush attempted to classify criminals by their crimes. A later attempt at classification of the offender was carried out by an Italian doctor named Cesare Lombroso whose major works were published in the late nineteenth and early twentieth centuries. Lombroso made several basic assumptions about the nature of the criminal. He believed that primitive people are between humans and apes in their development and that customs in primitive societies are nearly always more brutish than customs in civilized societies. He taught that the criminal is a throwback to the more preliterate societies and has not progressed to the level of civilized society. Although he believed that all civilized people have some biological features in common with preliterates and apes, the criminal's features are more pronounced. As a result of this logic, Lombroso defended physical characteristics that seem prevalent in the criminal population such as: long arms, large toes, low and narrow foreheads, large ears, thick skulls, protruding jaws, hairy chests on males, an insensitivity to pain, and large canine teeth.

Lombroso's influence on the treatment of criminals was strong. His works helped to harden the thinking of society towards the treatment of offenders. He believed individuals are not responsible for their behavior and, therefore, the best thing that society can do for these individuals is to lock them up (Lombroso-Ferrero, 1911).

In Chapter I of this thesis the impact of the Martinson (1974) study is mentioned. This particular work brought a sense of frustration to the correctional scene, but it also illustrated the need for research to be carried on within corrections. One researcher, writing the same year that Martinson's pamphlet, "What Works?—Questions and Answers about Prison Reform" was published, argues that the prisons ought to get out of the role of rehabilitator altogether. His contention is that, since the data are so poor and the concepts of rehabilitation are so confused, people will never be convinced that the prison system reforms criminals. He writes the following:

Instead of expecting the prisons to reform the offenders, it should be allowed to fulfill the goal of punishment. Rehabilitation responsibility ought to be given to community-based programs that would serve the ex-offender as well as the non-offender (Tittle, 1974, p. 387).

Frustration with rehabilitation programs set in. The "nothing works" idea was most fully expressed in The Effectiveness of Correctional Treatment by Martinson (1974). Later, Martinson modified his position. He is quoted as believing that the survey type of review he conducted has methodological flaws and the selection criteria for such studies are "highly subject to manipulation." In studies of the type that he conducted, "all studies that were not sufficiently rigorous, or which are deemed

uninterpretable, were immediately thrown away." He further critiques his work by saying that his co-authors and he "threw out the baby but clung rigorously to the bath water" (Federal Probation, 1979, p. 87).

#### B. Treatment of Sex Offenders

The treatment of sex offenders has gained additional interest in the last ten years (Griffith, Quinsey & Hingsburger, 1989); Hindman, 1989; Horton, Johnson, Roundy & Williams, 1990; Maletzky, 1991). This seems to run parallel to the increased concern for the amount of reported sexual abuse of children. Treatment of victims in this area has also been receiving increased attention (Finkelhor, 1984; McFarlane & Waterman, 1986; Maltz & Holman, 1987).

The treatment of sex offenders was surveyed by Fay Honey-Knopp in 1984. In the book, Retraining of Adult Sex Offenders: Methods and Models, Honey-Knopp surveys ten leading treatment programs for adult sex offenders. These programs include both residential and nonresidential treatment facilities in the United States. In Chapter 10 of this work, she refers to the Social Skills Program as the "only identified residential program serving exclusively the long-neglected, low functioning sex-offender" (Honey-Knopp, 1984, p. xv). Since the publication of that book, another one has been published dealing exclusively with the Social Skills Program entitled Treating Intellectually Disabled Sex Offenders: A Model Residential Program, 1990, by Haaven, Little, and Petre-Miller. This work describes in detail the type of treatment that is currently being used with this population (See Appendix A for a description of this program).

Adolescent treatment programs have also been surveyed by Honey-Knopp. A similar study of treatment services for this population was conducted in 1982 under the title of Remedial Intervention in Adolescent Sex-Offenders: Nine Program Descriptions. In 1987, one of the programs was featured in: A Model Residential Juvenile Sex Offender Treatment Program, The Hennepin County Home School, by Heinz, Gargora, and Kelly.

French and Vollman (1987) discuss the clinical and legal difficulties of treating dangerous sex offenders. They note that treatment is provided to most sex offenders only after they have been incarcerated. They also note that treatment is complicated by two factors: (1) the offenses are complex; and (2) the custodial nature of the incarceration. The authors further discuss the two ways to explain the behaviors of sex offenders. One is a functional explanation which refers to learned behaviors. The second explanation is that the offender's behavior has an organic basis for its origin. However, Berlin and Meinecke (1981) of John Hopkins University, pioneers in the field of sex offender treatment, see that, in fact, sex offender behaviors can be best explained by a combination of learned behaviors and organicity. They teach that no matter what the etiology of the offense, the offender is responsible for his behaviors.

Some persons undoubtedly misuse other people with little concern for them and may require quarantine or punishment. Others (just as is true of some drug addicts, cigarette smokers, or overeaters) may be in a sense victims of intense cravings that are quite resilient and, therefore, difficult if not impossible to resist. Such persons must still assume responsibility for their own actions, but when they seek medical help, they should be treated with an appreciation for their difficulties rather than with stigmatization, scorn or contempt (Berlin & Meinecke, 1981, p. 606).

Treatment programs for sex offenders have several elements in common. Interventions into the cognitive distortions of the sex offender is a mainstay in treatment with this population. The offender often develops a belief system that distorts his offending behaviors into something less than deviant (Shorts, 1985). For example, a child molester may believe something like this: "I'm just trying to teach this child about sex so they won't make the same mistakes I made." This distorted thinking then gives the offender a justification to act on his urges.

There also is behavioral technology using the penile plethysmograph which measures the diameter of the penis as the subject views or listens to sexually explicit materials. A number of behavioral interventions using this technology have been developed. One, known as covert sensitization, requires that the offender learn to decrease his deviant sexual arousal. He does this by reviewing the negative consequences of his sexual acting out. He pairs these negative consequences with his sexual aggression. "Deviant sexual arousal can also be reduced by operant aversion paradigms, olfactory aversion, using valeric acid, or electrical aversion are the techniques used" (Bloom, Bradford & Kofoed, 1988, p. 154).

Another technique using the plethysmograph is called "minimal arousal conditioning." This technique teaches the sex offender to control his arousal to deviant fantasies which he finds particularly stimulating. The client repeats a memorized deviant scenario while being monitored by a plethysmograph. When the client begins to demonstrate arousal above one millimeter, the behavioral therapist cues the client. The client then makes cognitive interventions to

bring the arousal down. The goal is to teach the offender to identify low levels of arousal and to control his arousal to deviant themes (Steinhauser, 1989).

Group therapy and individual therapy are both offered as typical treatment intervention. Several different types of treatment groups are used with sex offenders. One description of groups for sex offenders includes a description of a disclosure group that requires the young offenders to complete through a series of self-disclosing steps regarding their crimes (Smets & Cebula, 1987). Similar types of self-disclosure groups are conducted in the Social Skills Program (Haaven, Little & Petre-Miller, 1990) and in the Sex Offender Program at OFPC. Other types of interventions used with sex offenders include teaching about anger management and chemical abuse treatment. The Sex Offender Program at OFPC provides treatment for offenders who are themselves also victims of abuse. The goal of these treatment interventions is for the client to accept full responsibility for his behavior and to understand how his behaviors have adversely affected others.

The most recent development for the treatment of sex offenders is the adaptation to sex offenders of the relapse prevention model used in the treatment of addictions. The Atascadero State Hospital program in Atascadero, California has developed a thorough program applying the principles of relapse prevention to the sex offender (Laws, 1989; Pithers, et al., 1983). In relapse prevention training, the client is taught a series of interventions to prevent future deviant behavior based on the concept that the offender has a pattern of behaviors which precedes his actual offending. The client is



taught to identify Apparently Irrelevant Decisions (AIDs) that, if not corrected, will lead him to High Risk Situations in which he will re-offend. The client is then trained to become sensitive to his cues and to teach himself how to take adequate coping steps to avoid re-offending. A modified form of the relapse model is taught to the Social Skills client (Haaven, Little & Petre-Miller, 1990).

The field of treatment for sex offenders is still in its developing stages, and more research is needed. The affective aspects of treatment have not been addressed to any degree, and additional treatment interventions may also be developed. It is hoped that the research conducted here may promote some new interventions. Research has demonstrated that a strong element of right hemisphere brain activity takes place during the dreaming experience. This hemisphere is also the more emotional side of the brain (Joseph, 1988). Since the treatment of sex offenders has not paid attention to the emotional aspect of the offender, perhaps such therapies as art therapy and dream therapy can provide some help in this area.

### C. Treatment and the Use of Dreams

The use of dreams as a treatment intervention has a long and rich history in therapy. Freud is considered a pioneer in the field of popularizing the use of dreams through his book, Interpretation of Dreams, first published in 1900. His emphasis on dreams was one of concealment. He saw the dream as an attempt by the unconscious to hide from the conscious wishes and urges that the dreamer secretly holds. The symbols in the dream are seen as instruments of

concealment from the dreamer's conscious (Freud, 1960).

Freud's theory is a wish fulfillment theory of dreaming. His idea is that the dream disguises the wishes of the dreamer, and the dreamer is the last person to be able to understand the meaning of his or her dreams. Freud's theory also sees a great deal of sexual wish fulfillment in the dreams of the patient (Faraday, 1972).

Jung takes a decidedly different view of dreams and sees them as revealing information about the dreamer. "I take the dream for granted, the dream is a natural event and there is no reason under the sun why I should assume that is a crafty device to lead us astray" (Faraday, 1972, p. 117).

A third great from the psychoanalytic school is Alfred Adler who also takes a view contrary to Freud. He sees dreams as a continuation of the person's waking experience and feels that the emotional impact of dreams is an important aspect of the dreaming experience. This is the view closely followed by Calvin S. Hall. The following quotation from Faraday (1972) helps to tie the views of Adler and Jung together with those of Hall.

'A dream is a personal document, a letter to oneself,' wrote Hall. 'It is not a newspaper story or a magazine article.' The expression is similar to a statement made by Alfred Adler that the dream is 'a message to oneself,' containing clues about personal problems and unresolved conflicts. Hall was also forced by his evidence to conclude, along with Jung, that dreaming is simply the sleeping mind's natural picture language whereby thoughts are translated into images, without any intent to mislead or deceive the dreamer. He agreed with Jung that the dream actually reveals in the clearest, most economical way possible the present state of the dreamer's inner life and is not primarily concerned with some long-repressed infantile trauma, though on occasions this may be reflected in a dream . . . . For much of the time, the dreamer could be said to be acting out his worries during sleep--worries about the sort of person he is, how others

see him, how he sees others, and what he feels the world is going to do to him (pp. 129-130).

### 1. Content Analysis of Dreams

The most widely used instrument for content analysis of dreams is the one developed by Hall and Van de Castle, published in 1966, and is the basis for the analysis used in this research. Calvin S. Hall comes from a psychoanalytic framework; however, the instrument developed is a scientific instrument to count the occurrences of various familiar elements of dreams.

Writing in The Journal of General Psychology, Hall (1953a) gives an informative overview of the use of dreams in psychology. He discusses the curiosity that people have long had about dreams and brings out the use of dream books to assist the interested person in understanding dreams. "A dream book is actually a special type of dictionary, in which the entries are words or phrases descriptive of dream items followed by their meanings; that is, symbols and referents" (p. 169). Later in the same paper, Hall speaks against the use of such methods to understand dreams. He states that there are two reasons for not interpreting dreams using such dictionaries. First, there is no reason to believe that dream symbols have stable references from one person to another. Second, what the dreamer thinks about a symbol is more relevant than a "cookbook" answer for a symbol.

In another article by Hall (1953b) in the same year, he further clarifies what he understands dreaming to be. He discusses dreaming as a cognitive experience that resembles watching a movie. The

difference is that the dreamer is the producer, director, and actor in the production. Furthermore, the dreamer creates the scenery and writes the dialogue. Dreams, according to Hall, are purely and simply projections by the dreamer on the internal screen of the brain.

The ideas presented in the two journal articles just cited are further developed in the 1953 book by Hall entitled, The Meaning of Dreams. In this work, some further ideas from Hall are important to note. He sees the importance of dreams being not so much the dream but the understanding of the dreamer. The dream as a projection is a "personal document, a letter to oneself" (p. 12). Hall claims that, if a person observes 100 of his dreams and the part which he plays in those dreams, the dreamer could then write an essay entitled, "What I Really Think of Myself." To Hall, dreams "reveal what we really think of ourselves when the mask of waking life is removed" (p. 12).

Hall clearly teaches that dreams are not to be read as objective reality. Since they are projections of the dreamer, they are taken as subjective reality and, as such, they set forth a truth about the dreamer, albeit subjective in nature (Hall, 1953c).

In a popularization of some of his ideas, Hall and Nordby (1972) write:

The purpose of analyzing dreams . . . is to increase self-understanding. Dreams reveal things about us that cannot be readily found from other sources. Moreover, they usually portray our true feelings, in contrast to the self-deceptions, either conscious or unconscious, that we practice in waking life (p. 163).

In 1964, Hall and Domhoff wrote an article, "Friendliness in Dreams" (1964), which explores concepts of how the dreamer interacts

in friendly ways with others. The year before, another article, entitled "Aggression in Dreams," was co-authored by Hall and Domhoff (1963). Based on the study of 3049 dream narratives, they found that aggressive acts in dreams occur two to one over friendly acts. "Friendly acts are not nearly as intense as aggressive ones" (Hall & Domhoff, 1964, p. 309). In the dream world, aggression is much more common than acts of friendliness and love.

Two years after these articles appeared, Hall and Van de Castle's The Content Analysis of Dreams (1966) was published. In describing their purpose, the authors write:

Content analysis converts verbal or other symbolic material into numbers in order that statistical operations may be performed on such material . . . . Psychologists employ content analysis of verbal material in order to say something about the personality of the individual who has produced it (pp. 1, 2).

Following the publication of the instrument, Hall co-authored an article and two books demonstrating the use of content analysis. The article was published in 1968 concerning the dreams of Freud and Jung, co-authored by Domhoff and Hall. In this article, the writers comment that as few as twenty dreams are adequate to reveal important information about the personality of the dreamer. To illustrate some of the findings from the study, the following quotations are taken from the article:

"Jung was more object-oriented and Freud was more person-oriented" (Domhoff & Hall, 1968, p. 45).

"Jung was more oriented toward the female and Freud was more oriented toward the male" (p. 45).

"Every time Jung is involved in a friendly interaction, he

initiates the friendliness. Freud, on the other hand, is more often the recipient of friendliness" (p. 45).

Most men have an equal amount of success and failure in their dreams. So does Jung, but Freud has much more success than failure. In fact, he succeeds six times and fails only once. This suggests that Freud was more strongly motivated to succeed than Jung was (p. 64).

In concluding their article on Jung and Freud, the authors state: "The dream state merely reveals more clearly the wishes and fears that guide our actions in waking life" (p. 65).

Hall and Lind (1970) co-authored a book using the instrument in an analysis of Franz Kafka's recorded dreams which deals with the complexities of the personality of the famous author. In concluding their analysis of his dreams, they write: "In Kafka's case, his feelings about his body and about his mother which appeared in early childhood were the main determinants of his adult character and behavior" (p. 91).

The most significant study for the purposes of this research is the one written by Bell and Hall (1971) entitled, The Personality of a Child Molester. This work is a case study of a high-functioning incarcerated sex offender, a patient of Alan Bell, a psychiatrist. Hall was given 1300 dreams produced by the subject without any prior knowledge of the patient's problems. Hall reported his findings to Bell before he was given any information about the subject. The analysis was based on two assumptions: first, the content of dreams reveals the basic character and psychological make-up of the dreamer; and second, the more a person dreams about specific elements, the more important those elements are to the dreamer in waking life. The research demonstrates that Hall, using the principles of content

analysis, was able to give an accurate description of the psychosocial history of the patient. Furthermore, Hall was able to ascertain some of the possible motivations in this offender's psychological make-up not uncovered prior to the analysis. These possible motivations were confirmed by a follow-up of the subject in the ensuing years of treatment.

## 2. Research Using the Hall and Van de Castle Instrument

The Hall and Van de Castle instrument has been used in a wide variety of studies to look at content analysis. Kramer, Winget and Whitman (1971) studied the dream content of a specific community, then compared the dream content to the early memories of the respondents. This survey research gathered its respondents, 300 adults, from Cincinnati, Ohio. The authors conclude that

the dream report is a stable product. . . . We also found that the dream report is indeed revealing of different aspects of an individual's inner concerns than other verbal products such as the early memory" (p. 1356).

They further see dreams reports as a good representation of a person's present life experience.

Kramer, Whitman, and Baldrige (1970) studied a group of male paranoid schizophrenics to see if the dream content of these patients changes with "successful treatment with psychotropic drugs" (p. 52). The most interesting result from this study has to do with the social interaction scale of the Hall/Van de Castle instrument.

In the Pre-treatment condition for each friendly interaction that occurred, there were two sexual interactions and ten aggressive interactions. In the Post-treatment condition for each friendly interaction, there were 0.7 sexual and 1.9 aggressive interactions (p. 54).

This finding demonstrated that changes in the subjects' behavior and their dream content coincide.

Kaplan, Saayman, and Faber (1981) conducted a content analysis study, using Hall/Van de Castle, with families in therapy. They report this "study indicates that the analysis of dream series do [sic] indeed reflect the problem areas in a family system" (p. 238). They further state, "although the controversy concerning the meaning and function of dreams continues to be debated, our findings strongly support the view that dreams are meaningful and are continuous with waking life" (p. 238).

Urbina (1981), also using Hall/Van de Castle's instrument, studied some of the methodological issues with collecting dream reports. In her report she writes that dreams are an accessible phenomenon that, once recorded, can be used in a number of ways for research. "Dream reports are not too difficult to gather and do not create in subjects the apprehension that often accompanies psychological tests" (p. 71). Furthermore, she comments regarding the Hall/Van de Castle instrument, "Their 'Dream Report Form' gives subjects explicit directions on how to report dreams and can easily be adapted to suit the specific purposes of an investigation" (p. 73).

Kirtley and Sabo (1983, 1984) conducted two studies on the dreams of the visually impaired, the first of which reports on "aggression in the Dreams of Blind Women." This study, as did their later study, used the Hall/Van de Castle system. One of the researchers' conclusions is that the Hall and Van de Castle theory is consistent with their research. In other words, daytime motives, conflicts, problems, and attitudes are manifested in the dream life.



A year later (1984), these same researchers write regarding the friendly interactions of the visually impaired. Again, their conclusions are similar to those stated earlier. Their findings are generally the same as those suggested in Hall and Nordby's 1972 book, The Individual and His Dreams. In Kirtley and Sabo's (1984) words:

Dream experience is continuous with waking experience, in that the contents of the individual's dreams reflect, for the most part, the wishes, preoccupations, fears, values, preferences, interests and activities of his/her waking life (p. 335).

The last study to be cited using the Hall/Van de Castle instrument is a 1987 doctoral study by Varela. This study looks at the dreams of the elderly and what the implications are for developmental issues and therapy. The researcher states:

The reassuring aspects of dreams of dead relatives and the continuing efforts to repair the self were of particular note in the dreams of the elderly. Dreams can be utilized as a therapeutic tool by increasing reminiscence of areas of conflict as well as sources of strength (Dissertation Abstraction, 1987, p. 5069-B).

These studies show the variety of populations that have been researched using the Hall and Van de Castle instrument. In addition to these studies, there are other relevant materials by Hall (1953a, b, c, and 1966) and Van de Castle (1971).

### 3. Other Studies Using Content Analysis of Dreams

A review of literature on dreams reveals that a number of studies have been done on the connection between dream content and depression. In 1969, Jean Miller studied the dreams of psychologically depressed patients across time to see if the dreaming was different at various stages of depression. The research divides

depression into two parts: "Dreams in Deeply Depressed Patients" and "Dreams in Improving Patients." Miller discovers that those who were deeply depressed had dreams that were pleasant or bland. It appears that the patient was not working through the depression but, rather, avoiding issues. However, this changes as a client begins to make improvement in waking life. The patients' dreams at that point begin to take on a more conflict-oriented content. It appears that, as the depression improves and the client begins to deal with issues in waking life, the dream-life begins to take on a similar experience.

One of the leading researchers in the study of depression and dreams is Rosalind Cartwright, a psychologist at Rush Presbyterian, St. Luke's Medical Center of Chicago. Early in her career, Dr. Cartwright worked with Carl Rogers at the University of Chicago. At this same time, a sleep lab across the hall from where she worked with Rogers was making new discoveries regarding rapid-eye-movement (REM) sleep. She later became involved with dream research after Rogers left the University of Chicago. Like Adler, and later, Hall, Cartwright sees a very close connection between a person's emotional life and the dream life. She asserts, "Attending to dreams can help people get in touch with their inner lives" (Lamberg, 1988, pp. 36, 37).

In 1980, Cartwright, Weiner, and Wicklund completed a study to see if there is a relationship between the dreaming of the subjects and their success in psychotherapy. (Success is defined as completing sessions and making the best use of the experience.) This study used forty-eight patients selected as "potential early drop-outs from

insight-oriented psychotherapy [who] were offered a two-week program to prepare them for treatment" (p. 275). The preparation for treatment was a dream monitoring experience. Thirty-two patients had their dreams monitored in a lab setting and sixteen were placed directly into treatment. Half of the dream-monitored group were given an opportunity to discuss their dreams. They showed a significantly higher rate of success in treatment than did the other two groups.

Focusing the attention of patients who lack the ability to be self-exploring onto their dreams and giving practice in discussing them before treatment begins seems to be helpful. Patients able to produce dreams either from REM or NREM awakenings were better able to identify an area of concern and to produce the kind of affective response to it needed to be productive in insight psychotherapy during the crucial initial phase (Cartwright, Weiner, & Wicklund, p. 277).

Cartwright's group did further work with dreams of depressed clients. Trenholme, Cartwright, and Greenberg (1983) worked with divorced females. Their research shows that nondepressed divorcees had an increase of anxiety in their dreams when compared to a control group of nondivorced females. The depressed divorcees experienced anxiety and threats more directed toward the self, and they also experienced a sense of others missing in their dreams. The females who were effectively dealing with their life changes attributed their problems in working through the issues to others, whereas the depressed group attributed the problems to themselves and experienced more difficulty working through their negative emotions.

A follow-up of the 1983 study was conducted. In this study, the dream content of the depressed divorcing subject was shown to change during the course of time. This research discovered that

nondepressed divorcees had longer dreams with a greater variety of subject matters, also dealing with marital issues not dreamed about by the depressed group. In follow-up research of the depressed divorcees, the content of the dreams had changed to more positive themes and adaptability to life changes (Cartwright, Lloyd, Knight & Trenholme, 1984).

Cartwright (1986) continued to study the dream content of depressed and nondepressed divorcees. This study was an attempt to see how these two groups processed the emotional aspects of divorce. She found that, when the depression is greatest, there is a slowing down of the acceptance of the life changes that are taking place. Thus, females who were the most closely tied to the "traditional" beliefs about the role of a wife were the slowest to work through the changes in their dreams. Cartwright attributes this to the hypothesis that there are two information processing functions going on at the same time. The first is described as the "action-oriented" system that deals with objective reality--the waking experience. The second, slower system deals with subjective reality and is best seen in the dream life.

The subjects with the most traditional waking life belief system have to deal with the conflict in the waking life and the sleeping life as well. This leaves them with the task of cognitive work in both areas. Cartwright (1986) teaches that, unless the cognitive processing systems in both the waking life and dream life can be retrained, the women will be prone to process information in the slower system (the dream life) in a faulty manner. A cognitive behavioral approach to the dream life may have effective application

in this area.

Related to the studies by Cartwright with divorced females is the use of dreams with married couples. The area of marriage and family counseling has made use of dreams as a therapeutic intervention and as a diagnostic tool (Corriere, Hart, Karle, Binder, Gold, & Woldenberg, 1977; Hart, Corriere, Karle & Woldenberg, 1980; Kaplan, et al., 1981; Perlmutter & Babineau, 1983). The clinicians who have developed the idea of "The Functional Approach to Using Dreams in Marital and Family" (Cirincione, Hart, Karle & Switzer, 1980) provide some helpful ideas for using dreams in the family setting. These ideas have application possibilities with the sex offender population being studied in this research. They develop a method of using dreams to access the feeling level of the client. The method is a simple one. Instead of seeking to interpret the dreams of the dreamer, the method allows for the dreams to be rated along five process variables. "Dreams are viewed as pictures of the dreamer's feelings" (p. 147). These researchers see dreams as opening up the dreamer to cognitive, behavioral, and affective areas. Dream work "asks questions about how the dream works rather than what the dream means" (p. 148).

How a dream works is defined in terms of five process variables:

- (1) Expression, how intensely the dreamer shows his feelings about the dream events and interaction;
- (2) Feeling Intensity, the overall feeling level in the dream;
- (3) Activity, the actions of the dreamer in response to dream events;
- (4) Clarity, the coherence and understandability of the dream as well as the level of awareness

experienced by the dreamer; and (5) Contact, the level of meaningful interaction which takes place between the dreamer and other characters. All of these process variables are equally valuable as a means of working with and understanding waking behavior as well (Cirincione, et al., 1980, p. 148).

The ideas presented in the functional approach to dreams give clients an opportunity to talk about their feelings in a nonthreatening way. It also taps into the visual ability of the client which is a modality highly utilized in the Social Skills Program.

#### D. Summary

This chapter gives an overview of the attitude toward the treatment of offenders. The treatment of sex offenders, especially low-functioning sex offenders, is presented with special reference to Appendix A for the treatment of this population in the Social Skills Program. A third major division of the chapter has to do with the use of dreams in treatment and research. The emphasis in this area is on the content analysis of dreams. This section centers on the Hall/Van de Castle instrument used to analyze the content of dreams.

### CHAPTER III. RESEARCH DESIGN AND PROCEDURES

To date, no research has been done with regard to low-functioning sex offenders. The purpose of this study is to gain information about the dream content of this population, and this chapter presents the design used to research this area of interest. The design is an assessment/diagnostic case study as follows: (A) the rationale for this methodology is given; (B) the subjects to be studied are described as well as the criteria for their selection; (C) the data collection; and (D) instrumentation are presented.

#### A. Rationale for Approaching this Study with Qualitative Research Methods

The 1981 volume 49 of Journal of Consulting and Clinical Psychology is dedicated to the question of meaningful research methods for the practitioner. This special section of that issue is entitled "Empirical Practice and Realistic Research: New Opportunities for Clinicians."

Qualitative research is less obtrusive than experimental design and provides the clinician with less disruptive methods to use on the clinical setting. This is the case because usually fewer subjects are required to study the area of interest, and fewer changes are effected on the environment (Bellack & Hersen, Eds., 1984). For example, there may be a phenomenon, such as emotionally disturbing dreams occurring in a treatment setting that the professional literature is not addressing. Nevertheless, it is an important factor affecting the treatment milieu, and a better

understanding of the situation could be beneficial. An experimental design would take an intervention and perhaps disrupt the phenomenon. A qualitative approach, however, can examine what is already occurring because the goal with qualitative methods is to understand the experiences of the clients in their present condition.

The clinician who is actively involved day to day with a client's needs often does not have the time or the resources to do quantitative research, nor is it always the most effective method to use. In order for most clinicians to do research, a more straightforward design is necessary. This is an area where qualitative research can prove helpful (Raush, 1977). Raush points out that qualitative research is not necessarily easier; in fact, it may be more difficult for it is tied directly to a knowledge of the client and the problems of treatment. Raush continues by saying:

What the psychologist in practice learns, he learns in interaction with his clients, whether the clients are individuals, families, groups, or institutions, and whether his practice is private or public. We need to foster this learning, its conceptualization, and its public dissemination (p. 680).

One writer notes a growing dissatisfaction with experimental research methods among clinicians. "This judgment applies with particular force to research in the area of therapeutic change" (Barlow, 1981, p. 148). Barlow continues this line of thought by quoting Harold Raush: "The failure of integration between practice and traditional psychological research methods is due to fundamental inadequacies of those research methods for tackling issues open to the practitioner" (p. 149).

The research set forth in this design uses what Kratochwill



(1985) describes as an assessment/diagnostic case study. In describing this type of case study, he states:

Assessment case studies can be distinguished from a more traditional therapeutic case study in that the primary purpose is to provide an example of various assessment strategies in diagnosis or description of cognitive and social behavior (p. 206).

Kratochwill (1985) cites the Bell and Hall (1971) study of a high functioning child molester's dreams in a favorable light.

Kratochwill says of that case study:

Methods of content analysis when applied to reported dreams of "Norman" yielded information about personality and behavior. Also, the authors identified some of the components that could presumably make up the personality of a typical child molester. Various psychometric measures (e.g., Rorschach, adjective checklists, MMPI, incomplete sentence blanks, intelligence test) were used to describe Norman and the various features of his personality (p. 206).

Qualitative methods offer several advantages for the study proposed in this research. As an example of some reasons for using qualitative methods, the following ideas from Taylor and Bogdan's Introduction to Qualitative Research Methods (1984) seem relevant to the needs of this proposal.

Taylor and Bogdan (1984) discuss various philosophies that researchers use to study the problems needing answers. One way to do this is through the experimental design method or, as they refer to it, "positivism." The positivism method seeks "the facts or causes of social phenomena apart from the subjective states of individuals" (p. 1). Another method is described as "Phenomenological." This perspective is more interested in the individual's viewpoint and gathers information on the person's inner experience. "The phenomenologist seeks understanding through

qualitative methods such as participant observation, in-depth interviewing, and others that yield descriptive data" (p. 2).

Taylor and Bogdan (1984) suggest a number of ideas about qualitative research that fits the needs of this research proposal. The following quotations are from their work.

(1) "Qualitative research is inductive" (p. 5).

This refers to developing concepts out of the data collected rather than taking preconceived ideas and gathering data to test the ideas. A review of the literature reveals that no studies of the low-functioning sex offender's dreams have been conducted; therefore, such an investigation seems useful. Clinical observations suggest that the dream state is impactful on the client's daytime behavior.

(2) "The researcher looks at settings and people holistically; people, setting, or groups are not reduced to variables, but are viewed as a whole" (p. 6).

This research investigates how five clients dream and seeks to determine if their dreams are statistically different from a norm that was established in the 1960s. Also, the low-functioning sex offenders' dreams are compared to a comparison group of five high-functioning sex offenders' dreams. Since these offenders are in a treatment milieu, the goal is to be as unobtrusive as possible when collecting the data.

(3) "Qualitative researchers are sensitive to their effects on the people they study" (p. 6).

The Social Skills client is suggestible, and an outside researcher does have impact on the milieu, so this research attempts to be the least disruptive to the milieu as possible. As a Therapy

Supervisor on the unit, the researcher's presence is commonplace and, therefore, less disruptive than the presence of an outsider.

(4) "Qualitative researchers try to understand people from their own frame of reference" (p. 6).

Central to the phenomenological approach in qualitative study is the concept of understanding the subject's experience. "Qualitative researchers empathize and identify with the people they study in order to understand how they see things" (p. 6). The researcher asks the subjects to share their own subjective experiences, and these dreams are then analyzed for content. The dreams are understood in the context of the person's life situation.

(5) "Qualitative methods are humanistic" (p. 7).

In this method the researcher is looking at the inner qualities of the subject's life and "his moral struggles, his successes and failures in securing his destiny in a world too often at variance with his hopes and ideals" (p. 7). The subjects of this research are sharing their inner information regarding the struggles they are going through. It is not the purpose of the research to change or "correct" the internal experience of the subjects; rather, it is to discover what their dream life is and to learn what the dream life reveals about the subjects.

As noted in Chapter II, Cartwright and her associates conducted studies on the effect of dreams on daytime behavior, and they noted that clients who are able to "produce dreams either from the REM or NREM awakenings were better able to identify an area of concern and to produce the kind of affective response to it needed to be productive in insight psychotherapy" (Cartwright, Weiner, & Wickland,

1980, p. 277). Hall and Van de Castle's instrument is also based on the assumption that the nighttime dream experience is in keeping with a person's daytime experiences (Bell & Hall, 1966). In another work, Hall and Lind (1970) analyze the dreams of Franz Kafka and note:

Were dreams merely a reflection of waking life, there would be little to be gained by analyzing dreams since one could obtain the same information by observing waking behavior. It's our contention, however, that dreams illuminate much that may be obscure about the underlying motives for a person's behavior in waking life. Dreams shed light on the unconscious dynamics of personality to an extent that is probably unmatched by any other type of material (p. 54).

This researcher's clinical observation is that low-functioning sex offenders have dreams that are affecting daytime life in the treatment setting. At this time, the treatment program is not accessing this cognitive experience.

In summary, this research uses a qualitative research design which is more specifically an assessment/diagnostic case study. The reason for using such an approach is that there is a specific phenomenon occurring in the Social Skills Program at the Oregon Forensic Psychiatric Center that appears to have clinical significance but is, as yet, unstudied. The least obtrusive method is to collect data on the phenomena and analyze the data, using a content of analysis of dreams instrument.

## B. Subjects and Selection

## Low-functioning Sex Offender Group

Five low-functioning sex offenders are selected in the following manner (see Appendix B for Consent Form):"

The fifteen members of the "Phoenix Group" (all of whom are sex offenders) in the Social Skills Program are interviewed by the researcher. This is to acquire a list of those clients interested in being a part of the study.

The following structured interview is used to help select the subjects:

1. Are you interested in being part of a study that I am doing with people from the Phoenix Group?

If "Yes"



If "No" —> Discontinue interview.

2. The study is about your dreams. Do you often remember your dreams? How often do you remember them?

If "Yes"



If "No" —> Discontinue interview.

3. I am interviewing each member of the Phoenix Group to see who may be interested in reporting ten of their dreams to me as a part of this study. If you are interested in participating, I will put your name on a list to discuss with the treatment team. Are you interested in being considered?

If "Yes"



If "No" —> Discontinue interview.

OK, I will put your name on the list and present it to the treatment team. If you are one of the people chosen, I will let you know as soon as possible. If you are not selected, you will also be told as soon as possible.  
Thank you for letting me talk with you about this.

The list of possible subjects is then taken to the Program's Treatment Team for approval to participate in the study. The subjects are prioritized, and the first five become the subjects for the research. Those remaining on the list are retained as alternates in case of attrition. The subjects are given priority through a Treatment Team process in which each subject is discussed by the team. The list sets priority based on this discussion. Such matters as amenability to treatment, motivation for the study, active dream recall, length of time in the program, and length of time remaining in the program are parts of the information considered in the process.

#### Higher Functioning Sex Offenders

The comparison group for this study are higher-functioning sex offenders in treatment in the Sex Offender Program of the Oregon Forensic Psychiatric Center. The subjects are all convicted of sexual offenses with FSIQ in the "normal" range (85+).

The five higher functioning sex offenders in the comparison group are chosen in the following manner:

After approval is obtained from the Sex Offender Program, a meeting is scheduled to meet with all the residents of the program. At the meeting, the researcher presents the request for volunteers to participate in the project. The residents are informed about the purpose of the research and what the expectations are regarding the number of dreams to be collected. A sign-up sheet of paper is placed on one of the bulletin boards on the unit. Those interested are asked to place their names on the list.

After a list of volunteers is obtained, the names are presented

to the Therapy Supervisors of that program. A decision is made by the Therapy Supervisors and the Acting Unit Director as to the appropriateness of each volunteer. Appropriateness is based on the following: amenability to treatment, motivation for the study, active dream recall, length of time in the program, and length of time remaining in the program. When approval is given, each volunteer is interviewed by the researcher. Each subject is given the same set of instructions as those given to the low-functioning subjects (see page 50 for the instruction set).

### C. Data Collection

There are five guidelines used in collecting the dream reports. Wyngaarden (1981) discusses issues about the difficulty of "Interviewing Mentally Retarded Persons." Although most of the Social Skills clients are not mentally retarded, the ideas set forth in that paper are applicable to the low-functioning client.

Wyngaarden (1981) interviews deinstitutionalized retarded clients. The author notes:

The decision to interview these persons and the strategy by which to do so was guided by two assumptions. First, mentally retarded persons are valid sources of information with a singular perspective on their experiences that is only obtainable through direct questioning. Second, for some of the information sought, they are the only appropriate sources of information (p. 107).

The author of this article gives several principles followed in the study of deinstitutionalized clients which are applied in the gathering of information from the low-functioning clients of the Social Skills Program. Wyngaarden (1981) states:

(a) "One major concern . . . was to avoid questions which might encourage the respondent to please the interviewer by trying to give the 'right' or expected answer" (p. 109).

Caution is taken to give the clients clear instruction. A part of this instruction is to report the dreams fully but without embellishments. This is done through the direct contact with the researcher, a treatment program staff with ten years of experience in interviewing Social Skills clients.

(b) "Use simply phrased, open-ended questions as much as possible. Interviewers were instructed not to supply suggestive answers to questions and to encourage the respondent to answer in his/her own words" (p. 109).

The client is given an instruction sheet (see below) about recording his dreams in order to give attention to details; however, he is always encouraged to report the dreams in his own words and not in some "canned" language for the research project.

(c) "It is also important to stress that there were no right or wrong answers and that respondents were not being evaluated or judged" (p. 110).

This principle is being followed in the data collection process. The researcher's experience with spontaneous dreams reports on the unit is that the client feels free to report the dreams. This seems to be due to the fact that a dream is like a second-hand experience and the clients talk about the dreams more easily than reporting their daytime behaviors.

(d) "One of the most common interview issues was privacy" (p. 111).



The research will provide the client with anonymity as far as the dream reports are concerned. The reports are pooled to develop a general content analysis of the low-functioning offenders' dreams.

(e) "The most important quality an interviewer must possess is patience. The questions need to be phrased slowly, clearly, and with a minimum of words. The respondent should not feel that a quick answer is expected: (p. 111).

These are the basic principles of data collection used in this project. The following protocol is used in the actual recording of the dreams.

The five low-functioning sex offenders are selected to report spontaneously recalled dreams to the researcher. These dreams are collected by the researcher each morning upon arrival at the unit, at approximately 8:00 A.M. The subjects report the dreams using the following instructions that are given to them in writing and reviewed by the researcher.

#### Recording a Dream--What to Say?

What is it that I am to write down about my dream in my dream journal?

1. Try to put in words as clearly as you can exactly what happened in the dream.
2. Tell about the people in the dream. Do you know them or not? Who are they? How old are they?
3. Tell about any animals in your dream.
4. Tell about the place where the dream happened.
5. Tell about what happened to the people or things in the dream.
6. Tell about the feelings that the people had.

7. Tell about how the people acted toward each other.
8. If the dream is mixed up, tell about it that way (dreams are often that way).
9. Tell about the colors, shapes and sizes of the things in your dream.

Remember!!!! Don't leave out anything that you remember, and don't add anything that is not in the dream.

The dreams are recorded on paper by the clients. If a client has difficulty writing, he may record his dream on tape or dictate it to the researcher.

The low-functioning sex offender group will provide a total of forty-five dreams with data collection time for as long as is required for the forty-five dreams to be collected. During this same period of time, the comparison group of higher-functioning sex offenders are also contributing a total of forty-five dreams and are reporting their dreams in the same manner as the low-functioning sex offender subjects. The comparison group hands their dreams in to the staff of their Program who places them in a special envelope for the researcher.

#### D. Background Information

The subjects are given the following measurements and interview as a part of the data collection process. The reason for collecting this information is to develop a profile of both the experimental group and the comparison group. An average profile for each group is presented in keeping with the concept of continuity of dreams and daytime experience.

- (1) WAIS-R for the Social Skills subjects and for the

Sex Offender subjects.

(2) Psychosocial history.

Hall and Van de Castle's instrument is based on the premise that a person's day-life frustrations and conflicts are continuous with the dream-life. This is similar to the principle set forth by Alfred Adler (1956) regarding dreams. Adler speaks of the unity of the personality when he says:

The property of belonging to this unity must also characterize the dream. The supreme law of both life-forms, sleep and wakefulness alike, is this: the sense of worth of the self shall not be allowed to be diminished (p. 358).

The purpose for collecting biographical information on the subjects is to see if the day-life experience of the subjects is similar to the dream-life experience.

#### E. Dream Recall Hints

Since dream recall is often a problem, the following set of instructions is used to assist the subjects in remembering dreams. The three ideas are from Ann Faraday's (1972) book, Dream Power.

- (1) Keep paper and pencil near your bed to jot down the main ideas of the dream as soon as awaking (p. 306).
- (2) Suggest to yourself that: "I shall catch a dream tonight" just before going to sleep (p. 306).
- (3) When awaking, very gently sit up in bed and record whatever has been going on inside the head upon awaking (p. 307).

One further suggestion given to the subjects is review the dream several times before getting out of bed or when the dream is recalled. This helps to fill in the details of the dream story.

## F. Instrumentation

The instrument used in the content analysis of dreams was developed by Calvin S. Hall and Robert L. Van de Castle (1966). The use of content analysis as an instrument for research in communication first appears around the beginning of the twentieth century. However, in reviewing trends in the use of content analysis of written material, one writer cites that interest in this method of research goes as far back as the 1740s (Holsti, 1969). Berelson (1952) writes the following as his definition of content analysis: "Content analysis is a research technique for the objective, systematic, and quantitative description of the manifest content of communication" (p. 18).

Hall and Van de Castle apply this concept to the manifest content of the dream experience. In 1966 they published their work, The Content Analysis of Dreams. In the preparation of this instrument they provide the first norms for dreams based on some 1000 dreams. They see the main contribution of their work as providing a methodology for working more objectively with dream content.

For the first time, a comprehensive system of classifying and scoring the contents of reported dreams has been described and made available to the dream investigator. An important empirical contribution is provided through the extensive normative material based upon 1000 dreams included in this book (Hall and Van de Castle, 1966, p. x).

Based on this instrument, Domhoff and Hall (1968) did content analysis of Freud's and Jung's dreams. Hall and Lind (1970) analyzed Kafka's dreams, and Bell and Hall (1971) collaborated on the content analysis of a child molester's dreams.

This last book is the study of a high-functioning sex offender who spontaneously recorded his dreams while being incarcerated in a mental hospital. He later was released but remained in contact with the co-author, Allen Bell, who provided continuing autobiographical information of the subject.

#### G. Description of Hall and Van de Castle's

##### Content Analysis of Dreams

The instrument developed by Hall and Van de Castle covers a wide range of elements that may appear in dreams. Each element is scored using a series of numbers and letters to indicate the elements in the dream. For the purpose of this research, the scales that specifically observe social interactions, achievement outcomes, environmental press, and emotions are used. The following is a listing with a brief description of the scales which have a total of nine subscales.

(1) Social interactions.

There are three classes of interactions to be scored:  
Aggressive, friendliness, and sexual.

(2) Achievement outcomes.

This scale refers to the success or failure of the activities in the dream.

(3) Environmental press.

The term "press" comes from Murray's scoring system for the TAT. However, in this scale, the scoring is based on only two types of environmental press: misfortunes, when bad things happen to a character, and good fortunes,

when good things happen to a character.

(4) Emotions

The authors state that this scale was the hardest for them to develop due to the large number of English words used to describe emotions. After experimenting with several ways to handle the problem, they decided on five classes of emotions, namely, anger, apprehension, happiness, sadness, and confusion. The five classes of emotions are grouped under positive emotions and negative emotions. Each emotion expressed in the dream must be judged by the context of the dream.

The instrument also has "theoretical scales" which are not used in this study. These scales are more psychoanalytical in nature and do not meet the general treatment direction of the Program from which the subjects are selected.

#### H. Reliability of Scoring

Hall and Van de Castle (1966) describe the reliability of scoring in using their instrument. The various scales presented earlier are each checked for reliability of scoring. They summarize their findings as follows:

Correlation coefficients indicating agreement on the total number of elements present as well as the number of elements within separate classes were generally in the nineties. With coefficients of this magnitude, it would have been possible to substitute one judge for another, as they obtained approximately equivalent scores. It should be recognized that this equivalency is obtained on samples containing at least 50 dreams and that the judges may not agree exactly on the scoring of every detail in a single dream. The figures on perfect agreement that are reported in the tables would

be applicable to the latter case. These figures range from about 60% to 90%, depending upon the complexity of the scale being scored. The reliability figures described in this chapter for the various dream scales are generally higher than those reported for most projective techniques, and the authors feel that they are substantial enough to warrant their use in a broad spectrum of research studies (pp. 156, 157).

The reliability for scoring the dreams is established for this study by using the procedure in the Hall and Van de Castle text. Three judges, Ed Vien, D. Psy., Michael McNamara, graduate student in Counseling at Western Oregon State College, scored the fourth dream of each of the ten subjects. Each dream is independently scored. The nine sub-scales are compared to see which scales have the highest reliabilities for scoring. (See Chapter IV for the results of the reliability study.)

#### I. Comparison of the Low-functioning Sex Offender Group and the High-functioning Sex Offender Group

A statistical comparison has been made between the low-functioning sex offender group and the high-functioning sex offender group. The statistic used to make the comparison is the Mann-Whitney U Test for testing the  $H_{O_1}$ ,  $H_{O_3}$ , and  $H_{O_4}$ . The Kruskal-Wallis one-way ANOVA is used to compare the experimental group, the comparison group, and the norm group, which is  $H_{O_2}$ .

#### J. Summary

In this chapter, the general design of the research is presented and subject selection described. The rationale for using qualitative methods with a case study design is given. Procedures for the

collection of the data are outlined with a rationale for the use of content analysis of dreams being set forth; the instrumentation using Hall and Van de Castle's content analysis system is described; and the reliability procedures and methods of comparing the groups are given.



#### IV. PRESENTATION AND ANALYSIS OF THE DATA

This chapter describes the statistical analysis for the study. Procedures for testing the hypotheses are explained, and tables illustrating analysis of the data are included. Also presented in this chapter is a brief biographical sketch of the experimental group and the comparison group studies in this research.

##### A. Statistical Analysis

A content analysis, using Hall and Van de Castle's (1966) instrument, is performed on each dream. The Mann-Whitney U Test is implemented to analyze the statistical significance of the variables (Siegel, 1956).

A comparison between the experimental group (Social Skills Unit) and the comparison group (Sex Offender Unit) ( $HO_1$ ) is done to determine if there is a significant difference between the variables measured in each group.

The Kruskal-Wallis one-way ANOVA is used to compare the experimental, the comparison group and the norms ( $HO_2$ ). A third and fourth comparison is also performed on the data, using the Mann-Whitney U Test to determine if there is a significant difference between the experimental group and the norm group and between the comparison group and the norm group.

Table I

HO<sub>1</sub>--Statistical Analysis

HO<sub>1</sub>. There is no difference between the experimental group (Social Skills Program) and the comparison group (Sex Offender Program).

## Proportion of Aggressive Dreams

| Mean Rank | Cases              |                    |            |
|-----------|--------------------|--------------------|------------|
| 6.20      | 5 Group = 1.00 SO  |                    |            |
| 4.80      | 5 Group = 2.00 SSU |                    |            |
|           | —                  |                    |            |
|           | 10 Total           |                    |            |
|           | Exact              | Corrected for ties |            |
| U         | 2-tailed P         | Z                  | 2-tailed P |
| 9.0       | .5476              | -.7379             | .4606      |

## Proportion of Friendly Dreams

| Mean Rank | Cases              |                    |            |
|-----------|--------------------|--------------------|------------|
| 4.90      | 5 Group = 1.00 SO  |                    |            |
| 6.10      | 5 Group = 2.00 SSU |                    |            |
|           | —                  |                    |            |
|           | 10 Total           |                    |            |
|           | Exact              | Corrected for ties |            |
| U         | 2-tailed P         | Z                  | 2-tailed P |
| 9.5       | .5476              | -.6404             | .5219      |

## Proportion of Sexual Dreams

| Mean Rank | Cases              |
|-----------|--------------------|
| 7.00      | 5 Group = 1.00 SO  |
| 4.00      | 5 Group = 2.00 SSU |
|           | —                  |
|           | 10 Total           |

Table I continued

|                                 |                     |                         |            |
|---------------------------------|---------------------|-------------------------|------------|
| U                               | Exact<br>2-tailed P | Corrected for ties<br>Z | 2-tailed P |
| 5.0                             | .1508               | -1.5860                 | .1127      |
| Proportion of Successful Dreams |                     |                         |            |
| Mean Rank                       | Cases               |                         |            |
| 4.90                            | 5 Group = 1.00 SO   |                         |            |
| 6.10                            | 5 Group = 2.00 SSU  |                         |            |
|                                 | 10 Total            |                         |            |
| U                               | Exact<br>2-tailed P | Corrected for ties<br>Z | 2-tailed P |
| 9.5                             | .5476               | -.6384                  | .5232      |
| Proportion of Failure Dreams    |                     |                         |            |
| Mean Rank                       | Cases               |                         |            |
| 7.00                            | 5 Group = 1.00 SO   |                         |            |
| 4.00                            | 5 Group = 2.00 SSU  |                         |            |
|                                 | 10 Total            |                         |            |
| U                               | Exact<br>2-tailed P | Corrected for ties<br>Z | 2-tailed P |
| 5.0                             | .1508               | -1.5811                 | .1138      |
| Proportion of Misfortune Dreams |                     |                         |            |
| Mean Rank                       | Cases               |                         |            |
| 6.30                            | 5 Group = 1.00 SO   |                         |            |
| 4.70                            | 5 Group = 2.00 SSU  |                         |            |
|                                 | 10 Total            |                         |            |
| U                               | Exact<br>2-tailed P | Corrected for ties<br>Z | 2-tailed P |
| 8.5                             | .4206               | -.8459                  | .3976      |

Table I continued

## Proportion of Good Fortune Dreams

| Mean Rank | Cases             |                    |            |
|-----------|-------------------|--------------------|------------|
| 3.50      | 5 Group = 1.00 SO |                    |            |
| 7.50      | 5 Group = 2.00 SU |                    |            |
|           | —                 |                    |            |
|           | 10 Total          |                    |            |
|           | Exact             | Corrected for ties |            |
| U         | 2-tailed P        | Z                  | 2-tailed P |
| 2.5       | .0317*            | -2.3905            | .0168*     |

---

## Proportion of Positive Emotion Dreams

| Mean Rank | Cases              |                    |            |
|-----------|--------------------|--------------------|------------|
| 6.40      | 5 Group = 1.00     |                    |            |
| 4.60      | 5 Group = 2.00 SSU |                    |            |
|           | —                  |                    |            |
|           | 10 Total           |                    |            |
|           | Exact              | Corrected for ties |            |
| U         | 2-tailed P         | Z                  | 2-tailed P |
| 8.0       | .4206              | -.9429             | .3457      |

---

## Proportion of Negative Emotion Dreams

| Mean Rank | Cases              |                    |            |
|-----------|--------------------|--------------------|------------|
| 4.90      | 5 Group = 1.00 SO  |                    |            |
| 6.10      | 5 Group = 2.00 SSU |                    |            |
|           | —                  |                    |            |
|           | 10 Total           |                    |            |
|           | Exact              | Corrected for ties |            |
| U         | 2-tailed P         | Z                  | 2-tailed P |
| 9.5       | .5476              | -.6384             | .5232      |

---

Table II

HO<sub>2</sub>--Statistical Analysis

HO<sub>2</sub>. There is no difference between the experimental group (SSU), the comparison group (SO) and the norm group, using the Kruskal-Wallis one-way ANOVA.

## Proportion of Aggressive Dreams

| Mean Rank | Cases           |
|-----------|-----------------|
| 7.00      | 5 Group = 1 SO  |
| 5.80      | 5 Group = 2 SSU |
| 2.00      | 1 Group = NORM  |
|           | —               |
|           | 11 Total        |

## Corrected for ties

| Cases | Chi-square | Significance | Chi-square | Significance |
|-------|------------|--------------|------------|--------------|
| 11    | 1.9273     | .3815        | 1.9539     | .3765        |

## Proportion of Friendly Dreams

| Mean Rank | Cases            |
|-----------|------------------|
| 5.30      | 5 Group = 1 SO   |
| 6.50      | 5 Group = 2 SSU  |
| 7.00      | 1 Group = 3 NORM |
|           | —                |
|           | 11 Total         |

## Corrected for ties

| Cases | Chi-square | Significance | Chi-square | Significance |
|-------|------------|--------------|------------|--------------|
| 11    | .4273      | .8076        | .4413      | .8020        |

Table II continued

| Proportion of Sexual Dreams |            |                  |            |              |
|-----------------------------|------------|------------------|------------|--------------|
| Mean Rank                   |            | Cases            |            |              |
| 7.80                        |            | 5 Group = 1 SO   |            |              |
| 4.40                        |            | 5 Group = 2 SSU  |            |              |
| 5.00                        |            | 1 Group = 3 NORM |            |              |
| —                           |            | —                |            |              |
|                             |            | 11 Total         |            |              |
| Corrected for ties          |            |                  |            |              |
| Cases                       | Chi-square | Significance     | Chi-square | Significance |
| 11                          | 2.7272     | .2557            | 2.7778     | .2494        |

---

| Proportion of Successful Dreams |            |                  |            |              |
|---------------------------------|------------|------------------|------------|--------------|
| Mean Rank                       |            | Cases            |            |              |
| 5.50                            |            | 5 Group = 1 SO   |            |              |
| 6.70                            |            | 5 Group = 2 SSU  |            |              |
| 5.00                            |            | 1 Group = 3 NORM |            |              |
| —                               |            | —                |            |              |
|                                 |            | 11 Total         |            |              |
| Corrected for ties              |            |                  |            |              |
| Cases                           | Chi-square | Significance     | Chi-square | Significance |
| 11                              | .4273      | .8076            | .4393      | .8029        |

---

| Proportion of Failure Dreams |            |                  |            |              |
|------------------------------|------------|------------------|------------|--------------|
| Mean Rank                    |            | Cases            |            |              |
| 7.80                         |            | 5 Group = 1 SO   |            |              |
| 4.60                         |            | 5 Group = 2 SSU  |            |              |
| 4.00                         |            | 1 Group = 3 NORM |            |              |
| —                            |            | —                |            |              |
|                              |            | 11 Total         |            |              |
| Corrected for ties           |            |                  |            |              |
| Cases                        | Chi-square | Significance     | Chi-square | Significance |
| 11                           | 2.7273     | .2557            | 2.7650     | .2510        |

Table II continued

| Proportion of Misfortune Dreams |            |                  |            |              |  |
|---------------------------------|------------|------------------|------------|--------------|--|
| Mean Rank                       |            | Cases            |            |              |  |
| 6.70                            |            | 5 Group = 1 SO   |            |              |  |
| 5.10                            |            | 5 Group = 2 SSU  |            |              |  |
| 7.00                            |            | 1 Group = 3 NORM |            |              |  |
|                                 |            | <hr/>            |            |              |  |
|                                 |            | 11 Total         |            |              |  |
| Corrected for ties              |            |                  |            |              |  |
| Cases                           | Chi-square | Significance     | Chi-square | Significance |  |
| 11                              | .6818      | .7111            | .6944      | .7066        |  |

---

| Proportion of Good Fortune Dreams |            |                  |            |              |  |
|-----------------------------------|------------|------------------|------------|--------------|--|
| Mean Rank                         |            | Cases            |            |              |  |
| 3.50                              |            | 5 Group = 1 SO   |            |              |  |
| 8.30                              |            | 5 Group = 2 SSU  |            |              |  |
| 7.00                              |            | 1 Group = 3 NORM |            |              |  |
|                                   |            | <hr/>            |            |              |  |
|                                   |            | 11 Total         |            |              |  |
| Corrected for ties                |            |                  |            |              |  |
| Cases                             | Chi-square | Significance     | Chi-square | Significance |  |
| 11                                | 5.3364     | .0694            | 6.4862     | .0390        |  |

---

Table II continued

## Proportion of Positive Emotion Dreams

| Mean Rank | Cases            |
|-----------|------------------|
| 7.20      | 5 Group = 1 SO   |
| 4.80      | 5 Group = 2 SSU  |
| 6.00      | 1 Group = 3 NORM |
|           | —                |
|           | 11 Total         |

Corrected for ties

| Cases | Chi-square | Significance | Chi-square | Significance |
|-------|------------|--------------|------------|--------------|
| 11    | 1.3091     | .5197        | 1.3151     | .5181        |

---

## Proportion of Negative Emotion Dreams

| Mean Rank | Cases            |
|-----------|------------------|
| 5.30      | 5 Group = 1 SO   |
| 6.60      | 5 Group = 2 SSU  |
| 6.50      | 1 Group = 3 NORM |
|           | —                |
|           | 11 Total         |

Corrected for ties

| Cases | Chi-square | Significance | Chi-square | Significance |
|-------|------------|--------------|------------|--------------|
| 11    | .4091      | .8150        | .4327      | .8055        |

---



Table III

HO<sub>3</sub>--Statistical Analysis

HO<sub>3</sub>. There is no significant difference between the experimental group (SSP) and the norm group.

## Proportion of Aggressive Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 4.00      | 5 Group = 2.00 SSU  |                    |            |
| 1.00      | 1 Group = 3.00 NORM |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| .0        | .3333               | -1.4852            | .1375      |

---

## Proportion of Friendly Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 3.40      | 5 Group = 2.00 SSU  |                    |            |
| 4.00      | 1 Group = 3.00 NORM |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| 2.0       | 1.0000              | -.2970             | .7664      |

---

## Proportion of Sexual Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 3.40      | 5 Group = 2.00 SSU  |                    |            |
| 4.00      | 1 Group = 3.00 NORM |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| 2.0       | 1.0000              | -.3111             | .7557      |

---

Table III continued

## Proportion of Successful Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 3.60      | 5 Group = 2.00 SSU  |                    |            |
| 3.00      | 1 Group = 3.00 NORM |                    |            |
|           | —                   |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| 2.0       | 1.0000              | -.2970             | .7664      |

---

## Proportion of Failure Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 3.60      | 5 Group = 2.00 SSU  |                    |            |
| 3.00      | 1 Group = 3.00 NORM |                    |            |
|           | —                   |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| 2.0       | 1.0000              | -.2970             | .7664      |

---

## Proportion of Misfortune Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 3.40      | 5 Group = 2.00 SSU  |                    |            |
| 4.00      | 1 Group = 3.00 NORM |                    |            |
|           | —                   |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| 2.0       | 1.0000              | -.2970             | .7664      |

---

Table III continued

## Proportion of Good Fortune Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 3.80      | 5 Group = 2.00 SSU  |                    |            |
| 2.00      | 1 Group = 3.00 NORM |                    |            |
|           | <hr/>               |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| 1.0       | .6667               | -.8783             | .3507      |

---

## Proportion of Positive Emotion Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 3.20      | 5 Group = 2.00 SSU  |                    |            |
| 5.00      | 1 Group = 3.00 NORM |                    |            |
|           | <hr/>               |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| 1.0       | .6667               | -.8783             | .3798      |

---

## Proportion of Negative Emotion Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 3.50      | 5 Group = 2.00 SSU  |                    |            |
| 3.50      | 1 Group = 3.00 NORM |                    |            |
|           | <hr/>               |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| 2.5       | 1.0000              | .0000              | 1.0000     |

---

Table IV

HO<sub>4</sub>--Statistical Analysis

HO<sub>4</sub>. There is no difference between the comparison group (SO) and the norm group.

## Proportion of Aggressive Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 3.80      | 5 Group = 1.00 SOI  |                    |            |
| 2.00      | 1 Group = 3.00 NORM |                    |            |
|           | —                   |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| 1.0       | .6667               | -.8783             | .3798      |

---

## Proportion of Friendly Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 3.40      | 5 Group = 1.00 SO   |                    |            |
| 4.00      | 1 Group = 3.00 NORM |                    |            |
|           | —                   |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| 2.0       | 1.0000              | -.3015             | .7630      |

---

## Proportion of Sexual Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 3.80      | 5 Group = 1.00 SO   |                    |            |
| 2.00      | 1 Group = 3.00 NORM |                    |            |
|           | —                   |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| 1.0       | .6667               | -.8783             | .3798      |

---

Table IV continued

| Proportion of Successful Dreams |                     |                    |            |  |
|---------------------------------|---------------------|--------------------|------------|--|
| Mean Rank                       | Cases               |                    |            |  |
| 3.60                            | 5 Group = 1.00 SO   |                    |            |  |
| 3.00                            | 1 Group = 3.00 NORM |                    |            |  |
|                                 | —                   |                    |            |  |
|                                 | 6 Total             |                    |            |  |
|                                 | Exact               | Corrected for ties |            |  |
| U                               | 2-tailed P          | Z                  | 2-tailed P |  |
| 2.00                            | 1.0000              | -.2970             | .7664      |  |

---

| Proportion of Failure Dreams |                     |                    |            |  |
|------------------------------|---------------------|--------------------|------------|--|
| Mean Rank                    | Cases               |                    |            |  |
| 3.80                         | 5 Group = 1.00 SO   |                    |            |  |
| 2.00                         | 1 Group = 3.00 NORM |                    |            |  |
|                              | —                   |                    |            |  |
|                              | 6 Total             |                    |            |  |
|                              | Exact               | Corrected for ties |            |  |
| U                            | 2-tailed P          | Z                  | 2-tailed P |  |
| 1.0                          | .6667               | -.8783             | .3798      |  |

---

| Proportion of Misfortune Dreams |                     |                    |            |  |
|---------------------------------|---------------------|--------------------|------------|--|
| Mean Rank                       | Cases               |                    |            |  |
| 3.40                            | 5 Group = 1.00 SO   |                    |            |  |
| 4.00                            | 1 Group = 3.00 NORM |                    |            |  |
|                                 | —                   |                    |            |  |
|                                 | 6 Total             |                    |            |  |
|                                 | Exact               | Corrected for ties |            |  |
| U                               | 2-tailed P          | Z                  | 2-tailed P |  |
| 2.0                             | 1.0000              | -.3015             | .7630      |  |

Table IV continued

## Proportion of Good Fortune Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 3.00      | 5 Group = 1.00 SO   |                    |            |
| 6.00      | 1 Group = 3.00 NORM |                    |            |
|           | —                   |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| .0        | .3333               | -2.2361            | .0253      |

---

## Proportion of Positive Emotion Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 3.80      | 5 Group = 1.00 SO   |                    |            |
| 2.00      | 1 Group = 3.00 NORM |                    |            |
|           | —                   |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| 1.0       | .6667               | -.8911             | .3729      |

---

## Proportion of Negative Emotion Dreams

| Mean Rank | Cases               |                    |            |
|-----------|---------------------|--------------------|------------|
| 3.40      | 5 Group = 1.00 SO   |                    |            |
| 4.00      | 1 Group = 3.00 NORM |                    |            |
|           | —                   |                    |            |
|           | 6 Total             |                    |            |
|           | Exact               | Corrected for ties |            |
| U         | 2-tailed P          | Z                  | 2-tailed P |
| 2.0       | 1.0000              | -.2970             | .7664      |

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## B. Profile of the Experimental Group

The following description is a composite psychosocial history of the Social Skills subjects used in this study. The information for this study is taken from the official charts kept on each client. The records consulted are the Presentence Investigations, psychosocial histories, psychosexual histories, and education reports.

The average age of the Social Skills subject is thirty-one. The group was involved in the following convictions: nine sexual offenses, six property offenses, two driving offenses, and four assault/kidnapping offenses. The victims of the sexual offenses were: one infant daughter incest offense; one prepubescent boy, four prepubescent girls, two teenage girls, and one adult female.

The Axis I diagnoses are summarized under two main groupings. There were six different diagnoses in regard to a sexual deviancy (i.e., pedophilia, paraphelia-rape, and sexual sadism), and seven diagnoses of substance abuse (i.e., alcohol abuse, cannabis abuse, or psychoactive substance abuse). Each subject had at least one diagnosis in this last category.

The Axis II area has all five subjects with a diagnosis of a personality disorder covering a wide range. There are no clients in this group with a specific personality disorder; instead, the following traits are identified: dependent, avoidant, paranoid, narcissistic, passive-aggressive, sadistic, antisocial, borderline, and schizotypal. Two traits appeared more than once. These were: dependent, two times, and passive-aggressive, three times. The most homogeneous feature of the group is borderline intellectual

functioning; all five subjects had this diagnosis. The average full scale intelligence quotient is 78.4.

In this group the level of education is also consistent. Four of the five subjects are special education students. The one subject who is not in special education dropped out of school in the tenth grade and was held back in the fourth, seventh, and eighth grades. Two of the subjects graduated from high school in special education.

Life stressors for these subjects are traumatic. There is a total of thirteen deaths in the immediate families; all but one of the subjects has lost a significant member of his family, and three of the subjects had family members commit suicide.

Sexual abuse and incest by other family members are present in three of the five families represented. The issue of separation from a primary caregiver or divorce is present in the lives of all five subjects. An additional life stressor, substance abuse, is part of the home of origin in three of the five subjects.

The Social Skills clients have very poor work histories. None of them has any extensive work history. The longest length of time for any employment is five and a half months, and all jobs in this group are minimum wage in nature, done in a sheltered workshop setting.

#### C. Profile of the Comparison Group

The average age of the comparison group is 32.2 years. The five subjects in this group committed eight sexual crimes for which they were convicted. They had four property offenses and two driving offenses.



The victims of the sexual offenses include adult females, prepubescent females, and prepubescent males as well as adolescent females. There are four incest situations among these convictions.

The diagnoses on Axis I cover the following areas: four diagnoses of pedophilia and two diagnoses of paraphilia. All of the subjects have a substance abuse diagnosis.

The Axis II diagnoses are grouped into three personality disorders: passive-aggressive (4), antisocial features (3), and avoidant personality (1).

In the area of education, all five subjects in this group have either a high school diploma or a GED. The full scale intelligence quotient for this group on the WAIS-R is 98.

The area of life stressors includes two subjects who have attempted suicide on several occasions. Three of the five subjects come from alcoholic families, and four of the five come from divorced homes.

The most homogeneous aspect of this group is the fact that all of them have been physically abused as children by their fathers or stepfathers. In addition to the physical abuse, three of them have been sexually abused as children, two by nonfamily members and one by his father.

The work history for this group is in higher paying manual labor jobs. Only one of the men worked at minimum wage jobs. The others held factory jobs, i.e., plywood millworker, Ford auto plant worker, the military, and self employment.

#### D. Interrater Reliability Study

The researcher developed a brief thirty-three page manual from the Hall/Van de Castle instrument as a guide for the judges. Each judge also had the original manual to refer to and use as a practice guide. The original manual has numerous examples to use for practice. The fourth dream from each subject was selected for the interrater study.

The following percentages were found for the three judges on each of the nine variables:

##### Aggressiveness

|                                  |     |
|----------------------------------|-----|
| Judges 1 and 2 were in agreement | 94% |
| Judges 1 and 3 were in agreement | 81% |
| Judges 2 and 3 were in agreement | 87% |

---

##### Friendliness

|                                  |      |
|----------------------------------|------|
| Judges 1 and 2 were in agreement | 100% |
| Judges 1 and 3 were in agreement | 66%  |
| Judges 2 and 3 were in agreement | 66%  |

---

##### Sexual

|                                    |      |
|------------------------------------|------|
| The three judges were in agreement | 100% |
|------------------------------------|------|

---

## Successful

|                                  |     |
|----------------------------------|-----|
| Judges 1 and 2 were in agreement | 40% |
| Judges 1 and 3 were in agreement | 60% |
| Judges 2 and 3 were in agreement | 67% |

---

## Failure

|                                  |     |
|----------------------------------|-----|
| Judges 1 and 2 were in agreement | 0%  |
| Judges 1 and 3 were in agreement | 33% |
| Judges 2 and 3 were in agreement | 0%  |

---

## Misfortune

|                                  |      |
|----------------------------------|------|
| Judges 1 and 2 were in agreement | 33%  |
| Judges 1 and 3 were in agreement | 100% |
| Judges 2 and 3 were in agreement | 33%  |

---

## Good Fortune

|                                  |      |
|----------------------------------|------|
| Judges 1 and 2 were in agreement | 0%   |
| Judges 1 and 3 were in agreement | 0%   |
| Judges 2 and 3 were in agreement | 100% |

---

## Negative Emotions

|                                  |     |
|----------------------------------|-----|
| Judges 1 and 2 were in agreement | 50% |
| Judges 1 and 3 were in agreement | 62% |
| Judges 2 and 3 were in agreement | 31% |

---

## Positive Emotions

|                                  |     |
|----------------------------------|-----|
| Judges 1 and 2 were in agreement | 67% |
| Judges 1 and 3 were in agreement | 75% |
| Judges 2 and 3 were in agreement | 50% |

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## E. Summary

The Mann-Whitney U Test is utilized to test  $HO_1$ ,  $HO_3$ , and  $HO_4$ .  $HO_1$  is retained on eight of the nine variables tested. The one variable rejected is the Good Fortune variable in which the experimental group has a mean rank of 7.50 to a 3.50 rank for the comparison group. This is significant at a .0317 level.

The  $HO_3$  is also retained which compares the ranks of the comparison group to the ranks of the norm group on the nine variables.

$HO_4$  is also retained which compares the ranks of the experimental group to the norm group on the nine variables.

$HO_2$ , using the Kruskal-Wallis one-way ANOVA, is retained as well. This hypothesis compares the mean ranks of the three groups.

The profile of the experimental group and the comparison group, like the statistical analysis are similar. The main differences appear in educational levels, FSIQ, and work experience. A summary of the interrater reliability study using the Hall and Van de Castle is also presented.

## V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter includes five sections: (A) Summary of the purpose and procedures for the study; (B) Conclusions and implications based on the statistical analyses and information presented in Chapter IV; (C) Illustration of a dream series; (D) Recommendations for further research; and (E) Recommendation and application for clinical work.

### A. Summary

The principal purpose of this research is to study the content of the dreams of a group of low-functioning sex offenders from the Social Skills Program that is a part of the Oregon Forensic Psychiatric Center at the Oregon State Hospital. These dreams are compared to the content of a group of sex offenders from the Sex Offender Program, also a part of OFPC, as well as to a norm group studied by Hall and Van de Castle (1966).

There are four null hypotheses tested, and all four were accepted except for one subcategory. The one significant factor shown between the Good Fortune in the experimental group and the lack of Good Fortune in the comparison group from the Sex Offender Program is the only significant difference shown.

A review of the pertinent literature discusses the use of content analysis of dreams, sex offender treatment, and the use of dreams in treatment.

The subjects in the experimental group are selected from the

Social Skills Program. All the clients in the Phoenix Group of that Program are interviewed and given an opportunity to volunteer as participants in the study. The treatment team approves five of the volunteers to be involved in the study.

A similar procedure is done in the selection of the comparison group from the Sex Offender Program. After the volunteers are obtained, the data collection begins. The dreams are turned in to the researcher on a weekly basis. A total of forty-five dreams from each group is collected and analyzed. An interrater reliability study is conducted as reported in Chapter III before the researcher completes the analysis of the dream.

#### B. Conclusions and Implications

Based on the statistical analysis presented in Chapter IV and the observations of the content of the dreams collected, and the psychosocial profiles from both groups, the following conclusions are drawn.

The statistical analysis shows that there are no significant differences between the experimental and the comparison group. There is also no significant difference between the three groups compared: experimental, comparison, and norm.

The only statistical difference found is between the Good Fortune dreams of the Social Skills Program (experimental group) and the lack of such dreams in the Sex Offender Program (comparison group). In this area, the level of significance is at the .03 level of confidence. A Good Fortune dream is when some unexpected and unworked for "good" happens to a character in a dream.

There may be several ways to account for this difference. One, the Social Skills client is rather child-like and less sophisticated than the Sex Offender client. This child-like quality may present itself in wishful thinking in the dream life. This is seen from the psychosocial profile presented in Chapter IV. A second explanation may be that the Social Skills client is more optimistic in his outlook on life. This is seen in the detailed study of the dream stories. The Social Skills clients' dreams are less deviant, something that is not accounted for in the Hall and Van de Castle instrument, and seem more concerned with treatment issues.

With regard to the data analyzed, it seems that the N needs to be larger in order to produce a stronger study. At the level of forty-five dreams per group, the small numbers are not sufficient for the statistical needs of the study. Hall and Van de Castle's norm was 500 dreams for males and 500 dreams for females. Any further study of sex offenders' dreams will require similar numbers of dreams to add strength to the study.

A second need of such a study is a more recent norm group. If further study is to be done, a norm group of contemporaries will also need to be established. The norm produced by Hall and Van de Castle published in 1966 was drawn from college sophomore psychology students in the 1950s (1966). These students were just entering the era of mass media produced by television and the computer. It seems that, based on these two facts alone, contemporary norms would give a clearer idea of the differences, if any, between the sex offender's and the nonsex offender's dream content. Hall's theories (1953a, b) are based on the idea that

dreams are a reflection of the dreamer's waking life. This indicates that the norms of 1966 are not sufficient for today's waking life which is influenced by the technologies of the day.

A consideration of the use of dreams as an assessment tool and a treatment intervention is discussed in Chapter I. The lack of statistical significance in the three groups does not detract from the use of dreams with sex offenders. There appears to be some usefulness in analyzing dreams of the sex offender as the following dream series illustrates.

### C. Illustration of a Dream Series

The following example is presented to illustrate how dreams can be used both to assess the client's progress in treatment and to use it as an intervention.

#### 1. As an assessment tool

One dream series from the SSP is used to illustrate the use of dreams as an assessment tool.

#### Dream 1

In the first dream, the subject experiences being chased by an unknown, unseen character. The dreamer keeps running but cannot get away. He becomes "real scared," and people he knows from his past are "laughing at me and pointing they [sic] fingers at me, I was tired." During the stress of the dream, an ice cream truck comes up and "no one is laughing, I remember eating some type of sanwick [sic] in the mud."



In this dream, fear and food play a key role. The subject experiences fear and ridicule from past acquaintances, and food is used as a stress reducer. The client experiences being out of control as he is being chased.

#### Dream 2

The subject reports that this dream "scared me and put me in a worried mood all day." In this dream, the subject is in great fear of the Unit Director sending him back to prison. He experiences the Unit Director as "breathing fire, he had an evil look on his face, was coming down hard on me." The subject in the dream is returned to prison and there he is threatened by another inmate with a knife.

An assessment of this dream shows what the subject fears as well as what he values. He fears the authority figure of the Unit Director, the prison environment, and fellow prisoners. He values staying in the program even if only out of fear of prison. There is a sense of being out of control in the situation.

#### Dream 3

This report has one interesting feature that is repeated three more times in the series. The subject is alone in the dream. He is in a train that is out of control, racing through a tunnel that is brightly lighted.

#### Dream 4

In the fourth dream, the subject is riding out of control on the back of a bike with his brother. They experience a bad wreck,

and the brother is seriously injured and put in the hospital. The brother is separated from the dreamer by a window in the hospital.

The theme of lack of control is again present as the dreamer cannot stop the bike nor can he get his injured brother. (From his psychosocial history, it is learned how much this subject depended on his brother who died while the subject was incarcerated.)

#### Dream 5

In this dream, the subject is again alone. He is on the unit and the hallway is described as "10 miles long, like it would never end."

This dream, as in the third one, has no other characters present. This seems to cause him discomfort. He ends the dream by going to "the priv bord [sic] and started drawing on it with blue chalk." This seems to be a way for him to deal with the stress of being alone. It is known from the subject's history that he uses art as a way to deal with his prison life. He also spent several years in isolation in prison which seems to be reflected in his lack of other characters in four of his dreams.

#### Dream 6

The dreamer is again alone, no other characters present. He begins to eat some fruit, and "I couldn't stop eating them; I kept eating these orange balls faster and faster, getting bigger and bigger."

This subject is prone to overeating, and in this dream, he is feeling out of control in this area.

## Dream 7

This scenario has familiar themes. He is alone, the fourth such dream, and he is bouncing on a big bed. The bed is described as "a big soft marshmellow [sic]." In the dream, the subject speaks of feeling at ease, but the theme of aloneness and food are still present.

## Dream 8

The dreamer has a fearful dream in which a staff member is chasing him with "a ax handle and made me keep running. He wouldn't let me stop."

As in other dreams, the theme of being out of control and fearing an authority figure is present.

## Dream 9

In this report, the subject projects himself as a country singer experiencing success on the stage. However, the crowd turns on him and chases him. The apparent joy of performance is soon turned into a situation over which he has no control.

## Dream 10

The last dream of the series is the longest report. The subject begins by stating his fright. In the dream, he is told by the unit's authority figures, four of the management staff plus his primary therapist, that he is being sent back to prison. He begins to panic when he cannot find out why he is being returned to prison.

Food again is used to deal with his stress. He reports, "Then, I remember a bunch of food and I was hungry. I want to eat. But no one would let me eat anything." He then starts running, crying, and trying to hide. At the end, the guards come to take him away.

A brief summary of the ten dream series shows several interesting ideas about this subject. First, the unusual number of times that he is the only character in his dream (four times) may indicate a sense of separation and isolation. Second, the subject seems to use food as a means of soothing himself when under stress. In one dream, he became more upset when he was blocked from his food source. Third, the most dominant feature of the ten dreams is the sense of being out of control. He is out of control in his eating, in his ride with his brother, in the train, when being chased, or not having control of his destiny. A fourth important theme is his view of staff. He places the staff in an adversarial role in all interactions with them. A final observation is that there are no sexual interactions in the dream series.

If dreams are to be used as an assessment tool, a second series of dreams should be collected six months to a year later. It would be more effective to train the client to maintain a daily dream journal. These dreams could also be analyzed to see if the content of the dreams changed during the course of treatment.

## 2. As a Treatment Intervention

The above information offers several directions for treatment. First, a goal dealing with the subject's sense of being out of control could be written. An example of such a goal may be: in

the next ninety days the subject will develop and practice three ways to overcome his feelings of being out of control.

Next, several methods could be developed to help the subject reach the goal. Since the client is very artistic, methods using art could be employed. Several examples of methods serve to illustrate what could be done:

- (1) The subject will review the ten dreams and illustrate them.
- (2) The subject will present these illustrations to a treatment group and explain how he felt in the dream.
- (3) The subject will write in his daily journal "How I felt out of control today and what 'New Me' ways I used to deal with the feelings."
- (4) The subject will review weekly with his primary therapist what he has learned about developing "New Me" ways of dealing with his feelings.

#### D. Recommendations for Further Study

Results of this study do not show a statistical difference between the three groups except for the experimental group and the comparison group in the area of Good Fortune. However, as illustrated by the one series of ten dreams, there are data about a client's internal functions that may be learned. This information will provide the clinician with key areas of intervention that would go undetected otherwise. For example, the subject used as an illustration is a very externally controlled person. A clinician may guess that he is compensating for something by his rigid behavior but the dream series clearly illustrates several ways in which he

is feeling out of control. A visualization of the treatment issue is provided for the subject and the therapist.

To date, there has been little to no work done with the dream life of the sex offender, Bell and Hall (1971) being the exception. It appears, however, that there is much that can be learned by such a study.

Listed below are some recommendations that may be of value for further study:

1. Further study is needed in the area of the dream life of the sex offender, using more subjects and a larger number of dreams.
2. A current norm group equivalent to the one established by Hall and Van de Castle (1966).
3. Development of a content analysis tool, using the Hall and Van de Castle instrument as a basis, that will discriminate sexually deviant behaviors and other aggressive acts more accurately.
4. Training raters more stringently to improve inner rater reliability.
5. Develop a pre-test, post-test designed study of residents entering the Social Skills Program in which the progress of clients can be tracked through their dreams.
6. As a treatment intervention in the Social Skills Program, develop dream discussion groups similar to those used by Wilmer (1982) in the VA Hospital in Texas.

#### E. Recommendations and Application for Clinical Work

The experience of working with the subjects' dreams in this research has led to several possible clinical applications for working with a sex offender population.

Although there is no statistically significant difference between the combined sex offender groups and the norm group, the content of many of the sex offenders' dreams do point to deviancy. For example, one subject from the comparison group (SOP) dreamed of having sex with his sister while another subject from that group dreamed that Nazi soldiers were shooting rifles at little girls who were swimming near a ship. This latter dream was not noted as a sexual dream, but the symbolism is apparent. The first subject is dealing with incest issues in his treatment whereas the second subject is a child molester of females. There are several ways these dreams could be utilized clinically.

In the first case, the dream could be used as a monitoring instrument to see if treatment has had any impact on the subject's interest in incestual relations. A second way this dream could be used is as the scenario for minimal arousal conditioning (MAC) treatment. In MAC, the client is instructed to provide a highly stimulating deviant sexual scenario; then, using aversive techniques, he conditions himself to control his responses to the deviant scene. Using a dream such as the one this subject produced could be a powerful intervention in teaching him how to control his deviant arousals.

The second example where the client observes Nazi soldiers shooting at little girls could also be used in monitoring the subject's treatment progress. This dream would lend itself either to a self-focus discussion in a group setting like Wilmer (1982) suggests, or to an individual counseling session in which the subject is challenged to look at his attitude towards female children.

Another use of dreams with sex offenders could be to couple the dreams with covert sensitization (CS). In CS, the offender is taught to use aversive cognitions to control his interests in deviant sex. In this intervention, the subject makes a half hour audio tape daily, beginning with a brief description of a set-up situation which has historically led to deviant sexual behavior. The client then says, "Stop!" and begins reciting aversive consequences that will occur if he follows through with the deviant behavior.

Several dreams from those reported in this study could be used as aversive consequences to deviant sexual behavior. For example, one Social Skills subject who is a molester of female children, dreamed that he was about to touch the vagina of a female child. The female suddenly turned into a male which frightened the subject and he ran out of the room and into the street. It was dark. As he crossed the street, he saw a grotesque figure. Next, he got into a car that drove off rapidly into the darkness. This rather symbolic scene could be worked into his covert tape in such a way as to enhance his fear of reoffending and the negative outcomes to him personally.



A related phenomenon has been clinically observed with regard to CS where clients in the Social Skills Program are often assigned to do CS for six months to a year. One client reported in his journal that he had dreamed three times in one week the aversive consequences of his covert tapes. A clinical observation is that this indicates the client has internalized this aspect of treatment. Another client reported yelling, "Stop" in his dream when he saw a young female. In the dream, the scene immediately changed, and the client was concentrating on driving a car. Again, it appears that the client has internalized the covert intervention.

Another clinical illustration comes from the dream report of one of the subjects after the data collection was completed. This subject from the Social Skills Program has begun working in a sheltered workshop, and his mental illness is in remission on medication. He reported a dream to his Aftercare Therapist in which he was bitten on the neck by two female vampires, a very frightening experience to him. The next day, he drew a picture of a little man repairing the roof of a house. One of the Therapy Supervisors on the unit, an art therapist, commented on the symbols in the drawing. She felt the subject was seeking to control something going on in his mind. The dream of female vampires seems to show something stressful going on internally as well. These clinical observations were borne out the next day when the subject reported to the Aftercare Therapist visual hallucinations.

A clinical intervention could have been taken in this case by allowing the client opportunities to share the stress he was experiencing and closely monitoring his symptoms. Along these lines,

James Hall, a psychiatrist, uses dreams as a diagnostic indication when working with medications for mentally ill clients (Hall, 1983).

A further clinical application of the research is the blending of art therapy and dream reports. Many of the ninety dreams reported could be the center of a discussion in a group setting. The subject could visualize the dream through art and present it as additional information about himself. An art therapist could also work with the client to help him better identify the feelings he may have been experiencing during the dream. These two modalities together could provide low-functioning sex offenders with a powerful tool for expressing the feelings which they so often struggle to identify and validate.

## REFERENCES

- Ansbacher, H. L., & Ansbacher, R. R. (Eds.). (1956). The individual psychology of Alfred Adler, New York: Basic Books, Inc.
- Barlow, D. H. (1985). On the relation of clinical research to clinical practice: Current issues, new directions. Journal of Consulting and Clinical Psychology, 49 147-155.
- Bartollas, C. (1985). Correctional treatment theory and practice. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Bell, A. P., & Hall, C. S. (1971). The personality of a child molester, Chicago: Aldine-Atherton, Inc.
- Bellack, A. S., & Hersen, M. (Eds.). (1984). Research methods in clinical psychology. New York: Pergamon Press.
- Berelson, B. (1952). Content analysis in communication research, Glencoe, Ill.: Free Press.
- Berlin, F.S., & Meinecke, C. F. (1981). Treatment of sex offenders with antiandrogenic medication: Conceptualization, review of treatment modalities, and preliminary findings. American Journal of Psychiatry, 138, 601-607.
- Bishay, N. (1985). Therapeutic manipulation of nightmares and the management of neuroses. British Journal of Psychiatry, 147, 67-70.
- Bloom, J. D., Bradford, M. B., & Kofoed, L. (1988). An overview of psychiatric treatment approaches to three offender groups. Hospital and Community Psychiatry, 39, 151-158.
- Cartwright, D. P. (1953). Analysis of qualitative material. In Festinger, L., & Katz, D. (Eds.). Research methods in the behavioral sciences. New York: Holt, Rinehart, and Winston, 421-470.
- Cartwright, R.D., Weiner, T., & Wicklund, J. (1980). Focusing on dreams. Archives of General Psychiatry, 37, 275-277.
- Cartwright, R. D., Lloyd, S., Knight, S., & Trenholme, I. (1984). Broken dreams: A study of the effects of divorce and depression on dream content. Psychiatry, 47, 251-259.
- Cartwright, R. D. (1986). Affect and dream work from an information processing point of view. Journal of Mind and Behavior, 7, 411-427.

- Cavior, N., & Deutsch, A. (1975). Systematic desensitization to reduce dream-induced anxiety. The Journal of Nervous and Mental Disease, 161, 433-435.
- Cirincione, D., Hart, J., Karle, W., & Switzer, A. (1980). The functional approach to using dreams in marital and family therapy. Journal of Marital and Family Therapy, 6, 147-151.
- Corriere, R., Hart, J., Karle, W., Binder, J., Gold, S., & Woldenberg, L. (1977). Toward a new theory of dreaming. Journal of Clinical Psychology, 33, 807-820.
- DeSilva, B. (1980). The retarded offender: a problem without a program. Corrections Magazine, 4, 24-33.
- Domhoff, B., & Hall, C. S. (June, 1968). Dreams of Freud and Jung. Psychology Today, 42-65.
- Elizur, A. (1969). The psycho-organic syndrome: Its assessment and treatment. Los Angeles, CA: Western Psychological Services.
- Ellis, A., & Grieger, R. (Eds.). (1977). Handbook of rational-emotive therapy. New York: Springer.
- Faraday, A. (1972). Dream power. New York: Berkley.
- Faraday, A. (1974). The dream game. New York: Harper & Row, Publishers.
- Freeman, A. (1981). Dreams and images in cognitive therapy. In Emery, G., Hollon, S. D. & Bedrosian, R. C. (Eds.), New direction in cognitive therapy, 224-238. New York: The Guilford Press.
- French, L., & Vollmann, J. (1987). Treating the dangerous sexual offender: A clinical/legal dilemma. International Journal of Offender Therapy and Comparative Criminology, 31, 61-69.
- Freud, S. (1960). The interpretation of dreams. New York: Basic Books, Inc.
- Finkelhor, D. (1984). Child sexual abuse. New York: The Free Press.
- Grieser, C., Greenberg, R., & Harrison, R. H. (1972). The adaptive function of sleep: The differential effects of sleep and dreaming on recall. Journal of Abnormal Psychology, 80, 280-286.
- Griffith, D. M., Quinsey, V. L., & Hingsburger, D. (1989). Changing inappropriate sexual behavior. Baltimore: Paul H. Brookes Publishing Co.
- Haaven, J., Little, R., & Petre-Miller, D. (1990). Treating

- intellectually disabled sex offenders. Orwell, VT: The Safer Society Press.
- Hall, C. S. (1953a). A cognitive theory of dream symbols. The Journal of General Psychology, 48, 169-186.
- Hall, C. S. (1953b). A cognitive theory of dreams. The Journal of General Psychology, 49, 273-282.
- Hall, C. S. (1953c). The meaning of dreams. New York: McGraw-Hill Book Company.
- Hall, C. S., & Domhoff, B. (1963). Aggression in dreams. International Journal of Psychiatry, 9, 259-267.
- Hall, C. S., & Domhoff, B. (1964). Friendliness in dreams. The Journal of Social Psychology, 62, 309-314.
- Hall, C. S., & Lind, R. E. (1970). Dreams, life and literature a study of Franz Kafka. Chapel Hill: The University of North Carolina Press.
- Hall, C. S., & Nordby, V. J. (1972). The individual and his dreams. New York: Signet.
- Hall, C. S., & Van de Castle, R. L. (1966). The content analysis of dreams. New York: Appleton-Century-Crofts.
- Hall, J. A. (1983). Jungian dream interpretation. Toronto: Inner City Books.
- Hart, J., Corriere, R., Karle, W., & Woldenberg, L. (1980). Dreaming & waking the functional approach to using dreams. Los Angeles: The Center Foundation Press.
- Heinz, J. W., Gargora, S., & Kelly, K. G. (1987). A model residential juvenile sex offender treatment program, the Hennepin County home school. Orwell, VT: The Safer Society Press.
- Hindman, J. (1989). Just before dawn. Ontario, Oregon: Alexandria Associates.
- Hobson, J. A. (1988). The dreaming brain. New York: Basic Books, Inc.
- Holsti, O. R. (1969). Content analysis for the social sciences and humanities. Menlo Park, CA: Addison-Wesley Publishing Company.
- Honey-Knopp, F. (1982). Remedial intervention in adolescent sex offenders: Nine program descriptions. Syracuse, N.Y.: Safer Society Press.

- Honey-Knopp, F. (1984). Retraining adult sex offenders: Methods and models. Syracuse, N.Y.: Safer Society Press.
- Horton, A. L., Johnson, B.L., Roundy, L. M., & Williams, D. (Eds.). (1990). The incest perpetrator. Newbury Park, CA: Sage Publications, Inc.
- Johnson, R. A. (1986). Inner work. San Francisco, CA: Harper & Row Publishers.
- Joseph, R. (1988). The right cerebral hemisphere: Emotion, music, visual-spatial skills, body-image, dreams, and awareness. Journal of Clinical Psychology, 44, 630-662.
- Kaplan, J., Saayman, G. S., & Faber, P. A. (1981). An investigation of the use of nocturnal dream reports as diagnostic indices in the assessment of family problem solving. Journal of Family Therapy, 3, 227-242.
- Kirtley, D. D., & Sabo, K. T. (1984). A content analysis of affiliative interactions in the dreams of the visually impaired. International Journal of Rehabilitation Research, 7, 333-335.
- Kramer, M., Whitman, R. M., Baldrige, B. J., & Ornstein, P. H. (1970). Dream content in male schizophrenic patients. Diseases of The Nervous System, 31, 51-58.
- Kramer, M., Winget, C., & Whitman, R. M. (1971). A city dreams: A survey approach to normative dream content. American Journal of Psychiatry, 127, 1350-1356.
- Kratochwill, T. R. (1985). Case study research in school psychology. School Psychology Review, 14, 204-215.
- Lamberg, L. (July, August, 1988). Night pilot. Psychology Today, 35-42.
- Laws, D. R. (1989). Relapse prevention with sex offenders. New York: Guilford Press.
- Lombroso-Ferrero, G. (1911). Criminal man according to the classification of Cesare Lombroso. New York: G. P. Putnam's Sons.
- MacFarlane, K., & Waterman, J. (1986). Sexual abuse of young children. New York: The Guilford Press.
- Maletzky, B. M. (1991). Treating the sexual offender. Newbury Park, CA: Sage Publications, Inc.
- Maltz, W., & Holman, G. (1987). Incest and sexuality. Lexington, MA: D.C. Heath and Company.

- Martinson, R. (1974). What works? Questions and answers about prison reform. The Public Interest, 7-39.
- Martinson, R., Palmer, T., & Adams, S. (1976). Rehabilitation, recidivism, and research. Hackensack, NJ: National Council on Crime and Delinquency.
- Miller, J. B. (1969). Dreams during varying stages of depression. Archives of General Psychiatry, 20, 560-565.
- Perlmutter, R. A., & Babineau, R. (1983). The use of dreams in couples therapy. Psychiatry, 46, 66-72.
- Pithers, W. D., Marques, J. K., Gibat, C. C., & Marlatt, G. A. (1983). Relapse prevention with sexual aggressives: A self-control model of treatment and maintenance of change. In Greer, J. G. & Stuart, I. R. (Eds.). The sexual aggressor, 214-239. New York: Van Nostrand Reinhold Company.
- Raush, H. L. (1974). Research, practice, and accountability. American Psychologist, 29, 678-681.
- Samenow, S. E. (1984). Inside the criminal mind. New York: Times Books.
- Shorts, I. D. (1985). Treatment of a sex offender in a maximum security forensic hospital: Detecting changes in personality and interpersonal construing. International Journal of Offender Therapy and Comparative Criminology, 29, 237-250.
- Siegel, S. (1956). Nonparametric statistics for the behavioral sciences. New York: McGraw-Hill Book Company, Inc.
- Smets, A. C., & Cebula, C. M. (1987). A group treatment program for adolescent sex offenders: Five steps toward resolution. Child Abuse & Neglect, 11, 247-254.
- Staff. (March, 1979). Federal Probation, 43, 86.
- Steinhauser, C. S. (1989). An analysis of covert sensitization and minimal arousal conditioning: A treatment outcome study. Unpublished doctoral dissertation, The University of Chicago, Chicago.
- Taylor, S. J., & Bogdan, R. (1984). Introduction to qualitative research methods. New York: A Wiley-Interscience Publication.
- Tittle, C. E. (1974). Prisons and rehabilitation: the inevitability of disfavor. Prison Rehabilitation, 21, 385-395.
- Trenholme, I., Cartwright, R. D., & Greenberg, G. (1984). Dream dimension differences during a life change. Psychiatry Research, 12, 35-45.

- Urbina, S. P. (1981). Methodological issues in the quantitative analysis of dream content. Journal of Personality Assessment, 45, 71-78.
- Varela, F. X. (1987). Analysis of dream content of elderly people: Developmental and therapeutic implications (Doctoral dissertation, California School of Professional Psychology--Berkeley, 1987). Dissertation Abstracts International, 47, 5069-B.
- Van de Castle, R. (1971). The psychology of dreaming. University of Virginia: General Learning Corporation.
- Wechsler, D. (1981). Wechsler Adult Intelligence Scale-Revised. New York: Harcourt Brace Jovanovich, Publishers.
- Wilmer, H. A. (1982). Dream seminar for chronic schizophrenic patients. Psychiatry, 45, 351-360.
- Woolsey, L. K. (December, 1986). Research and practice in counseling: A conflict of values. Counselor Education and Supervision, 84-94.
- Wyngaarden, M. (1981). Interviewing mentally retarded persons: Issues and strategies. In Bruininks, R., Meyers, C. E., Sigford, B. B., & Lakin, K. C. (Eds.). Deinstitutionalization and community adjustment of the mentally retarded (monograph #4), 107-113. Washington, D. C.: American Association of Mental Deficiency.
- Yochelson, S., & Samenow, S. E. (1976). The criminal personality vol I: A profile for change. New York: Jason Aronson.
- Yochelson, S., & Samenow, S. E. (1977). The criminal personality vol II: The change process. New York: Jason Aronson.



## APPENDICES

APPENDIX A

TREATING INTELLECTUALLY DISABLED

SEX OFFENDERS

Taken from the cover of: Treating intellectually disabled sex offenders by Haaven, Little, and Petre-Miller.

This book provides both the nuts-and-bolts technology and the treatment philosophy needed to teach intellectually disabled sex offenders how to control their aggressive behaviors.

Authors Jim Haaven, Roger Little, and Dan Petre-Miller describe in a clear and practical manner how the residential specialized Social Skills Program at Oregon State Hospital incorporates principles of respect, self-help, and experiential learning along with more traditional sex offender treatment methods. Mental health practitioners and administrators will find it invaluable in developing and/or augmenting treatment programs for their own populations. The concepts and approaches can be adapted to an outpatient program and to different staff/client ratios as well.

Legal professionals and advocates for the intellectually disabled can also benefit from the message inherent throughout this book: that intellectually disabled sex offenders should be held accountable for their actions, and they can learn to gain control of their sexual problems and reshape their lives.

The Safer Society Press

The New York State Council of Churches

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APPENDIX B

SUBJECT CONSENT FORM

1. Brief description of the methods and procedures to be used.

The approach to be used in this research is qualitative methodology using a case study design. More specifically, the case study is assessment/diagnostic in nature.

The researcher is seeking to assess the content of a population's dreams to ascertain if there are diagnostic values in such an assessment.

The procedure being followed is to collect the dream content of five "low-functioning" (FSIQ between 65 and 84) and five "high-functioning" sex offenders (FSIQ in the dull normal range or above 85 and higher). The dreams will be collected from these volunteers through their self-reports in a dream log. These dream logs will be picked up by the researcher on a weekly basis. Each subject will contribute ten dreams, fifty dreams for each group, totalling 100 dreams for the entire study.

The dreams will be analyzed by an instrument developed by Hall and Van de Castle published in 1966. This instrument has been widely used in dream research. The findings will be further analyzed using ANOVA statistics to compare the "low-functioning" group with the "high-functioning" group. These two groups will also be compared to the norms established by Hall and Van de Castle in 1966.

The subjects for the study will be recruited from two units of the Correctional Treatment Program of the Oregon State Hospital. The "low-functioning" group will be drawn from the Social Skills Unit. The "high-functioning" group will be drawn

from the Sex Offender Unit.

The residents on these two units will be contacted in a general informational meeting about the purpose of the study. Volunteers will then be asked to contact the researcher if they are interested in volunteering for the study. (The researcher works in the programs and is readily available to be contacted.) Those who show an interest will be interviewed by the researcher to further explain what is being sought from the subjects and to answer any questions. No incentives are being offered to the subjects for participation.

2. A list of the risks and/or benefits to the subjects.

There are several risks that a potential subject may face in participating in the study. These are as follows:

- a. The subjects in this study have been convicted for sexual offenses, and their dream life may reflect their deviant sexuality. This may prove embarrassing to them and/or sexually arousing to them.
- b. Dream recall may make the subjects aware of certain internal processes which they are unaware of prior to participation. For example, the subject may experience in his dreams hurtful actions or attitudes towards members of his family.
- c. The subjects may feel some pressure to produce dreams and may be unable to do so. This may especially be true of the "low-functioning" subjects.

The potential risks to participation in the study will be presented to the client as a part of the informed consent

process. A statement also will be given to reassure the subject that the researcher and other professional staff will be available to help the subject deal with these risks should they occur.

There are also several benefits that a subject may accrue from participating in the study. These are as follows:

- a. The subjects may become more aware of their nighttime cognitions and be able to use this information in other aspects of their treatment.
- b. The subjects may be able to take a sense of pride and ownership in making a contribution to the expanding body of knowledge concerning sex offender treatment.

### 3. Informed Consent

The study for which you are volunteering is a research project concerning the dream content of ten sex offenders who are involved in the Correctional Treatment Program. Five subjects from the Social Skills Unit and five subjects from the Sex Offender Unit will be participating in the research.

The time that you will be participating in the study will vary. Each subject is to record ten dreams as his contribution to the study. This may require a week or several months depending on your dream recall.

This study will not involve any experimental methods. However, there may be some risks to your being involved in the study. These risks are as follows:

- a. Since you have been involved in sexually deviant acts, such behaviors may appear in your dreams. You may feel

embarrassed and/or sexually aroused by this occurrence.

- b. You may become aware of some internal processes that you are not aware of in your waking life. For example, you may become aware of some hurtful attitudes towards others that you were not aware of before. This may cause you some discomfort.
- c. You may feel some frustration because you are not able to easily recall or remember dreams.

These and other risks are possible. If you experience any of these concerns, the researcher will be available to discuss them with you. If you are uncomfortable with the researcher, other professionals will be available to you.

There are also some benefits that you may receive from your participation:

- a. You may become more aware of your dream life and be able to use this information in other aspects of your treatment.
- b. You may gain a sense of pride and ownership in making a contribution to the expanding body of knowledge concerning sex offender treatment.

Your dreams will be kept confidential by a coding system in which each dream will be assigned a number; your name will not appear on the dream reports.

I understand that the research that I have volunteered to be a part of is strictly of my own choosing. I may choose to discontinue my participation in the study at any time.

Withdrawal in no way will adversely affect my treatment at CTP.



I further understand that, if I have any discomfort or questions about the research, I may ask for and receive the help I need from the researcher or other staff deemed appropriate by the Therapy Supervisor in charge of my case.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

4. Anonymity of the subjects.

Each subject's dreams are recorded by the subject in private and placed in an envelope which is given to the researcher. The dreams are then assigned a number. The subject's name does not appear in the file or the final product.

5. No questionnaire, survey, or testing instrument is used in this project.

6. No outside funding is used in this project.