Experiences and narratives – drug users with antisocial personality disorder retelling the process of treatment and change

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Abstract

Aim: The aim of this study was to explore the value of adding a narrative perspective when listening to how two drug users with comorbid ASPD experienced their participation in an intervention treatment targeting their antisocial behavior. **Method:** Two cases were chosen, representing a low and high level of change after participation in a program intervention targeting antisocial personality disorder within outpatient drug treatment. Interpretative Phenomenological Analysis was used to capture the quality of their experiences and their narrative sense making strategies. **Findings:** The two cases converged with some of the core preconceptions about individuals with ASPD but contradicted them in others. Experiences and narratives differed in the ways they perceived their life challenges and their feelings of agency and control concerning their ability to engage in change processes without losing their core self. **Conclusions:** Responding adequately to user experiences requires paying attention to individual narratives and sense making strategies. Certain aspects of ASPD may not be exclusively indications of pathological processes, but serve an important function when engaging in treatment and change. Taking this approach has the potential to that facilitate a more constructive dialogue about which aspects of their behavior that it makes sense to change.

Key words: Substance use, antisocial personality disorder, treatment, change, experiences, narratives

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Introduction

The rationale for studying user experiences within substance abuse treatment services is considerable. Besides increasing the likelihood of identifying topics and processes that may not have been previously identified or addressed, studying user experiences is of great importance for guiding and improving clinical practice (Gale, Mitchell, Garand, & Wesner, 2003; Thylstrup, 2011). However, the performance of substance abuse treatment programs has mostly measured links between user engagement and retention in form of change in abstinence, employment, crime, and use of services after treatment (McLellan, Chalk, & Bartlett, 2007; McLellan, McKay, Forman, Cacciola, & Kemp, 2005). Thus, while the importance of self and identity issues is often recognized at the level of clinical practice (Larkin & Griffiths, 2002), their impact on engagement in treatment is not yet fully understood, and the need to involve user experiences in treatment research has been called for (Carlson & Gabriel, 2001; Laudet, Stanick, & Sands, 2009).

Improving our knowledge about how users with comorbid substance user disorders (SUD) and antisocial personality disorder (ASPD) experience treatment is highly relevant. For one, the prevalence of comorbid SUD and ASPD is estimated to be 40% in individuals with a drug use disorder (DUD) and 18% in individuals with an alcohol use disorder (AUD) (Grant et al., 2004) compared to less than 4% in the general population (APA, 2000). Secondly, individuals with ASPD are characterized by social irresponsibility, high levels of aggression, the exploitation of others, and impulsive behavior (APA, 2013), and comorbid DUD is linked to a great deal of the crime and violence committed in society (Fridell, Hesse, Jaeger, & Kuhlhorn, 2008; Neufeld, Kidorf, & Kolodner, 2008). Moreover, they often experience a marked impairment on the quality of life (Goldstein et al., 2001), which also can be seen in their partners (Fals-Stewart, Leonard, & Birchler, 2005) and children (Fals-Stewart, Kelley, Cooke, & Golden, 2003). Thirdly, it is the rule rather than the exception that users with ASPD do not perceive any need for treatment of their personality problems and therefore refrain from treatment (Crawford, Sahib, Bratton, Tyrer, & Davidson, 2009; Gardiner, Tsukagoshi, Nur, & al., 2010; Tyrer, Mitchard, & Methuen, 2003), and that the treatment that does take place mostly happens during incarceration (Pelissier, Camp, Gaes, Saylor, & Rhodes, 2003) or if they enroll in a substance abuse treatment program to get help for the substance use problems (Hesse & Pedersen, 2006; Ohlin, Hesse, Fridell, & Tatting, 2011). While undergoing treatment, their antisocial behavior is often played out in a way that is counterproductive and

challenges the treatment staff (Bateman & Fonagy, 2008; Daughters et al., 2008; Taft, Murphy, Musser, & Remington, 2004), and often they are either excluded from treatment services because of their behavior (The NICE Guidelines, 2010) or drop out, especially when the intervention is restricted to "talk therapy" with no tangible gains (Hesse & Pedersen, 2006).

Although recent programs support an increase in treatment optimism regarding response and effect concerning this user group, there is still need to improve our understanding of how they experience these programs (see however Searle et al., 2011; Thystrup & Hesse, 2009). However, understanding and responding adequately to these experiences requires more than simply listening. It also requires seeing the individual as a unique person whose psychological characteristics and needs influence his or her experience of treatment. This article is concerned with illuminating the value of adding a narrative perspective while listening to how two drug users with comorbid ASPD experienced their participation in Impulsive Lifestyle Counselling, an intervention program that targets antisocial behavior and lifestyle within an outpatient substance abuse treatment facility. One of the aims in (substance abuse) treatment is to support the user in working with his or her personality and adjusting their characteristic adaptations and stories about themselves (McAdams, 2006). Adding a narrative approach to Ian's and Kate's stories about treatment and change helps us to go beyond listening to their immediate experiences, and identify narrative components that relate to their behavior and problems (Adler, 2012; McLean, Pasupathi, & Pals, 2007; Thompson, 2012). Besides improving our insight into similarities and differences in their psychopathology (Stanghellini & Ballerini, 2008), it also improves our insight into the narrative strategies that they apply in order to maintain a sense of self when they engage in treatment that promotes change (McAdams, 2006).

The Impulsive Lifestyle Counseling program

The ILC program was developed on the basis of a highly structured group treatment program, the Lifestyle Issues Program, which addresses antisocial and criminal behavior within a prison setting (Elliott & Walters, 1997). In line with the Lifestyle Issues Program and the Criminal Lifestyle Theory (Walters, 1990), the ILC aimed at promoting motivation for taking responsibility for one's own behavior and lifestyle through awareness raising and support of change. Since ASPD in outpatient substance abuse treatment service users may not be expressed primarily in terms of criminal offences, the lifestyle issues in the ILC program were labeled 'impulsive lifestyle' rather than 'criminal lifestyle', and examples in the manual were revised to depict non-prison situations rather than prison situations. In order to be conducted within a feasible length of time during the

course of outpatient treatment, the program consisted of four sessions and a booster session. The four sessions were to take place four weeks in a row followed by a booster session eight weeks later. All sessions took one hour, and the four sessions included homework assignments on issues that had been raised in the previous session. *Session 1* covered the purpose of the program, user awareness, motivation for change and life goals; *Session 2* was based on a problem-solving approach, inspired by the Antecedents-Beliefs-Consequences model (Ellis & Dryden, 1997), addressing honesty and responsibility for one's own behavior; *Session 3* focused on self-esteem and pride related to ASPD and behavior in everyday life, and *Session 4* focused on how the users related to productive and counterproductive ethical values. The *booster session* served as an open session during which the user was invited to choose issues from the previous sessions that he or she had experienced as being the most important. Additionally, this session addressed motivation for continuing to work on change.

Methods

Design

The case study is drawn from a larger randomized pilot study on the effect of the Impulsive Lifestyle Counseling program (ILC). The pilot study was conducted at six Danish outpatient services for substance users over the age of 18, and was designed to have maximal external validity by having broad inclusion criteria, using the Mini International Neuropsychiatric Interview version 5.0.0 (MINI, Lecrubier et al., 1997) and the drug and alcohol section from the Addiction Severity Index (ASI) (McLellan et al., 1992). Additionally, one staff member from each of the participating treatment services conducted the ILC program at the treatment service. The ILC counselors attended a two-day workshop that addressed the specific characteristics and treatment challenges of individuals with ASPD and studied and role played the ILC sessions, with time allocated for discussions and questions. Individuals enrolled at the treatment services were invited to participate in a screening study for psychopathology. Those who satisfied the criteria for a comorbid SUD and ASPD according to the MINI, and who were without current psychosis or severe cognitive disabilities, were given a brief description of the ASPD and asked if they felt that this description matched their experience. They were then invited to try the ILC program at their treatment service, and informed that consent or refusal to participate would have no impact on other treatment options. Those who indicated interest provided written consent to study participation and a follow-up

interview six months later. Out of 112 who satisfied the criteria for study intake, 48 could be included in the study of which 26 participated in the ILC program.

The follow-up interviews were conducted by research assistants affiliated with the study. The quantitative part involved completion of the ASI drugs and alcohol module and the Client Satisfaction Questionnaire (CSQ) (De Wilde & Hendriks, 2005). The qualitative part of the follow-up interview was a 30-60 minute semi-structured interview where the aim was to capture a rich and detailed description the participants' experiences with (1) the ILC program, (2) changes related to the program, and (3) the role of the ILC counsellor. An interview schedule was constructed to guide the interview concerning these experiences and what they meant to them, i.e. 'What are your thoughts about having an impulsive lifestyle?' To facilitate disclosure, minimal prompt questions were used, i.e. 'What do you find are the drawbacks or benefits?' The process remained flexible to enable following up on interesting topics emerging during the interview. After the interview, the participants were asked if they wanted to add any comments, and the treatment staff were informed about the interview and concerns if the participants had become upset or anxious during the interview.

Analysis

To illustrate what we can learn from listening to user experiences and narratives, we have chosen two cases in order to let their voices unfold with as much coherence as possible and make room for a more saturated insight (Smith & Osborn, 2003; Yin, 2003). Of the 26 participants who were randomized to the intervention program, the two study cases were selected from the following inclusion criteria: (1) completion of the ILC program; (2) a comparatively low and high degree of change after participation based on the quantitative data from the follow-up interview; 3) display of a level of mentalization and verbalization that allowed the users to reflect upon and narrate their experiences; 4) a positive rapport with their ILC counselor, measured by the Session Rating Scale (SRS) (Duncan & Miller, 2000) after each ILC session to retain focus on differences in their experiences of treatment and change rather than the counsellor rapport. The interview with case one was conducted at the treatment center, in a room separate from the main area. The interview with case two was conducted in the home with visitors interrupting parts of the interview.

The analysis was inspired by the Interpretative Phenomenological Analysis (IPA) (Smith, 1997) which typically employs qualitative studies with small sample sizes (Brocki et al., 2007) as a small sample size can provide sufficient perspective given adequate contextualisation (Smith, 2004; Smith & Osborn, 2003). Assuming an existing universal inclination towards self-reflection, the aim of IPA is to explore the processes through which participants interpret and understand their world by formulating their own stories in a way that makes sense to them (Chapman & Smith, 2002; Smith et al., 1999). In addition to the phenomenological tradition, the IPA refers to the interpretative or hermeneutic tradition in its recognition of the researcher's centrality to analysis and research in the identification of specific themes, and the need to make explicit how the preconceptions of the studied phenomenon influence the interpretation of the data (Smith, 2004). Thus, the IPA inspired the hypothesis-generating process in this study which aimed at stipulating links between the theoretical and clinical propositions on the ASPD and the narratives that the two users in the case study used to make sense of their experiences of treatment and change (Yin, 2003).
Each interview was coded independently in the Qualitative Media Analyser (Skou, 2004). Firstly, interviews were coded and categorized according to the participants' experiences related to the re-defined interview questions. During the interpretative phase of the analysis, the authors revisited data and discussed how the expressions categorized earlier reflected similarities and differences in their individual and unique experiences (Smith, 1999). This phase led to an extraction of a second set of themes and subthemes which incorporated their use of narratives when retelling their experiences. Finally, the emerging themes were grouped into three superordinate themes which provided the basis for constructing a narrative account of the interplay between the participant's account of her experience and the interpretative activity of the researcher.

Participants

Ian was 44 years of age and had started in the ILC program after he ended a polydrug use (cannabis, sedatives and cocaine) on his own. According to the MINI, he had no mental disorder besides ASPD; he lived on his own, had no children or partner, and was on welfare benefits. His ILC counselor was a social worker at the outpatient treatment center with whom he had not previously been in contact. At the follow-up interview, he reported abstinence from substances except for the infrequent use of alcohol, and described positive experiences and changes from the ILC program.
Kate was 37 years of age with a previously diagnosed gambling disorder and attention deficit hyperactivity disorder (ADHD). At her upstart in the ILC program, she was using cocaine, amphetamines, cannabis and alcohol. She lived with her boyfriend, had two children (one of whom

was living with her), and had a considerable income from selling drugs from her home. Her ILC counselor was a social worker at the outpatient treatment center who was functioning as her primary contact person at the treatment service. At the follow-up interview, she reported continued drug use and had little to say about the ILC program.

Ethics

Danish institutional review boards do not assess ethics except in studies that involve invasive medical procedures or the experimental manipulation of drug treatment. This study was done in accordance with the declaration of Helsinki 2004 which states that it is the duty of the researcher to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects (WMA, 2004). During and after the interview, the respondents were asked how they felt about participating in the interview, and were urged to contact the interviewer if they experienced uneasiness or had additional points/comments or questions. When possible, treatment staff were informed about the interview, and urged to pay extra attention to the respondent and contact the researchers if needed. Details of both cases have been changed to ensure anonymity.

Results

Feelings of need and relevance

Listening to Ian's and Kate's experiences, they both appear to have understood the intention of the ILC program and to have appreciated the rapport with their respective ILC counsellors. Also, they both seem to have reflected on the usefulness of the program, and acknowledged that the term 'impulsiveness' served as an adequate description of their antisocial lifestyle, even in areas outside of drug use and criminal behavior. While they seem to be aware that a change of lifestyle and behavior involves a personal sense of responsibility, their experiences differ regarding the perceived relevance and degree of comfort with the program issues, and its applicability in their everyday lives.

A core preconception of why individuals with ASPD have trouble engaging in treatment and change is that they are highly focused on a "What's in it for me?" approach to life, in which tangible and immediate rewards are given higher value than long-term goals (Hesse & Pedersen, 2006) and have a limited capacity to create bonds with other people (Bateman & Fonagy, 2008; Daughters et al., 2008; Taft et al., 2004). While the cases of Ian and Kate converge with the preconceptions of individuals with ASPD in some respects, they also contradict them in others. For example, Ian tells

that he has experienced a marked change after his participation in the ILC program, both concerning an increased awareness of his behavior and the initiation of lifestyle changes:

> *It started a lot (…) Because I feel like this, I sure as hell don't want to be like that anymore (…) It's really something that I have to think about, and it [the ILC program] has made me do that (…) I think it's been a help and that it's been good, and I'm happy that I got to take part in it, because it has also given me insight about myself…*

Compared to Ian, Kate's experiences of the ILC program differ markedly. Although she tells that her participation in the ILC program did raise some awareness of her behavior and lifestyle, she describes feelings of being uneasy and overwhelmed, and that after the sessions she would forget about what had taken place :

> *When I had been to these sessions, then I didn't think about them afterwards (…) It's probably because she [the ILC counselor] addressed some vulnerable issues (…) Well, she called attention to my gambling - yes, my money spending in general, right? (…) I'd rather be the same person that I've always been (…) I'm afraid that I'll change into someone else (…) It's all right [her impulsive lifestyle] (…) You never know what's going to happen tomorrow…*

The relatively little attention that Kate gives the ILC program content is outweighed by her appraisal of her contact person's attention and care. In fact, she emphasizes the opportunity to spend more time with her contact person as being a reason to attend, rather independent of the contact person's contribution as an ILC counsellor and the content of the ILC sessions:

> *I didn't feel like today we have to talk about those topics. I'm just going to see [the contact person] (…) Well, she went for some papers, the folder, those five times I went there, right? She followed them (…) I have a lot of respect for that woman (...) She is really into the users, substance abuse, life, everyday life (…) You walk in the door and then there's focus (…) on you only! And she does that 100 %, no matter if it was these*

talks [the ILC sessions] or if I just was going out there [to the treatment service] to have a talk with her...

In contrast to Kate, Ian places great importance on the ILC program. The following quote illustrates how the tight program structure helped him adapt to and make sense of the program, taking into account the challenges that his behavior may present:

It's good that there are some guidelines and something that you can take for granted. Otherwise it can get very vague (...) then you suddenly stray from the issue and start on all other kinds of crap that isn't relevant. And that's why I think that it's been awesome that there's been a manual that you could follow, because it has made it easier for me. I also think that it has made it easier for the person that has been sitting across from me (…). If there hadn't been this manual, well, then I'd say that I would have probably been impossible to work with.

Feelings of agency and control of change

A way to interpret the differences in experiences is to look at the narratives that the cases employ when retelling their experiences (Bamberg & Georgakopoulou, 2008; Workman, 2005).When Ian talks about the ILC program, his narrative is characterized by an emphasis on his ability to cope and be in control of situations, and the way he has been able to use the program to initiate changes in his everyday life. This also becomes evident when he describes the importance of the counsellors' personal and professional qualifications where he stresses these qualifications as a means for him to engage in the intervention, i.e. when he tells about the way in which she conducts the program:

She seemed pretty relaxed, calm and good at what she was doing (...) If people I deal with seem to be interested in what we're doing, well, then I'll also do my best (…) She was good and easy to talk with (…) and she had no prejudice or anything…

Also, his belief in his own agency also becomes evident when he tells how he copes with perceived obstacles, such as his experience with the homework assignments:

> *The hard part was when I was given a homework assignment (…) Well, then I took it with me [to the next session] and said 'Listen here, I could use some help.' Then we talked about it and then it was fixed in five minutes (…) I needed another setting than the one at home, and I had to be with someone. Because I really know, homework and me on my own, that's no good (…) When I went to school, I never did my homework, but I got some great grades (…) It has something to do with this performance anxiety that surfaces. 'It has to be good enough – what I'm doing just has to be all right.'*

Compared to Ian, Kate's narrative involves a stronger ambivalence concerning her ability take action and control of initiating changes in behavior and lifestyle, i.e. when she tells how she coped with feeling overwhelmed and uneasy with the ILC homework assignments:

> *When you are in treatment, then you don't just take out the assignments at home. You take them and put them in the drawer. And it's not because my family doesn't support me… but when something's difficult for you, you put it in a drawer (…) Hocus-pocus, then they're in the drawer, then they're gone, right?*

Although Kate describes her tendency to disregard the challenges that her behavior and lifestyle cause, she also describes being ashamed of the negative impact that her behavior and lifestyle has had on her family, i.e. one of her daughters:

> *I have let my older daughter down. When I was in prison [two years earlier], I promised that I'd be drug-free when I got out. I was drug-free when I was doing time… I'm a little ashamed that I couldn't keep it up (...) You have to keep your promises.*

Discussion

When we try to make sense of Kate and Ian' experiences, we see two vastly different individuals whose narratives differ in the ways that they perceive themselves and their life challenges. For Ian, there appears to be a convergence of a movement in his life where he describes a readiness for change, and the content of the counselling sessions, i.e. when he tells that *'It started a lot (…) Because, I feel like this, I sure as hell don't want to be like that anymore'*. In his case, it seems as if

the ILC program and its concept of impulsivity provides Ian with the missing piece of a puzzle which matches his experiences of poor money management and relating negatively to others. Thus, when he begins to engage with counselling, his realization that something must change seems to emerge from almost naturally from the discussions in his narrative. For Kate, the ILC program does not fit into an ongoing process, in fact she states that *I'd rather be the same person that I've always been (…) I'm afraid that I'll change into someone else'*. She confirms that a number of her problems and conflicts fit the program description of impulsivity, but in the idiographic context of her life, confronting these issues leads to resistance and withdrawal, as well as a fear of change and loss of impulsiveness. Some of Kate's ambivalence can probably be explained by the fact that while Ian had quit his substance abuse, Kate had an ongoing drug use, which, along with her gambling and ADHD disorder, is likely to affect her cognitive functioning and her ability to engage in the intervention material and change process (e.g. Crunelle et al., 2013).

The differences in their narratives can be described as a sense making activity or narrative strategy that allows them to maintain feelings of coherence while telling about the rationales behind their engagement, or lack of engagement, in the ILC program (Cardano, 2010; Thompson, 2012). In Ian's case, his narrative involves expressions of a firm belief in his own agency, i.e. a repeated emphasis on his ability to cope and be in control of initiating changes in his everyday life (Ware, Hopper, Tugenberg, Dickey, & Fisher, 2008). For example, he tells about his difficulties with the ILC homework and adds a brief positive remark about the good grades he got in school without doing his homework, and how he was able to finish the ILC homework '*in five minutes*' when he asked the counselor for help. In contrast, Kate expresses strong feelings of ambiguity concerning her own agency and inability to handle challenges, i.e. she tells that '*when something's difficult for you, you put it in a drawer*'.

Treatment and "What's in it for me?"

Given the pathology associated with ASPD and the core preconception of why individuals with ASPD have troubles engaging in treatment and change, it is reasonable to ask if Ian and Kate's narratives are purely strategic, i.e. intended to present a self-image that is acceptable to them or to impress the listener. The fact that Ian throughout the interview comes up with several examples of the necessary changes that he has initiated after his participation in the ILC program - without resorting to externalizing blame - suggests that he was not acting antisocially, i.e.by claiming a lack of responsibility for his life situation. What also counters an interpretation of Ian's narrative as

being purely strategic is that he singled out the usefulness of specific program issues, and described how he had applied them in his everyday life. Also, his description of his reservations in relation to trusting others in terms of a *quid pro quo* thinking which indicates a tendency to expect hostility and disinterest from others (a known trait in individuals with ASPD), is countered by his wish for more reciprocal relations. As for Kate, her openness about her ambivalence also suggests that she was not strategically trying to impress the interviewer. In fact, expressing her feelings of uneasiness with the ILC program issues and relating her feelings of vulnerability and shame suggest the opposite.

However, part of their narratives may be more or less unconsciously employed (Riessman, 1990) and related to aspects of their ASPD that are not directly accessed (Conway, Meares, & Standart, 2004). While Ian's narrative is coherent and rational, it lacks emotion-laden personal details. For instance, although he speaks favorably about his collaboration with the ILC counselor, his choice of words are quite general and lack an account of a mutual rapport, i.e. when he tells that "*When people are engaged in what they do, I will become engaged as well*." While his narrative presents him as a person who is able to engage in positive collaboration, he more or less consciously links this ability to a sense of being in control of situations and circumstances and being able to deem who deserves his respect - both behaviors that imply a preoccupation with power and control which are characteristic of individuals with ASPD (Nauth, 1995). In contrast to Ian, Kate's narrative involves an open appreciation of her antisocial lifestyle, although parts of it demonstrate aspects of the ASPD that may be less consciously accessed, i.e. the way she rationalizes her feelings of uneasiness and shame. Referring to Stolorow's definition of narcissism as a concept that contains both pathological and functional processes (Stolorow, 1975), it may be that these aspects of ASPD are not exclusively indications of pathological processes that may interfere with treatment, but also serve an important function in terms of maintaining a reasonable and stable self-image when facing change. For instance, Ian's preoccupation with his own agency may support his belief in his ability to engage in change processes while at the same time retaining a sense of coherence. Likewise, Kate's preoccupation with impulsivity and her lack of belief in her ability to cope with difficult challenges may constitute parts of a narrative which links to a sense of vulnerability that she identifies strongly with.

Conclusion

Listening to how users retell their stories about treatment and change is essential in order to improve our knowledge about the role that treatment may play or fail to play. The study shows that the two cases converge with certain preconceptions about individuals with ASPD but contradict them in others. Both cases describe some patterns of behavior that converge with the view that individuals with ASPD focus on short- term goals and have trouble engaging in treatment relationships, however their rationales for engaging in treatment and change, and their descriptions of their treatment relationships require a more nuanced understanding compared to how we normally perceive individuals with ASPD. To respond adequately to user experiences requires paying attention to individual narratives and sense making strategies. Taking this approach has the potential to welcome drugs users with comorbid antisocial personality disorder in treatment services that address issues that are relevant for their individual life situations, not only by challenging the core preconceptions about individuals with ASPD, but also by facilitating a dialogue about which aspects of their behavior that it could make sense for them to change without fearing a loss of self.

Limitations

The study acknowledges the voices of individuals with comorbid DUD and ASPD and provides insight into how they experience and narrate about treatment and change (Collins & Nicholson, 2002). Both study cases had accepted participation in a treatment program targeting their ASPD, and were willing to share aspects of their behavior and lifestyle which to others with the same diagnosis could be regarded as an unwelcome attempt to engage in self-stigmatization (Van De Mieroop, 2012). To reduce bias, the two first authors who designed and conducted the study did not conduct the interviews. However, the fact that the interviews took place in different settings are likely to have affected the interactional nature of the interviews and have influenced their narratives.

Individuals with lower levels of mentalization and verbalization also have valuable stories to tell (Colle et al., 2009). The fact that the analytical in-depth approach required participants who were able to communicate their reflections on their experiences left out important user voices which, along with the case study approach and the length of the interviews, limit generalizations. Finally, it should be mentioned that the study did not include other mental health problems that may coexist with ASPD (Grant et al., 2005; Marshal & Molina, 2006), although one of the study cases was diagnosed with a gambling disorder and ADHD. Future research is needed concerning variations within narrative components related to antisocial behaviors and comorbid diagnoses and

gender (Cale & Lilienfeld, 2002).

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