

An adaptation of the Feldman and MacCulloch approach to treatment of homosexuality by the application of anticipatory avoidance learning

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INTRODUCTION

THIS adaptation of the Feldman and MacCulloch (1965) technique of anticipatory avoidance learning to the treatment of homosexuality is designed for utilization in a setting similar to that of a University Counseling Center. In such a center there is normally limited space plus relatively a small portion of the clients seeking treatment for homosexuality. Consequently, a treatment technique using standard apparatus which can be readily set up prior to treatment sessions and easily removed afterwards is an advantage in such a setting. The procedure described below is one that can readily be carried out in a practitioner's counseling office involving little preparatory time. The results with three clients seem to indicate that the adaptation is still maintaining the effect of the Feldman and MacCulloch procedure.

GENERAL OVERVIEW OF PROCEDURES

A photograph of a male, attractive to the client, is presented to him and he is able to continue to look at this or remove it as he wishes. If he has not removed it within 8 sec, he receives a shock at an intensity previously described as unpleasant for him, until he does remove the photograph. The moment he removes the photo, the shock ceases. The client eventually learns to anticipate the coming shock by removing the photograph before the 8 secs is up. Hence, he is rewarded for doing so by not being shocked. The male stimulus is a signal that something unpleasant is about to happen. Anxiety is evoked by this, and is reduced by removing the picture and thereby avoiding the shock. It is intended that the behavior which reduced the anxiety will be "stamped in", and that a habit of not gazing at, or thinking about, male partners, both essential preludes of homosexual activity, will be set up. It is important to point out that the client is an active participant in the situation, and is not the passive recipient of stimuli, as in the case of classical conditioning.

A hierarchy of attractiveness of the male pictures (low to high) is chosen by the client. This means that learning to avoid something unpleasant will be easier if one starts with a stimulus which is only mildly attractive working up gradually to the most attractive (gradient of stimulus generalization).

Female photographs are also used in order to reduce their lack of attractiveness. These are introduced immediately after the male photograph is removed. Thus, a female image is associated with relief of anxiety. A female hierarchy is constructed in the same way as for the male photographs but presented in a reverse order (most attractive to least attractive).

SEQUENCE OF EVENTS IN THE THERAPEUTIC PROCEDURE

A discussion is held with the client involving the goals in therapy: (1) acceptance of homosexuality; (2) desire to reduce or cease his homosexual behavior; and (3) desire to move from homosexual to heterosexual behavior. If the client is interested in either goals 2 or 3, he is told that a new technique will be used without any guarantee of success. He is told that the best will be done to help him. He is also told that the treatment is unpleasant and that it involves the use of electric shock. The basic procedures of Feldman and MacCulloch (1965) are followed with the exceptions which follow.

APPARATUS

A regular 35mm tray or circular magazine slide projector with a remote control switch is used. The male and female slides are placed in the magazine with one empty slide slot between them. It is from this empty slide slot that the operator moves forward or backward to project either the male or female stimulus

slide. The remote control switch allows the client to remove the stimulus from the screen and also provides the therapist control over the stimulus from the projector itself. During "delay" and "non-reinforcement" in the program the remote control switch is disconnected from the projector. The therapy is carried out in a quiet, darkened room. The projector and operator are behind the client. A 3 in. projector lens is helpful since it allows a larger image on the screen at a relatively close distance.

The electrodes from an induction stimulator are attached over the posterior tibial group of muscles and are randomly interchanged from the right to the left leg at alternate therapy sessions. Both electrodes are applied to the same limb, thus avoiding current-flow through the body itself. The additional equipment required is: (1) stop watch; (2) 2-in. wide masking tape for electrode attachment; (3) copy of "Program of Avoidance Training" (Feldman and MacCulloch, 1965).

Each session takes about 30 min. Two to three 25-trial programs are carried out each session. The sessions are held two to three times per week. After completing the therapy program, monthly follow-up sessions seem desirable for maintaining the learning. This should continue for about one year.

RESULTS

Client #1 was a 27-year-old undergraduate student. He was married and had a "fairly satisfactory" heterosexual relationship with his wife, his only heterosexual partner. He had his first homosexual experience at age 14 and since age 21 he had had homosexual experiences with approximately 200 partners; 90 per cent being one-time affairs. This client had acted as a male prostitute on approximately 25 occasions.

Eighteen male and eighteen female stimulus slides were used with this client in 17 sessions (twice weekly). During each session, three programs of 25 trials each were used. Prior to treatment the client had mild heterosexual interest and fantasy and sexual intercourse with his wife approximately once weekly. Homosexual fantasy and interest were very strong and he averaged three partners per week. Immediate post-treatment behavior found the client with increased heterosexual interest and fantasy. His homosexual practice was nil and there was greatly reduced homosexual fantasy and interest. Fifteen months after treatment the client shows no homosexual practice, little homosexual interest and fantasy, and reports an improved heterosexual relationship with his wife.

Client #2 was a 27-year-old graduate student. He was single and enjoyed both homosexual and heterosexual relationships. He had his first homosexual experience at age 20 and had had some 30-50 partners prior to treatment; all except one being one-time affairs.

Nine male stimulus slides and nine female stimulus slides were used with this client in nine sessions (three programs per session, three times per week).

Prior to treatment this client had strong heterosexual interests and fantasy and was having sexual intercourse with his fiancée approximately once or twice per week. His homosexual urge occurs about every three months and is very strong. At the time of the onset of treatment his homosexual interest and fantasy were strong. His immediate post-treatment behavior showed nil homosexual practice, interest and fantasy. Fifteen months after treatment the client reports having had no homosexual practice and little homosexual interest or fantasy. He has been married for eleven months and is maintaining an active heterosexual relationship with his wife.

Client #3 was an 18-year old university freshman. He was single. His first homosexual experience occurred at age 14. During his four years of homosexual activity he had had some 30-40 homosexual experiences with approximately six partners. He had never had heterosexual intercourse. At the outset of therapy, the client's interests and fantasies were homosexual in nature. He had stopped masturbating due to fear of his homosexual fantasies and had been having difficulty in sleeping because of what he described as "severe depression over his homosexuality".

Eight male and eight female stimulus slides were used with this client in 10 sessions (two programs per session, twice weekly). Immediately after treatment he was having heterosexual masturbatory fantasies, had stopped "crotch-watching", and was enjoying petting with females (but not intercourse). There was no homosexual activity and little homosexual fantasy or interest. Four months after the end of his treatment he is maintaining his heterosexual interests and fantasies. The subject reports that he has now had sexual intercourse several times with one female. This subject will continue to have monthly follow-up treatment for approximately one year.

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REFERENCES

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