



## Aversion Therapy

by Elise Chenier

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Aversion therapy is a form of behavior modification that employs unpleasant and sometimes painful stimuli in an effort to help a patient unlearn socially unacceptable or harmful behavior. The first recorded use of aversion therapy was in 1930 for the treatment of alcoholism, but by the 1950s and 1960s it had become one of the more popular methods used to "cure" sexual deviation, including homosexuality and cross-dressing.

Sigmund Freud, the father of psychoanalysis, was generally pessimistic about the ability to cure a patient of homosexuality, but in 1940 American psychoanalyst Sandor Rado challenged his position. Rado and his followers viewed heterosexuality as the biologic norm. Homosexuality, they argued, is caused by unhealthy parental relations resulting in feelings of anxiety toward heterosexuality.

Drawing on the insights gained by the emerging schools of behavior and learning theory, "adaptational" psychoanalysts such as Rado, Irving Bieber, and Charles Socarides concluded that through a careful program of behavior modification, sexual deviations can be unlearned.

### Treatment

Of the handful of methods psychoanalysts employed to treat homosexuality, aversion therapy was arguably the most inhumane. Treatment involved presenting homosexual and bisexual men with images of conventionally attractive men. Sometimes patients were asked to provide these images themselves, and were encouraged to submit photographs of their lovers. Aversion therapy involved projecting the image of the inappropriate sexual object onto a screen, and administering a noxious stimulus at the same time. It was believed that by replacing sexual arousal with noxious stimuli, the patient would rid himself of his sexual deviation and develop "normal" desires.

Initially, aversion therapy employed chemical emetics. Apomorphine was the most common drug used. Injected intramuscularly, it caused nausea and vomiting. Timing the effects of the drugs with the presentation of images proved difficult, however, and patients often built up a natural resistance to the drug. Chemicals were soon replaced with electric shock since it was perceived to be easier to control.

In addition to homosexuals, fetishists, cross-dressers, and transsexuals were also regarded as good candidates for aversion therapy. One method of treating cross-dressers was to direct the patient onto a wire mat. Barefooted, he was clothed in garments deemed inappropriate. A series of shocks were delivered to his feet. He was instructed to remove his clothing, and the shocks would discontinue once he was entirely naked.

Ideally, aversion therapy was administered two or more times a day over a two-week period. According to the literature, many believed that physical and mental fatigue improved the chances of a cure. However, the regularity and intensity of treatment typically depended on whether or not the patient was residing in a hospital or prison or was being treated on an out-patient basis.

## **The Patients**

Although psychoanalytic theory and behavior modification treatments applied equally to lesbians and gay men, gay men and transsexuals were disproportionately singled out for aversion therapy.

In the 1950s and 1960s, the range of mental health treatment services delivered by the criminal justice systems in Canada, the United States, Great Britain, South Africa, the Soviet Union, and elsewhere expanded dramatically. At the same time, there was a vast increase in arrests for homosexual offenses. Many homosexual and transsexual males who were arrested in this era were forced to undergo some sort of therapeutic treatment as part of a criminal court sentence, sometimes as an alternative to imprisonment or as a condition of parole.

Since lesbianism did not generally fall under the purview of the criminal justice system, women were less likely to be subjected to aversion therapies as a result of arrest or imprisonment. However, they were subjected to such therapies as patients in psychiatric hospitals or clinics.

A television documentary broadcast by the British Broadcasting Company's BBC2 in August 1996, entitled *Sexual Aversion*, graphically exposed many of the abuses of Aversion Therapy in the United Kingdom, including the death of a 29-year-old gay man who had been arrested in a 1962 raid on a Southampton cruising area.

## **Cures**

Although proponents of aversion therapy claimed "cure" rates of as high as 50%, these claims were never satisfactorily documented. Often patients were rendered asexual in response to aversion therapy; these were counted among the successful treatments. Many psychiatrists abandoned the use of aversion therapy not out of any ethical concern for their patients or because they thought such treatment was inhumane, but because they thought it was ineffective.

It has been documented that some homosexual men who underwent aversion therapy have suffered serious long-term psychological effects, including depression, despair, and attempted suicide.

## **Aversion Therapy and Gay Liberation**

When the Gay Liberation Front demonstrated against the American Psychiatric Association in 1970, it was no coincidence that they "crashed" a session on aversion therapy, which had become notorious as a regime of psychiatric mistreatment of gay men and lesbians.

Radical gay activists' assaults on the pathologization of homosexuality were supported by a small group of psychiatrists who agreed that homophobia, not homosexuality, was the problem that needed fixing. According to psychologist Henry Minton, it was the combination of pressure from within as well as from without that led to the removal of homosexuality from the American Psychiatric Association's Diagnostic and Statistical Manual in 1973.

The removal of homosexuality from the Diagnostic and Statistical Manual did not, however, bring an end to the use of psychiatry as a means to regulate non-conforming sexual behavior, nor did it end the use of aversion therapy. Although it is no longer sanctioned by the APA as an appropriate treatment for homosexuality, some psychotherapists continue to use it, especially those involved in the reparative therapy movement. In addition, aversion therapy is routinely used to treat pedophiles and other sex offenders.

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### **About the Author**

**Elise Chenier** teaches history and women's studies at Simon Fraser University in British Columbia. Her research subjects include butch-femme bar culture in 1950s and 1960s Toronto, the history of criminal sexual psychopathology, and sex in male prisons. Her most recent publication is "Segregating Sexualities: The Prison 'Sex Problem' in Twentieth-century Canada and the United States."