Aversion Therapy: Rewiring Habits Through Discomfort

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Aversion therapy is a form of psychological treatment in which the patient is exposed to a stimulus while simultaneously being subjected to some form of discomfort. This conditioning is intended to cause the patient to associate the stimulus with unpleasant sensations in order to stop the specific behavior.

Aversion therapies can take many forms, for example: placing unpleasant-tasting substances on the fingernails to discourage nail-chewing; pairing the use of an emetic with the experience of alcohol; or pairing behavior with electric shocks of various intensities.

In addictions

The major use of aversion therapy is currently for the treatment of addiction to alcohol and other drugs. This form of treatment has been in continuous operation since 1932. The treatment is discussed in the Principles of Addiction Medicine, Chapter 8, published by the American Society of Addiction Medicine in 2003. Their website is www.asam.org.

Aversion therapy works on changing positive emotional associations with the sight, smell and taste of alcohol or other drugs. Follow up studies done at 6 and 12 months on populations matched on 17 baseline variables shows that aversion therapy resulted in significantly better abstinence rates. There was no increase in leaving the hospital against medical advice in patients seeking aversion therapy compared to patients in non-aversion programs.

Aversion therapy is also used in the self-help community to treat minor behavioral issues with the aid of an elastic band, the user or patient would snap the elastic band on his/her wrist while an undesirable thought/behavior presents itself.

The results of Antabuse combined with behavioral marital therapy for treating alcoholism has growing research support.

Traditional aversion therapy, which employed either chemical aversion (Watson and Reyner, 1920) or electrical aversion (Maguire and Vallance, 1964) has now, since Cautela, been replaced by aversion in the imagination, a technique which is known as covert sensitization (Cautela, 1967).

Covert sensitization is a powerful and effective form of treatment and it has been used successfully in the treatment of alcoholism, compulsive gambling and juvenile delinquency. This treatment approach can also be used in the treatment of cigarette smokers, and there are favorable results here especially when being compared to other techniques.

Kraft & Kraft (2005) assessed the value of covert sensitization in six case studies--a fingernail biter, a cannabis smoker, an obese lady, a cigarette smoker, an individual with a chocolate addiction and an alcoholic. The study showed that covert sensitization was a rapid and cost-effective form of

treatment. All the individuals in the study eliminated their maladaptive behavior pattern, and this was maintained at the follow-up.

In homosexuality

Since 1994, the American Psychological Association (APA) has declared that aversion therapy is a dangerous practice that does not work. Since 2006, the use of aversion therapy to treat homosexuality has been in violation of the codes of conduct and professional guidelines of the APA and American Psychiatric Association. The use of aversion therapy to treat homosexuality is illegal in some countries. The standard in psychotherapy in America and Europe is currently gay affirmative psychotherapy. Guidelines for gay affirmative psychotherapy can be found at APA.

Psychologist Martin E.P. Seligman reported that using aversion therapy to try to change homosexual men's sexual orientation to heterosexual was controversial. In some instances, notably a series of 1966 experiments, the process was initially judged to have worked surprisingly well, with up to 50% of men subjected to such therapy not acting on their homosexual urges. These results produced what Seligman described as "a great burst of enthusiasm about changing homosexuality swept over the therapeutic community" after the results were reported in 1966. However, Seligman notes that the findings were later shown to be flawed: most of the men treated with aversion therapy who stopped homosexual behavior were actually bisexual; among men with an exclusive or near-exclusive homosexual orientation, aversion therapy was far less successful.

Dr. Robert Card conducted shock aversion therapy and published papers advocating therapy to eliminate homosexuality from a patient's personality, including "The Empirical Characteristics and Clinical Utility of the Monarch Adolescent Audio Visual PPG Stimulus Materials" and What is 'Deviant?' An Examination of Three Distinct Groups' Penile Plethysmograph Responses." In one treatment method, gay volunteers had electrodes attached to their genitals and were then shown homosexual pornography. As the pornography played, the patients were injected with emetic drugs and administered electric shocks. The shocks and emetics would then cease and the homosexual imagery would be replaced by heterosexual pornography, during which time the patient would not be abused.

Aversion therapy took place at a number of research universities during the 1970s. Mental illness and suicide have been attributed to be caused by shock aversion therapy by those who have undergone it and their family members.

Aversion therapy and "sexually deviant" youth

Aversion therapy is still sometimes forced on children and teenagers who violate sex laws, and especially on individuals believed to have deviant sexual feelings. These youths have been forced

to smell ammonia, describe humiliating scenarios, or engage in other uncomfortable acts, while looking at nude pictures, listening to audio tapes describing sexual situations, or describing their own fantasies. In order to measure sexual response, devices such as penile plethysmographs and vaginal photoplethysmographs are sometimes used, despite the controversies surrounding them.

In 1992, the Arizona Civil Liberties Union challenged the Phoenix Memorial Hospital for its use of these methods on children as young as 10. They were defended by the Association for the Treatment of Sexual Abusers. Since then, policies have usually discouraged the use of forced aversion therapy on children under 14.