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# HOMOSEXUALITY—A STUDY OF TREATMENT AND OUTCOME[1]

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SUMMARY

In the present study six homosexuals (5 males and 1 female) between 19 to 30 years, were treated by double differential conditioning. Four of them achieved a sexual reorientation. However their attitudes, psychological sophistication, variables affecting the outcome and the problems experienced during therapy are discussed.

Homosexuality has been a subject of debate for times immemorial. Effective treatment of ego dystonic homosexuality assumes great importance. Various treatments with varying results have been described. Prominent among these are physical-endocrinal therapies, psychoanallysis, psychotherapy and behaviour therapy. Different approaches in behaviour modification are being advocated. These being-systematic desensitization (Wolpe, 1973), modification of masturbatory fantasies (Thorpe et al., 1964), double differential avoidance conditioning (Solyam and Miller, 1965), anticipatory avoidance conditioning (Mc-Cullock and Feldman, 1967), covert sensitization (Cautela, 1969) and classical conditioning (Herman et. al, 1973).

Essentially, the treatment of homosexuality is aimed at restraining and then abstaining from homosexual behaviour while simultaneously heterosexual behaviour is encouraged. In addition, social training etc. is also employed to make heterosexual behaviour more attractive.

In the present study an attempt was made to bring about a reorientation in sexual partner preference using double differential conditioning and development of social skills in five males and one female with minimum of 6 months follow-up.

MATERIAL AND METHOD

The study was conducted at the Department of psychiatry All India Institute of Medical Sciences, New Delhi. The subjects were an unselected sample presenting at our Out-Patients Department between year 1977--1982. The sample consisted of five male and one female in the age range 19 to 30 years. Their demographic characteristics are described in table I. All were exclusively homosexual with onset in adolescence. Both homoerotic fantasy, as well as actual physical, contacts, occurred in all the cases.

Varying degrees of social pressures and personal guilt were the reasons for their seeking help. In two cases birth order acted as a spur, since the younger sibs were already married. Overt societal pressure increased considerably. The married patient presented only after he failed to consummate an arranged marriage, which he alleged was forced on him.

All the subjects selected for the study were interviewed in detail initially. Special attention was focused on details of their sexual life and their specific likes and dislikes. They were then asked to bring photographs or magazine illustrations of 8 males and 8 females of 8″×6″ size. These had to be sexually stimu-

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TABLE 1. *Demographic Characteristics of the subjects.*

| No. | Sex | Education | Age | Occupation | Marital status | Sibling position |
|---|---|---|---|---|---|---|
| 1. | M | B.A. | 19 | Unemployed | Unmarried | Youngest among 2 brothers & 2 sisters. |
| 2. | F | M.A. | 21 | Receptionist at 5 star hotel | Unmarried | Youngest among 3 sisters |
| 3. | M | B.A. | 26 | Business | Married | Second among 3 brother & 1 sister. |
| 4. | M | M.A. | 28 | Clerk | Unmarried | Eldest among 2 brothers & 3 sisters. |
| 5. | M | Intermediate | 30 | Business | Unmarried | Second among 3 brothers & 2 sisters. |
| 6. | M | B.A. | 19 | Student | Unmarried | Youngest of 2 brothers. |

lating to the subjects ranging from the fully clothed to nude. The 16 photographs alternating between male and female, were arranged in order of gradually increasing nudity.

As a reinforcer music was the choice of all the subjects in our sample. Hence they were also asked to bring a casette of recorded songs of their choice of sexual-emotional content. Two subjects also preferred perfume in addition to music. They brought the perfume of their choice.

Aversion therapy appratus was set at 50 volts, with electrodes placed on left upper arm. The cassette-player playing the subjects favourite music, was placed between the subjects and the therapist. Each picture was shown for one minute duration. Subjects were asked to activate sexual feelings towards the picture. For the *same sex* pictures the subjects was given shock for a fraction of a second at an interval of 15 seconds. With *opposite sex* pictures, attractive music was played. Subjects who preferred prefume, were also asked to smell it during this period.

Each session lasted for 30 minutes, spaced over a period of 2 to 3 months. An average of 40 sessions were given to each subject who completed the treatment. Termination point was reached when the subject felt reassured and showed an encouraging response to the set of pictures of the opposite sex.

Additional behavioural programmes were made in individual cases to develop social skills. Our female subject preferred trousers and other male apparel. She was encouraged to wear feminine dresses. Subject 1 was given assertive therapy for his submissive behaviour. Married subject's wife was counselled regarding interaction with her husband. Subject 4 was encouraged to develop new hobbies and interests as he was dissatisfied with his job.

Subjects were asked to maintain daily chart of frequency of homosexual and heterosexual fellings and acts. This also helped as a reinforcer in controlling the homosexual behaviour.

## RESULTS

Table II shows result and follow up. Four subjects out of six completed therapy and reported regularly for

TABLE II. *Results and Follow up.*

| Sub. No. | No. of Sessions | Result | Follow Up. |
|---|---|---|---|
| 1. | 35 | Improved | Got married |
| 2. | 40 | Improved | Got married |
| 3. | 35 | Improved | Better relationship with wife. |
| 4. | 50 | Stopped homosexual contacts. | Not married yet |
| 5. | 10 | Failed to complete the treatment. | .......... |
| 6. | 6 | Failed to complete the treatment. | .......... |

follow-up. Two subjects dropped out after ten sessions, subjects 1 and 2 are now happily married. They are well adjusted in their sexual relationships. Subject 3 has better social interaction with his wife and also feels sexual attraction for her. Subject 4 is not yet married but has stopped all homosexual contact. He has strong desire to get married and have heterosexual relationship. Since he has a problem in making decisions, he is facing similar problems in making choice of a marital partner.

Subject 5 dropped out, as he hailed from out of Delhi and could not make arrangements to stay for the duration of treatment. Subject 6 failed to apprecia e that his problem was psychological in origin. He insisted on referral for physical examination. After extensive hormonal investigations he demanded medication and was deemed unfit for therapy.

## DISCUSSION

Successful reorientation was achieved in all the four subjects. Of these, subject 3 was married and subject 1 and 2 were due to get married respectively (happily married now). Thus they all were highly motivated for the treatment. Subject 4 has stopped his homosexual practice and even though he wants to get married, he hasn't been able to find a partner.

The outcome of the treatment seems to be dependent on two important factors-motivation and psychological sophistication, Their own education as well as family's educational status, covert or overt family pressure, future loneliness, motivated them to seek treatment.

The methodology used in the treatment of homosexuality in our subjects differed in certain ways from previous efforts in this field (Pradhan et al., 1982, Nammalvar et al., 1983). We did not feel necessary to build up sexual tension for effective aversion. Hence the subject was allowed to gaze at the same sex picture for some time before administering the shock. The anticipation of unpredictable shock while looking at the picture effectively prevented further building up of sexual tension.

Our major initial problem was to overcome the amusement of the subjects at the simple mode of therapy. But during the early phases of treatment as homoerotic fantasies began decreasing gradual belief replaced earlier scepticism. The second problem which proved insurmountable in one case was convincing the subjects that their problem was predominantly psychological.

It is unlikely that the patient therapist relationship, which inevitably develops even in the context of behaviour therapy, can entirely account for the success. Suitable pictures, good reinforcement and aversion has to be carefully selected to make the treatment most effective. However verbal communication of supportive type and maintenance of daily chart of homosexual and heterosexual activities has been of value. Acquisition of social skills (e. g. assertive training for submissive be-

haviour and feminine way of dressing) is of great potential value in assisting the transition from homosexual to heterosexual social adaptation.

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