Sexual Interest Latencies in Aversion Therapy: A Preliminary Report

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Existing physiological, attitudinal, and behavioral measures for assessing the strength of homoerotic interest are briefly reviewed with reference to in-treatment assessment of progress during aversion therapy. Attention is focused on the value of avoidance latencies in anticipatory avoidance aversion therapy; it is suggested that the time which a subject is prepared to look at a given sexual stimulus before voluntarily switching it off (termed "sexual interest latency") may reflect the interest strength of a particular sexual stimulus (CS,) before, during, and after aversion therapy. Detailed data of sexual interest latencies taken from a single case study are presented, together with attitudinal data from an automatically presented and scored Sexual Orientation Method (S.O.M.). These data suggest that sexual interest latencies may provide a useful measure of a patient's ongoing interest in the particular conditional stimuli being used in treatment. In addition, such data may provide a more sensitive indicator of treatment progress in comparison with present measures of attitudinal change. Although the predictive value of sexual interest latencies requires further verification, the data indicate that this technique could at present assist therapists in the determination of a patient's changing interest hierarchy during treatment by aversion therapy. It is concluded that the sexual interest latency, which is derived from anticipatory avoidance aversion therapy, is a simple and useful measure which could be used in other treatment paradigms to improve treatment efficiency.

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PHYSIOLOGICAL MEASURES

A plethysmographic technique of measuring penile erection was described by Freund et al. in 1965 for the diagnosis of homosexuality or heterosexuality (Freund, 1963) and judgment of erotic age preference (Freund, 1967). The technique of plethysmography has since been improved (Bancroft et al., 1966), and Bancroft (1971) reports that, in a series of 30 homosexuals, homosexually induced erections were significantly greater than heterosexually induced ones. However, he concedes that the technique has limited diagnostic value, partly because erections in some cases were too slight to allow discrimination and partly because in aversion therapy the shock tended to result in temporary suppression of homosexual erections, which then returned at a later stage of treatment (Bancroft, 1966, 1969).

McConaghy (1971) has asserted that penile volume responses are not under conscious control and therefore plethysmography is a reliable in-treatment dependent variable. However, Laws and Rubin (1962) clearly showed that their subjects were able, on instruction, to inhibit penile erection in the presence of previously effective stimuli to at least 50%. It seems reasonable to conclude that the assessment of sexual orientation by penile plethysmography is not without error, because it is influenced by cognitive processes (Bancroft and Matthews, 1971) and it cannot at this stage be assumed that changes in erection necessarily reflect changes in behavior or attitudes.

ATTITUDINAL MEASURES

Marks and Sartorius (1968) have pointed out that the presence of behavioral sexual deviation is largely inferred from attitudes of the patients toward sexual objects, and therefore the measurement of change in attitudes can indirectly reflect change in the patient's clinical state during treatment. They described a semantic differential scale which provides sexual and general evaluative scores. They claim that their instrument is thereby more flexible than the Sexual Orientation Method (S.O.M.) of Feldman et al. (1966) (which measures sexual orientation specifically) as it allows a specific change in the sexual evaluation of a concept to be compared with previous attitudes held toward a number of nonsexual objects which remain unaffected by treatment. However, MacCulloch (1969) has described in detail the use of the S.O.M. in 73 persons with homosexuality. This technique has been modified to achieve consistency (Phillips 1968) by the present authors (Sambrooks and MacCulloch, 1973), who have developed the technique so that it is administered and scored automatically.