AUTOEROTICISM

See **Masturbation.**

AVERSION THERAPY

This type of modification of human conduct is grounded in a basic principle of behaviorism, the stimulus–response mechanism. If pleasant experiences continue to be regularly associated with a particular stimulus the behavioral response is said to be positively reinforced; unfavorable experiences cause negative reinforcement or deconditioning. Thus Pavlov's dogs came to salivate at the ringing of a bell when this sound regularly preceded feeding; substituting electric shocks for the feeding would cancel the response of salivation, replacing it with symptoms of fear. Applied to homosexuality, it is posited that if the favorable associations evoked by the same-sex bodies are displaced by unpleasant ones (in the form of electric shocks or a nausea-inducing drug), while a pattern of pleasant feelings is brought into play with respect to the body of the opposite sex, the subject will shift from a homosexual orientation to a heterosexual one. In its negative-reinforcement aspects aversion therapy amounts to a routinization of punishment. The therapy known as Behavior Modification is similar in its reliance on the principle of conditioning, but it tends to emphasize rewards more than punishments.

When imposed involuntarily—as in a **prison** or hospital setting—aversion therapy raises strong moral questions. As a result of unfavorable publicity it is rarely applied today to any but pedophiles, regarded as a danger to society. Even here, however, the ethical questions subsist. In fairness, one should note that many proponents of these techniques have protested their involuntary use, asking that such interventions cease.

Most practitioners of aversion therapy maintain that they act only at the request of the patient. Yet here, despite claims of "cures" on the part of some advocates, doubts as to efficacy of the treatment arise. While aversion therapy may succeed for a time in causing the subject to feel revulsion toward his or her homosexuality, it has failed to instill heterosexual desire where a basis for this was lacking. Thus the "cured" clients were almost always bisexuals with a strong preexisting heterosexual component; the therapeutic intervention simply deleted the homosexual component. Even here it is by no means certain that the effect will prove lasting, inasmuch as the deconditioning has a tendency to fade over time so that the homosexual side may eventually return.

Some behavioral therapists assert that they would use such techniques only to help the homosexual to adjust to his condition. Here the problems addressed would be from the realm of daily conduct (as seen, for example, in excessive timidity that would prevent the client from finding partners) and from the area of sexual functioning. Once again, because of the fading principle, one may doubt that the results are permanent. It may be that, however, in a larger program designed to achieve the patient's self-actualization, aversion procedures may have a specific instrumental value. The harnessing of the techniques to a broader, humanistic endeavor would help to address the criticism of depth psychologists and others, who assert that aversion techniques and behavior modification affect only the surface, neglecting the inner life of the client.

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