AVERSION THERAPY BY ELECTRIC SHOCK: A SIMPLE TECHNIQUE

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Aversion therapy has been used for many years in the treatment of alcoholism (3). Apomorphine and emetine are the usual drugs used as the unconditioned stimuli for nausea and vomiting, with alcohol as the conditioned stimulus. More recently the same procedure has been used in the treatment of sexual perversions—for example, fetishism (12), transvestism (1, 5) and homosexuality (11, 7).

There are several disadvantages to the use of drugs in conditioning procedures. The time between the stimulus being presented and the nausea being produced is uncertain (2). The patient may not even feel nausea; and, further, the cerebral depressant effect of the drug may interfere with the patient's ability to form conditioned responses (4). In addition, the treatment may have to be terminated prematurely because of its dangerous side-effects.

Alternative unpleasant responses can be used to produce aversion. In experimental psychology electric shock has been widely used both in animals and in humans (13). In clinical treatment, however, it has been less often used (8; 10; 14, p. 182). The technique is simpler, more accurately controlled, and more certain in producing an unpleasant effect than drugs. This article describes a simple apparatus designed by one of us (R. J. McG.) and its use in the aversive treatment of sexual perversions, alcoholism, smoking, and neurotic symptoms.

**Apparatus.** The components are cheap (under £1) and fit into a box approximately 6 in. (15 cm.) square and 2 in. (5 cm.) deep (Figs. 1 and 2). It is powered by a 9-volt battery and is therefore completely portable. The shock is administered through electrodes on a cuff around the patient's forearm. To construct the apparatus requires no special skill, and the technical details are given at the end of the article.

Treatment Procedure. The use of the apparatus follows classical conditioning technique. The stimulus to which aversion is to be produced is presented, often by having the patient imagine the stimulus, and then a shock is administered. This procedure is repeated throughout the treatment session of 20 to 30 minutes, which can be held from six times a day to once a fortnight. The strength of the shock should be adjusted so that it is as painful as the patient can bear. Further adjustment of the voltage may be made during the session, if necessary. The patient himself decides how severe the shock should be. After initial instruction he can treat himself and may take the apparatus home to continue the treatment there. Besides saving the therapist's time and making frequent treatment possible, this arrangement is to be preferred when the symptom is one usually indulged in alone—for example, masturbation to perverse fantasies. While the patient can use the apparatus whenever he is tempted to masturbate, he should also each day deliberately carry out the treatment at a time when the desire to masturbate is not strong.

Case 1. Fetishism

A 25-year-old postgraduate student was referred after one year of analytically based psychotherapy. For 10 years he had been masturbating about three times a day to fantasies of himself dressed in blue jeans and a leather jacket, and to masochistic fantasies of being bound. Conventional psychotherapy had altered neither his behaviour nor the considerable degree of guilt that he felt. He believed, however, that he had derived benefit from it.