

Technique of Behaviour Therapy: Aversion

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Origin and Nature of Aversion therapy

- In 1942, Voegtlin and Lemere & Lemere and Voegtlin in 1950 used this technique with alcoholics. In their study, the alcoholic patients were given injections of emetine or apomorphine, that quickly elicit both nausea and vomiting.
- The literal meaning of aversion can be understood as “a strong feeling of dislike, opposition, repugnance, or antipathy that followed a strong **aversion** to snakes and spiders or anything that brings dislike or discomfort”.

Before aversive therapy, it is essential to understand the meaning of aversive stimulus and aversive behaviour.

- **1. What is aversive stimulus?**

An aversive stimulus or event can be understood as an event or thing that suppresses behavior that follows (punishment) and increases behavior which allows a person to escape or avoid it (negative reinforcement). For example, proximity of others, loud noises, bright light, extreme cold or warmth, and social interaction.

- **2. What is aversive behaviour?**

- When an aversive or unpleasant stimuli are given or induced, it brings changes in behaviour, either through negative reinforcement or positive punishment. Since, when the aversive stimuli is applied immediately before or after a behavior the likelihood of the target behavior / undesired behaviour that will occur in the future is reduced.

Aversion Therapy

- One of the techniques of behaviour therapy.
- Treatment based on classical conditioning.
- It involves repeated pairing of unwanted behavior with discomfort that causes a patient to reduce or avoid an undesirable behaviour pattern.
- For example, smokers given electric shocks (UCS) when they see/smell a cigarette (originally the NS) i.e. cigarettes paired with electric shocks; the electric shocks reflexively cause pain (UCR). After numerous pairings, even the sight or smell of cigarettes (CS) leads to a negative emotional response (CR) i.e. an aversion.
- Aversion therapy is generally based on covert conditioning, developed specifically by American psychologist Joseph Cautela. In his study, he paired images of undesirable behaviour (e.g., smoking) with images of aversive stimuli (e.g., nausea and vomiting).
- Aversion therapy is also known by the name of conversion therapy or reparative therapy.

Aversion Therapy

(UCS) Emetic Drug → Vomiting (UCR)

(NS) Alcohol

+ (UCS) Emetic Drug → Vomiting (UCR)

(CS) Alcohol → Vomiting (CR)

Source: <https://www.slideserve.com/chaka/aversion-therapy>

How Aversive Therapy is applied?

- Since, aversion therapy utilizes conditioning based principles. Therefore, the whole focus is on creating a negative response to an undesirable stimulus, such as drinking alcohol or using drugs.
- One commonly used method for aversive therapy is chemical aversion for alcohol use disorder and the goal is to reduce a person's craving for alcohol with chemically-induced nausea.
- **However, other methods are also used for aversion therapy. They are:**
- Electrical shock (The person receives electrical shocks every time when they engages in unwanted behaviour).
- Physical shock, such as rubber band snapping
- An unpleasant smell or taste
- Negative imagery (Many a times via visualizations are done)
- Shame/Rebuke
- Olfactory or gustatory stimuli

Precautions before Aversion Therapy

- Before, performing aversion therapy, the client should undergo a medical examination, in order to ensure that the type of stimulus being used is safe for the client.
- Before conduction of therapy, it is needed to educate the client about the treatment such as how it works and what will take place, therefore, s/he knows exactly what to expect.
- Before the therapy the client is needed to sign a consent form stating that h/she understands the process and agrees to participate in aversion therapy.

Application

- Highly popular in treating people with addictive behaviors, such as those found in alcohol use disorder, drug dependency, smoking.
- Apart from this, it is widely used for treating patients with chronic nail biting, hair pulling (trichotillomania) or skin-picking (commonly associated with forms of OCD), enuresis (bed-wetting), tics, phobias, stuttering.
- It helps in treating severe addiction of gambling, violence, homosexuality (historically), or sexual deviation, cross dressing, and eating disorders.
- It has also been used in training the mentally retarded.

Success of Aversion Therapy

- Few researches have confirmed its efficacy for treating alcohol use disorder. Researches have mentioned that participants who craved alcohol prior to the therapy reported avoiding alcohol 30 and 90 days after treatment.
- In view of **long-term success** of Aversion therapy in treating patients is **questionable**. It may appear that patients may seem to be treated by therapy, but once they are disconnected with the therapist, or deterrent drugs or electric shocks (when any of them are removed), they may feel able to return to their addictions or undesirable behavior.

Advantage

- The therapy has limited efficacy for particular type of individual and type of behavior also.
- The therapy is useful for individuals with high motivation.

Limitations of Aversion Therapy

- Since, aversion therapy is helpful in treating patients with homosexuality. However, it met criticism in treating these patients. It was considered that these people have mental illness therefore, gay people were made to undergo aversion therapy for their change in lifestyles.
- Apart from these, a number of fatalities may occur during aversion therapy.
- The effects of this therapy may not be permanent.
- The therapy encounters various ethical issues such as it may cause physical or psychological pain to patient and thereby distress patient may lose control.
- Patient may advertently get sick/ill/hurt.
- It doesn't change the reason for behaviour therefore underlying problem may persist.
- In aversion therapy, if the imagined consequences are not severely disturbing it won't have sufficient impact.
- Many a times, extinction often occurs without repeated presentation of UCS & CS pairing i.e. aversion may not materialise unless patient knows UCS (emetic) will coincide with alcohol consumption.

References & Suggested Readings

- <https://www.britannica.com/science/behaviour-therapy#ref237971>
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