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Treatment of Male Sexual Deviation by Use of a Vibrator: Case Report

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Abstract

A new technique of enhancement of heterosexual responsiveness is described. This uses a classical conditioning paradigm with heterosexual photographic material as the CS and erections elicited by a vibrator as the UCS. A 44-year-old fetishist was treated in this manner. His response to treatment was favorable and details of change are presented. The timing of physiological and diary measure changes is in line with an explanation in terms of the treatment procedure. However, attitude changes began before treatment commenced.

Key Words: heterosexual responsiveness; classical conditioning; vibrator; fetishist.

Introduction

The techniques available for the treatment of sexual deviation by the enhancement of heterosexual responsiveness have been reviewed by Barlow (1973). Previous attempts to pair sexual arousal with typical patterns of heterosexual material have generally used deviant cues to elicit arousal (e.g., Bancroft, 1970; Beech et al., 1971; Barlow and Agras, 1973). The new technique here described involves pairing of heterosexual material with mechanically induced erections. In most men, the application of a vibrator of 80 cps to the penis produces brisk and reliable erections which are not greatly affected by the cognitions or emotions of the subject. The case here, briefly described, is the first of a series designed to test this as a method of treatment.

Case History

The patient, a 44-year-old fetishist, was referred for treatment following his second prosecution for the theft of gloves from a department store. He developed an interest in gloves and masks at age 7, after watching a terrifyingly realistic firefighting display in which the firefighters used all-over asbestos protection. At 10, he assuaged a fear of the dark by wearing simulated all-over protection, using a gas mask and his mother's leather gloves to complete his clothing. At 11, he found he could get an erection from wearing the gloves and later would masturbate rubbing the gloves against his penis. He started to buy gloves occasionally during his teens and also collected fashion photographs of women in gloves. For 10 years before being seen, he had stolen and hoarded gloves from department stores. He had also had a mild mask fetish which had abated of its own accord.

The patient's job in the civil service was jeopardized because discovery of his fetish led him to be considered a security risk. He was a careful, orderly, pedantic man with little social life. He had been married to a woman 10 years his junior for the last 11 years, and had one son. He had sought investigation for infertility and had been found to be azoospermic. Sexual intercourse occurred perhaps twice a month; but following his suspension from work this increased to about twice a week. Intercourse was possible only with the use of fetishistic fantasies to stimulate erection. He had reduced the incidence of masturbation with gloves before being seen. The relationship with his wife was basically caring, although she was upset by his fetishism.

Method

An assessment period of 1 month preceded treatment. Before and after this period, the patient's erection to photographic slides of naked females and to penile contact with leather gloves of his choice was measured using a strain gauge of the type described by Barlow et al (1970). Results are presented in terms of percentage of full erectile change. In addition, his responses to a number of sexual and general concepts (see Table 1) on attitude scales of the semantic differential type (Marks and Sartorius, 1968) were rated. The scales included sexual, anxiety, and evaluative dimensions.

Table I. Concepts

Deviant	Leather gloves
	Masturbation with leather gloves Stealing leather gloves
Heterosexual	My wife
	An attractive girl
	Intercourse with my wife
Neutral	Bus transport organization
	Building a model railway

Throughout the assessment, treatment, and follow-up period, the patient kept detailed diaries of sexual activity. In these, he recorded typical heterosexual plus deviant thoughts, heterosexual intercourse and whether this was accompanied by deviant fantasies, and masturbation either to deviant-fantasy or by using gloves. Treatment occurred during 14 sessions spread over 8 weeks, each session lasting 30-40 min. In the sessions, a photograph of a nude female was presented and 10 sec afterward the patient held the vibrator to his penis, thus producing an erection usually within 80 or 90 sec. The slide and the vibrator were then both removed and after a rest period of about 3 min the procedure was repeated, usually to a total of eight pairings. The patient's erections and attitudes were assessed again at the end of treatment and at 6 months' follow-up.

Results

Erection to deviant material continued after a month's assessment but declined markedly by the end of treatment and at 6 months' follow-up. The diaries revealed that by the end of the third week of treatment intercourse had changed from being solely with the accompaniment of deviant fantasies to being solely without. In the follow-up period, intercourse was accompanied by deviant thoughts on only four occasions out of 21 and such thoughts, formerly intense and compelling, became fleeting and neutral. The frequency of incidental deviant thoughts was reduced by about two-thirds after the first month of treatment. Heterosexual erections did not change during assessment but had increased by the end of treatment and remained greater during follow-up. The frequency of spontaneous heterosexual thoughts had not changed. Attitudes to deviant concepts changed during assessment toward being more "bad," "sexless," and anxiety provoking. These changes increased further during treatment and follow-up. An incidental gain volunteered by the patient was an increase in social facility and confidence. The marital relationship remained somewhat tense at 6 months' follow-up, largely because his wife felt insecure, fearing the possibility of relapse.

Discussion

During the time of the patient's assessments, treatment, and follow-up, his sexual orientation changed such that deviant thoughts and urges to steal became colorless and fleeting, and intercourse came to be separated from deviant fantasies. The timing of changes in erectile response and in the frequency of deviant thoughts coheres with an explanation of this in terms of the treatment maneuver. However, the attitudinal measures started to change during the assessment period and it may be that here we have a Hawthorne effect: the attempt to measure the patient's deviant thoughts may have led to a form of covert sensitization (Cautela, 1967) as he confirmed that the recording of thoughts had a tendency to bring to mind the recent criminal proceedings against him. Bancroft (1970) has noted that changes often begin in patients as much as 2 months before treatment. Moreover, treatment was inevitably conducted in an atmosphere of "heterosexual behavior is good" and "deviant behavior leads to trouble." Hence cognitive factors cannot be ruled out as mediators of change. It does seem likely that the therapeutic intervention was in some way responsible for the change as the behavior had been persistent and increasingly troublesome for many years and had not been significantly affected by the court proceedings. This initial result suggests that vibrator stimulation of erections to typical heterosexual stimuli may be worth evaluation in a controlled trial of treatment.

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