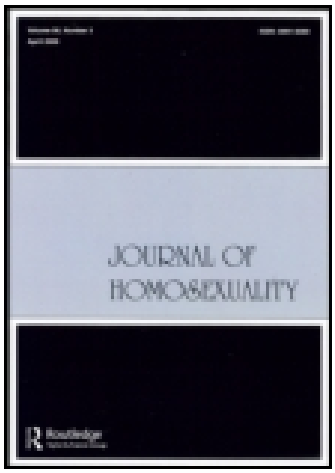

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THE ATASCADERO PROJECT:
MODEL OF A SEXUAL RETRAINING PROGRAM FOR INCARCERATED HOMOSEXUAL PEDOPHILES

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ABSTRACT: This paper reviews the representation of homosexuality in psychiatric literature, particularly that portion which maintains that homosexuality is a psychopathological condition, and offers an alternative perspective of homosexuals as a minority group that should be provided meaningful social and psychological services in the criminal justice system. It proceeds to describe the sexual retraining program at a maximum security prison hospital that houses primarily pedophiles, and outlines a program consisting of desensitization and education of the prison staff, cooperation with local gay groups, and sexual retraining of the homosexual pedophiles in the direction of adult homosexual behavior.

Hoffman (1968) has noted that homosexuality is probably the most serious undiscussed social problem in the United States today. The paucity of literature in this area serves to exemplify the lack of interest that the scientific community has shown. In the areas of psychiatry and psychology, homosexuality has been approached almost exclusively as an individual pathology. Victorian attitudes of homosexuality as a crime against nature have shrouded any objective view of the problem.

THE REPRESENTATION OF HOMOSEXUALITY IN PSYCHIATRIC LITERATURE

In perhaps no other area of study have psychiatrists put so much reliance on research that is blatantly subjective, biased, and uncontrolled. In the face of hard data to the contrary, psychiatrists have continued in their assumed moral obligation to change homosexuals into heterosexuals based primarily on the assumption that homosexuality is a pathological condition that must be cured.

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Brown and Kempton (1970) summarize the attitude generally espoused concerning homosexuality: "The homosexual becomes a problem for the psychologist, psychiatrist, and sociologist because he is basically a seriously disturbed person whose mental illness is made to appear nonexistent by the supposedly 'normal' facade he is able to present to the world in most instances. To speak of a 'normal homosexual' is equivalent to using such an absurd term as a 'healthy invalid.' "

Bergler (1957) stated that "the specific, completely uniform, and invariably present 'trademark' of the male homosexual is composed of ten unconscious factors, some of which have surface reverberations." A few of these factors that Bergler attributes universally to all homosexuals are: "Every homosexual is an exquisite injustice collector, and consequently a psychic masochist." "The homosexual is a frantic fugitive from women; unconsciously he is mortally afraid of them." "A megalomaniacal outlook on life is another typical homosexual sign." "Without exception, deep inner guilt arising from the perversion is present in homosexuals." "Unreliability, ranging from a trace to a pronounced psychopathic trend, is the rule and not the exception among homosexuals." And, "Homosexuals display an amount of irrational and violent jealousy unparalleled in heterosexual relationships." The above excerpts from Bergler were assumably based on observations made on homosexuals whom he treated over 30 years' time although he did not relate in the book how he arrived at these conclusions.

Beiber, Dain, Dince, Drellich, Grand, Gundlach, Kremer, Rifkin, Wilber, and Beiber (1962) consider "homosexuality to be a pathological adaption consequent to persuasive fears surrounding the expression of heterosexual impulses." "The capacity to adapt homosexually is, in a sense, a tribute to man's bio-social resources in the face of thwarted heterosexual goal-achievement. Sexual gratification is not renounced; instead fears and inhibitions associated with heterosexuality are circumvented and sexual responsivity with pleasure and excitement to a member of the same sex develops as a pathological alternative."

It is not uncommon to find contradictory statements in the psychodynamic literature concerned with homosexuality. The following statements were made by Beiber (1965) in support of the view that in the basic psychodynamics of homosexuality the woman is loved but avoided while the male is feared and hated. "Although a background of a psychopathologic mother-son relationship is ubiquitous among the homosexuals I have studied or treated, and although their mothers played a determining role in the son's subsequent homosexual adaptation, and although many homosexuals

are submissive to and fear displeasing their mothers, fears of mortal attack or injury are conspicuously absent in dreams, free associations, and ideational content." Beiber continues, "One may ask: If male homosexuals are so afraid of men, why, then are they chosen as love objects? First, if homosexuals are to experience human sexuality at all, there is obviously no alternative. Second, male homosexuals do not fear all men equally; they fear most those men who appear to be powerful, aggressive males." (The present investigators wish to note that at least one half of the cases that they have studied so far have shown a preference for powerful, aggressive male partners.)

Hadden (1972) expresses the attitudes of many therapists when he comments, "I feel that limited objectives stated by the therapists are handicapping. With homosexuals I make it clear that my objective is complete reversal of their sexual orientation and the initiation of a growth potential that will help them to move constantly toward greater maturity and a more productive and more enjoyable life." Hadden goes on to say:

> *Some patients placed in a group seem to have no motivation to change. . . . They are almost certain to be challenged to tell what is so desirable about being a homosexual, and since they are confronted by those who know the problems of the homosexual way of life, they have a difficult time defending it; soon their rationalization that homosexuality is what they want is broken down, at which time, being stripped of their ego-protective rationalization, they become anxious and commit themselves to treatment. Of course, some patients will leave at this point and seek out a therapist who will accept their homosexuality.* [*p. 274*]

As Willis (1967) points out, "The presumption of a final heterosexual adjustment as an end point in therapy also needs analysis." Gebhard (1969) found in a study of 480 homosexuals in Chicago that a majority stated that if presented with the opportunity to change to heterosexuality by simply taking a magic pill, they would refuse. The Wolfenden (1957) Report concludes, "We are struck by the fact that none of our medical witnesses were able, when we saw them, to provide any reference in medical literature to a complete change . . . . our evidence leads us to the conclusion that a total reorientation from a complete homosexual to a complete heterosexual is very unlikely indeed." Tripp (1965) further substantiates this conclusion: "As for psychotherapy, I know of not one single validated instance of any basic sexual change ever having been accomplished. Nor was the Kinsey Research ever able to find a single instance of any such change." In terms of success defined as somewhat less than complete change, (Willis, 1967) summarized:

With respect to change in homosexual orientation, the current literature suggests that perhaps one-fifth of those exclusively homosexual individuals who present themselves for treatment are enabled to achieve some heterosexual interests and competence if they are motivated to do so; that a much higher percentage (perhaps 50%) of predominantly homosexual persons having some heterosexual orientation and who present themselves for treatment can be helped to become predominantly heterosexual; but that in court-referred or parent-referred cases where motivation to change is often lacking and cannot be engendered, treatment is much less successful. [*p. 13*]

Behavior therapy has dealt with homosexuality in a somewhat more systematic way than psychotherapy, but, nevertheless, unsatisfactorily. As Feldman and MacCulloch (1971) report, "The majority of the reports of the use of aversion therapy are confined to small numbers of patients and few series of satisfactory size have yet appeared in the literature." Behavior therapy has primarily utilized aversion therapy in the form of electric shock (Brierly, 1964; Feldman & MacCulloch, 1965; McGuire & Vallance, 1964; Solyom & Miller, 1965), nausea-producing drugs (Freund, 1960; Meyer, 1966), and covert sensitization (Barlow, Leitenberg, & Agras, 1969; Gold & Neufeld, 1965). Some desensitization and assertive techniques have been used (Stevenson & Wolpe, 1960), but these have often been paired with aversion techniques (Feldman & MacCulloch, 1965). The outcome of treatment in behavior therapy is as nebulous as in psychotherapy. Evidence of satisfactory treatment results was generally in terms of more interest in the opposite sex rather than complete change to heterosexuality.

The most pervasive problem in both psychotherapy and behavior therapy research in homosexuality is sampling technique. Nearly all observations and conclusions were based on samples of homosexuals who contacted psychiatrists or psychologists because they were experiencing problems in everyday living or of homosexuals who were referred for treatment by the courts or by parents and who may or may not have been experiencing problems, but were at least causing them. Certainly evidence based on such samples cannot be inferred as representative of the entire homosexual population, but that is exactly what psychiatrists and psychologists have been and are doing. In addition, conclusions are often based on a small number of cases, and standardized techniques of extracting and compiling data are virtually nonexistent.

In light of much hard data, it is questionable that it is even possible to effect a change from complete homosexuality to complete heterosexuality; but even if it were possible to successfully effect complete change, does anyone have the right to revise a person's entire value system in an area of behavior that influences only himself and a consenting partner? Willis (1967) focuses on the ethical issue:

Social and legal castigation of the homosexual, focused as it so often is solely on his preference for a sexual partner of the same gender, is an absurd distraction from the more serious problem —psychosocial alienation. The sex of someone's lover should surely be of less concern to society than the psychodynamic nature and maturity of the relationship. Should society be at all concerned when sexual relationships result from genuine affection and real love, or a mature constructive convergence of two similarly inclined persons? Perhaps our attention and concern is only merited when homosexuality is symptomatic of sado-masochism or a morbid state of dependency, or is a manifestation of a secret and destructive antisocial rebellion.

We are naive if we ignore the fact that many mature people with predominantly homosexual proclivities have excellent ego strength and fine character structure. . . . These persons seldom present themselves specifically for treatment of their homosexuality and generally there exists little reason for their doing so. They may come for consultation for reasons unrelated to homosexuality; when they choose to do so, they should be able to come with the assurance that the therapist is not going to attempt an officious interference with their homosexuality.[*p. 8*]

What mental health professionals should attempt to offer the confirmed homosexual who has no desire to change is aid in relating to other homosexuals in meaningful ways and aid in adjusting to a society that is predominantly heterosexual and is still generally hostile toward homosexuals.

HOMOSEXUALS AS A MINORITY GROUP

One of the basic tenets of community psychiatry is that there has to be some social, cultural group to which an individual can relate. Until recently, homosexuals have been successfully discouraged from making any meaningful social contact with a group that reinforces social involvement. Hoffman (1968) points out that a homosexual culture does exist and that it must be recognized as an American subculture in the same way as the black or Chicano subcultures are.

In viewing homosexuals as members of a homosexual subcultural group, one can begin to analyze the homosexual traits so often mentioned not merely as individual shortcomings but as traits of minority group members who have been victimized by society. Allport (1954) stated, "A child who finds himself rejected and attacked on all sides is not likely to develop dignity and poise as his outstanding traits. On the contrary, he develops defenses." Hooker (1965) comments on Allport in terms of the homosexual: "It has seemed to the author that there is a striking parallel between the ego-defensive traits, 'traits due to victimization' of which Allport speaks, and the traits that characterize many homosexuals." Hooker continues by examining some commonly recognized homosexual traits in light of Allport's theory:

"Obsessive concern," for example, is cited as one trait many minority-group members exhibit. Allport suggests that the "racial frame of thought" is inescapable for the Negro, so that there is a haunting anxiety that he cannot escape. He must be constantly on his guard. There can be no doubt, from interview data gathered from homosexuals, that this attitude characterizes a large number of them. The homosexual is often labeled as an obsessive-compulsive personality, and the obsession with his homosexuality is often described as a defense against heterosexuality. In instances, however, in which psychological test materials obtained from homosexuals do not allow this clinical label, the obsessive concern with homosexuality as a target of possible attack is nevertheless conspicuous. The tangle of obsessive features of the defense derived from personality structure and from the social situation needs to be carefully studied. . . .

Many of the other traits of which Allport speaks, like the strengthening of in-group ties, protective clowning, or identification with the dominant group and hatred of himself and his own group, are found in homosexual groups as well as in other minorities. It would be strange indeed if all the traits caused by victimization in minority groups were, in the homosexual, produced by inner dynamics of the personality, for he too is a member of an out-group subject to extreme penalties, involving, according to Kinsey, "cruelties (which) have not often been matched, except in religious and racial persecutions." [*pp. 104–5*]

Placing homosexuals as a part of a minority subculture does, indeed, alter the perspective of homosexuality. It serves to refute the argument that homosexuals are lacking solely because of their own personal shortcomings. It points to the fact that equating homosexuality with pathology is as simplistic as equating black militancy with pathology.

Viewing institutionalized homosexuals as a minority group opens the way to provide meaningful social and psychological services which some homosexuals need. In fact, homosexuals are in need of services more than other middle-class groups which have more available to them in terms of social institutions with which to relate. Meaningful services do not entail forcing heterosexuality on those who believe that homosexuality is appropriate for them, but meaningful services do entail providing homosexuals with ways to relate to others within their subculture as well as enabling them to successfully operate within the society in general.

PROJECT PLANNING

It was with the goal of providing meaningful services which were severely lacking to a minority group within an institution that the homosexual project was introduced at Atascadero State Hospital, a maximum security California hospital housing primarily mentally disordered sex offenders and the criminally insane.

The homosexual population at Atascadero State Hospital is primarily comprised of pedophiles and represents approximately 15 percent of the entire population of 1,200 men. The great majority of these patients do not have a schizophrenic diagnosis. The

homosexual patients, typically, either never have been in contact with other adult homosexuals or have experienced difficulty in relating to other male homosexuals. Generally, these patients lack the basic verbal and nonverbal skills necessary to successfully interact with others. Often they feel so inferior with people their own age that they prefer the company of children or juveniles. In addition, most homosexuals in this hospital have no knowledge of what social alternatives are available to them in the community or with what groups they might identify or enlist for support upon release from the hospital.

The history of treatment for the homosexual at this institution has mainly centered around inadequate and sometimes cruel attempts at conversion to heterosexuality or asexuality. There is an intermittent history of aversive conditioning. These aversive techniques had extended even to the use of succinylcholine and electroconvulsive shock treatment as punishment for homosexual patients who had "deviated" within the hospital (Serber & Hiller, 1973). At the very minimum, homosexuals were frequently degraded by staff whose attitudes concerning homosexuality were punitive and judgmental. More homosexual patients than heterosexual patients had been defined as unamenable to treatment after a period of hospitalization and then were sent to prison via the courts under the ambiguous judicial system that determines the fate of sexual offenders in the state of California.

Fortunately for the project's inception the climate within the hospital was ripe for a change in the direction of more humane and meaningful treatment for all minority groups. Some hospital administrators saw the efficacy of a treatment program whose goal was to offer a rational alternative to the unreachable one of turning unwilling homosexuals into heterosexuals. The program's aim was to raise the age level of the homosexual patient's partner to that of legal consenting age rather than attempt a complete reversal of his sexual preference. It also was designed to acquaint the homosexual patient with the social groups that would allow for the patient's support when he would be released from the hospital.

Nevertheless, the project proceeded with caution. Each patient who participated in the project underwent a double screening procedure to insure that he was a confirmed homosexual and that no pressure from staff or other patients affected his decision to join or continue attending the group. Each patient signed and kept an agreement stipulating the above along with the patient's option to discontinue participation in the group at any time he desired.

The project also provided for the desensitization and education of staff members in relating to homosexuals. A prevalent attitude

existing among some staff members was that as soon as a group of homosexual patients was formed and given sanction within the hospital there would be an increase in the amount of sexual acting out between the patients. The overriding goal of most staff members was that patients who had attended this special project would attain adequate knowledge and skills necessary to return to their communities and keep out of trouble with the law, and not molest young boys.

In order to implement the homosexual project, contact was made with the local gay community. The project, of necessity, looked to the gay community for specific information, appropriate behavioral models, and aid for the homosexual patient upon release. At all levels, the project had to deal with the well-warranted skepticism of the gay community. The fact that a formerly repressive institution was willing to do anything but suppress the gay patient defied the reasoning and life experience of several of the gay leaders. It took a continued, concerted effort with many examples of intent to convince the gay community members that the project was not just another means to draw the homosexual patient out into the open and then punish him.

PROJECT IMPLEMENTATION

The homosexual patients were also at first reluctant to participate in the project. They feared reprisals from staff members for merely being associated with the homosexual project group. They also feared that aversive conditioning would be utilized at some point in therapy, or that, at the very least, they would be chastised for their sexual preference.

For the first group it was difficult to assemble six patients. The second groups were able to include three times that number, and now the project receives constant requests from patients to be included in the group. At this time a total of 25 patients have received services in the project. Needless to say, the patients are more than grateful to receive a service that does not include stripping them of their homosexuality and personal dignity.

The first group to be organized in the project was a behavioral retraining group for those patients whose social behaviors were deficient. The goal of this group was to teach those behavioral variables that are most important for social contact between males. An assertive training method that included instruction giving, modeling, role playing, and behavioral rehearsal was utilized (Serber, 1972a). The object was primarily the teaching of specific social be-

haviors. The group depended upon gay student volunteers from a local college campus who are successfully integrated into straight society and who functioned as instructors and behavioral models.

Role-playing situations were first used with the models to give the authors an opportunity to examine a behavioral situation and extract the pertinent behaviors that were operating in a specific social interaction. The scene used was that of a gay bar where social contacts are frequently made. After observing many behavioral samples by the gay models we isolated specific verbal and nonverbal components of gay social interaction which served as a "behavioral base" upon which further social skills could be built. Our aim in teaching a basic behavioral repertoire that can be easily identified, practiced, and rated had been modeled after a similar project begun several months ago when inadequate heterosexuals were taught appropriate heterosexual social behaviors with a similar technique of instruction giving, modeling, and role playing (Laws & Serber, 1971; Serber, 1972b).

Individual, well-defined social behaviors were first explained to the patients, were modeled, and then were role played by the models and patients. Extensive use of behavioral rehearsal was made. The patients received immediate feedback via videotape, and the models gave both constructive criticism and positive social reinforcement at all points of therapy. The therapist served as an overviewer who surveyed the entire situation and made general comments by the way of critique and was able to insure that the entire group proceeded evenly through the behavioral rehearsals.

A gay, female paraprofessional with experience running consciousness-raising groups was asked to assume leadership of 10 extended group sessions. Consciousness raising was examined in great detail and the components systematized for use with subsequent groups (Keith & Kuhner, 1973). It appears that much of what is described in rational emotive therapy is applied in consciousness-raising groups we have observed (Ellis, 1970). There is much information giving (cognitive structuring), challenging of certain beliefs held by group members, and a discussion of subject matter that most group members are either unaware of, made anxious by, or unable to cope with for a number of reasons. In our gay group, certain subjects were repeatedly and extensively discussed. They were: (*a*) the problems of being gay in a predominantly straight society; (*b*) the means of dealing with family members in relation to the group member's homosexuality; (*c*) difficulties in finding work, keeping it, and associating with employer and fellow employees; (*d*) social alternatives for homosexuals; (*e*) association with straight friends; and (*f*) the situations to be avoided in order not to be subsequently rearrested.

The consciousness-raising format provides for a number of gay-straight encounters, an excellent means of educating both staff and patients as to the ways of dealing appropriately with each other in a nonhostile setting. It appears that the format used can be applied to similar minority groups in different settings (Keith & Kuhner, 1973). Another important feature of the consciousness-raising group is to familiarize the patient with the gay organizations that will be open to him when he is released and how these organizations can provide social, professional, and therapeutic support.

The authors are now in the process of a systematic study of the behavioral variables involved in both groups. It would appear from preliminary data that consciousness raising and behavioral retraining complement each other extremely well (Keith, Serber, & Laws, 1973).

Other training techniques will be employed if they appear useful. Further plans are being formulated to extend the services of the project. At this time, after four months of project life, some progress has already been made. Some patients have learned new skills and feel more knowledgeable and self-confident in both gay and straight settings. No increase in sexual acting out has been reported by group members or nongroup members throughout the hospital. The homosexual patients, on their own initiative, are in the process of forming a club within the hospital that will serve as a self-help organization and a community liaison service. In addition, some homosexual staff have begun to take a more active part and have more openly involved themselves in the project. A didactic seminar on homosexuality for hospital employees begun by the project staff will meet monthly in order to give general information and to discuss treatment strategies pertaining to individual patients.

This project is, by its very nature, a pilot project and in need of continued support from the administration. We have demonstrated in a short period of time significant advantages to both patients and staff. Follow-up may well reveal advantages to the community as well. Also, in some small way, this project has reversed an uninterrupted flow of reactionary psychiatric opinion and practice in relation to one minority group in this hospital.

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