

**Thorne:**

I was a faculty member until somewhere around 1980. While he was there in early 70s, I had become interested in publications that were occurring regarding aversion therapy in a variety of places throughout the world, in laboratories and in various other settings such as hospitals. Their impressive positive effect on changing the attraction of persons who had same-sex attractions and I thought that it may be worthy of doing further research, it had shown some promise, and I thought it would be worthy of my efforts along with others to figure out how to improve this kind of therapy. I conducted a couple of researches that I reported on at the time, probably prior to 1974, then I turned to a different subject almost altogether and became totally focused in that. Since that time I've been contacted by people in your organization, and they've let me know that there are a number of publications, some of which I saw, that make outlandish claims about research and therapeutic applications of aversion in some sort of compulsory fashion to those who were identified or who identified themselves as homosexuals. This was never the case while I was there. I never knew about anyone who was forced or compelled in any way by anyone including the church or BYU, to take part in such research or therapy.

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As far as I knew I was the only one at BYU who was interested in the topic. I was made interested by reviewing the literature from a number of different places and countries that were claiming to have very promising data that showed that aversive conditioning was able to improve an ego-dystonic person's feeling about themselves.

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It was placed on the ankle or the arm. I think most of my subjects had it on the bicep part of the arm. That is where it is placed. Nothing goes on the head, and it does not cause convulsions. I take that back a little bit. Sometimes if you put it right over the bicep head, sometimes you can see the muscle jerk because it creates a movement of the muscle, but nothing dramatic, but you could see a little flinch, and that's it.

**Densley:**

The type of shock that's used; is there enough juice to cause any kind of damage to the skin?

**Thorne:**

That which we were using was so minute compared to that kind of thing that the most it would do is if it was on the muscle itself it would cause a reaction or a jerk. Maybe on the arm, but not the whole body.

**Densley:**

Also, while you were ever at BYU, would you see anyone's skin damaged from shock aversive therapy?

**Thorne:**

Never, never saw anything, not even a red spot. If anything, where the cuff was there might be a mark, but after a moment or two that disappeared.

**Densley**

Did you see anyone have a reaction to the shock treatments that induced vomiting?

**Thorne:**

Never, nor did any of my subjects ever report that they ever felt sick or that they felt in any way that it was frightening to them, and they always knew in my research, that if they ever had anything that made them feel it was too much or if it wasn't doing what they thought it was doing, they could turn it off right then.

**Densley**

So far as you know, did anyone at BYU ever used those attached to the genitals?

**Thorne**

That would be totally inappropriate. You're not trying to condition the ways the genitals work, they are working perfectly properly.

It shouldn't be a part of any sensitive part of the body at all. The arm, the lower arm, the wrist, the ankle, maybe even the calf. Those are very simple and, I've never seen anything occur of an abrasive reaction.

**Densley**

And so, when you decided to further research aversion therapy, how did you go about it?

**Thorne**

There was another psychologist from Salt Lake that had a machine that would administer a shock. They asked me to consult with them for a person who had chronic sneezing, and one with chronic hiccups.

**Densley**

The people who participated in your study were all self-referred?

**Thorne**

Yes. We wouldn't accept anybody from ecclesiastical leaders or BYU police. No one ever approached me from those.

**Densley**

There were some allegations that the BYU office was threatening people that if you don't go and participate in this aversion therapy treatment that we're going to kick you out of the university.

**Thorne**

Absolutely none, I've read some of the things that were claimed. I am amazed that anyone would write that. Somebody I guess could have done it, but I don't know of any.

**Densley**

You're not aware of anyone from the BYU admin, you're not aware of anyone from the church who was rounding up homosexuals and sending them for aversion therapy?

**Thorne**

I do know that bishops and GAs were beginning more than I recall before talking more about homosexuality and that this was a problem in the church and that people who had this problem should really repent and change their lives. Now I thought this was a contribution that I could make. Now, none of the bishops or general authorities ever came to me. But I did know that it as becoming an open topic.

**Densley**

You're not turning in the names of people you're seeing to the university?

**Thorne**

No, never did.

**Densley**

You're not consulting with their bishops or stake presidents?

**Thorne**

No.

**Densley**

They were then to come to the study, and they would be shown pictures?

**Thorne**

They were, it was almost hilarious, I thought, what would attract a male homosexual? What is really manly, football players, people in these muscle magazines with bulky muscles. I showed these to a few of my first subjects and asked if they would arouse you, and they laughed. I was embarrassed, and they said these turn me off, and I said, I don't know what turns you on, only you do. Do you give me some slides on some pictures that are attractive and could be used to give you arousal. But they cannot be prurient or salacious. For example, if it was a nude it would have to be a statue of David. If it was pornographic it was never used.

**Densley**

Were there any movies used?

**Thorne**

We never used a movie. We didn't have the facilities and I don't know if we would have ever used it. In any event, there wouldn't have been anything pornographic.

**Densley**

Describe the process. You're delivering a shock. How would you decide the level of electricity?

**Thorne**

I didn't, the most I did was help them put the cuff around the arm, and the cuff was still like a blood pressure cuff, it looks like that. As far as the intensity goes they were instructed, turn this knob. It will deliver to you a shock that will increase as you increase the knob, and we'll stop when you find it uncomfortable or intolerable. I think the longest shock was on was maybe tenth of a second I suppose.

**Densley**

Nobody was strapped down to a table?

**Thorne**

No, they were sitting at a table the only thing they had on them was a cuff, and they had a little controller by their hand to turn up or down the intensity or turn off the shock altogether.

**Densley**

Did you use any kind of apparatus to measure their physiological response to their photographs?

**Thorne**

No, I didn't. I ask them at the end of the aversion session to go through the slides and give them a rating about how easy they could find thoughts of interacting with these pictures attractive. Instead of 10,9 9 they even started to report 2, 3, none.

**Densley**

So there was just a subjective report?

**Thorne**

Yes, and later some of my graduate students had acquired a plethysmograph, and they described to me that they allowed the subjects to place this on their penis and the more the penis engorged, it was a demonstration of arousal, when the attraction was there. No matter what numbers they gave us, engorgement didn't happen until they were aroused.

**Densley**

According to your knowledge, was anyone who engaged in aversive therapy at BYU asked to disrobe?

**Thorne**

No, no I guess to put that apparatus on, I guess they would have to unzip. There was a screen like a clinic that they could step behind. So, the therapist was not involved in placing that apparatus. I've never, and the people I've worked with I think had too good of ethics to do anything like that.

**Densley**

Describe for me again, once each apparatus was attached and the photographs were collected, how did the procedure commence?

**Thorne**

The apparatus, we had a tray of slides for them, it had maybe 10-30 of males, then another set of slides for females for the assertive training that followed the aversive therapy. Once we turned on the apparatus a slide would come up for about ten seconds, and then the next one, and the shock would be given by the subject 2-3 times when they were watching each male slide, when they were watching the female slide they were thinking about things that were pleasant, and things that were not egodystonic.

**Densley**

Were there any instances in which to your knowledge, therapists conducting this kind of research would verbally abuse the subjects?

**Thorne**

That would really turn me off if that occurred. These are people who we have been instructed by our religious leaders to treat with kindness and love and support, they're human beings, they're brothers and sisters. They have a condition that, there's no fault on their part. They didn't set out to become homosexual or us to be heterosexual.

**Densley**

There was one individual who reported that people were swearing at them.

**Thorne**

That would certainly be aversion, but that would be aversive of the therapist, so I can't imagine anybody doing that. The shocks then, when you were performing the studies were administered by the subjects himself. In most cases, in some cases they were variable responses, so they never knew when it was going to come. That was more towards the end of my involvement.

**Densley**

If there ever was a time in the sequence of treatments when the subject was to push the button to cause the shocks, would the administrative push the button of the subject refused to?

**Thorne**

No, but not in my research, but some I had taken as patients, I gave them a shock to take at home, and they would do it at home. Most said that that helped, and it wasn't very prominent.

**Densley**

Of the people who participated in this, did you ever hear of a suicide?

**Thorne**

I never heard of a suicide at BYU except, in the years I was there, maybe 1. It seems somebody had jumped off of the cliffs at rock canyon, but totally unrelated to therapy. I never even heard somebody in therapy even suggest that they were interested in that, because that was what they were there for therapy for, but that wasn't aversion therapy.

**Densley**

You are not aware of anyone who committed suicide from participating these studies?

**Thorne**

No.

**Densley**

Everyone who was involved in aversion therapy at BYU was a BYU student?

**Thorne**

I can't recall, there could have been the husbands of one of the wives, maybe they weren't students.

**Densley**

Nobody that was under the age of 18?

**Thorne**

No.

**Densley**

Are you aware of anybody who threatened a lawsuit against you or BYU or any other faculty member?

**Thorne**

No.

**Densley**

There was one claim that the reason BYU stopped was the threat of lawsuits, do you have any first hand information that would substantiate that claim?

**Thorne**

No first hand information, it's possible BYU is like any other organization and they don't want to be sued if they thought something was out of character or creating a vulnerability for them, and their attorneys would say, we want to avoid this unless it's critical.