

DE LA SALLE UNIVERSITY

Therapeutic Effects of Life Style Reframing and Unconscious Reframing on a Sexually Promiscuous Homosexual

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ABSTRACT

This study tested the therapeutic effects of Abraham C. Mattakottil's Life Style Reframing and Grinder and Bandler's NLP-Unconscious Reframing on the life style of a promiscuous homosexual. The focus, however, was on the client's promiscuity rather than on his homosexuality. The client had approached the researcher for help in his dealing with his promiscuous sexual habits which had become bothersome and had affected his daily life more than his homosexual orientation.

The specific questions this study attempted to answer were:

1. What was the home environment of the client?
2. How did the client relate with his family?
3. Can Life Style Reframing and Unconscious Reframing Procedures eliminate the sexual promiscuity of a homosexual.
4. Can Life Reframing and Unconscious Reframing procedures bring about positive changes in the life style of a promiscuous homosexual.



5. What changes in lifestyle dynamics were formed in the client after the therapeutic processes?

Unavailability of more willing subjects to undergo therapy was a limitation. Thus outcome of the two therapeutic approaches may be seen only from an N=1. Replications of this study will be very appropriate since N=1 findings can never be used for generalizations/conclusive statements.

The researcher conducted an intake interview to gather baseline information about the client and his family. A sexual orientation/promiscuity scale, an adapted face-validated version of Bel and Weinberg's Sexual Orientation/Promiscuity Scale was used as one of the pre-therapy data-gathering instruments.

The Life Style Interview Guide of Eckstein, Baruth and Maher (1978) was used as a pre-therapy and post-therapy assessment tool.

The Life Style Reframing Procedures consisted of two parts. Part 1 was designed for utilizing the positive experiences and memories of the individual for eliciting, modifying and expanding, inner processes and responses; part 2 was designed for dealing with the negative experiences and memories of the counselee.



Both parts were parallel in many ways and the difference consisted in the emphasis on the type of memories and experiences whose inner processes and responses were focused on the purpose of reframing (Mattakottil, 1986). Part 1 & 2 were administered in two successive sessions.

Unconscious Reframing procedures were administered three weeks after administering Life Style Reframing procedures. The rationale behind this time gap was to give enough pace for the procedures to take effect and to prevent unnecessary tension on the part of the client.

Three months after the therapy sessions were completed the same Sexual Orientation/Promiscuity Scale was administered as a post-therapy test to assess whether or not the client had made any improvements with regards his promiscuous sexual habits.

Six months after the first post-therapy assessment, the Sexual Orientation/Promiscuity Scale and Life Style Interview Guide were administered in order to assess further the long term effect of the therapy on the client.



The conclusions drawn from the study were:

1. Life Style Reframing and unconcscious Reframing had contributed in the improvement of the client's life style. Both process had introduced the client to healthy habits with the following indicators such as from feelings of fear and inadequacy to self confidence, poor social relationships to improved relationships, poor time management and unwholesome social engagements to effective time management and wholesome and balanced engagements.

2. Home environment plays a role in the development of the individual's life style. An unhealthy home environment contributes to the development of an unhealthy life style.

3. Support systems have to be established to maintain a healthy life style mainly taking into consideration the physical, emotional, and spiritual needs of the client.

The researcher presents the following recommendations:

1. School programs must emphasize the importance of a healthy environment as an essential factor in the development of a healthy life style of the individuals.



2. Parents/Families must be made part of the school's sex education program, including them in discussions on sexual orientations./ Homosexual tendencies must be identified at the earliest age possible, preferably make it the thrust of the schools' guidance programs so that proper therapeutic interventions may be introduced before emotional conflicts become more complicated.

3. Identification and establishment of after-therapy maintenance support systems must be done so that effectivity of the therapeutic outcome may be maintained.

4. Similar studies be conducted on more male and female subjects using the same research design so that the therapeutic effects of Life Style Reframing and Unconscious Reframing can be made conclusive.

