

At first, this technique may not always seem to be working. Sometimes, a head-banger who is shown no attention may exaggerate the head-banging. This may actually be the opposite of what it appears to be. It may be a sign that behavior therapy is beginning to work. Just as we will shake a vending machine when it fails to deliver its goods, so the head-banger who does not receive the attention she wants may bang her head a bit harder.

In addition to not paying attention to her, those treating Susan used a second technique. Whenever Susan did not bang her head, she was rewarded with something to eat, especially her favorites: Cookies, candy, and soda.

After weeks and weeks of this kind of treatment, behavior therapy began to do its good work. Susan was beginning to bang her head less and less every day and, while it is not gone altogether, head-banging no longer poses a threat to her physical and psychological well-being.

What has been done for Susan is being done for large numbers of mentally retarded patients who suffer from an assortment of behavior problems at least as serious as Susan's. Retarded children and adults alike have been cured of such disorders as self-kicking, rectal digging, window breaking, hand biting, hair pulling, and chronic vomiting by the use of electric shock, a technique which is as controversial as it is effective. In fact, though it has been opposed by many who claim that it represents an inhumane treatment approach and has even been banned from use in a number of government-operated hospitals

for the retarded, electric shock remains probably the most effective technique for controlling serious self-injurious behavior in the mentally retarded.

A variety of novel behavior therapy techniques have been used as well. Loud noise, for example, has been employed with a stubborn, oppositional retarded child. The noxious odor of aromatic ammonia has been used to suppress self-injurious behavior. Lemon juice and hot pepper sauce have both been tried with patients who have the habit of ingesting inedible substances, such as chalk, cigarette butts, and in some cases their own feces. And, interestingly enough, tickling has been introduced as a means of controlling behavior disorders.

What makes behavior therapy so especially appealing as a treatment technique is the fact that it has been able to eliminate almost overnight serious and dangerous behaviors that had been in the making for years and years and in some cases even a whole lifetime.

It may not be a panacea, but behavior therapy has surely worked wonders with patients who were once lying aimlessly in the clandestine corners of large institutional wards and who are today thriving in work activity centers as happy and productive citizens.

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