*Journal of Autism and Childhood Schizophrenia, Vol. 7, No. 2, 1977*

# COMMENTS

*The following comments are reactions to the article on the use of electric shock published in the June 1976 issue of the* Journal of Autism and Childhood Schizophrenia, *and to the discussion which appeared in the September 1976 Parents Speak column.*

## A NEGATIVE REACTION TO THE USE OF ELECTRIC SHOCK WITH AUTISTIC CHILDREN

Mary Akerley (1976) has called for a strong argument against Lichstein and Schreibman's (1976) paper which defends the practice of employing electric shock in order to prevent autistic children from damaging themselves and others. Comments so far published have generally agreed that since there will likely be some children for whom the use of such extreme measures can be justified we must now tighten the ethical safeguards (Creedon, 1976; Oppenheim, 1976; Shea & Shea, 1976). In what follows I attempt to provide arguments against the use of physical punishment insofar as severely dysfunctional children are concerned. As should be clear from the discussion, I have developed my present position not only from the technical literature on punishment (e.g., Azrin & Holtz, 1966; Church, 1963), but from informal clinical experience as well as from standard works of literature.

In 1972, shortly after I first assumed responsibility with my psychiatrist colleagues for the treatment of autistic children at the Clarke Institute of Psychiatry in Toronto, I was telephoned by a special-education teacher who was concerned about one of her children who was banging his head very severely. I gave the usual advice: "Put him in a hockey helmet and begin to try to analyze the conditions which appear to promote the behavior." She had already put him in a helmet and was wondering whether or not the time had come to use electric shock and, if so, how she should institute the necessary procedures. Rather than move into this area, I asked if there was any time at all during which he did not bang his head. She thought about this very carefully for a few minutes and said that she had

noticed that he stopped banging when he had a popsicle in his mouth. I asked her if she would try the popsicle again to see if it would stop the banging. Later that day she called again to say that his banging had ceased when he was given the frozen ice. She also provided a real clue: he had pushed the popsicle to the very back of his mouth. It then occurred to us both that he might have a dental problem. Accordingly the teacher took him to a dentist. After a very difficult and none-too-successful examination, the dentist declared there was nothing wrong. I suggested another, fuller examination by a different dentist. This time the boy was found to have an abscess under one of his molars. Here was a case that could easily have been considered "last resort," yet it is difficult to see how the application of electric shock could have solved the child's problem. Indeed, in terms of the child's suffering, it would have but added to it. The example also points out the necessity of having properly experienced physicians and other medical personnel conduct very complete examinations when the children are distressed.

Early in my experience with autistic children and their families I attempted to teach one boy to speak (Webster, McPherson, Sloman, Evans, & Kuchar, 1973). The boy had no intelligible words. He did, however, make one loud irritating noise every time he was asked to do anything. Following the usual behaviorist prescription, I explained to the parents that we must first eliminate noise and then build a new vocabulary. We defined the behavior as a "noise-block response" (NBR), counted it in various situations, and then introduced the treatment (AB design). The intervention consisted of assuming an expression of displeasure, raising the forefinger, and saying "No!" very emphatically. The program was a total success and provided us with impressive graphical data. Unfortunately, though, we were quite unable to carry out the second part of the project, to teach the boy how to speak. It did not occur to us until later that in our enthusiasm we had taken from the child a piece of verbal behavior which was serving a useful function and that we had been unable to substitute anything similar in return. It would have been better had we tried to help the boy develop other verbal behaviors from his NBR rather than eliminate that response.

This same boy also taught me another valuable lesson. At one point in our relationship I gained the idea that he knew what I was demanding of him, but that he was "holding out." I thought that he comprehended what I meant by "stand up," "sit down," and so on, but that he was simply refusing to comply with my demands.

My notes remind me painfully of one session in which I kept saying "stand up," "sit down," and forcing him through the actions. The session ended with him in tears and me beside myself with frustration. Later on, as

a result of careful experimentation with this boy and others (e.g., Li, 1974, unpublished; Sherman & Webster, 1974), I realized that severely dysfunctional children have great difficulty in isolating the cues *we* deem to be the relevant ones (cf. Rincover & Koegel, 1975). We have now come to think that many of these children may process auditory information in quite unusual ways (Condon, 1975). It is very easy for the therapist to think that the child has "made the connection" when, in fact, he has not. Autistic children have very great difficulty in making normal associations (Lovaas, Schreibman, Koegel, & Rehm, 1971), and when they do make them, they are sometimes quite unusual (Hermelin & O'Connor, 1967). This fact is in itself a strong argument against the use of punishment since the whole notion of punishment is based on the premise that the person punished will understand the significance of the link between his past action and the present punishing stimulus.

There is much more that could be said about the punishment of autistic children per se, but one wonders if the whole issue could not be better treated more indirectly. Dostoyevsky's *Crime and Punishment* (1966), which I happened to read during my tenure as coordinator of the program for autistic children of the Clarke Institute, influenced me far more than the many technical articles I have since read on the subject. It is for that reason I mention it here. Through *Crime and Punishment* we are forced to consider the basic question: what right has anyone to make another suffer even if it seems certain that the suffering will ultimately yield benefit to that person?

It would seem that Lovaas (Chance, 1974) and Lichstein and Schreibman (1976) have adopted a theoretical position not dissimilar to Raskolnikov's (i.e., that they are "extraordinary" people who can use very strong means to justify the ends). There is no doubt in my mind that the work that Lovaas and his associates have done with autistic children and their families during the past decade is without parallel. The very success of their program (Lovaas, Koegel, Simmons, & Long, 1973) has meant that they have had to try to help many really desperate children and parents. Everyone I meet who knows them speaks kindly about them and their work. Yet I cannot accept their position on the use of punishment procedures with autistic children. I am only glad that, while the issue of whether or not it is possible to let one's conscience "step over certain obstacles" (Dostoyevsky, p. 276) is the central theme of *Crime and Punishment,* it is, when we consider the whole corpus of Lovaas' work, a relatively minor issue. That it is a minor issue does not mean, however, that it should not continue to receive our full consideration. I feel confident that many of the parents who have had these procedures tried with their autistic children will ensure that the issue remains alive

and that they will in the end oblige practitioners and researchers to find alternatives to the use of physical punishment. Considering what we now know about the nature of the phenomenon of autism, *no* other solution is acceptable.

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## REFERENCES

Akerley, M. S. Introduction to "Reactions to 'Employing electric shock with autistic children.'" *Journal of Autism and Childhood Schizophrenia,* 1976, *6,* 289.

Azrin, N. H., & Holtz, W. C. Punishment. In W. K. Honig (Ed.), *Operant behavior.* New York: Appleton-Century-Crofts, 1966.

Chance, P. "After you hit a child, you can't just get up and leave him; you are hooked to that kid." Conversation with Ivar Lovaas. *Psychology Today,* January 1974, pp. 76-84.

Church, R. M. The varied effects of punishment on behavior. *Psychological Review,* 1963, *70,* 369-402.

Condon, W. S. Multiple responses to sound in dysfunctional children. *Journal of Autism and Childhood Schizophrenia,* 1975, *5,* 37-56.

Creedon, M. P. Comment on "Reactions to 'Employing electric shock with autistic children.'" *Journal of Autism and Childhood Schizophrenia,* 1976, *6,* 290-291.

Dostoyevsky, F. *Crime and punishment.* Penguin: Middlesex, 1966.

Hermelin, B., & O'Connor, N. Perceptual and motor discrimination in psychotic and normal children. *Journal of Genetic Psychology,* 1967, *110,* 117-125.

Li, J. *Can retarded and autistic children discriminate vowel sounds? An operant analysis.* Unpublished Substudy 74-8, Child and Adolescent Service, Clarke Institute of Psychiatry, 1974.

Lichstein, K. L., & Schreibman, L. Employing electric shock with autistic children: A review of the side effects. *Journal of Autism and Childhood Schizophrenia,* 1976, *6,* 163-173.

Lovaas, O. I., Koegel, R., Simmons, J. Q., & Long, J. S. Some generalization and follow-up measures on autistic children in behavior therapy. *Journal of Applied Behavior Analysis,* 1973, *6,* 1-36.

Lovaas, O. I., Schreibman, L., Koegel, R., & Rehm, R. Selective responding by autistic children to multiple sensory input. *Journal of Abnormal Psychology,* 1971, *77,* 211-222.

Oppenheim, R. C. Comment on "Reactions to 'Employing electric shock with autistic children.'" *Journal of Autism and Childhood Schizophrenia,* 1976, *6,* 291-292.

Rincover, A., & Koegel, R. L. Setting generality and stimulus control in autistic children. *Journal of Applied Behavior Analysis,* 1975, *8,* 235-246.

Shea, J., & Shea, N. Comment on "Reactions to 'Employing electric shock with autistic children.'" *Journal of Autism and Childhood Schizophrenia,* 1976, *6,* 293-294.

Sherman, T. W., & Webster, C. D. The effects of stimulus fading on acquisition of a visual position discrimination in autistic, retarded, and normal children. *Journal of Autism and Childhood Schizophrenia,* 1974, *4,* 301-311.

Webster, C. D., McPherson, H., Sloman, L., Evans, M. A., & Kuchar, E. Communicating with an autistic boy by gestures. *Journal of Autism and Childhood Schizophrenia,* 1973, *3,* 337-346.

## A REPLY TO THE COMMENTS ON "EMPLOYING ELECTRIC SHOCK WITH AUTISTIC CHILDREN: A REVIEW OF THE SIDE EFFECTS"

After reading the comments of Dr. Webster and others who have reacted to our article "Employing Electric Shock with Autistic Children: A Review of the Side Effects," I feel it necessary to clarify some of the issues raised. I can certainly accept the opinion of those who would rather not use shock. However, I cannot accept what I feel are erroneous interpretations and unfair criticisms of our paper, and of contingent shock in general.

First, several people have criticized the paper for failing to provide a discussion of (a) the potential abuses of contingent electric shock, (b) the ethical considerations surrounding the use of shock, (c) the necessary guidelines to regulate the use of shock, and (d) all of the alternatives to shock. The intent of the paper was to examine the published data on shock and come to some conclusions about the reported side effects. It was certainly not within the scope of the paper to deal with all the issues mentioned above. I would be the first to agree that we need to address these other important issues, but we need to do so in an appropriate context. Since this journal is an excellent forum for addressing such issues, I anticipate future contributions in this area.

Another point I would like to make is that the conclusions expressed in the paper were based on sound empirical evidence. When one draws from the data there is no value judgement involved. That is, just because we concluded that the reported side effects of contingent shock were generally favorable it does not mean that we advocate the use of shock. As we pointed out in the paper, the decision to use or not use shock should be based on several factors. We just contributed information on one factor—side effects.

I would also like to address the issue of misuse of contingent shock. Certainly abuses do occur and this underlines the necessity for guidelines regulating these procedures. However, the fact remains, no matter how unpopular, that response contingent electric shock *is* an effective technique and does not have the negative side effects that many people feared. Just because abuses are possible is no argument for banning the procedure. One can overdose on penicillin. Does that mean we should ban the use of penicillin?

Actually are we not really discussing good versus poor clinical practice? That is, a good behavior therapist, well trained and experienced in be-

havioral principles, would be very unlikely to misuse a contingent shock procedure. Such an individual would be familiar with the principles surrounding punishment and would also be familiar with the population undergoing treatment. Some critics, such as Webster, imply that a behavior therapist would resort to aversive procedures in an inappropriate manner without considering the alternatives. However, I fail to see why, in Webster's example, a qualified behavior therapist would not discover the self abusive child's dental problem. If he was a good clinician he would. Also, a good behavior therapist with experience working with autistic children would *not* punish the only verbal response made by an otherwise mute child, nor forcibly demand a response that was not known to be in the child's repertoire. In short, Webster provides us with several instances of poor clinical practice, not instances of the evils of punishment.

Finally, I must admit that I am at a loss to explain why some individuals, often those who are unfamiliar with the published research, react so strongly to the use of contingent shock *per se.* It seems that some of those who scream the loudest against contingent shock are strangely silent about the use of electroconvulsive shock, psychosurgery, and drugs. Although these are not behavior modification procedures they *are* used and we know very little about them. Personally the use of these procedures and our lack of knowledge about them terrifies me. I am not terrified by the procedure of contingent electric shock. I feel that we understand contingent shock and have the knowledge to use it effectively. Better yet, we are learning about other alternative procedures that also are effective. It is to be hoped that our expanding knowledge will soon advance us to the point where electric shock will be an obsolete clinical tool.

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