

# BEHAVIORISM IN THE LIGHT OF MEDICINE ·

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LIKE the jurist, the physician, since the days of Hippocrates, has been working on the basis that there is such a thing as consciousness or mind; and with the rapid strides of medicine in recent times, the importance of mental functions has become increasingly evident to the members of the profession. Numerous articles and chapters in books have pointed out the necessity of understanding the facts of attention, memory, etc., for a proper diagnosis of the patient's ailment.

In the domain of mental disease, psychiatrists and alienists were constantly entering into a "give and take" relation with the psychologist who was thought to be dealing with the same general phenomena, though with a different purpose in view. As Mercier expressed the relation more than a quarter of a century ago, ". . . in order to know anything about insanity it is necessary first to know something about sanity, and in order to know anything about the disordered mind it is necessary to know something about the mind in health."<sup>1</sup>

To this very day, psychiatrists and psychopathologists are going about their therapeutic duties in the implicit belief that they are treating disorders of the mind, that their patients are actually afflicted with obsessions, manias, phobias, delusions and idées fixes or are suffering from this or that psychosis. Cures have been effected long before the first discussions on behaviorism had seen the light of day. Would it not be natural to conclude then that the principles upon which these medical men were operating contained an element of soundness in them, or shall we urge à la Watson that if mental pathology had been able to achieve wonders, it was in spite of itself, rather than as a result of its own enlightened initiative? Perhaps we ought to regard the psychiatrist of today with the same contempt as Molière treated the medical practitioners of his day. At any rate one cannot help spotting a tinge of dubious patronage in Watson's attempt to 'behaviorize' psychiatry. The method is very simple. There is a stereotyped formula or rather word which explains everything. This word is *habit*. Like the miracle in a by-gone theology it solves all

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<sup>1</sup>From a forthcoming book "Behaviorism and Psychology."

<sup>2</sup>C. Mercier: *Sanity and Insanity*, preface XVII.

difficulties. The deranged mind is nothing but a habit twist,<sup>3</sup> and once we bear in mind that thoughts are nothing but language habits, the rest is straight sailing. Let us understand then that the man who believes himself to be Nero, the woman who is repeatedly washing her hands, the old maid who is obsessed by the notion that her pastor is courting her — that these characters are not suffering from some mental disorder but are merely given to wrong habit complexes. And to refute the generally accepted view of mental disease, Watson ushers into our presence a hypothetical neurasthenic dog which behaves most peculiarly, doing everything the reverse of what we should expect it to do. The uninitiated spectators, argues Watson, take the dog to be insane, but as a matter of fact it had been carefully trained to act in that very manner, and it is not the mind but the habits that have changed.<sup>4</sup>

But why resort to the canine world for a refutation of the functional view of certain diseases? May we not cite the case of a man who, though perfectly sane, acts as if he were insane? Are there not numerous cases on record of just this very sort of simulation carried on in order to escape from prison or captivity, a "method of madness," which goes under the name of "malingering"? These activities can hardly be called habit distortions, for, in order to become a habit, an act must have been repeated many times and must be automatic. When a man, however, goes through all sorts of antics which his sudden inspiration had called forth in the presence of great danger to his life, we are doing violence to the very definition of a habit, if we apply such a term to that type of conduct. Moreover, on Watson's criterion, the trained dog *should* be considered deranged, for what matters it in what way the habit distortion has come about? The fact remains that the habits of the dog are now unlike those of the normal dog, accordingly treat it like any other mad dog.

On similar grounds, the man who asserts daily that he is the King of China must be declared to cherish an obsession regardless of whether he actually believes his statement or not. The distorted habit is undeniably there, and since we must not inquire as to his ideas or consciousness, the only test we have to go by stigmatizes him at once as one possessed of a diseased personality. *Again* I must make it clear that to refer to the importance of behavior as a criterion of one's

<sup>3</sup> J. B. Watson: *Psychology from the Standpoint of a Behaviorist*, pp. 418-420 and *Behavior and the Concept of Mental Disease*. Jour. Phil. Psych. and Sci. Method, 1916, Vol. XIII p. 592.

<sup>4</sup> J. B. Watson: *Behavior and the Concept of Mental Disease*, *loc. cit.* pp. 593-594.

sanity is altogether beside the point. Most assuredly it is an invaluable guide towards a diagnosis, *but a guide only, not an objective*. We are not primarily concerned with the endeavor to ascertain whether the patient's behavior is queer, but whether his mind is disordered, *whether he is really a patient*, in the etymological sense of the word.

From what we know about multiple personality and other dissociations, it would be easy to argue against the 'habit twist' theory of mental disease. The sudden emergence of the Sally personality in the Beauchamp drama<sup>5</sup> leaves no room for the formation of habits represented in Sally's conduct. It is all very well for Watson to set forth that the habit distortions may and do often start in infancy<sup>6</sup> but unless we assume that prior to the appearance of the Sally personality, there were gaps in Miss Beauchamp's consciousness and motor activity, the learning of certain tricks at which Sally was a master could not very well have gone on.

The conception of mental disorder as a wrong habit complex will, on close analysis, be found to contain a *petitio principii*. What is our criterion of right and wrong in habit formation? Why call one series of reflexes distorted and another regular? If for the reason that the individual in the one case is unable to exploit his reflexes advantageously, it would not be difficult to cite cases of abnormal habits which might prove serviceable to their exerciser by bringing him in an income at certain places of public amusement, yet the man would none the less be regarded as psychopathic. The line of cleavage that must be drawn between the sound and the disordered mind is to be sought rather in another direction—in the faculty of *control* which is decidedly a *conscious* function and not in the difference between a right and a wrong habit which cannot be determined except *ex post facto*. In a certain respect, all geniuses may be said to have acquired distorted habit complexes.

In order to revolutionize psychiatry and introduce a new conception of mental pathology, it would be necessary to give detailed treatment to a number of cases on record and to offer behavioristic equivalents to the many serviceable terms current in psychiatry and psychopathology that are rooted in traditional psychology. To employ a blanket term like habit to phenomena widely varying in character is hardly in accordance with scientific procedure.

The conclusion of Watson's article on the concept of mental

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<sup>5</sup> M. Prince: *The Dissociation of a Personality*.

<sup>6</sup> J. B. Watson: *Psychology from the Standpoint, etc.*, p. 419.

disease is typical of the impatient and sanguine temperament which characterizes the whole school.

"To apply this in detail in functional cases" he pleads, "overtaxes my ability as well as my present interests. At any rate the suggestion seems to me to give a reasonable clue as to the way in which such shifts in the emotional constituents of a total integration can occur. Surely it is better to use even this crude formulation than to describe the phenomenon as is done in the current psychoanalytic treatises."<sup>7</sup>

Could we have expected that such a feeble plea would persuade psychiatrists to revise their terminology as well as their methods? Need we be surprised to learn from an eminent psychiatrist that "the paper in question was an extremely naïve and simplistic presentation of the problem of mental disease"? It is a pity that Jelliffe in his reply to Watson wields Freudian weapons instead of disarming his opponent by reducing his objections and charges *ad absurdum*. Much of what Jelliffe has to say on this score will appear irrelevant to the particular issue between behaviorism and mentalism — indeed it seems as if he has come not to answer Watson but to praise Freud — but his criticism of the behavioristic attitude is both virile and eloquent enough to afford the psychologist a glimpse into the situation from a new angle.

The following detached quotations from Jelliffe's article will no doubt be helpful to the reader who is not disposed to read it *in toto*.

"Behaviorism scanning but one plane must necessarily be blind to the necessity and utility of such a concept which reaches profoundly into certain very real factors, which seem to extend beyond the purely mechanistic automatic and reflex means of response. It cannot conceive just wherein lies the apparent complaisance of the physicians in the acceptance of this concept to which the urgency of human actualities compels them. They find in referring the pathological phenomena under consideration to the 'purely mental' that they are provided with a concept of dynamic power, a workable tool which penetrates causes and beginnings and provides a means of re-education and redistribution of effect involving adequate discharge, before which the colorlessness and ineffectualness of an ideal behavioristic re-education plainly reveal themselves."<sup>8</sup>

"There can be no doubt that psychoneuroses have brought about 'habit twists' which have become a faulty equipment in the patient's reactions to life. To acknowledge this is by no means to lose sight of the relation of these habit twists as only forms of expression of a self that is more than a

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<sup>7</sup> J. B. Watson: *loc. cit.*, p. 596.

<sup>8</sup> S. E. Jelliffe: Dr. Watson and the Concept of Mental Disease. *Jour. Phil. Psych. and Sci. M.*, 1917, vol. XIV, pp. 269-270.

complex and co-ordinated system of language habits and bodily habits. . . . The very fact that the patient cannot phrase in terms of words the habit twists which have become a part of his biological equipment would imply that there is something more than merely bodily habit twists.

. . . "Speech is no more capable than any other mechanism of taking the place of affective functioning, but is one of the vehicles through which this is given discharge, an implement which the same affective impulses first formed and are still perfecting for their use. . . .

"Neither is it enough to attempt to locate a something 'corresponding in part at least to the affective values of the psychologists and pathologists,' something with which the author supplements the motor habits which have so far occupied his discussion in the response of the glandular system. The effect of emotion there is plain to be seen and growing more definite to the understanding with the aid of experimental physiology, but to confine effect there is another matter altogether."