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BATHWATERISM

ABSTRACT: The foibles of the fad that is behavior therapy are examined. It is suggested that an SR paradigm is adequate to represent man as a behaving organism. However, the limitation of this model inheres in the fact that man not only behaves, but that he is also a thinking and valuing being. Finally, the implications of an SR conception of man with regard to therapy are discussed.

From the dog in the harness to the rat in the box, behavior therapy claims an experimental heritage that is unique among the psychotherapies. Thus, Franks (1969) defines behavior therapy "as the beneficial modification of behavior in accordance with experimentally validated principles based upon SR concepts of learning (p. 2)." Similarly, Yates (1970) characterizes behavior therapy as the attempt to apply the knowledge derived from experimental studies in the laboratory to the treatment of abnormal patterns of behavior. But what is perhaps least distinguishable about this desire to be scientifically right is that what the behaviorist considers to be the most scientific theory of therapy has in fact become a theology. For example, Eysenck (1959), while hyper-critical of the psychodynamic approaches, wasted little time in raising behavior therapy to the level of a universal panacea. Ironically, a similar progression from circumscribed technique to a willy-nilly moral force was evidenced by behavior therapy's chief *bête noire*, psychoanalysis, against which much of its polemics have been directed. My main purpose in the present article is to cri-

tically examine this iconoclasm, but before doing so let me put in an aside.

Lest the reader receive the impression that I deny the effectiveness of behavior therapy, I would like to make clear that such is not the case, academic verbal fallout in the matter of symptom substitution notwithstanding. In this regard, Sanford's (1970) comment to the effect that almost any behavior can be changed by the systematic manipulation of reinforcement contingencies is very appropriate. No less impressive evidence for the efficacy of behavioral engineering exists than its charming application in contemporary society by politicians and advertisers to shape the mass mind. Indeed, the overriding dissatisfaction of the learned that all his pulpy pronouncements are quite ineffectual in the social process finds scant support in the case of the behavior boys. To the contrary, since both tend to judge the worthwhileness of a thing in accord with its utilitarian value, they are talking essentially the same language.

However, it is precisely the high reported yield of "successes" in behavior therapy that is perhaps most disquieting. If I follow the assumption that it is the individual who determines the success of any given treatment by accepting its general philosophical outlook, then there is every reason to be concerned about behavior therapy's "successes." To denote the theology that is behavior therapy, I have employed, somewhat laconically, the term "bathwaterism."

A brief glance backward is necessary to establish the exact meaning of this term. Around the turn of the present century and thereafter, the philosophy that was psychology undertook to become a natural science by legislating into existence a new metaphysical bias. A purge was conducted to eliminate the anthropomorphic fallacy of ascribing human attributes to animals. Unfortunately, like all purges past and present, this one also got out of hand and produced various excesses. The most striking among these excesses has been aptly labelled by von Bertalanffy (1968) as the zoomorphic fallacy, that is, the functional decerebralization of man. In a similar vein, Koestler (1964), in describing the loss of conscious reflection and creative mind attendant upon the behaviorist purge, has referred to this condition by saying "that for the anthropomorphic view of the rat American psychology has traded in a rattomorphic view of man (p. 560)."

This image of man, for which I have coined the term "bathwaterism," appears to function as an overlearned habit that is now carried out automatically or unconsciously by the behaviorist. In short, the reduction of man to the SR bond (the bathwater) has carried the baby (higher mental processes) gurgling down the drain. Now, I do not suppose that the specific human qualities of symbolization and future intent were suppressed by the behaviorist because they were false or irrelevant, but simply because they were awkward to handle under the SR paradigm. For example, future directedness, or man as a proactive being to use Allport's (1961) term, presents a logical difficulty for the behaviorist since it would require that reinforcement work backwards in time. Aside from these intellectual niceties, the main result of viewing man through SR spectacles has been to

deprive him of the sense of even feeling free to choose, a state depicted by Meerloo (1954) as menticide, and claimed by Frankl (1968) to be the basis of the new neurotic personality of our time.

The above discussion is not intended as a Pollyanna denial of the behaviorist's contention that man can be reduced to the SR paradigm. I find nothing particularly reprehensible about this brand of reductionism so long as we maintain the cognitive flexibility to shift our gaze to the organismic level. And it is specifically the idea of levels or hierarchical organization which enables us to accomplish this vacillation. Simply, the concept of "levels" implies a discontinuity as one ascends from lower orders of magnitude to higher ones. The application of a hierarchical perspective suggests that the behaviorist's reductionism is a useful tool with which to approach man's lower levels of organization, for example, Maslow's (1954) deficiency needs. To deduce, however, from this principle that successively higher levels of organization (intellectual and cultural activities of man) are nothing but specific expressions of second order conditioning would require nothing less than a pathological devotion to the behaviorist's theology. In sum, to surrender to the behaviorist's bait of treating the half truth that is SR reductionism as if it were the whole truth is not just a case of myopia, but one of self-imposed blindness.

Having now presented, albeit rather sketchily, some of the main features of an SR conception of man, the time has come to document its implications for therapy.

Broadly conceived, and at the risk of caricature, the behavior therapist sets as his goals the elimination of symptoms (discounting the fact that a symptom is by definition always of something) and reinstating social effectiveness. To realize these general outcome goals, specific techniques such as counterconditioning, extinction, desensitization, to name but a few, are utilized by the behavioral engineer. In a word, the behaviorist, on the basis of his technical SR knowledge of cause and effect, submits the individual to certain conditions in order to repair faulty learning. The aim is the objectification of the treatment process (Krumboltz, 1966), thus making the person an object for treatment. The full flavor of this approach is delightfully represented in a series of statements by Kanfer (1966), quoted below:

As the clinician's repertoire of non-verbal and impersonal techniques increases he might strive to conduct the entire therapeutic enterprise by precise application of highly reliable operations with predictable outcome and with little direct personal contact (p. 172).

Later in the same article, he summarizes his position as follows:

This Utopia envisions a time when a therapist will select a set of procedures with predictable effects for use on a patient with specific symptoms and assets, to accomplish a clearly defined goal (p. 175).

However, the difficulty with most Utopian visions is that it is less than a sudden jump from early mysticism to later absolutism.

I will return to this question of absolutism, but first, some comments on the limitations of objectifying the treatment process.

The most obvious limitation is the factual impossibility of the behavior therapist ever achieving a neutral attitude or a full emotional distance from the individual. Since the nature of all human interaction is subjective evaluation, feelings of like and dislike, over which the behaviorist has as much control as over a tumor, always intervene. Frequently, one has the uneasy impression that the behaviorist's ideal of objectification is largely a function of his security needs, and has little to do with serving the goal of optimal development of the individual.

Secondly, the attempt to objectify the individual inevitably introduces an element of artificiality in that the person as his real self is thereby lost. By selecting out of the individual's repertoire only those behaviors which lend themselves to objectification in SR terms, the resulting picture of the individual tends to be an artifact of the behaviorist's conceptual lenses. For example, depression, despite its almost ubiquitous presence in psychological abnormality, has been relatively neglected by behavior therapy. Following Gutheil's (1959) basic formula of depression as a combination of sadness and pessimism, the explanation for this neglect is apparent. Specifically, the pessimistic component connotes the ascription of a value to the future, that is, the person is what he will become and not exclusively what he has learned. The second component, sadness, implies that the person adopts an attitude to his existence based upon its meaning, or lack thereof, for him. In short, the person as he behaves may be adequately represented in SR terms; its limitation is the fact that the person not only behaves but is also a thinking and valuing being.

To redress the balance a little in behavior therapy's favor, mention should be made of the treatment technique of "cognitive clarification" (Wolpe and Lazarus, 1966), which seems reluctantly to admit the importance of beliefs and values as determinants of unadaptive behavior. As set forth by these authors, cognitive clarification aims at the verbalization of assumptions that the person may be unaware of, and the exploration of the appropriateness of these assumptions. Unfortunately, the significance of this technique has been deemphasized by behavior therapists, probably because its goal is "meaningful" learning based upon the person's symbolic functions, instead of their more typical representation of learning on a behavioral level.

Recent statements in behavior therapy indicate that its proponents are becoming sensitive to its mechanistic image as an alienated process in which people are treated as objects. A most charming although devious statement in this regard is Ryback's (1972) suggestion that the behaviorist needs to acquire a "warmer" language with which to communicate his message. A more serious attempt to modify behavior therapy's mechanistic image has involved the identification of the behavior therapist's role with that of an educator. Thus, Ullmann (1970), in an article significantly entitled "Beyond the Reinforcement Machine," states:

The current model is essentially an educational model: a person is taught to make different responses to situations that had previously led to difficulties for himself or others (p. 36).

As an educator, the behavior therapist enters into communication with the individual by giving information and exploring the reasons for specific procedures. Instead of the person being objectified, here the symptom is regarded by therapist and individual alike as something objective. The behavior therapist then approaches the individual as another rational being who will cooperate with the therapist in getting rid of the symptom.

While the behavior therapist as educator is a level above the behavior therapist as engineer, certain limitations also inhere in this model of the treatment process. First, the effectiveness of an educative approach rests upon the individual's acceptance of the behavior therapist's authoritative position. In some instances, the individual's cooperation may be a reasonable expectation. However, the fact remains that a person seeking help does so at the expense of a diminution in his self-esteem, since to put himself in the hands of another individual means conceding that his ways of dealing with a problem have proved inadequate. As a result, in spite of the person's need for help, it is not an infrequent occurrence that he will sabotage the most rational guidance in order to protect his self-esteem.

This brings me to the salient point in the conception of behavior therapy as an educational process between two rational beings — the concept of the irrational. Stated baldly, the individual cannot always be counted on to be rational. No doubt there are various contexts in which the individual can be described by his reasonableness. However, an exaggerated belief in rationality not only misses the complexity of man, but runs the risk of evaporating into lifeless intellectualizing. In short, behavior therapy as re-education represents the individual as having a past conditioning history (length), plus a behavior repertoire (width), but the irrational dimension (depth) is lacking. To sum up, the behaviorist who disregards the irrational element in human personality is atrophied since he thereby misses the richness of human experience.

As a conclusion to this discussion of behavior therapy, an evaluative comment should be made. Following Wolberg's (1954) distinction between "practical" and "ideal" therapeutic goals, it is suggested that behavior therapy represents a highly useful, but limited, treatment approach. The main advantage of behavior therapy derives from its emphasis upon symptom improvement. In fact, the basic paradigm of behavior therapy can be depicted with relative ease in the case of the phobias, which lend themselves especially well to an SR linear conception. However, the behaviorist's most glaring fault seems to be that after doping himself with SR absoluteness and restricting his vision to isolated symptomatology, he has developed a kind of colorblindness to value problems and conflicts arising out of cultural factors. (In this regard, "conduct" or the French word "comportement"

would seem to be a more appropriate choice of terminology instead of the word "behavior" since these former terms suggest the ethical and cultural dimension of human action.) There is no essential argument here so long as behavior therapy is meant to imply no more than this self-imposed, and conscious, limitation of viewpoint to symptom relief, although such a preoccupation with "target" symptoms tends to make it a fairly uninteresting and trivial approach. On the other hand, if it assumes the stance of absolutism, and issues injunctions against the use of other therapeutic approaches, then behavior therapy may be justly accused of creating a theology.

RESUME: On a examiné quelques-unes des faiblesses de la thérapie comportementale. On estime qu'un modèle SR est assez adéquat pour se représenter l'homme comme un organisme manifestant des comportements. Toutefois, les limites de ce modèle semblent inhérentes au fait que non seulement l'homme manifeste des comportements mais qu'il est aussi un être pensant et apte à estimer la valeur des choses. Finalement on discute des implications pour la thérapie d'une conception basée sur le modèle stimulus-réponse.

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