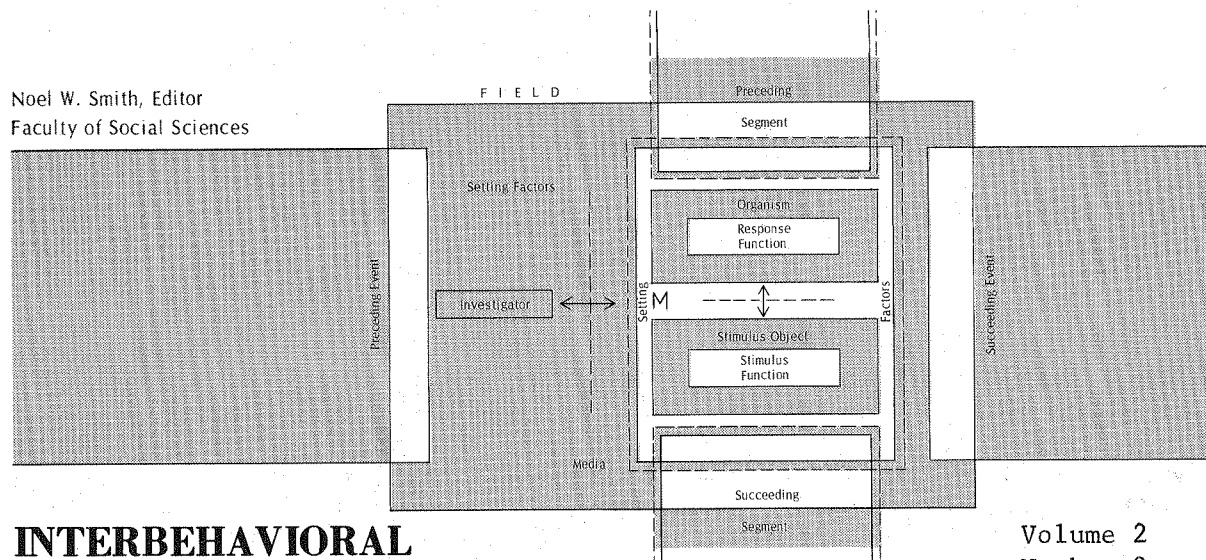


Noel W. Smith, Editor
Faculty of Social Sciences



**INTERBEHAVIORAL
PSYCHOLOGY**

NEWSLETTER

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State University College of Arts and Science, Plattsburgh, New York

Certain psychologists maintain that structurally determined or "unlearned" behavior falls outside of the scope of psychology. This is the position taken by Kantor ([SURVEY OF THE SCIENCE OF PSYCHOLOGY] Chp. IV), for example, who holds that biological functioning follows directly from the structural properties of the organism and the physical characteristics of the stimulus, whereas psychological functioning depends upon the individual's previous interactions with stimuli.

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Physiological and biological conditions may thus be regarded as "participating factors" in psychological reactions, rather than as underlying determinants of any behavior function.

Ann Anastasi & John P. Foley: DIFFERENTIAL PSYCHOLOGY, 2nd ed., Macmillan, 1949

THE AGORA

T.X. Barber has produced another de-spooking of hypnotism. His "Suggested ('Hypnotic') Behavior: The Trance Paradigm versus an Alternative Paradigm", Medfield Foundation Report #103 provides a review of research and an analysis that puts the whole matter on a naturalistic footing. One of the logical problems of the traditional approach is that it does not define hypnotic trance independently of what it is supposed to explain. Barber brings the whole matter to a status that is direct, uncluttered with constructs, intelligible, and consistent with matter-of-fact well known characteristics of psychological interactions. Copies of the report can be obtained by writing, Research Department, Medfield Foundation,

Harding, Massachusetts 02042.

Dr. Kantor's new THE AIM AND PROGRESS OF PSYCHOLOGY AND OTHER SCIENCES is now available from Principia Press, Inc., Granville, Ohio, 43023 for \$12.00. It is a weighty book of over 600 pages and contains a selection of papers that span a half-century. Many of them have been difficult to obtain. Even the earliest of them are quite fresh and pertinent today and demonstrate how little we have advanced during that period. We have often merely developed new and fashionable terms for old disreputable concepts that leave us in the same quagmire. The table of contents from the book is given overleaf.

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Scientific Construction

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Deficiency in Patients and Professionals

Marion White McPherson

University of Akron

Diagnosing patients as mentally defective involves a series of illogical practices. First there are those practitioners in psychology, psychiatry, and social work who defect from their disciplines by failing to make a search for experiential precursors in preference to ascribing the etiological factors to biopathology. Ignoring the reactional biography not only creates spurious agreement about both origin and outcome but is paradoxical in as much as the responsibility is assigned to events outside the domain of the promoters.

This inflated consensus is maintained even though the indicted agent has two incompatible qualities: potency and impotency. The causes, either neurological or genetic, are interpreted as sufficiently powerful to make mental deficiency as irreversible condition, but at the same time they are powerless in that they involve a deficit. The condition has been referred to by a variety of terms, but common to them is a concept of dearth: amentia, hypophrenia, oligophrenia, feeble-minded, mental deficiency, and behavioral deficits.

The parologism is nurtured for many reasons and conspicuous among them is the (mis)identifying of scores on an "intelligence test" with the presumed reason for the score, "intelligence". For example, an IQ of 100 is misconstrued as evidence of an average amount of "native endowment". In the case of less than average IQ's the cause gains efficacy as patient default increases. Thus, an IQ of 25 is the result of a charge that is more devitalized than is an IQ of 50.

Irrationality is compounded by the fact that the basis of the score is the number of correct responses. In the case of grossly inept patients these decrease with IQ - morbidity is judged by reference to what the subject does not do!

The assessing of pathology by means of tests standardized on normals and scored in terms of accuracy promotes a concept of patient under-reactivity. Data obtained by means of instruments that facilitate the demonstration of pathology do not support an identification of a lack of effective behavior with a lack of behavior (McPherson 1964). Mentally defective patients may be very active, even though they may be more responsive to themselves than to externality and may indulge largely in such self-centered activities as body rocking, mouthing, smelling, or toying with objects. There is apt to be a dominance of contact over distance receptors. Such reactivity allows, theoretically if not currently realistically, a matrix for the shaping of serviceable behavior.

These artifacts of illogical theory and diagnostic practices can be permeated and one arena in which to start this exercise is the plethora of confusing and confused studies on learning and mental deficiency. More than 100 studies have appeared in the last decade. Some of the research on mental defectives demonstrates that they do learn and that although

mastery is often erratic, these patients do acquire, on occasion at a rate and to an altitude equal to, or in some cases superior to, that achieved by Ss who attain normal IQs (McPherson 1948, 1958). Such results may be filed in the curio cabinet, considered to be the offspring of inadequate design or measurement, or serve as stimulants for the elaboration of neurological and genetic myths.

The dismissal of research results is fostered by the common failure to acknowledge the limited correlation between learning and IQ throughout the IQ range. Mental defectives are pervasively referred to as "slow learners" and considered to be exceptions to the attenuated relationship in the average and superior segments of the spectrum.

Performance in a learning experiment is, of course, a derivative of the reactional biography. A relatively sound speculation in the case of mental defectives is a history of negative reinforcement for not having acquired. This may incorporate an anticipation of punishment, an alertness to pressures to acquire, as well as an aversion to the process. The patients may prefer not to have their self absorption interfered with, but in order to avoid punishment may be sensitized to what is to be demanded. They may be both egocentric and vigilant about external events. Such a dilemma provides a framework on which to organize the laboratory data.

The egocentricity implies that learning is more probable when the material to be acquired is clearly perceptible. This speculation is supported by empirical data, e.g., Blue (1963) reported that more visual and auditory items were paired when the interval separating them was brief and the volume of the latter was high. The self-centeredness also suggests that contact, as opposed to distance, receptors facilitate mastery. This contention is promoted by an investigation by O'Connor & Hermlein (1960) in which patients with IQ's 30-50 were found to be more efficient in tactual than in visual recognition of Greek letters.

The aversion to mastery indicates that acquisition is favored when the Ss do not recognize the situation as a learning enterprise, that is, when experimental procedures vary from prior learning contexts. An illustration of this is seen in the work of Harrison et al. (1966). They compared scores on motor tasks when the instructions were sung and when spoken and found mental defectives to be more accurate under the former condition. Most classical conditioning studies of mental defectives report adequate conditioning. Do the patients see these as medical rather than educational procedures?

The alertness to pressure suggests an awareness that would facilitate incidental learning. The results obtained by Goldstein & Kass (1961) support this contention. The investigators compared mentally retarded & "gifted" children of the same MA on an incidental learning task and found homogeneous scores between samples on an easy identification task but on more difficult ones the patients gave both more responses and more inaccurate ones. Furthermore, forecasts of punishment may foster compliance, for a time at least. Belmont & Ellis (1968) noted that patients were not distracted from learning two choice problems early in practice.

These examples do not deal with the relative dominance of egocentricity or the alertness. For example, why did Belmont & Ellis' Ss react late in

practice to extraneous elements? Did the aversion to mastery overcome the aversion to punishment? Why did Goldstein & Kass' Ss become more reactive to difficult tasks? Did these obscure the clarity of the material and indicate that patients when deprived of cues of accuracy intensify their efforts to avoid punishment? Or had they also become satiated with the aversive task and merely camouflaged their abandoning of it? Whatever the answer(s), the topic is behavior - the subject matter of psychology.

References

- Belmont, J.M. & Ellis, N.R. Effects of extraneous stimulation upon discrimination learning in normals and retardates. American Journal of Mental Deficiency, 1968, 72, 525-532.
- Blue, C.M. Performance of normal and retarded subjects on a paired-associate task. American Journal of Mental Deficiency, 1963, 68, 228-234.
- Goldstein, H. & Kass, C. Incidental learning of educable mental retarded and gifted children. American Journal of Mental Deficiency, 1961, 66 245-249.
- Harrison, W., Lecrone, H., Temerlin, M.K, & Trousdale, W.W. The effect of music and exercise upon the self-help skills of non-verbal retardates. American Journal of Mental Deficiency, 1966, 72, 279-282.
- McPherson, M.W. A survey of experimental studies of learning in individuals who achieve subnormal ratings on standardized psychometric measures. American Journal of Mental Deficiency, 1948, 52, 232-254.
- McPherson, M.W. Learning and mental deficiency. American Journal of Mental Deficiency, 1958, 62, 870-877.
- McPherson, M.W. Diagnostic problems in children. Progress Report No. 4, July, 1964, Grant No. M 3568, National Institute of Mental Health.
- O'Connor, N., & Hermelin, B. Learning and recognition in imbeciles. Proceedings of the London Conference on the Scientific Study of Mental Deficiency, 1960, 1, 83-88.



In a series of studies...control subjects were asked to imagine that the right arm was becoming heavy and then were given repeated suggestions that it was becoming heavy ("Imagine that your right arm is feeling heavier and heavier...It's becoming heavier and heavier..."). Similarly, each control subject was asked to imagine that his left arm was becoming light, his clasped hands were stuck together, he was very thirsty, his throat was rigid and he couldn't say his name, and he was stuck in the chair and couldn't get up. ...more than one-fourth of these control subjects who were asked to imagine the suggested effects passed each of the test-suggestions both objectively and subjectively, that is, they experienced arm heaviness, arm lightness, hand lock, thirst 'hallucination', verbal inhibition, and body immobility.

.....

...if a subject carries out a goal-directed fantasy when given a suggestion--that is, if he imagines a situation which, if it actually transpired, would result in the suggested effect--, he tends to feel that his response to the suggestion is involuntary (e.g., "My arm rose by itself").

T.X. Barber: Suggested ('Hypnotic') Behavior:
The Trance Paradigm Versus an Alternative Paradigm