CORRESPONDENCE

THE MEDICAL MODEL

Dear Sir,

In the last edition of the Bulletin (3,1.), Dr. Marks revealed his apparent lack of comprehension of the "medical model" and "technique-oriented" arguments which have been levied at the bulk of behavioural research emanating from the vicinity of Camberwell Green. The issue of whether the controlling stimuli are inside or outside of the organism is only one minor aspect of the behavioural/medical controversy and, as Marks points out, an extremist position is clearly untenable. The matter which those who adopt a Skinnerian approach are most concerned about is the adoption of the notion of "diagnosis" by many behaviourists of both medical and psychological backgrounds. They find themselves out of sympathy with the approach which attempts to fit people into seemingly discrete homogeneous categories such as "agoraphobia", "homosexuality" and "social inadequacy". The associated research into, for instance, whether 30 spider phobics treated with flooding differed significantly from 30 who were desensitized bears more resemblance to clinical trials research in pharmacology than to psychological experimentation. Perhaps we will soon be receiving glossy calendars with our B.A.B.P. Bulletins bearing such slogans as "anticipatory avoidance conditioning will work best with homosexuals"!

The alternative is to adopt a more idiographic approach and attempt to isolate the controlling stimuli and reinforcers maintaining the behaviour before deciding where to intervene. On many occasions this would lead one to the same conclusion that the cook-book approach would indicate, but on others it would mean that a more appropriate treatment programme would be implemented.

To dismiss the anti-medical model arguments as power jealousy on the part of the non-medics, as Marks has done, is to miss the point.

Yours sincerely,
Dougal MacKay
The London Hospital Medical College.

Dear Sir,

We welcome the invitation offered by the Chairman of the B.A.B.P. to join the discussion of the issues fundamental to the sound development of behavioural psychotherapy. His article sets out to remove professional barriers; however its misconceptions and logical errors do little to reassure us. The concept of interdisciplinary co-operation is an adaptive one which should be on a firm basis. We hope to contribute to a useful discussion by drawing attention to some of the problems implicit in the views described by the Chairman.

Marks misrepresents the Skinnerian analysis of behaviour. It is not a "black box" theory implying that "the brain or anything else in the organism is irrelevant". The Skinnerian view is that behaviour is multiply determined. Determinants of behaviour lie in the genetic make-up of the individual and in his environment. Further, the term environment defines the class of

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events in the universe capable of effecting the organism where part of the universe quite clearly lies within the organism's own skin.

There appears to be a distinct shift of meaning in the statement that in cases of chromosomal abnormality "the main approach to treatment is through the environmental manipulation of rewards". One sets out to alter the Mongol's behaviour, not his chromosomal pathology. Any contribution of genetic make-up as a cause of behaviour is, at present, beyond manipulation. The behavioural intervention does not affect the disease process and in this sense is not a "cure". Unfortunately, this article retains and perpetuates this type of confusion, which is a consequence of the use of everyday language in the description of therapeutic activities.

Finally, we feel that a distinction can be made between a collection of techniques and a team approach based upon a sound analysis of the determinants of behaviour. A functional analysis attempts to specify these determinants and, thus, to elucidate the relationship between social, psychological and medical factors. The role of therapists in efficient intervention could be based on such an approach and would not be arbitrary. It may well be that this is the nub of Dr. Marks' argument, although his exposition left us unclear.

Yours faithfully,
Laurence Tennant
and
John Hattersley
Clinical Psychologists
Hereford/Worcester Area
Health Authority

PRIVATE PRACTICE

Dear Sirs:

I feel I should reply to the comments in your last issue by Drs. Isaac Marks and Antonia Whitehead in an attempt to clarify the position of the Institute of Behaviour Therapy. It would seem from these letters that there may be some concern over possible conflicts of interest which might arise from the fact that some prominent members of the BABP are also involved in advising the Institute of Behaviour Therapy with its programmes of workshops. We would thus like to reassure members of the BABP that there has never been intended any conflict between the Institute of Behaviour Therapy and the BABP. We would further add that the terms of reference of the Institute are much more narrow than those of the BABP in that the activities of the Institute are confined solely to the development of training workshops and programmes while the BABP is able to deal much more extensively with the broad issues involved in the general growth of behaviour therapy.

It may well be that in a rapidly expanding field such as behaviour therapy some names may recur. This may be due to the relative newness of the approach and it is certainly one of the hopes of the Institute of Behaviour Therapy that as more people become involved in the necessary administration and training many more names will be seen to be involved with a range of similar activities. The Institute of Behaviour Therapy is a privately run training facility which runs training programmes usually of a non-profit-making kind.

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