

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