Title Page

B. F. Skinner

CUMULATIVE RECORD

THIRD EDITION

A Selection of Papers

APPLETON-CENTURY-CROFTS
EDUCATIONAL DIVISION
MEREDITH CORPORATION

NEW YORK

Behavior

r someone who has examined
in general. We have become
improvements come from sci-
in from practicing physicians.
to accept new practices origi-
, psychiatrist, or industrialist
arising from familiarity with
asic science or a new method
urrent condition of American
gic example. Prevailing prac-
hies of education" and from
d teachers, and the results are
what might be done instead.
fied is obviously that of the
cation.
search remains to be empha-
the good of others, and we
eir good, but the display of
erapist who is in immediate
us. Those who are especially
luced to go into teaching or
would be more rapid if the
to bear on the researcher, if
aordinary extent to which he
esearcher has, in fact, a tre-
ur understanding of human
n behavior modification will
eople.

19

Compassion and Ethics in the Care of the Retardate

We all know what it means to *feel* that something is right or wrong, or good or bad, but do we *behave* ethically because we do what we feel is right or good, or is what we feel a mere by-product? If our feelings do not explain our behavior, some other explanation for right or wrong or good or bad conduct must be found. Ethical and moral principles must then be derived from the reasons why people behave (and only incidentally feel) as they do. The point is important because we can change reasons more directly than feelings, and a reformulation may therefore improve our chances of inducing people to behave ethically.

Prominent among the reasons why a person behaves in a given way are the consequences which follow when he does so. Relevant consequences are usually described in terms of feelings. Thus, a person is said to behave in a given way because the effect is "satisfying" or "pleasant" or because he thus avoids an effect which is "annoying" or "unpleasant." (It is clear that we are already close to a question of ethics, because we call one kind of consequence "good" and say that behavior followed by it is "right," and another kind "bad" and that behavior followed by it "wrong." These are elemental value judgments.) The laymen calls such consequences rewarding, but the word "reinforcing" is an improvement. It emphasizes the fact that reinforced behavior is *strengthened* in the sense that it becomes more likely to be repeated. The reinforcing or strengthening effects have been exhaustively studied in the experimental analysis of operant behavior.

We use the terms good and bad, or right and wrong, even when speaking of a solitary person whose behavior does not affect others. There are many natural ways in which the human organism is reinforced: food rein-

To be published by the Joseph P. Kennedy, Jr., Foundation for Mental Retardation.

forces the hungry, water the thirsty, sexual contact the sexually deprived, and escape from pain those who are in pain. Why this is so is a question about the evolution of the species; organisms have been more likely to survive when such consequences have strengthened the behaviors they were contingent upon. But these natural values do not explain much of the behavior of a civilized person. Nonsocial reinforcement produces at best only a feral child—a child who has grown up untouched by human care—or Rousseau's noble savage, uncorrupted by civilization, perhaps, but not really very noble and still a savage.

People living together in groups are sensitive to other kinds of values because they are subject to other kinds of consequences. Their behavior is shaped and maintained because its effects are good or bad *for others*. We call the behavior of another person good or bad according to its effect upon us, and we also take more positive action; we reinforce such behavior when its consequences are reinforcing to us (thus inducing the person to act in the same way again) and punish it when it is punishing to us (so that the person will henceforth avoid acting in that way again). The words "Good!" and "Bad!" eventually become social reinforcers in their own right. Comparable social contingencies are implied by the concepts of duty and obligation. We are likely to speak of a "sense of duty" or a "feeling of obligation," but the basic facts concern social reinforcement. The terms refer to what is *due* to others (who may demand their due) and to what others *oblige* us to do.

A behavioristic reformulation does not ignore feelings; it merely shifts the emphasis from the feeling to what is felt. A person responds to the physical world around him and, with a rather different set of nerves, to the no less physical world within his skin. What he feels is his own body, and among the things he feels is his own behavior as it has been affected by its consequences. He may feel it as right or wrong. When he is walking from one place to another in a city, he may feel that he is or is not on the right street. He takes one street or another depending upon how well he knows the city or, in other words, how well his behavior has been shaped and maintained by its earlier consequences. He does not take a particular street because he feels it is right; he feels it is right because he is inclined to take it, and he is so inclined because he has been reinforced for doing so. Similarly, in dealing with other people he feels that he is or is not doing the right thing, but he does not do it because he feels it is right; he feels it is right because it is what he tends to do, and he tends to do it because it has had consequences which were reinforcing first to others and then in turn to him.

When someone mistreats us, we may feel angry or enraged, but if we

call him bad and his behavior wrong or take more effective action, it is not because of our feelings but because of the mistreatment. But why do we protest mistreatment when we ourselves are not directly involved? Again, the traditional explanation is sought in the world of feeling: we are said to respond to the mistreatment of others out of sympathy or compassion, in the etymological sense of *suffering with* the mistreated person. If that were true, we could scarcely deny that feelings can serve as the causes of action. But the explanation is not satisfactory. Compassion will not explain action until the compassion has in turn been explained. Why we act in the interest of others is no harder to explain than why we feel their feelings.

To say that it is human nature to be compassionate is to appeal to the human genetic endowment, which must eventually be explained by showing that it has had survival value for the species. A tendency to feel compassionate would contribute to the survival of the species if it induced people to protect and help each other, but it is the *behavior* of protecting and helping others which is selected by the contingencies of survival. We do not say that a female rat has an innate tendency to feel compassionate and that the feeling then induces her to care for her helpless young; instead we speak of the survival value of maternal behavior. The human mother will feel the condition of her body as she cares for her child (if her culture has induced her to feel it), and she may call it compassion (if her culture has taught her to do so), but what she feels is a by-product, not the cause of her behavior.

When people call it wrong to mistreat an animal or child or helpless person or when they take more positive action, they may feel accompanying conditions of their bodies, which they have learned to call, say, anger, but it is their behavior which is to be explained. The process of generalization may be relevant. What we see when a person is mistreating others resembles what we see when he is mistreating us. The physical aspects of mistreatment *become* aversive, and we may act to escape or attack even though the original reasons no longer prevail. We kill the mosquito on our arm and through generalization on the arm of a friend. We attack those who attack us and through generalization those who attack others. Verbal practices offer support. A culture teaches its members to call those who mistreat others bad and their behavior wrong. It establishes rules for dealing with the mistreatment of others and maintains appropriate sanctions to induce people to follow them. There are other reasons why we protest mistreatment, and they explain as well the condition we feel as compassion or sympathy when we do so.

Such an explanation may not be wholly convincing to those who insist

upon the priority of feelings, but it must be remembered that it would be at least equally difficult to explain the feelings. Moreover, no very powerful explanation is needed, because the behavior itself is likely to be weak. The action we take with respect to the mistreatment of others is less vigorous than when we ourselves are mistreated, and our feelings are correspondingly weaker. The point has an important bearing on some classical examples of mistreatment in which any countercontrolling action must be taken by a third party who is not directly affected and is therefore less inclined to act and to have the feelings associated with action.

Consider, first, the care of small children in orphanages or in schools to which children are sent by people who soon lose contact with them. Charles Dickens described typical examples of the abuse which has been characteristic of such institutions throughout their long history, and he was responsible for a certain measure of reform, but there is still much to be done. The trouble arises because those who exert control are subject to little or no countercontrol. Children are too small and weak to protest and can only occasionally turn to that archetypal response to mistreatment, escape. In the absence of effective countercontrol those in charge begin to change—from being perhaps merely careless to being callous or even cruel. In the end they almost necessarily behave in ways we call ethically wrong. They do not do so because they lack compassion, but because reciprocal action has been weak or absent. What they may at first have felt as compassion grows weak or vanishes altogether.

The care of the chronically ill or the aged is subject to the same deterioration. Nursing homes and homes for the elderly are often supported by the state or by relatives who take little further interest in what happens in them. The ill or the aged cannot protest effectively, nor can they escape, and little or no countercontrol is therefore exerted. Under these conditions those in charge begin to behave in ways we call ethically wrong. They do so not because they lack compassion but because there is no adequate countercontrol, and as their behavior deteriorates, nothing is left to be felt as compassion.

Prisons offer a rather different example. A prison is itself a device for the countercontrol of unlawful behavior, and its practices are at the start almost always punitive. Those who establish prisons and incarcerate people in them usually take little further interest in what happens, and prisons have therefore been notorious for inhumane treatment. The prisoner escapes if he can, but no other action is possible short of extreme violence, which tends to be suppressed by even more violent means. It is usually obvious that the mistreatment of a prisoner is due to inability to protest, and we are not likely to look to the compassion of prison authorities for reform.

The care of psychotics has also shown a long history of inhumane treatment. It would be difficult for any sane person to avoid becoming psychotic under many forms of institutional care. The institutions are usually run by the state, and those who commit patients to them often lose interest or accept the care they provide as somehow inevitable. The psychotic cannot protest effectively and, if he escapes, he is usually easily caught. Countercontrol is negligible, and the behavior of those in charge therefore tends to become careless, callous, or cruel. Feelings change accordingly.

We are especially concerned here with a fifth field in which there has also been a long history of mistreatment, the care of the retardate. It would be difficult for a normal child to develop normally under many forms of institutional care. Like the psychotic, the retardate cannot escape or protest effectively. Those in charge easily fall into modes of conduct we call ethically wrong, and their feelings presumably change accordingly.

Fortunately, there are those who are inclined to do something about the mistreatment of children, the aged, prisoners, psychotics, and retardates. We say that they *care,* but it is important to make clear that caring is first of all a matter of acting and only secondarily a matter of feeling. From time to time, energetic action has been taken, but reform has nevertheless remained episodic. Programs designed to correct mistreatment wax and wane, and compassion waxes and wanes too. The trouble lies in the weakness of the contingencies which induce a third party to undertake reform. Professional ethics (a significant expression!) shows the problem. A code of ethics states that it is wrong for a professional person to behave in certain ways and that those who do so will be censured or stripped of professional privileges. The people protected by such a code do not exert countercontrol because they do not know that they have been injured. A third party enters because the good of the profession suffers; but the good of the profession is a remote gain, and only well-organized professions are able to bring it to bear on the conduct of their members. More remote and more difficult to make effective is the "good" which induces a third party to act in the interests of children, the aged, prisoners, psychotics, and retardates.

One step which might be taken to correct the contingencies under which treatment tends to deteriorate is to make sure that the care of others is adequately supported. Mistreatment is often a matter of poor conditions and of underpaid and overworked personnel. But making good care as easy as possible will not redress the imbalance which is causing trouble. Affluence alone has never made people particularly concerned for the welfare of others.

Another possibility is to recruit people who already tend to treat other

people well. They do so, and presumably also feel compassionate, not because they are compassionate people but because they have been exposed to countercontrolling contingencies elsewhere. We recruit them in the hope that they will continue to behave well even under the effective contingencies of a custodial institution. But unfortunately the effects of contingencies are not permanent. When there is no current countercontrol, compassionate people often find themselves becoming careless or cruel, often to their dismay. Good behavior borrowed from other environments will not last; we need sustained contingencies which continue to induce people to behave well.

An obvious step is to correct the imbalance by exerting countercontrol on behalf of those who cannot exert it themselves. We may act toward those in charge of children, old people, prisoners, psychotics, and retardates as if we were ourselves aggrieved and thus subject them to normal countercontrol. But precisely what are we to do? A version of the golden rule may be relevant: we may insist that those who are in charge of others do unto them as we should have them do unto us. But the rule is not infallible; it does not, for example, specify the degree of countercontrol to be supplied. What is to keep the balance from swinging too far the other way? Given unlimited power it is possible that we should all become selfish monsters. The main trouble with the rule, however, is that we do not always know what we should want if we were children, old, in prison, or, in particular, psychotic or retarded. "Shared feelings" will not help. The rule may serve to prevent gross mistreatment, but it will not prescribe a detailed plan of action. What, after all, is the good life for such people?

In using our feelings—or, technically speaking, our own susceptibilities to reinforcement—as a guide, we make a mistake which is inherent in the very notion of *caring*—of *caritas* or charity in the Biblical sense. We feed the hungry, heal the sick, and visit the lonely—and possibly because these are things we like others to do to us. But the pattern will not suffice for the design of a better world. Something is missing in the formula "to each according to his need." It is missing in both an affluent and a welfare state. We imagine, wish for, and pray for a world—or heaven—in which reinforcers are available without effort, and we do so because any behavior which brings us into such a world is abundantly reinforced. But what is to be done when we are once there? All that remains is the consumption of gratifiers. The important thing is not what a person gets, but what he is doing when he gets it, and this is almost always neglected by those who wish for a better way of life.

Those who argue against caring for people by fulfilling their needs are

ehavior

so feel compassionate, not
use they have been exposed
We recruit them in the hope
under the effective contin-
unately the effects of con-
no current countercontrol,
becoming careless or cruel,
d from other environments
; which continue to induce

: by exerting countercontrol
selves. We may act toward
isoners, psychotics, and re-
thus subject them to normal
lo? A version of the golden
who are in charge of others
nto us. But the rule is not
he degree of countercontrol
from swinging too far the
le that we should all become
rule, however, is that we do
were children, old, in prison,
red feelings" will not help.
ient, but it will not prescribe
ie good life for such people?
cing, our own susceptibilities
take which is inherent in the
i the Biblical sense. We feed
—and possibly because these
e pattern will not suffice for
ssing in the formula "to each
th an affluent and a welfare
world—or heaven—in which
ve do so because any behavior
antly reinforced. But what is
t remains is the consumption
at a person gets, but what he
lways neglected by those who

e by fulfilling their needs are

likely to fall under suspicion. They seem to be saying that people "ought" to deserve or appreciate what they get or "ought not" to sponge on others. That is often the view of those from whom goods have been taken—who have been exploited in the pursuit of affluence or taxed to build a welfare state. But in improving custodial care, we must take into account the good of those who receive rather than those who give. The human organism has evolved under conditions in which great effort has been needed for survival, and a person is in a very real sense less than human when he is merely consuming things supplied to him *gratis*.

We see the problem in the world at large. We have developed more and more efficient ways of getting the things we need, and in doing so we have deprived ourselves of some powerful reinforcers. We have built a world in which we less and less often engage in strongly reinforced behavior. We feel the resulting condition and call it boredom. It is the problem of leisure. When we do not "have" to do anything, we seem to be free to engage in art, music, literature, and science, but we are much more likely to fall under the control of other kinds of weak reinforcers which get their chance when the powerful reinforcers have been attenuated. Our forefathers put it in the form of an aphorism: "The devil always has something for idle hands to do." Leisure classes have characteristically gambled, used alcohol and drugs, and enjoyed themselves by watching other people behave seriously. The problem is particularly acute in an institutional environment, where those who do not "have" to do anything (in part because they are being cared for) have nothing to do and are therefore likely to behave in particularly troublesome ways. The charitable fulfillment of needs can be justified only for those who cannot fulfill their needs themselves. Help is charity only for the helpless. We do not help those who can help themselves when we make it unnecessary for them to do so. Instead, we deprive them of the chance to behave in ways which are said to show an interest in life or possibly even excitement or enthusiasm.

Sympathetic understanding may suggest the design of a reinforcing environment, but it will not specify details. What is needed is technical knowledge of the effects of the environment on human behavior. Fortunately, the ways in which reinforcers can be made contingent upon behavior have been extensively studied, and the results have been put to use in a technology of behavior modification, which is concerned with the design of effective contingencies of reinforcement.

That technology has much to contribute to custodial care, but it will make its contribution only when certain ethical questions have been an-

swered. One of these brings us back to the problem we have just considered. In creating a better world for the institutionalized retardate should we be limited to the reinforcers which remain when basic needs have been satisfied? A strong position was taken by a committee of psychiatrists who issued some principles governing the use of token economies in state hospitals for psychotics: "Deprivation is never to be used. No patient is to be deprived of expected goods and services or ordinary rights . . . that he had before the program started. In addition, deficit rewarding must be avoided; that is, rewards must not consist of the restoration of objects or privileges that were taken away from the patient or that he should have had to begin with." But what should he have had to begin with?

A program of contingency management which begins by taking something away from people suggests a lack of compassion if compassion is associated with giving people what they need. But although a state in which all needs are satisfied may appeal to those who have struggled to satisfy needs, it is in a curious sense a state of deprivation, a state in which people are deprived of reinforcements which induce them to behave productively. We honor and admire normal people who do things for themselves. Psychotics and retardates have failed to do so in the past, but it is a mistake to suppose that they cannot do so in the future. Through the proper use of what is known about contingencies of reinforcement, we can construct simplified environments in which defective people can to some extent take care of themselves. In doing so, we could be said to give them some measure of self-reliance and dignity.

Other "values" which may help us decide what the retardate *should* be doing can also be derived from practices concerning normal people. What a person does when he does not "have" to do anything may be judged in terms of the extent to which he exhibits all the behavior of which he is capable. The behaviors most characteristic of leisure tend to be repetitious (as in gambling), stupefying (as in the use of alcohol or other drugs), and passive (as in being a mere spectator). They are characteristic of leisure just because they demand very little of a person. A person may spend a lifetime doing these things and be very little changed at the end of it. Both the individual and his culture suffer. Other activities characteristic of leisure, however, lead to the development of extensive, varied, and subtle repertoires—among them the arts and crafts, sports, scholarship, scientific investigation, exploration, and the maintenance of good relations with others who are also changing. When activities of that sort are encouraged, the retardate leads the fullest life of which he is capable.

problem we have just con-
tutionalized retardate should
when basic needs have been
nmittee of psychiatrists who
f token economies in state
/er to be used. No patient
ices or ordinary rights . . .
ition, deficit rewarding must
of the restoration of objects
ıtient or that he should have
had to begin with?
ıich begins by taking some-
ompassion if compassion is
d. But although a state in
hose who have struggled to
deprivation, a state in which
induce them to behave pro-
le who do things for them-
› do so in the past, but it is
in the future. Through the
ncies of reinforcement, we
ich defective people can to
so, we could be said to give
y.
what the retardate *should*
concerning normal people.
'e" to do anything may be
xhibits all the behavior of
acteristic of leisure tend to
as in the use of alcohol or
spectator). They are char-
very little of a person. A
s and be very little changed
ılture suffer. Other activities
development of extensive,
the arts and crafts, sports,
n, and the maintenance of
ing. When activities of that
fullest life of which he is

The design of such a world needs more than compassion or sympathy; it needs a highly developed science of behavior. We do not yet have a science which can solve all our problems, and that fact points to something else which the retardate could be doing which raises an ethical question. A science of behavior needs research which necessarily involves people. But under what conditions is it ethical to force or induce people to serve as subjects? It is generally held that participants must be aware of all possible consequences and must give their consent, but this is obviously not possible for psychotics and retardates. The consent of those to whom they have been entrusted for custodial care is required. And unfortunately it is often hard to get. Administrative problems are bad enough without making further adjustments in support of research. Nevertheless, anyone who is concerned with the ultimate welfare of those who must live in the care of others should insist that such people contribute to research. Personal safety should, of course, be protected, but guidelines are not hard to set up. Psychotics and retardates have an opportunity to contribute to a world in which others like themselves will lead better lives. They may not know that they are doing so, but those who do know should insist that they be given the chance. In that way they can share one other commonly admired feature of normal behavior: they can be controlled by remote consequences having to do with the good of others.

We shall not bring about major changes in custodial management by appealing to compassion, sympathy, or ethical principles. The contingencies affecting those who manage custodial institutions must be changed. Environments can be designed in which those who are in the care of others will lead better lives, and it may just happen that those who construct and maintain them will as a result feel compassionate and follow ethical principles.