Case Report:
Behavioral Treatment of Clinical Abulia

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Abstract—Overemphasis of only conditioning factors in behavior modification may narrow treatment applicability. A case of severe dysphoria and restriction in living, which had resisted conventional psycho- and chemo-therapies, is presented. Successful treatment was accomplished by broad-spectrum methods combining social-influence, cognitive restructuring, and specific goal-setting with counter-conditioning procedures. A strategy for intervention in self-perpetuating vicious cycles is exemplified, and non-learning aspects of behavior modification techniques are discussed.

SKINNER (1953) has described a pattern of apathy and curtailed response in animals placed on reinforcement schedules too lean to sustain more adequate and vigorous performance. This condition, which he terms “abulia,” is marked by a narrowing of the action repertoire and reduction in the rate, amplitude, and harmony of behavior. In the human instance, if one supposes that constriction of response-range with barrenness of the milieu would lead to dysphoric feelings, one has described features similar to the psychiatric syndrome of depression. Unlike animals, of course, people in such plights require more than an increase in the frequency that food-pellets will follow a simple response. Thus it is of interest that Lazarus (1968) has discussed treating depression by the imaginal provision of positive incentives, whose depletion from ongoing experience is presumed to create sadness and inertia.

It is important, however, to distinguish an emphasis on grief or affect, as in the traditional notion of depression, from the effects of a self-expanding vicious cycle reducing the density of reinforcement events: Whatever the triggering variables, if a person curtails the quality and breadth of his transactions with the environment, he

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may be expected to deprive himself of important rewards whose absence, then, lower his motivation to strive and to cope with daily life; this would limit still further the range and social adequacy of his behavior. The outcome of such an assumed process would be a person who, without necessary disorder of symbolic skills, would in effect have become stuck in a dark, bare, depriving milieu (that dispenses reinforcers only sufficient to sustain a meagre array of behavior), and from which the person lacks means to extricate himself or improve the situation unless aided. This paper reports the case of a severe curtailment of living, which had failed to respond to conventional approaches, successfully treated by complex, broad-spectrum behavioral methods.

Sara, age 30, was referred by her physician to the Academic Department of Psychiatry for diffuse complaints marked by fearfulness, tension and dysphoria. After these symptoms had failed to respond to a trial regime of psychotherapeutic interviews and psychic elevating drugs, she was eventually referred for behavior therapy by her psychiatrist.

History

Both of Sara's parents actively pursued careers. The mother was described as cheerful, loyal, and controlling; and the father as charming, hearty and well-meaning but strict, of sharp temper, and rigid if disappointed. Sara had not been especially close to either parent, but had maintained a warm relationship with her elder sister, now married. No history of psychiatric contact by any close relatives existed.

Sara was born in the Orient, where her parents were working and where she remained until age 10. Although describing her childhood as mainly happy, she reported numerous "neurotic" manifestations including occasional nocturnal enuresis, temper tantrums until age 7, fear of the dark until age 12, and nightmares and sleep walking until age 16.

At age 10 she entered boarding school in Britain; her parents remained overseas. Although her peer-relations appear to have been satisfactory, Sara hated the school which was characterized by strict discipline and arbitrary rules. Nevertheless, she completed the scholastic program, remaining at the school until age 18, when she began teacher's training college. She received her teaching diploma at age 20. Throughout, her academic work had been well above average.

After graduation, Sara moved to a large city where she taught school and shared a flat with a girl friend for two years. Then, at age 22, her parents urged her to join them for a time and she spent