Schizophrenia and the Immediacy Hypothesis

A Reply to Radomisl

Kurt Salzinger, Ph.D.* | New York, N.Y.

The occasion of this paper is the publication of a critique (1) of the Immediacy Hypothesis (2). The hypothesis has also been explained in another paper (3) and recently been supported by direct empirical test (4). The hypothesis states that the behavior of schizophrenic patients is more often controlled by stimuli which are immediate in their spatial and temporal environment than is the behavior of normals. It follows from the interaction of this peculiar characteristic of the schizophrenic with his environment that his behavior is often under the control of stimuli quite different from those controlling the behavior of normals. The above formulation allowed us to predict a number of behaviors typically found in schizophrenic patients (2, 3).

Radomisl’s main criticism states that the immediacy hypothesis does not differentiate the behavior of schizophrenics from that of children, mental defectives, and patients with neurologic impairment. It might well be useful to do a survey of the literature to determine the degree of applicability of the same principle to these different populations. Although likely to be relevant to these groups, it does not follow inevitably that the hypothesis is equally significant, or significant in the same way, for all of them. Furthermore, differences among the populations might take the form of variation in

* Principal Research Scientist, Biometrics Research Unit of the New York State Department of Mental Hygiene, 722 West 168 St., New York, N.Y. 10032; Professor of Psychology, Polytechnic Institute of Brooklyn.

modifiability of control by immediate stimuli. Thus in children, this control decreases as they grow older. In the brain injured, the deficits (although it seems highly unlikely that all of the different types of brain injuries result in the same type of problem) either remain for life or recover over time and/or with training soon after the injury occurs. In schizophrenics, recent evidence shows that token economies and other applications of behavior theory are able to make social (less immediate) reinforcers control their behavior, although to begin with only the more immediate reinforcers are capable of exerting control over their behavior.

Other possible differences among the groups may lie in the range of response systems that the immediate stimuli control. Furthermore, what may look like control by immediate stimuli may in fact reflect a generally restricted range of responses. Thus some aphasics have difficulty finding words, and children and retarded individuals have relatively small vocabularies.

My first response to Radomisli's criticism is, therefore, that I do not agree, based on the evidence now available, that the immediacy hypothesis would fail to differentiate among the groups. Furthermore, the differences which he says distinguish these groups are for the most part stated in vague, undefined, and probably undefinable ways. Such terms as “autism and syncretistic perception and speech” badly need definition, never mind serving to explain anything. In contrast, the concept of immediacy can be defined in objective, operational terms and thus can be subjected to empirical test (although the necessary experimental comparison of the effects of the same stimuli on the behavior of the various groups remains to be done). Finally, at least some of the characteristics which Radomisli maintains are outside the scope of the immediacy hypothesis can be approximated by investigating the degree of control by immediate stimuli.

Radomisli's second criticism of the immediacy hypothesis states that it "provides a plausible and testable explanation of only one aspect of schizophrenic behavior." I do not, of course, suggest that the immediacy hypothesis alone provides the explanation of all schizophrenic behavior. It is only reasonable to attempt to understand the effect of the environment which impinges on an individual with such a characteristic. We cannot ignore the interaction of this characteristic with others. We still must expect a patient to be conditioned and extinguished and otherwise to relate to his environment. The empirical question is how his peculiar kind of stimulus control interacts with those other factors. Thus simple as the basic principle might be, its interaction with other variables must be much more complex and must be thoroughly investigated.

In another criticism, Radomisli suggests that immediacy of stimulus control is tantamount to concreteness. It is not. Concrete behavior (to the
extent that it is defined operationally) can indeed be explained by immediacy, but while the concept of concreteness cannot explain more rapid extinction, greater tendency toward retinal image than object constancy, or longer reaction time in schizophrenics than in normals, the immediacy hypothesis can.

Radomisli’s final criticism deals with the immediacy hypothesis’ use of private events. The appeal to private events does not entail, as is suggested, an abandonment of behaviorism, since private events are real stimuli and have long been part of behavior theory (5). Radomisli confuses private events with hypothetical mentalistic constructs such as the id and the ego which were created to “explain” an individual’s behavior. A private event is a stimulus that differs from other (public) stimuli in that only one organism is typically exposed to it. Examples of such private stimuli in normal individuals are the toothache and the tingling sensation of a foot that is asleep. These stimuli are real and not hypothetical. Thus, private events have been assumed to function in their control of behavior as do public stimuli. Recent studies which have measured some of these private events have borne out the wisdom of this assumption (6). It is, therefore, not correct, as Radomisli contends, that one is restricted to infer the action of private events in a circular or tautological way from verbal responses. In any case, we cannot deny their existence.

Finally, to buttress his argument concerning the futility of discussing private events, Radomisli constructs an example of a patient who responds to the immediate stimulus of a private event, where the private event consists of a memory of a remote event. The solution to this seeming paradox lies in the important fact that schizophrenics remember less well than normals (7). Remembering less well in turn makes the memory for a remote stimulus, and therefore the occurrence of such a private event, less likely. Of additional interest is the fact that Nachmani and Cohen (8) replicated the finding under conditions of free recall but showed that schizophrenics given a recognition test (in which the correct items appear as immediate stimuli) did not differ significantly from normals in memory.

In conclusion, I wish to thank Dr. Radomisli for providing the occasion and the Journal the space for clarifying some aspects of the immediacy hypothesis.

REFERENCES


