17.6: Dollard and Miller's Psychodynamic Learning Perspective

Frustration-Aggression; Social Learning and Imitation; Conflict

Dollard and Miller collaborated on three books, in which they attempted to apply Hull's principles of learning theory to Freudian psychoanalysis: *Frustration and Aggression* (Dollard, Doob, Miller, Mowrer, & Sears, 1939), *Social Learning & Imitation* (Miller & Dollard, 1941), and *Personality and Psychotherapy* (Dollard & Miller, 1950). Like Hull before them, Dollard and Miller emphasized drives and habits. They also addressed theoretical differences in the strength of reinforcers and punishers, and they equated Freud's concept of displacement to the behavioral concept of generalization. Rather than considering psychoanalysis and behaviorism as fundamentally opposed, as Skinner had, Dollard and Miller allowed for a synthesis of these two major schools of psychology. Their vision led to influential and popular perspectives (Bower & Hilgard, 1981; Lundin, 1979; Stagner, 1988).

Dollard, Miller, and their colleagues believed that the relationship between **frustration** and **aggression** is absolute. In other words, aggression is always the result of frustration. Equally true, but not always as obvious, is the fact that frustration always leads to some form of aggression. While it may appear that some people very quickly accept situations in which they do not get their own way (i.e., they are frustrated), it is also true that we learn early in life to restrain our aggressive impulses. Although we may appear to be successful in not responding to frustration with aggression, this restraint is most likely only temporary. We may then aggressively respond after some delay, or toward some other target, but there will eventually be an aggressive response as a result of the initial frustration (Dollard et al., 1939). In addition, such aggression does not have to involve active responses, since passive-aggressive behavior is all too common. Indeed, a **passive-aggressive personality disorder** (identified by Theodore Millon as the **negativistic personality disorder** [Millon, 1996; Millon and Grossman, 2005; see the Appendix) was included in the DSM-IV-TR for further study, although it did not make it into the DSM-V (American Psychiatric Association, 2000, 2013). This is an essential contrast to the view of Skinner. Radical behaviorism does not do a very satisfying job of relating responses and
stimuli following long delays, not does it easily address the displacement of aggression. However, by accepting internal psychological processes, more flexible learning theories can incorporate factors such as memory, reasoning, emotion, etc. into the relationships between us and our environments.

Aggression comes in many forms, and Dollard, Miller, and their colleagues addressed a wide variety of social factors, including child and adolescent development, criminality, differences between democracy, fascism, and communism, and the nature of aggression amongst the Ashanti. The Ashanti are a West African tribe of people who were considered powerful and warlike. Their fierceness in intertribal battle was said to strike terror into their enemies. Based on anthropological records (primarily the writings of a Captain Rattray), Dollard, Miller, et al. (1939) described a variety of aspects of the Ashanti culture within the framework of the frustration-aggression hypothesis. For example, being captured during war was considered treason, and treason was punishable by death. Thus, it was expected that a warrior would never surrender, but rather would fight to the death. However, a warrior’s primary goal during war was to win, and then return home to the family and way of life they were fighting for. If it became clear to a warrior that he was going to lose, his desire to survive should be foremost in his mind. However, surrendering was punishable by death, so it was not an option. This created profound frustration! The response might then be an aggressive rejection of the culture that demanded his death, and he might go ahead and surrender (as often happened). Another shocking example involved the claiming of infants. In Ashanti culture children were cherished. For the first eight days after birth, an infant was kept in very simple conditions, hidden from any outside observers. Then, after the 8 days, the parents would claim the child in a public ceremony. The child would be named, dressed in fine clothes, given a special sleeping mat, and brought out into the community. If the child died during those first 8 days, while the family was making its preparations for the celebration, the result was a very painful frustration. Consequently, the custom was to violently abuse the body, whipping and mutilating it, and finally burying it in the women’s latrine! As shocking as this may seem, it represents an extreme example of the frustration-aggression hypothesis in a culture where aggression plays an important role.

In a study relating Freud’s defense mechanism of displacement to the behavioral concept of generalization, Miller conducted a study in which rats were trained to strike each other (see Lundin, 1979). Very simply, a mild electrical shock was applied to the floor of a cage containing two rats, and as soon as the rats bumped into each other the shock was turned off. The rats quickly learned to strike each other as soon as the electrical current was turned on. A white, plastic doll was then added to the cage, and when the electrical current was turned on the rats quickly struck each other. Then, when one of the rats was placed in the cage alone, and the electrical current was turned on, the rat struck the doll. Whether this is displacement or generalization depends simply on whether it is defined by a Freudian or a behaviorist, respectively. Although Dollard, Miller, et al. defined the frustration-aggression hypothesis as we know it today, they credit Freud with “the most systematic and extensive use of the frustration-aggression hypothesis,” which led to Freud’s proposal of the death instinct and its underlying aggressive energy (Dollard, et al., 1939).

In their second book together, Social Learning & Imitation (Miller & Dollard, 1941), Miller and Dollard addressed the roles of culture and society in the learning process:

…To understand thoroughly any item of human behavior - either in the social group or in the individual life - one must know the psychological principles involved in its learning and the social conditions under which this learning took place. It is not enough to know either principles or conditions of learning; in order to predict behavior both must be known. The field of psychology describes learning principles, while the various social science disciplines describe the conditions.

(1) Millar & Dollard, 1941)
Given Dollard’s background in sociology and anthropology, it should not be surprising that they gave such emphasis to the social conditions surrounding learning. Indeed, in the preface to this book they discuss the difficulty they had communicating with one another, since they each brought very different backgrounds into this combined effort. They then defined learning theory as the study of the circumstances under which responses and cue stimuli become connected, and they focused their studies on imitation and copying.

According to Miller and Dollard (1941), there are four essential factors involved in learning: the cue, the response, drive, and reward. In simple terms, in the presence of an appropriate signal (the cue), the person responds with a particular behavior, if there is an adequate reward (based on learning). The entire process will not take place, however, if the individual does not want a reward (drive). The normal order, after learning has taken place, would then be: drive → cue → response → reward; when we want something, and we see a signal that it is available, we try to get it, and are rewarded for our actions. Another important aspect of social learning is that both drives and rewards can be acquired. For example, food choices are highly cultural. Would you enjoy a dinner of grubs, whale blubber, and sheep entrails, followed by a few crunchy grasshoppers for dessert? And yet, each of these items is commonly eaten in some cultures, so they must be reinforcers for hungry people there.

As an additional example of the importance of social learning, Dollard and Miller once again turned to the anthropological literature. The Semang people of the Malay Peninsula are quite different than the Ashanti described above. The Semang are known as excessively shy and timid people. When faced with hostility they never respond in kind. Instead, they just retreat farther into the jungle. Dollard and Miller questioned whether this behavior was due to some personality trait or to learning. The Semang often dealt with the more powerful Malay tribe. The Malay often cheated the Semang, stole their land, and enslaved some of their people. When the Semang resisted, they were severely punished by the Malay. As a result, escape behavior among the Semang was rewarded, whereas aggression was severely punished. As this became engrained within the culture of the Semang, it was no longer necessary for each generation to re-learn these contingencies, withdrawal and escape became the cultural norm for the Semang people (Dollard & Miller, 1941). To put it in the terms used above, there is a drive for survival. In the presence of aggressive Malays (a cue), escape (the response) is rewarded with safety (drive → cue → response → reward).

In perhaps their most influential book, Personality and Psychotherapy, Dollard and Miller (1950) advocated an eclectic approach to psychology. They believed that the “ultimate goal is to combine the vitality of psychoanalysis, the rigor of the natural-science laboratory, and the facts of culture” (Dollard & Miller, 1950). They also felt it was important for all psychologists, even experimental psychologists, to understand psychotherapy, since it provides a window to higher mental life. They proposed that psychiatric clinics are full of patients showing three common signs: misery, stupidity (in some ways), and neurotic symptoms. Basically, Dollard and Miller believed that conflict produces the misery, that repression produces the stupidity (perhaps we should say “unconsciousness” or “unaware”), and that neurotic symptoms reduce conflict. However, neurotic symptoms do not solve conflicts, they only mitigate the conflict. In order to better understand these conflicts, Dollard and Miller presented a detailed analysis of conflict, which became the best-known portion of their final book together (Dollard & Miller, 1950).

Psychotherapy may take place in a therapist’s office, but misery and conflict can only be relieved in real life. Dollard and Miller give credit to Freud for making this observation, but there is a distinct difference between how Freud viewed conflict, as something primarily intrapsychic (between the id, ego, and superego), and how Dollard and Miller viewed conflict, as a choice between opposing options. Conflict arises when we must make a choice. Some stimuli are rewarding, some are punishing, and some can be both. We tend to approach a rewarding stimulus, and that tendency
grows stronger as we get closer to it. Likewise, we tend to move away from a punishing stimulus, and our tendency to move away is stronger if we are close to it. Two other important differences, according to Dollard and Miller (1950), are that the strength of avoidance increases more rapidly as we get closer to punishing stimuli than does the strength of approaching a rewarding stimulus, and the strength of both varies with their associated drives. These relationships are easier to understand when viewed graphically.

Three types of conflict are most commonly discussed. In **approach-approach conflicts**, the individual must make a choice between two rewarding stimuli, such as having ice cream or cookies for dessert. This type of conflict is easily resolved, since one reward is likely to be more inviting (perhaps you haven't had ice cream for a while). A much more difficult situation is an **approach-avoidance conflict**. In this situation, from a distance the rewarding aspect of the stimulus is stronger, so we approach the stimulus. As we approach, however, the drive to avoid the stimulus grows rapidly, until we move away. For example, when an abusive parent tries to comfort a child (something an abused child cannot trust), there is a drive to move toward the parent for comfort (approach) as well as a drive to avoid further abuse (avoidance). Thus, the child may begin to approach the parent, but as they move closer they become more fearful and anxious, so they back away. This type of conflict can clearly create the sort of misery that Dollard and Miller were writing about. Finally, we have **avoidance-avoidance conflicts**, where both of our choices will result in punishment. For example, if a child has misbehaved, and their parent is going to punish them, the natural response is to run away. With young children this situation can be very easy to observe. However, many parents will then yell: “Don’t you dare run away from me!” Now the child must choose between being punished (avoidance) or running away and being punished worse (avoidance). In this situation, the typical response is to freeze, and make no choice at all. The child may still be punished, but they will not have chosen the punishment.

Addressing the nature of an individual patient and their levels of approach and avoidance in conflicting situations is critical. According to Dollard and Miller, neurotic patients generally have high levels of avoidance. The key here is that these people have become patients. Many people suffer, and are urged by their friends to work on improving their situation. When those individuals have relatively low levels of avoidance motivation, they may well be successful in taking care of their problems. It is the ones who cannot overcome their avoidance issues who end up in therapy. Thus, if the therapist attempts to encourage the patient to approach their feared goals, the therapist will only increase the patient’s fear and conflict, and the resulting misery will drive the patient out of therapy (Dollard & Miller, 1950). Instead, the therapist must focus on reducing the fears that motivated the patient’s avoidance in the first place.

Overall, Dollard and Miller emphasized that psychotherapists must be well-trained, open-minded, stable individuals who put the interests of their patients first.

We have emphasized the precautions important to psychologists who work as psychotherapists. In the same connection we stress that the ability to treat organic disease does not automatically carry with it a skill at psychotherapy. Nor does the possession of any degree such as Ph.D. or M.D. routinely confer such skill. Only the knowledge of theory, the kind of character, and the supervised training discussed here can make a man a psychotherapist. Anyone who undertakes psychotherapy without such training is exposing his patient to real danger and committing a moral, if not yet a legal, fraud. (pg. 422; Dollard & Miller, 1950)

discussion question \(\PageIndex{1}\)
learning the danger of challenging the Malay. Can you recognize examples in your own life where a certain group seems to act in a predictable way as the result of how another group acts? If yes, how has one group reinforced or punished the behavior of the other in consistent ways, in keeping with the predictable behavioral outcomes?

**Psychoanalysis, Behavior Therapy, and Relational Models**

Paul Wachtel has continued studying the relationship between psychoanalysis and behavior therapy, following in the footsteps of Dollard and Miller, and he has also extended this comparison into the “relational world” (Wachtel, 1977, 1997). Wachtel emphasized that psychotherapy should be understood in terms of the theory that guides it, and that the practice of therapy provides the true test of any psychological theory related to personality and/or mental illness. Behavior therapy is appealing in terms of being direct and practical, but Wachtel feels that it can gain in several ways from being blended with psychoanalysis. He questions whether pure behavior therapists can really assess psychological conditions, whether they achieve narrow gains at the expense of broader psychological change, and he addresses the ethical implications of being involved in specifically changing another person’s behavior. He also addresses several problems that behaviorists see for psychoanalysis, such as the focus on internal states that cannot be observed, whether underlying causes are really treated instead of symptoms, and the application of the medical model to psychological processes.

It is my general premise that psychodynamic and behavioral approaches to psychotherapy, and to the understanding of personality, are far more compatible than is generally recognized, and that an integration of the concepts and observations accumulated by these two approaches can greatly enrich our clinical work and our understanding of human behavior…It is my experience that workers guided by either of these two broad frames of reference tend to have only a rather superficial knowledge (and sometimes none at all) of the important regularities observed by those guided by the other viewpoint. (pg. 5; Wachtel, 1977)

In *Psychoanalysis, Behavior Therapy, and the Relational World*, Wachtel (1997) discusses advances in the recognition of object relations theory in American psychology, and how object relations theory fits into connections between traditional psychodynamic perspectives and learning theory. Although it was not necessarily the intent of object relations theorists, object relations theory has shifted the focus of psychoanalysis from internal psychological conflicts to relationships with other people. Thus, there has been a shift from an internal focus to an external focus, which is more compatible with learning theory (and the input-output contingencies that are essential to learning). Wachtel also considers this shift as favorable for connections between psychoanalysis and family systems approaches to therapy. Surprisingly, Wachtel makes no mention of relational-cultural theory and the work of the Stone Center Group, which seems ideally suited to the integration of approaches proposed by Wachtel. Regardless of the nature and extent to which these various approaches might be integrated, it remains of the utmost importance that the focus of the therapist remains on helping the patient (Wachtel, 1997).