A New Twist in the Sad Saga of Little Albert

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By Tom Bartlett

In the famous Little Albert experiment, a nearly 9-month-old baby is shown a white rat. The rat crawls up to the baby, on him, and around him. The baby seems interested in the rat and unafraid. Later, researchers again produce the rat and place it next to the baby, but this time the rat's presence is accompanied by a loud, startling clang — a sound the baby clearly doesn't like. This is repeated multiple times until the baby starts to cry at the mere appearance of the rat, loud clang or no. The fear extends to other furry things like a dog and a monkey, animals that previously provoked only mild interest. The researchers have taught Little Albert to be afraid.

The experiment was conducted by John Watson in 1920 and was part of the psychologist's attempt to prove that infants are blank slates and therefore infinitely malleable. It has been recounted in countless papers and textbooks. One of the longstanding mysteries about the experiment, the identity of Little Albert, was apparently solved in 2010 by Hall P. Beck, a psychologist at Appalachian State University. He and his co-authors argued that Little Albert was Douglas Merritte, the son of a wet-nurse who worked at the Johns Hopkins University, where the experiment was carried out. Merritte died in 1925 at age six from convulsions brought on by hydrocephalus (also known as "water on the brain").

Now comes another twist–one that, if accurate, would change how the Little Albert experiment is viewed and would cast a darker shadow over the career of the researcher who carried it out.

A paper published this month in the journal *History of Psychology* makes the case that Little Albert was not, as Watson insisted, "healthy" and "normal." He was probably neurologically impaired. If the baby indeed had a severe cognitive deficit, then his reactions to the white rat or the dog or the monkey may not have been typical–certainly reaching universal conclusions about human nature based on his reactions wouldn't make sense. The entire experiment, then, would be a case of a researcher terrifying a sick baby for no valid scientific reason (not that using a healthy baby would have been ethically hunkydory).

But what makes it worse, the authors of the paper argue, is that Watson must have known that Little Albert was impaired. This would turn a cruel experiment of questionable value into a case of blatant academic fraud.

John Watson

One of those authors, Alan Fridlund, read Beck's paper arguing that Douglas Merritte was the baby's true identity. Fridlund, an associate professor of psychology at the University of

California at Santa Barbara, found the argument persuasive, and one detail stood out. According to the official story, Merritte had died in 1925 after contracting hydrocephalus (also known as "water on the brain") as the result of a bout of meningitis in 1922. That didn't ring true to Fridlund. If Merritte had meningitis severe enough to cause hydrocephalus, he believed, it's doubtful the child would have survived it for so long. The story was, at least, suspicious.

Also, when watching the original film of Little Albert, provided by Beck, who is a co-author on the paper, Fridlund thought the baby's reactions were odd. He was "alarmingly unresponsive" when first confronted with a monkey or a dog (this is prior to the loud clanging). The reactions, Fridlund thought, were those of a baby with neurological problems and perhaps poor vision. He contacted William D. Goldie, an associate professor of neurology at the University of California at Los Angeles, and had him review the tape, not telling him in advance that it was of the famous Little Albert experiment. Goldie thought the baby might be autistic or suffer from another neurological issue. One things was clear, Goldie said: "There's something already gone wrong."

Next, with the help of Douglas Merritte's nephew, Gary Irons (also a co-author of the paper), Fridlund obtained Merritte's medical records from Johns Hopkins. In them the researchers found further confirmation that Merritte was indeed Little Albert. Their histories, appearance, and the dates of the experiments all lined up perfectly.

They also discovered notes indicating that Merritte was having problems when he was just six weeks old. He had a "staring expression" and reflexes that were "markedly hyperactive everywhere." He cried all the time.

A number of procedures were performed on Merritte at the time to determine what was wrong. The records show that the baby's hydrocephalus was congenital and not the result of meningitis (though he did contract meningitis in 1919, prior to Watson's experiment). Merritte was a very ill infant who, perhaps because of the hydrocephalus he had had since birth, couldn't see well and, according to his relatives, never learned to walk or talk.

At one point, doctors note that the baby's meningitis was the result of the procedures performed at the hospital. From the paper:

This is frank admission that the near-lethal infection that so devastated Douglas's early development and, we believe, diminished his responsivity, was iatrogenic [caused by treatment or examination]. We have not been able to determine the exact nature of this iatrogenic causation; presumably, the infection "was caused" accidentally (e.g., via improper needle sterilization), but we cannot exclude the possibility that the causation was experimental (i.e., Douglas may have been used for research by investigators other than Watson).

In other words, medical professionals caused, perhaps inadvertently or perhaps not, his debilitating condition before the infant was used in the unrelated fear experiment.

Why would Watson choose a neurologically damaged baby for his experiment? From the paper:

At first glance, a "normal" baby would be the logical choice. Presumably, a more cognitively developed child would be easier to condition and the results would have greater generality. According to Watson and Rayner (1920), Albert was chosen because he was "stolid and unemotional" (p. 1) and would experience "relatively little harm" (p. 2) from the fear induction procedure. If we accept the investigators' rationale, a concern for children prompted them to select such an impassive baby.

But there may have been less humanitarian reasons for choosing Merritte. The authors write about the baby's mother, Arvilla, who was a wet nurse at the hospital. Because wet nurses were of low social status, and because she worked for the institution itself, she may have felt unable to turn down a request for her baby to be used in Watson's experiment. "Voluntary consent, as we understand the term today, was not possible to give or to withhold," they write. Presumably, most parents, if given a choice, would not allow their babies to participate in an experiment in which researchers terrify them. But Arvilla found herself in a bind. She was dependent on her employer both for her job and for the medical care of her sick baby.

As for why Watson and the other researchers would condition any infant, healthy or not, to experience fear and afterward not even attempt to decondition the baby to prevent him from carrying those fears forever, we have Watson's own explanation: If it yielded scientifically useful results, then it wasn't cruel. These are Watson's words: "They will be worth all they cost if through them we can find a method which will help us remove fear."

I talked to Fridlund about the paper this week as he was driving to work. "Our minds just kept getting blown as we started discovering more, and more things started falling into place," he told me. Fridlund said he's arrived at the "nearly inescapable conclusion that [Watson] knew of Albert's condition and intentionally misrepresented it."

If Fridlund is right, the story of Little Albert will become even sadder and the legacy of Watson significantly more tattered.

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