

Chapter 1

THE HABIT LOOP

How Habits Work

I.

In the fall of 1993, a man who would upend much of what we know about habits walked into a laboratory in San Diego for a scheduled appointment. He was elderly, a shade over six feet tall, and neatly dressed in a blue button-down shirt. His thick white hair would have inspired envy at any fiftieth high school reunion. Arthritis caused him to limp slightly as he paced the laboratory's hallways, and he held his wife's hand, walking slowly, as if unsure about what each new step would bring.

About a year earlier, Eugene Pauly, or "E.P." as he would come to be known in medical literature, had been at home in Playa del Rey, preparing for dinner, when his wife mentioned that their son, Michael, was coming over.

"Who's Michael?" Eugene asked.

"Your child," said his wife, Beverly. "You know, the one we raised?"

Eugene looked at her blankly. "Who is that?" he asked.

The next day, Eugene started vomiting and writhing with stomach cramps. Within twenty-four hours, his dehydration was so pronounced that a panicked Beverly took him to the emergency room. His temperature started rising, hitting 105 degrees as he sweated a yellow halo of perspiration onto the hospital's sheets. He became delirious, then violent, yelling and pushing when nurses tried to insert an IV into his arm. Only after sedation was a physician able to slide a long needle between two vertebra in the small of his back and extract a few drops of cerebrospinal fluid.

The doctor performing the procedure sensed trouble immediately. The fluid surrounding the brain and spinal nerves is a barrier against infection and injury. In healthy individuals, it is clear and quick flowing, moving with an almost silky rush through a needle. The sample from Eugene's spine was cloudy and dripped out sluggishly, as if filled with microscopic grit. When the results came back from the laboratory, Eugene's physicians learned why he was ill: He was suffering from viral encephalitis, a relatively common disease that produces cold sores, fever blisters, and mild infections on the skin. In rare cases, however, the virus can make its way into the brain, inflicting catastrophic damage as it chews through the delicate folds of tissue where our thoughts, dreams-and according to some, souls- reside.

Eugene's doctors told Beverly there was nothing they could do to counter the damage already done, but a large dose of antiviral drugs might prevent it from spreading. Eugene slipped into a coma and for ten days was close to death. Gradually, as the drugs fought the disease, his fever receded and the virus disappeared. When he finally awoke, he was weak and disoriented and couldn't swallow properly. He couldn't form sentences and would sometimes gasp, as if he had momentarily forgotten how to breathe. But he was alive.

Eventually, Eugene was well enough for a battery of tests. The doctors were amazed to find that his body-including his nervous system- appeared largely unscathed. He could move his limbs and was responsive to noise and light. Scans of his head, though, revealed ominous shadows near the center of his brain. The virus had destroyed an oval of tissue close to where his cranium and spinal column met. "He might not be the person you remember," one doctor warned Beverly. "You need to be ready if your husband is gone."

Eugene was moved to a different wing of the hospital. Within a week, he was swallowing easily. Another week, and he started talking normally, asking for Jell-O and salt, flipping through television channels and complaining about boring soap operas. By the time he was discharged to a rehabilitation center five weeks later, Eugene was walking down hallways and offering nurses unsolicited advice about their weekend plans.

"I don't think I've ever seen anyone come back like this," a doctor told Beverly. "I don't want to raise your hopes, but this is amazing."

Beverly, however, remained concerned. In the rehab hospital it became clear that the disease had changed her husband in unsettling ways. Eugene couldn't remember which day of the week it was, for instance, or the names of his doctors and nurses, no matter how many times they introduced themselves. "Why do they keep asking me all these questions?" he asked Beverly one day after a physician left his room. When he finally returned home, things got even stranger. Eugene didn't seem to remember their friends. He had trouble following conversations. Some mornings, he would get out of bed, walk into the kitchen, cook himself bacon and eggs, then climb back under the covers and turn on the radio. Forty minutes later, he would do the same thing: get up, cook bacon and eggs, climb back into bed, and fiddle with the radio. Then he would do it again.

Alarmed, Beverly reached out to specialists, including a researcher at the University of California, San Diego, who specialized in memory loss. Which is how, on a sunny fall day, Beverly and Eugene found themselves in a nondescript building on the university's campus, holding hands as they walked slowly down a hallway. They were shown into a small exam room. Eugene began chatting with a young woman who was using a computer.

"Having been in electronics over the years, I'm amazed at all this," he said, gesturing at the machine she was typing on. "When I was younger, that thing would have been in a couple of six-foot racks and taken up this whole room."

The woman continued pecking at the keyboard. Eugene chuckled.

"That is incredible," he said. "All those printed circuits and diodes and triodes. When I was in electronics, there would have been a couple of six-foot racks holding that thing."

A scientist entered the room and introduced himself. He asked Eugene how old he was.

"Oh, let's see, fifty-nine or sixty?" Eugene replied. He was seventy- one years old.

The scientist started typing on the computer. Eugene smiled and pointed at it. "That is really something," he said. "You know, when I was in electronics there would have been a couple of six-foot racks holding that thing!"

The scientist was fifty-two-year-old Larry Squire, a professor who had spent the past three decades studying the neuroanatomy of memory. His specialty was exploring how the brain stores events. His work with Eugene, however, would soon open a new world to him and hundreds of other researchers who have reshaped our understanding of how habits function. Squire's studies would show that even someone who can't remember his own age or almost anything else can develop habits that seem inconceivably complex-until you realize that everyone relies on similar neurological processes every day. His and others' research would help reveal the subconscious mechanisms that impact the countless choices that seem as if they're the products of well- reasoned thought, but actually are influenced by urges most of us barely recognize or understand.

By the time Squire met Eugene, he had already been studying images of his brain for weeks. The scans indicated that almost all the damage within Eugene's skull was limited to a five-centimeter area near the center of his head. The virus had almost entirely destroyed his medial temporal lobe, a sliver of cells which scientists suspected was responsible for all sorts of cognitive tasks such as recall of the past and the regulation of some emotions. The completeness of the destruction didn't surprise Squire-viral encephalitis consumes tissue with a ruthless, almost surgical, precision. What shocked him was how familiar the images seemed.

Thirty years earlier, as a PhD student at MIT, Squire had worked alongside a group studying a man known as "H.M.," one of the most famous patients in medical history. When H.M.-his real name was Henry Molaison, but scientists shrouded his identity throughout his life-was seven years old, he was hit by a bicycle and landed hard on his head. Soon afterward, he developed seizures and started blacking out. At sixteen, he had his first grand mal seizure, the kind that affects the entire brain; soon, he was losing consciousness up to ten times a day.

By the time he turned twenty-seven, H.M. was desperate. Anticonvulsive drugs hadn't helped. He was smart, but couldn't hold a job. He still lived with his parents. H.M. wanted a normal existence. So he sought help from a physician whose tolerance for experimentation outweighed his fear of malpractice. Studies had suggested that an area of the brain called the hippocampus might play a role in seizures. When the doctor proposed cutting into H.M.'s head, lifting up the front portion of his brain, and, with a small straw, sucking out the hippocampus and some surrounding tissue from the interior of his skull, H.M. gave his consent.

The surgery occurred in 1953, and as H.M. healed, his seizures slowed. Almost immediately, however, it became clear that his brain had been radically altered. H.M. knew his name and that his mother was from Ireland. He could remember the 1929 stock market crash and news reports about the invasion of Normandy. But almost everything that came afterward-all the memories, experiences, and struggles from most of the decade before his surgery-had been erased. When a doctor began testing H.M.'s memory by showing him playing cards and lists of numbers, he

discovered that H.M. couldn't retain any new information for more than twenty seconds or so.

From the day of his surgery until his death in 2008, every person H.M. met, every song he heard, every room he entered, was a completely fresh experience. His brain was frozen in time. Each day, he was befuddled by the fact that someone could change the television channel by pointing a black rectangle of plastic at the screen. He introduced himself to his doctors and nurses over and over, dozens of times each day.

"I loved learning about H.M., because memory seemed like such a tangible, exciting way to study the brain," Squire told me. "I grew up in Ohio, and I can remember, in first grade, my teacher handing everyone crayons, and I started mixing all the colors together to see if it would make black. Why have I kept that memory, but I can't remember what my teacher looked like? Why does my brain decide that one memory is more important than another?"

When Squire received the images of Eugene's brain, he marveled at how similar it seemed to H.M.'s. There were empty, walnut-sized chunks in the middle of both their heads. Eugene's memory-just like H.M.'s-had been removed.

As Squire began examining Eugene, though, he saw that this patient was different from H.M. in some profound ways. Whereas almost everyone knew within minutes of meeting H.M. that something was amiss, Eugene could carry on conversations and perform tasks that wouldn't alert a casual observer that anything was wrong. The effects of H.M.'s surgery had been so debilitating that he was institutionalized for the remainder of his life. Eugene, on the other hand, lived at home with his wife. H.M. couldn't really carry on conversations. Eugene, in contrast, had an amazing knack for guiding almost any discussion to a topic he was comfortable talking about at length, such as satellites- he had worked as a technician for an aerospace company-or the weather.

Squire started his exam of Eugene by asking him about his youth. Eugene talked about the town where he had grown up in central California, his time in the merchant marines, a trip he had taken to Australia as a young man. He could remember most of the events in his life that had occurred prior to about 1960. When Squire asked about later decades, Eugene politely changed the topic and said he had trouble recollecting some recent events.

Squire conducted a few intelligence tests and found that Eugene's intellect was still sharp for a man who couldn't remember the last three decades. What's more, Eugene still had all the habits he had formed in his youth, so whenever Squire gave him a cup of water or complimented him on a particularly detailed answer, Eugene would thank him and offer a compliment in return. Whenever someone entered the room, Eugene would introduce himself and ask about their day.

But when Squire asked Eugene to memorize a string of numbers or describe the hallway outside the laboratory's door, the doctor found his patient couldn't retain any new information for more than a minute or so. When someone showed Eugene photos of his grandchildren, he had no idea who they were. When Squire asked if he remembered getting sick, Eugene said he had no recollection of his illness or the

hospital stay. In fact, Eugene almost never recalled that he was suffering from amnesia. His mental image of himself didn't include memory loss, and since he couldn't remember the injury, he couldn't conceive of anything being wrong.

In the months after meeting Eugene, Squire conducted experiments that tested the limits of his memory. By then, Eugene and Beverly had moved from Playa del Rey to San Diego to be closer to their daughter, and Squire often visited their home for his exams. One day, Squire asked Eugene to sketch a layout of his house. Eugene couldn't draw a rudimentary map showing where the kitchen or bedroom was located. "When you get out of bed in the morning, how do you leave your room?" Squire asked.

"You know," Eugene said, "I'm not really sure."

Squire took notes on his laptop, and as the scientist typed, Eugene became distracted. He glanced across the room and then stood up, walked into a hallway, and opened the door to the bathroom. A few minutes later, the toilet flushed, the faucet ran, and Eugene, wiping his hands on his pants, walked back into the living room and sat down again in his chair next to Squire. He waited patiently for the next question.

At the time, no one wondered how a man who couldn't draw a map of his home was able to find the bathroom without hesitation. But that question, and others like it, would eventually lead to a trail of discoveries that has transformed our understanding of habits' power. It would help spark a scientific revolution that today involves hundreds of researchers who are learning, for the first time, to understand all the habits that influence our lives.

As Eugene sat at the table, he looked at Squire's laptop.

"That's amazing," he said, gesturing at the computer. "You know, when I was in electronics, there would have been a couple of six-foot racks holding that thing."