Nine: The Pollyanna Principle

Chapter Nine

The Pollyanna Principle

The presumption against deception should not be discarded lightly.

When Natasha in *War and Peace* descends into listlessness and despondency for causes known to the reader but not her doctors, her symptoms tally quite well with the diagnostic criteria of depression as first laid out in the third edition of the *Diagnostic and Statistical Manual* (1980).[1] Over the decades since its diagnostic criteria were codified in the DSM, the incidence of depression seems to have sky-rocketed. What to do about it?

Although the placebo effect may seem like an underpowered weapon to use against a problem of such alleged gravity and magnitude, that is just what a recent paper provocatively advises. Contending that depression is best treated with psychotherapy designed to instill "positive illusions," and that medical bodies therefore need to rethink their position on the permissibility of deception, the author recommends for the depressed a healthy dose of a placebo called the Pollyanna Principle. The ability to hold false but encouraging ideas about themselves and the world makes for mental health (so it is argued), and is associated in the well with "an increased capacity to care for others and an enhanced aptitude for creative and productive work." Under the benevolent rule of the Pollyanna Principle, it seems, we take on a resemblance to the inhabitants of a utopia like William Morris's Nowhere, who are indeed portrayed as identically empathetic, creative, productive, and happy.

Given that antidepressants, for all their popularity, generally not only do not work appreciably better than placebos but have nontrivial side effects, the author—a faculty member in a School of Politics, International Studies and Philosophy—argues that a better way to treat depression must be found; and given that deception or self-deception is said to be an ingredient of mental health itself, if not its foundation, the author furthermore argues that the ban on deception in medical practice ought to be lifted. The treatment recommended for depression is an intensive, protracted, and deliberately deceptive course of cognitive behavioral therapy.

> This is a form of therapy which encourages patients to identify negative thought patterns and subsequent behaviour and to consider whether such thought patterns and responses are useful or helpful to them. Over a long period of time (many months), patients are persuaded to adopt thoughts which are more "realistic" (but which are in fact moderately positive) and which induce different behavioural responses. . . . Individuals who successfully complete such forms of treatment end up endorsing positive illusions about themselves. . . . These psychological therapies involve a more prolonged form of deception than placebos; any deception about the efficacy of prescribed sugar pills pales when contrasted with the promotion of highly personal deep-seated illusions about oneself that are induced in the successful treatment of a patient with depression.

According to the author, "Medical bodies need to accept that a spoonful of deception may be fundamentally (and unavoidably) therapeutic,"[2] although a course of deception extending over "many months" seems less like a spoonful than a steady infusion. And while "unavoidably therapeutic" seems to mean that successful treatment cannot be achieved without deception, in point of fact much of what is called depression is "likely to abate over time without intervention."[3] A deceptive treatment lasting months on end may succeed not because of the deception per se but because it allows time for a transient condition to pass of its own accord.

Although depressed patients are to be induced to think "realistic" thoughts, one of the author's principal sources maintains that realism is part and parcel of depression itself.[4] Patients must therefore be cured of realism without being tipped that this is in fact taking place. Once persuaded to adopt the illusions cultivated by most people (for "normal people possess unrealistically positive views" of themselves and the world),[5] their treatment itself is successful, their case closed; they have learned to see as others do. In the 1960s Herbert Marcuse, soon to be a mentor of the student revolt, derided the utopia of a consumer society that both mandates and mass produces a false happiness. "The Happy Consciousness—the belief that the real is rational and the system delivers the goods—reflects the new conformism which is a facet of technological rationality translated into social behavior."[6] Yesterday's protest has become today's proposal. The prospect of a society investing its power, wealth and credit in the production of happiness by the methodical deception of citizens one by one—in effect, its own deception—is as strange as it is chilling.

"It is the job of physicians," we are told, to "restore positive illusions" in depressed patients by psychotherapy. But physicians are not psychotherapists and are not going to commit themselves to working for "many months" to adjust a patient's thinking. By the same token, though, actual psychotherapists, not being medical doctors, are perfectly free exploit the placebo effect—and do. While medical regulations like the AMA Code of Ethics (cited by the author) restrict the use of placebos, there is no corresponding provision in, say, the American Psychological Association's code of ethics, which says nothing about placebos. The argument that depression requires the cultivation of encouraging half-truths, and that therefore medical bodies should re-write their codes of ethics, misses the point that psychotherapy is not constrained by medical codes of ethics. If it were, it would not have been portrayed some years ago in Frank and Frank's *Persuasion and Healing*, a landmark of the literature, as an institution that plays on the placebo effect and builds morale by fostering beliefs that are healthy and "satisfying" but not necessarily true,[7] which is approximately what the Pollyanna paper urges right now. As I will argue, the freedom to exploit the placebo effect in psychotherapy—a habitat uniquely adapted to it—has had something to do with the surging popularity of that institution just when the physician's right to use placebos came sharply into question.

Also in *Persuasion and Healing*, it is noted that practitioners of cognitive-behavioral therapy—the mode of therapy recommended in the Pollyanna proposal—"explicitly instruct new patients about the therapeutic task in such a way as to strengthen their expectations. . . . The therapist tells the patient at length about the power of the treatment method, pointing out that it has been successful with comparable patients and all but promising similar results for him too."[8] So did Haygarth inflame the expectations of subjects by telling them of the cures performed by the Perkins tractor, so does the doctor ordering vitamin injections cite their benefits for other patients, and so even now (as I will document) do experimenters with open placebos take care to remind subjects of the treatment's success in other cases like theirs. With striking similarity, all play on the placebo effect's social sources. In the case of the Pollyanna proposal, however, the spoonful of truth in the claim that treatments that work for some will work for others conceals an expansive right to lie.

While white lies can certainly be justified as indispensable to social life, the lying recommended in the Pollyanna paper is too prolonged and methodical to be written off as incidental fibbing. The principle that the truth

of psychological counsel doesn't really matter, or even matters inversely, has risks unrecognized in light-and-easy defenses of the Pollyanna Principle. The sort of abuses inseparable from paternalism were documented by Sissela Bok early in the era of informed consent,[9] and the proposed deception of the depressed for their own benefit constitutes one more form of exactly that—paternalism. That the deception is carried out by a therapist does not exempt it from objection; there is nothing about psychotherapy that releases it from the moral considerations that apply to other human activities. Indeed, as a *program* of deception, at once systematic, intensive, and conducted with an elaborate show of professional benevolence, the proposed enterprise goes far beyond common lying. The authority it would accrue makes its risks that much more serious. The principal source cited in the Pollyanna paper in *defense* of positive illusions concedes that

> a falsely positive sense of accomplishment may lead people to pursue careers and interests for which they are ill-suited. Faith in one's capacity to master situations may lead people to persevere at tasks that may, in fact, be uncontrollable; knowing when to abandon a task may be as important as knowing when to pursue it. Unrealistic optimism may lead people to ignore legitimate risks in their environments and to fail to take measures to offset those risks. . . . Faith in the inherent goodness of one's beliefs and actions may lead a person to trample on the rights and values of others.[10]

Notably, in their influential defense of positive illusions the authors of these words do not claim that happy people tilt "moderately" toward such illusions; on the contrary, we are told that "far from being balanced between the positive and the negative, the perception of self that most [happy] individuals hold is heavily weighted toward the positive end of the scale."[11] Perhaps it is just because the illusions they have in mind are so pronounced and potent that the authors do *not* suggest providing them to those in need, which would be playing with fire.

It is also notable that the master, Brekhunov, in "Master and Man" is shown at the beginning of the tale brimming with positive illusions. He is so good at self-deceit that he actually convinces himself he is not stealing from Nikita. On the day he sets out to make his purchase, using over two thousand rubles of church money in his possession, "he was even more pleased than usual with . . . all that he did."[12]

The proposition that human life would be poorer without the solace of fantasy is not a new one. According to Erasmus's Lady Folly, humanity is kept happy by ignorance, imbecility, and forgetfulness; especially blessed is the species of folly that "comes about whenever some genial aberration of mind frees it from anxiety and worry while at the same time imbuing it with the many fragrances of pleasure."[13] Folly is nature's antidepressant. Nowhere does Lady Folly suggest that delusions be administered to the population by certified experts, if only because they would then lose their genius, their inspiration.

Asks Bacon in his essay "Of Truth," "Doth any man doubt, that if there were taken out of men's minds vain opinions, flattering hopes, false valuations, imaginations as one would, and the like, but it would leave the minds of a number of men poor shrunken things, full of melancholy and indisposition, and unpleasing to themselves?" Without the consolation of fiction, it seems, we are vulnerable to depression. But note that while Bacon performs the mental experiment of removing "vain opinions" to see what remains, he does not prescribe delusions for those whose store may be low, nor does he question the supremacy of truth. Our love of the lie, though "natural," is also "corrupt," he contends. It was Pilate who said in jest, "What is truth?"[14]

Far from prescribing deceptions and beguilements, traditional thinking about melancholy emphasized the therapeutic value of the sort of counsel that is so plainly true that one wants to call it a truism. Thus the "comfortable speeches" and "consolatory speeches" instanced by Burton in *The Anatomy of Melancholy* as examples of good advice point out that things are not as bad as they may seem, that others suffer too, that not everything can "answer our expectation," that matters could be worse, that "if naught else, time will wear [sorrow] out; custom will ease it; oblivion is a common medicine for all losses, injuries, griefs, and detriments whatever." Though Burton well knows such commonplaces may leave us cold—"Most men will here except: Trivial consolations, ordinary speeches, and known persuasions in this behalf will be of small force"—he esteems the traditional consolations all the same. "Yet sure I think they cannot . . . but do some good, and comfort and ease a little."[15] Sooner will he serve up a proverb like the healing power of time than a therapeutic dram of deception.

A corollary of the feeling for the mutability of things that deeply informs literature (think of Hamlet's "But two months dead" or the overnight rever-

sal of fortune in "Master and Man"), the principle that time wears sorrow out has much truth. It is just because much of what is classified as depression is "likely to abate over time without intervention" that a course of therapy lasting months may seem effective when the effective agent is time itself, just as any number of cases of improvement credited to placebo treatments ever since Beecher may actually have arisen spontaneously. Traditional thinking about melancholy or depression is structured by the distinction between sadness arising from the events of life itself—and therefore liable to subside with the flow of time—and excessive, habitual sadness. This distinction has fallen into neglect, as in the Pollyanna proposal; hence, perhaps, the alarmingly high incidence of depression cited to justify a modest proposal to deceive millions of people for their own good. "In the USA alone," we are told, "diagnostic rates [of depression] are estimated at around 10% of the adult population per annum."

At this point we are confronted with the paradox of depression's popularity.