



## THE CONFIDENCE MAN

IN WHICH THE POSSIBILITY THAT PSYCHIATRY IS A DIDDLE  
IS DISCUSSED, WITH PARTICULAR ATTENTION PAID  
TO THE PLACEBO EFFECT AND THE TALKING CURE

DISCUSSED: *A Great Man in a Great Way, The Destiny of Man,  
Mr. M's Authorship, Omni-Balsamic Reinvigorator, Undue Mental Excitements,  
A Noble Lie, Narrative-Deficit Disorder, Advice from Dale Carnegie, An Original Character*

**BY GARY GREENBERG**

“**S**ince the world began,” wrote Edgar Allan Poe in 1843, “there have been two Jeremys.” Bentham, the Jeremy who wrote a “Jeremiad about usury... was a great man in a small way.” The other Jeremy, Jeremy Diddler, “was a great man in a *great* way... indeed, in the very greatest of ways.” Poe might have been biased. Jeremy Diddler was indirectly responsible for his existence. Diddler was the rascal who schemed his way into the aristocracy by winning the heart of young (and wealthy) Peggy Plainway in *Raising the Wind*, a comedy that opened on the British stage in 1803. By the next year, it was playing in American theaters, including one in Richmond, Virginia, in which a seventeen-year-old actress named Eliza Hopkins took the role of Peggy. Her husband, Charles, played a local named Sam, and a young actor from Baltimore, David Poe, appeared as the Plainway servant Richard. Less than a year later, Charles Hopkins died, and in April 1806, Eliza Hopkins married David Poe. The couple trouped together for four more years, Eliza Poe garnering much better reviews than her husband, who, according to one critic, “mutilated some of his speeches in a most shameful manner.” David, perhaps tired of being upstaged, left Eliza in

the spring of 1810, and was never heard from again. In December of that year, Eliza gave birth to Rosalie, her third child. A year later, Eliza died, orphaning the infant along with her brothers: William, nearly five, and Edgar, who would turn three the following month.

Poe's comments about Diddler came in an essay that appeared in the *Philadelphia Saturday Courier*. Perhaps in tribute to his parentage, Poe titled the piece "Raising the Wind; or, Diddling Considered as One of the Exact Sciences." What made Diddler great, Poe argues in the essay, is that he embodied precisely that which defines man—"as an animal that diddles." If only Plato had figured this out, Poe explains, he would have "been spared the affront of the picked chicken" that Diogenes waved triumphantly in Socrates's face after Socrates defined man as a featherless biped. "A crow thieves; a fox cheats; a weasel outwits; a man diddles," Poe continues. "To diddle is his destiny."

Poe goes on to provide a "compendious account" of diddling, describing some of the scams of man, including one that starts on a wharf from which a steamboat is about to cast off. A man hurrying toward the ship suddenly stoops and picks up something from the wharf. "Has any gentleman lost a pocketbook?" he cries. The passengers pause on the gangplank, waiting to see who will claim the treasure, and the captain tries to hurry them along. "Time and tide wait for no man," he yells, and makes to cast off. The diddler rushes aboard and from the boat pleads with a man on the shore to take charge of the wallet and advertise it so the owner can claim it. Judging from

how much money is in it, he tells the man, the owner is sure to reward him. But, the man protests, "it was *you* who found the book." True, says the diddler, so if you insist I will take a small reward. He rummages in the wallet and announces that there's no note smaller than a hundred, which is "too much to take." The captain is fuming, the deckhands loosening the ropes. "Never mind!" cries the gentleman on the shore. He's now rummaging through *his* wallet. "I can fix it—here is a fifty...throw me the book." The diddle perfectly timed and executed, the gentleman ends up with a wallet full of paper, the con artist with fifty bucks, and the world with an object lesson in the essence of being human.

Diddling would have been on Poe's mind, and nearly everyone else's, in mid-nineteenth-century America, when the capitalist frenzies that possess the country from time to time were rampant. When speculation runs amok, when stocks rise and fall overnight, when financial panics are regular occurrences, when currencies become worthless in a moment, when people are shorn today of the riches they gained yesterday and head off tomorrow to do it again, when it is

every man for himself and the invisible hand against all—when, in short, the American dream is taking shape and the unfettered market is frustrating and occasionally fulfilling it, you can't be sure about whom or what to believe. After all, the trusting are the diddler's prey, their faith the sign of their weakness. It was a diddle-or-be-done world, and it still is.

**T**here is no evidence that Herman Melville ever met Edgar Allan Poe. He may never have encountered *Raising the Wind*—the play or the essay. But Jeremy Diddler shows up twice in his 1857 novel, *The Confidence-Man: His Masquerade*, first as the name a passenger on a ship called the *Fidèle* gives to a beggar whose lameness he suspects is fraudulent, and later as the generic name for the "extraordinary metaphysical scamps" another passenger thinks are rampant on the *Fidèle*, the riverboat on which the novel's action takes place. The passenger is right about this army of diddlers, except for one detail: the many scamps among the passengers—a doctor peddling herbal remedies, for instance, along with a stock trader, an employment agent, a philosopher, a man in rags, a couple of well dressed men, a man named Goodman and a man named Truman who may or may not be good and true—will prove in the end to be the same man, who, in his various disguises, raises wind from stem to stern, diddling passengers out of their money, their health, their dignity—and, above all, out of their trust in their own judgment. Each encounter is its own drama about what happens when faith meets opportunity, when skepticism collides with the wish to live in an



ever-improving world. If Poe's essay is a how-to compendium of diddling, then Melville's novel is its anthology.

*The Confidence-Man* is also a diddle. It was published on April 1, 1857, and, as we find out nearly at the end, after puzzling over the novel's contradictions and riddles, the day it describes is also an All Fools' Day. Melville provides none of the usual handholds a nineteenth-century reader might expect from a novel. There is no plot to speak of, but rather a series of disquisitions, some more cryptic than others, none entirely decipherable. The titular character's shape-shifting is as likely to fool the reader as it is to fool his mark, leaving both to slap their heads when they realize, for instance, that the herb doctor is only the coal-company man in a new disguise. The rest of the characters, with a few notable exceptions, are vaguely drawn, their manners of speech indistinguishable from one another, and sometimes from those of the Confidence Man himself. Clever as he is, he doesn't always succeed, but neither does he get his comeuppance, and when he fleeces a fellow passenger, it often reflects as much on the dupe as on the swindler. Just in case the reader doesn't feel sufficiently diddled, Melville addresses him directly—to upbraid him for expecting characters to be consistent, to chide him for wanting “more reality, than real life itself can show.”

If *The Confidence-Man* anticipated Pynchon and Barth in its apparent determination to frustrate a reader, it also anticipated postmodern literary criticism by inspiring vicious take-downs. “Mr. M's authorship is toward the nadir rather than the zenith,” one

reviewer wrote, adding that “this is decidedly the worst.” Another critic admitted having failed to gain even “the slightest cue to the meaning (should there happen to be any)” — a puzzlement that remained even after he read the book “forwards for twelve chapters and backwards for five,” and then “attacked it in the middle, gnawing at it like Rabelais's dog at the bone.” Whether Melville, already smarting from the commercial and critical failure of his recent novels, meant to drive the last nail into the coffin of his own literary life, to flip the bird on the way to the gallows, is not known. But one thing is certain: he never wrote another novel.

The prescience of *The Confidence-Man* goes well beyond the boundaries of the literary world. America may since have settled on a single currency, and the Securities and Exchange Commission may sometimes punish fraud, and swindlers who aren't too big to jail do sometimes get their due, but the free marketeers' makers and takers and Occupy Wall Street's 1 and 99 percenters are only updated versions of what a magazine writer in 1852 described as the only “two classes in the world—the *Skinner* and the *Skinned*.” Real life is still contested territory, but the reality-based community loses more ground to the skimmers every day. Melville anticipated more than the (already) predictable depredations of capitalism, however. He understood what Marx didn't quite grasp, and what seems to have eluded his followers: that it isn't simply, or even primarily, greed that makes us so vulnerable to the diddle, either as mark or maker. It is love.

**T**he *Confidence-Man* opens on the dock alongside the *Fidèle* at day-break. A man in a cream-colored suit, alone and without luggage, boards the ship and is immediately drawn to a crowd examining a poster advertising a reward for the capture of a con man, an “original genius” recently arrived from the East. The man takes a small slate out of his pocket, scrawls on it a line from 1 Corinthians 13 (“Charity thinketh no evil”), and holds it up next to the placard “so that they who read the one might read the other.” After a few minutes, he erases “thinketh no evil” and replaces it with “suffereth long, and is kind,” which in turn gives way to “endureth all things” and then to the rest of the Pauline criteria of charity. The crowd, assuming the man is an “imbecile,” and also mute, meets him first with “epithets and... buffets” and then, when he fails to respond, with indifference.

In the meantime, the ship's barber has started his business day by throwing open his door and placing on a nail above it a placard of his own, reading NO TRUST—“an inscription,” the narrator comments,

which, though in a sense not less intrusive than the contrasted ones of the stranger, did not, as it seemed, provoke any corresponding derision or surprise, much less indignation; and still less... did it gain for the inscriber the reputate of being a simpleton.

And so starts the argument of the book—not its message, for it has none, or at least not a single one, but the dispute it airs and never quite settles. Is

it better to suspect everyone than to be charitable and risk playing the fool to a knave? Is it better to trust than to doubt?

“Charity” is the King James Bible’s translation of the Greek *agape*, which most other versions render as “love.” Melville surely knew this etymology, just as surely as he understood that *charity*, like *trust*, *faith*, and *credit*, was a word whose financial meaning was in the process of eclipsing its moral meaning. In his guise as a gray-suited philanthropist, the Confidence Man explains to a fellow passenger his plan to create a “World’s Charity,” an organization whose “one object” would be

the methodization of the world’s benevolence; to which end, the present system of voluntary and promiscuous contribution to be done away, and the Society to be empowered by the various governments to levy, annually, one grand benevolence tax upon all mankind.

Fourteen years and “eleven thousand two hundred millions” after bringing the “Wall Street spirit” to charity, the man in gray forecasts, “not a pauper or heathen could remain the round world over.”

The passenger is incredulous at this attempt to monetize generosity, and as the boat reaches his landing, he remains unconvinced that the scheme could possibly work. Still, he reaches into his pocket and hands over some cash. A few minutes later, so does a passenger who buys stock from an executive of a coal company that has been bid down “solely owing to the...

hypocritical growling of the bears.” As does a consumptive who purchases six vials of Omni-Balsamic Reinvigorator from an herb doctor, and the Missourian who, despite his vow never again to hire household help, pays the man from the “Philosophical Intelligence Office” to supply him with a boy, and—eventually—even the barber, who, not quite intentionally, provides the Confidence Man a shave on credit.

How does the con man do it? His “not unsilvery tongue” is a help, of course, combined with “gestures that were a Pentecost of added ones” to create a “persuasiveness before which granite hearts might crumble.” But he is more than just any ordinary bullshit artist—although he certainly matches the description Harry Frankfurt gives, in his book *On Bullshit*, of someone who stands “neither on the side of the true nor on the side of the false... [whose] eye is not on the facts at all... except insofar as they may be pertinent to his interest in getting away with what he says.” He knows, with devastating precision, exactly which bullshit will blend in so well with the atmosphere of everyday life as to remain undetected.

“By the way, madam,” says the man in gray to a “plump and pleasant” passenger, “may I ask if you have confidence?”

“Really, sir—why, sir—really—I—”

“Could you put confidence in *me*, for instance?”

“Really, sir—as much—I mean, as one may wisely put in a—a—stranger—an entire stranger...”

“Entire stranger!” he says with a sigh. “Ah, who would be a stranger? In vain, I wander; no one will have confidence in me.”

The woman, perhaps moved by pity, offers to befriend the man.

“No one can befriend me who has not confidence.”

“But I—I have—at least to that degree—I mean that—”

“Nay, nay, you have none—none at all. Pardon, I see it. No confidence.”

“You are unjust, sir,” the woman replies. She suggests that some past encounter has “unduly biased” him. “Not that I would cast reflections. Believe me, I—yes, yes—I may say—that—that—”

“That you have confidence? Prove it. Let me have twenty dollars.”

“Twenty dollars!”

“There, I told you, madam, you had no confidence.”

When she gives him the twenty dollars, she has only his word that a certain Widow and Orphan Asylum exists, let alone that he is its agent. Still, she apologizes for not having more to give. He does not let her off that hook, but does reassure her. “There is another register, where is set down the motive. Good-bye; you have confidence. Yea, you can say to me as the apostle said to the Corinthians, ‘I rejoice that I have confidence in you in all things.’”

What the Confidence Man (in all his forms) offers his marks isn’t only a stock or a potion or an opportunity to contribute to the well-being of widows and orphans. He offers them the certainty that the stock will rise, or the potion will heal, or the downtrodden will be rescued—that, in short, the future is sure to be better. And they can rejoice, for he has restored what had been taken away by midcentury—as America’s population quintupled, as railroads and telegraph wires began to crisscross the

land, as westward expansion opened horizons and eroded class distinction, as racial discrepancies, at least insofar as they justified slavery, foundered, threatening to tear apart the country, as destiny became something that one manifested rather than suffered, as it became possible, and then necessary, to make something of oneself, rather than accept having been made in the image of an omniscient and ever-present God, and to figure out what was true and what was false rather than taking someone else's word for it: the hope to regain certainty about the natural order and of one's place in it. Americans were suddenly scrambling for their footing like ship passengers getting their sea legs, and the one among them who was not nonplussed, who spoke in that Pentecost of tongues to the anxiety of people recently abandoned by God, who peddled confidence in whatever form they needed—that man was bound to make their hearts crumble.

“Is it not charity to ease human suffering?” he asks one of his early marks. He describes an object he has invented “in odd intervals stolen from meals and sleep.”

My Protean easy-chair is a chair so all over bejointed, behinged, and bepadded, everyway so elastic, springy, and docile to the airiest touch, that in some one of its endlessly-changeable accommodations of back, seat, footboard, and arms, the most restless body, the body most racked, nay, I had almost added the most tormented conscience must, somehow and somewhere, find rest.

He has made his fortune ministering to the discomforts of tormented consciences that now have to figure out what is right and wrong, and how to live—not least, at this moment, whether or not to believe the Confidence Man. He's offering rest to those who are weary of being uncertain—as all of the newly enlightened, upwardly mobile are bound to be.

“A sick philosopher is incurable,” the herb doctor tells a sick man.

“Why?”

“Because he has no confidence.”

“How does that make him incurable?”

“Because either he spurns his powder, or, if he take it, it proves a blank cartridge, though the same given to a rustic in like extremity, would act like a charm. I am no materialist, but the mind so acts upon the body, that if the one have no confidence, neither has the other.”

Doubt, then, is the universal fever, and the Confidence Man has the cure, which, out of charity, which is to say out of love, he will provide, if only you will believe in him—and confirm that confidence with money.

**A**fter the publication of Poe's essay, but before Melville's novel, a new professional organization dedicated to the easing of human suffering was born: the Association of Medical Superintendents of American Institutions for the Insane. Its members were known as alienists, and among their tasks was tracking the number of insane people, mostly at the request of

the Census Bureau. The doctors soon discovered that the insane numbered more than they had realized, largely because so many of them were hidden away in family homes or wandering the countryside. They urged the states to build more mental hospitals, but subsequent census counts revealed something disturbing: the more hospitals states built, the more insane people there seemed to be. “It cannot be supposed that so many persons were suddenly attacked with insanity when these successive establishments were opened or enlarged for their healing,” said Edward Jarvis, the Massachusetts doctor who headed his state's Commission on Lunacy in the 1850s. Rather, he suggested, “the more the means of healing are provided and made known to the people... the more they are moved to intrust [*sic*] their mentally disordered friends to their care.” The growth of the ranks of the insane seemed to be driven by growing confidence in doctors.

By 1872, however, Jarvis was convinced that there was more at work than supply-side economics.

In an uneducated community, or where... men are born in castes and die without stepping beyond their native condition; where the child is content with the pursuit and the fortune of his father, and has no hope or expectations of any other, these undue mental excitements and struggles do not happen, and men's brains are not confused with new plans nor exhausted with the struggle for a higher life, nor overthrown with the disappointment in failure... in

such a state of society these causes of insanity cannot operate.

On the other hand, insanity is likely in a society like Jarvis's Massachusetts, which at the time featured all these conditions, particularly among the educated, who, more than the rustic, were subject to the demands that "arise from excessive culture, and overburden the mental powers." Nearly 4 percent of the doctors, lawyers, teachers, and the like in Massachusetts were on the rolls—the "professional insane," Jarvis called them—and he concluded that the rise in their numbers was "a part of the price we are paying for the imperfection of our civilization." Jarvis surely did not mean to reject modernity, but only to note the effect of its displacements, the imperfections that created the need for his profession—and for anyone else who offered refuge from civilization's demands. Those lucky enough to be merely confused (rather than insane) might not require anything so elaborate or expensive as an asylum. A haven might also be found in assurances that their mental powers would eventually catch up with their culture, that they would eventually grope their way out of confusion through trust.

"Distrust is a stage to confidence," the herb doctor tells his patient, assuring him that his own experience would soon allow him to figure out if the medicine on offer was real or fake. Of course, that could be the scientist's motto as well. The doubt detonated in the Enlightenment might have shaken the pillars of the known world, but it had also offered a new kind of foundation: science, through

which the cogito could question its way back to a new kind of certainty—the kind that comes from careful and dispassionate research rather than from the enthusiasms of faith. By the nineteenth century, chemists and physicists and biologists and botanists were busy unlocking nature's secrets with their microscopes and flasks and meters—and, above all, with their skepticism.

When Melville's book was published, this new approach to the world was beginning to pay off in a stunning way, as scientists found proof of a theory that had been kicking around for more than fifty years. The true cause of disease, this theory posited, was not miasmas or humoral imbalances or God's inscrutable will, but germs, the kind that infested the wells in John Snow's cholera-ridden London, soured the milk in Louis Pasteur's France, and killed the anthrax-infected cows and tubercular humans in Robert Koch's Germany. Inoculations against one of these germs, the smallpox virus, had already become available, and vaccines and medicines soon would be created for other diseases as well. It was a miracle: illnesses that once were death sentences, or at least the cause of uncertain vigils over sickbeds and cradles, could now be definitively named and cured.

Applying science to suffering led not only to effective treatments but also to new understandings of old afflictions—and from there to a new understanding of disease and the role of doctors in diagnosing and treating it. The 1905 discovery of the syphilis spirochete, for instance, might not have led to an effective cure until Pfizer

figured out how to mass-produce penicillin in the 1940s, but it made it clear that what were thought to be three separate afflictions—genital sores, a pustular rash, and general paresis, a form of dementia that afflicted as many as half the inmates of European asylums—were all different stages of the same disease. That conclusion depended on a kind of knowledge available only to the educated and well equipped—that is, doctors, who had always claimed to be custodians of the secret world behind the world of symptoms, but who now could prove that they weren't just dithering us when they claimed to know the sources of suffering and what to do about it.

But for the alienists, soon to be known as psychiatrists, there were no slides to show. If their patients suffered from germs, or other biological problems, then it followed that the trouble must be in the brain, which was proving to be nearly impervious to their instruments. "In the present state of our knowledge, no classification of insanity can be erected upon a pathological basis, for the simple reason that... the pathology of the disease is unknown," the superbly named psychiatrist Pliny Earle lamented in 1886. As a result, he said, "we are forced to fall back upon the symptomatology of the disease—the *apparent mental condition*, as judged from the outward manifestations." It was demoralizing to be left in the empirical dust as the rest of medicine galloped off on the back of science.

And so it has been for the last 125 years, as psychiatry has struggled to move past distrust—its own and that of its patients—and toward confidence.

## SHOOTING POSSUMS FROM THE BACK PORCH OF ROGER'S BAR

by Michael McGriff

The bones in the possum's hand  
are a set of reduction gears  
turning in a machine that brings light  
to this valley of burnt oil and narrow rivers,

my favorite drunks, a few chairs away, laughing hard,  
forming a theory of everything.

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Much of this difficulty has focused on the issue that so bothered Pliny Earle: the failure to identify diseases with any kind of certainty. It also worried psychiatrist Thomas Salmon, who in 1917 told an assembly of his colleagues that the “chaotic” state of their nosology “discredits the science of psychiatry and reflects unfavorably upon our association,” and George Raines, a leader of the American Psychiatric Association, who pointed out that as of 1948, psychiatrists had three incompatible nomenclatures—the APA’s own, as well as a system developed by the army and another used by the Veterans Health Administration— from which to choose, and that these were in turn so frequently modified by specific institutions that the field had become a Babel of private languages. Diagnoses of similar patients varied from hospital to hospital, city to city, even country to country, and it wasn’t even clear that terms like *paranoid schizophrenic* or *personality disorder* meant the same thing to the listener and the speaker within a conversation.

One infamous study showed that doctors in England, presented with a patient whom their American colleagues would diagnose as schizophrenic, would, with equal confidence, determine that he was suffering from manic depression. And because all any doctor had to fall back on was the apparent mental condition, there was no way to say who was right. In the mid-1970s, this chaos began to bother the insurance executives and government bureaucrats who were psychiatry’s major patrons. When the APA voted to delete homosexuality from its manual—a decision that, no matter how right it was, could not be said to be scientific, and which indeed may have constituted the first time in human history that a disease was eradicated at the ballot box—they had had enough. Insurers began to reduce benefits because of the lack of “clarity and uniformity of terminology concerning mental diagnoses,” while a presidential commission concluded that because “opinions vary on how mental health and mental illness should

be defined,” the government ought to consider ratcheting back support for research and treatment.

The confusion also upset Robert Spitzer, the man called upon by the APA to bolster confidence in psychiatry by revising its *Diagnostic and Statistical Manual of Mental Disorders*. He told me that he knew that “psychiatry was regarded as bogus,” that it would not command trust until “it was accepted as a medical discipline.” His revision, the third edition of the *DSM*, published in 1980, was an open attempt to earn that acceptance by adopting a scientific rhetoric. And the disarray really bothered Allen Frances, who presided over the fourth revision of the *DSM*, released in 1994, and who—sitting in the sunny yard of his home in Carmel, California, in the summer of 2010, in his stocking feet and tennis shorts, the sweat of a workout still beaded on his large, bronzed forehead, his shock of white hair somehow unruffled—admitted to me that even now, one hundred sixty-five years after the founding of his profession, fifty-eight years after the first *DSM*, fifty-six years after Thorazine came to market, and twenty-two years after the introduction of the antidepressant drugs that now flow through the bloodstream of 11 percent of the American populace (and the water supply of all of us), “there is no definition of a mental disorder.” The *DSM* does attempt to provide one, he added, but “it’s bullshit. I mean, you just can’t define it.”

Frances was furious with me when I led a 2010 magazine story about his objections to the then-forthcoming fifth revision of the *DSM-5* with the above comment. I was hurling hand

grenades, he said, acting with wanton disregard for the consequences, playing Leibowitz's canticle, turning him into my Charlie McCarthy by throwing my tone into his voice, making him sound like he was rejecting psychiatric diagnosis in general rather than what he thought was a botched attempt at making it better. He claimed he wasn't angry because the lawyers in trials where he appeared as a forensic expert were now leading their questioning by waving the magazine in his face, or because the Scientologists, his profession's archenemy, were repeating his comment with the glee of the vindicated, or because in the internet echo chamber "DSM-IV leader thinks psychiatry is bullshit" had become a meme. It was, he insisted, nothing to do with him, but only with the patients. I had used his words to render "an unbalanced and inaccurate portrait of psychiatry in a harmful way that tarnishes its credibility for those who really need our help."

"But do you think it the fair thing to unmask an operator that way?" a passenger asks his seatmate after one of the herb doctor's would-be marks calls him a "profane fiddler on heart-strings" and felling him with a "sudden side-blow."

"Fair? It is right."

"Supposing that at high 'change on the Paris Bourse, Asmodeus<sup>1</sup> should lounge in, distributing hand-bills, revealing the true thoughts and designs of all the operators present—would

that be the fair thing in Asmodeus? Or, as Hamlet says, were it 'to consider the thing too curiously?'"

Is it unfair to tell the truth when the truth will undermine confidence? Can a lie really be noble?

Allen Frances thinks so. And the Confidence Man agrees. "I will not force confidence on you," he tells a crippled man who resists purchasing the pain dissuader. "Still I would fain do the friendly thing by you." He hands him a box of the liniment and tells him to rub it on twice a day.

"Thank 'ee," the patient says. "But will this really do me good? Honor bright, now; will it?" The doctor tells him just to try it and moves to leave.

"Stay, stay! *Sure* it will do me good?"

"Possibly, possibly; no harm in trying. Good-bye."

"Stay, stay; give me three more boxes, and here's the money."

The herb doctor hands over the boxes but refuses the money. "I rejoice in the birth of your confidence and hopefulness. Believe me that, like your crutches, confidence and hopefulness will long support a man when his own legs will not. Stick to confidence and hopefulness, then..."

"Stay, stay! You have made a better man of me. You have borne with me like a good Christian, and talked to me like one, and all that is enough without making me a present of these boxes. Here is the money."

**L**ike the powder given to the rustic, the liniment might act like a charm, the doctor's confidence infusing it with the power to heal, the exchange of money augmenting that power. That may seem like bullshit, but even if it is,

it's bullshit that is scientifically proved to work. Doctors don't call it "bullshit," of course. They call it "the placebo effect." It's the oldest medicine in the world, the one practiced by Jesus and Hippocrates and Galen and the rest of the ancient doctors, who had no idea germs existed, who prescribed mercury and other potions that by rights should have killed their patients (and sometimes did), who applied leeches and drilled skulls and blew tobacco smoke into rectums, and yet somehow, sometimes, actually healed their patients, harnessing (without knowing it, we must presume) the uncanny power summoned when a frightened, ailing person offers himself body and soul to someone who claims to know how to save him, who has the reputation and the charisma and the knowing look that kindle confidence, and with it relief. There is every indication that even in the age of germs and magic bullets, every pill is part drug, part communion wafer, and that without the placebo effect, healing people for money would be a much tougher business—especially if what they need to be healed of is the kind of suffering that brings them into psychiatrists' offices.

The placebo effect comes to this: if a doctor tells you to take a purple pill once a day before bedtime, and that within a couple of weeks you'll be feeling less miserable and worried, you're more likely to achieve that outcome than if you had stumbled upon the same purple pill on a table with a sign next to it saying SWALLOW ME. No one understands this phenomenon fully. Nobody knows why people given fake morphine experience dramatic pain relief, an effect that disappears

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1. A demon who appears in the Apocrypha's Book of Tobit, and also in an eighteenth-century French novel, in which he "lifts the roofs off houses to [reveal] what is passing within."

when the ersatz medicine is chased with a real morphine-blocking drug, or why in clinical drug trials more subjects who are given placebos get better than do subjects who are given no drugs at all. People have ventured theories: that expectation or hope makes us feel better, that it is a conditioned response to taking a pill prescribed by a doctor, that it is just the natural course of illness and that getting better has nothing to do with the treatment. But none of those reasons quite proves out, and the only signal that emerges strongly from the noise is that confidence—the doctor’s in the treatment, the patient’s in the doctor—is crucial, that confidence itself heals.

Allen Frances would never deny this. Indeed, the placebo effect is exactly what he was worried I would weaken by telling the public what he and his colleagues have been telling each other for years: that their diagnostic manual isn’t really scientifically valid. “Open it up,” Robert Spitzer told me. “It looks like they must know something.” But what they know for certain isn’t that diseases like schizophrenia and major depressive disorder and hoarding disorder exist in the same way that cancer and diabetes exist—because they don’t. Even Thomas Insel, the head of the National Institute of Mental Health, has been saying publicly for nearly a decade that the categories of psychiatric disorders are not scientifically valid. What psychiatrists do know is that if they don’t look like they know something, they will be out of a job—and not only because insurers and government bureaucrats won’t pay them anymore, but because they will no longer be able to inspire the faith that heals

people. They know that psychiatry is a confidence game.

I mean that in the best way. You may think that the once-hidden but now public fact that antidepressant drugs did not, in aggregate, outperform placebos in their clinical trials—that, indeed, 80 percent of their effect can be attributed to the power of the placebo—means that they are mere snake oil and that people who have traded in their sex lives and waistlines for antidepressants are playing the fool to the knaves of psychopharmacology. But that’s not entirely fair. Another way to look at it, and surely the way the Confidence Man would, is that psychiatrists and their drug-company cohorts have yoked that ancient healing power to science, to its claim to know the truth, thus providing all of us rustics a chance to feel better. For most of us can believe in science, and since we can’t begin to penetrate the mumbo jumbo of biomedical research, that means we must place our confidence in the priests of science, the people who bring it to the laity: the doctors.

Despite the fact that almost every clinical trial gives a placebo to half the participants, and although nearly every drug’s effectiveness is defined



as its superiority to placebos, the placebo effect itself is hardly ever studied. That’s partly because no one has figured out how to turn a sugar pill into a pharmaceutical blockbuster. But there is another reason. “Granting that his dependence on my medicine is vain,” says the herb doctor of a hypothetical patient, “is it kind to deprive him of what, in mere imagination, if nothing more, may help eke out, with hope, his disease?” Allen Frances thinks it is not kind, which is why he thinks I should have kept my big mouth shut. He loves his patients and he doesn’t want to see them hurt, even by the truth. Irving Kirsch, a professor at Harvard, has proposed a simple design that might yield definitive results, whereby some people are given placebos and told they are placebos, some are given drugs and told they are placebos, some are given placebos and told they are drugs, and some are given drugs and told they are drugs. No one has done that study yet, on the grounds that it is unethical to deceive people, even in the name of science, as it might hurt the public’s trust in medical researchers.

**T**he relief of psychological suffering is not solely, or even mostly, the bailiwick of medical doctors like Allen Frances. It’s also purveyed by PhD doctors, like me, and all the other therapists who deliver the talking cure, or as Sigmund Freud (according to Carl Jung, according to Bruno Bettelheim) called it, “the cure through love.” We don’t have any pills to dispense, nor do we own the franchise on naming pain. But somehow, despite all that, we still command enough confidence that some of us can make a

living dispensing this peculiar form of love by the hour.

“Who was ever cured by talk?” the consumptive man asks when he tires of the herb doctor’s patter.

He should meet Amelia. She was a thirty-five-year-old doctor and a patient of mine. (Or at least she would be if she really existed, but I am making her up because it is against the law, and probably wrong and definitely unfair, to use real names or identifying details in presenting case material. So the events that I am about to describe happened to someone, or maybe more than one person, and not to Amelia, who in any case is fictional.) She was short and dark and she kept her brown eyes fixed on me as she told me her story, as if she were searching for the slightest hint of my reaction.

“Everything is the way it was supposed to be,” she says. “Good husband, kids, great job, lots of money. I mean, the usual stresses, not enough time, all that, but really I should just be humming along. But every once in a while—well, really now, every day, that’s why I’m here—maybe I’m in the shower, maybe the car, or just walking down the hallway in the hospital—it can happen pretty much anytime nothing is demanding my attention—I find myself in a reverie. It’s like a nightmare or even a flashback. I’m seeing my mother lying on the floor in a puddle of her own urine, I’m twelve years old, and I have to help her get back into bed. I mean, I can smell it, it’s so real. Or she’s left the house in her nightgown in the winter, all bald and weak from the chemo, and she’s out on the sidewalk on her knees, puking into the gutter, no idea where she is, totally whacked

on chemo-brain and Dilaudid, and I have to get her back into the house, and I feel so cold I get goose bumps. That kind of thing.”

“Did any of this actually happen?”

“All of it. I was the only child, my dad was working two jobs and overwhelmed by her illness, so I became her nurse. I know that sounds all dramatic, but I’ve never thought much about it, at least not much. I mean, if you’d asked me what her cancer was like, I might have mentioned these things, and I never would deny they bothered me, but I just never. . . I guess this must seem so obvious to you.”

“How so?”

“Oh, you know, that this is why I became a doctor.”

“Do you think so?”

“No, but I’ll bet you do.”

“Well, maybe so. But I’m more focused on why these memories come up now, and in the way they do. I think maybe it’s because you’ve settled down



enough that they can finally appear to you in their fullness. To the extent that what happened has become a story, it hasn’t become enough of one. The part that gets left out is all the horror and fear of witnessing those events and of seeing your mother suffer like that, and whatever feelings that created in you, and then being alone with it. I think you need a better story.”

So we spent our hours trying to make one. Amelia was as disciplined going about the task as she had been about getting through medical school and residency. She kept a journal. She wrote an autobiography focusing on the two years of her mother’s illness. She told me more harrowing tales, she spared no medical details, and one day she said, “I realized last night how much I wanted her to die. I remembered looking down at her lying in her bed, the covers pulled up to her chin, nothing but her face all twisted up in pain, that wasted body under the sheet, and I wanted her to die. Not only for mercy’s sake. But because she was too sick to love me anymore, and I hated her for that. I hated her. I totally fucking hated her.”

The next time I saw her, Amelia pronounced herself cured. “Two weeks of no nightmares,” she said. “Completely gone. And I’ve been talking to Jeff [her husband, who also does not exist] about what happened—he knew my mom died young, but not much else. And I called up my aunt, who was there a lot, and she remembers the same stories. I’m beginning to think it’s over forever.”

Had talking cured her? Of course, I’d like to think so. Amelia told me that opening up these memories had made

her realize she'd drawn a line across her life, that she had lived as if she were two people, the one who lived before her mother died and the one who lived after, and she really wanted to put them back together. Her illness evidently called for the treatment I provide. But had I merely convinced her that this was so, and that the way to do that was to seek out and accept the matricide in her? What was it in talking that cured her?

Maybe mental health is no more or less than a good story, one that we can believe, and we suffer from stories too awful or confusing or frightening to tell. Maybe there is a single mental illness: narrative-deficit disorder. But maybe not. Maybe we suffer from loneliness, from the fear that if we can't prevent horrible events, if we can't save our mothers or comfort our fathers or shelter ourselves from their shortcomings, if, even worse, we want to kill them for their failures, then we won't be loved.

"Many persons call a doctor when all they want is an audience," said that twentieth-century confidence man Dale Carnegie. A therapist is a doctor trained to be an audience. Was it talking that cured Amelia, or being listened to?

No one knows how to answer that question any more than anyone knows why the purple pills make people feel better. And it may not shed any light on the subject to say this, but I think there is an active ingredient common to both the talking and the drugs: the placebo effect. Therapy is a placebo treatment even more than drugs are, though the drugs at least have side effects that help you to think they are doing something.

That's not necessarily a knock against my profession; delivering confidence to the demoralized is not something just anyone can do—or would want to.

"The truth is like a thrashing-machine," a passenger tells the Confidence Man. "Tender sensibilities must keep out of the way." Maybe I helped Amelia to toughen her sensibilities and reclaim as wheat what had been discarded as chaff. But maybe not. Maybe she was cured not by talking or by listening or by the truth we had discovered (or was it fashioned?) together, but by confidence—hers in me, mine in stories. Maybe I just diddled her daymares away.

Which would make me a confidence man, for sure. But does it make me a con artist? I took Amelia's money; I gave her a story. I believe it's the truth, but I wasn't there, and the Amelia who is now remembering her matricidal wish wasn't there, either. We were, however, both there, in my office, laboring under these peculiar arrangements. I was lending her an ear, she was crediting me with knowledge, and in the current of our conversation, underneath the words and gestures, flowed something real, maybe the only real thing: not the story, but the love that conjures it, that it kindles and then holds.

**T**he *Fidèle* passes into the section of the Mississippi Valley that is fully in the shadow of slavery in the twenty-third chapter, the exact halfway point of the novel. The Confidence Man, having donned and doffed at least seven costumes in the first half of the book, will spend the second in one guise, that of the cosmopolitan

Frank Goodman. Night is falling. He is talking, engaging in a series of debates with earnest interlocutors on heady subjects: the nature of truth, the existence of evil, whether Polonius's advice to Laertes was loving, and, above all, the relative merits of philanthropy and misanthropy.

Soon the cosmopolitan is tipping his glass with a man who says his name is Charlie Noble. Talk turns to the geniality that wine induces, and which, Goodman tells Noble, is fast on the rise among the moderns. "Nothing better attests the advance of the humanitarian spirit," he says, adding that in ancient times it

"was mostly confined to the fireside and table. But in our age—the age of joint-stock companies and free-and-easies—it is with this precious quality as with precious gold in old Peru... Yes, we golden boys, the moderns, have geniality everywhere—a bounty broadcast like moonlight."

"True, true..." [says Noble].  
Geniality has invaded each department and profession. We have genial senators, genial authors, genial lecturers, genial doctors, genial clergymen, genial surgeons, and the next thing we shall have genial hangmen."

Eventually, says Goodman, we will even have genial misanthropes, a "new kind of monster," who will "take steps, fiddle in hand, and set the tickled world a' dancing." Armed with geniality, he predicts, "the misanthrope of the coming century will be almost as popular as, I am sincerely sorry to say, some

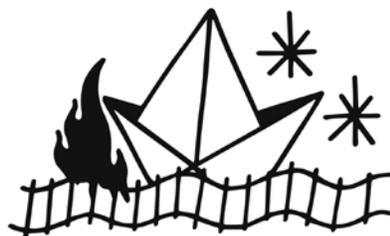
philanthropists of the present time would seem not to be.”

Just fifteen years into the next century, Dale Carnegie was telling the unconfident that we “choose our characters,” and that once you choose, you must “ENTER INTO the character you impersonate, the cause you advocate, the case you argue—enter into it so deeply that it clothes you, enralls you, possesses you wholly.” Become that genial, shape-shifting audience—or, as Carnegie put it, long before Allen Frances worried over what would happen if his operation was unmasked, “Dynamite the ‘I’ out of your conversation,”—and you will have all the friends and influence (and, presumably, money) that you want. It was genial misanthropy at its best: putting on the disguise of someone who cares in order to help people.

There was perhaps no misanthrope less genial than Freud, who visited America six years before Carnegie’s first book came out (and never again). For Freud, the triumphs of culture, the ecstasies of love, the epiphanies of religion, the yearning for transcendence were, in the end, further evidence of our depravity. We wouldn’t have to work so hard to cover our stink, he reminds us, if it didn’t smell so bad. “*Inter urinas et faeces nascimur*,” Saint Augustine (reputedly) wrote, a sentiment Freud quotes approvingly as he reveals us as operators of a civilization that is a doomed and desperate attempt to prove that our origins are lofty and our accomplishments pure, and reminds us that the best we can do is subscribe to the illusion of goodness, con ourselves into living by the lights of our better angels, at least

enough to refrain from fucking our mothers and killing our fathers—and, when we’re done with them, everyone else’s as well.

Psychoanalysis could not hold geniality at bay for long, at least not in the US. Soon enough, it was hijacked (in Freud’s view anyway) by psychiatrists, who declared in 1926 that only medical doctors could practice psychoanalysis. That wasn’t the situation in Vienna. Freud believed that medical education was exactly the wrong preparation for analysis, what with its focus on finding and eliminating diseases, and he trained art historians and other laypeople and even, once, a princess to be analysts. For the US doctors, it wasn’t enough to offer the miserably neurotic only the consolations of common unhappiness; that was hardly medical. They wanted to do what doctors do: provide a cure. Rejecting Freud’s dour sense that we could never be cured of ourselves, and that that reason could not possibly triumph fully over instinct, they proceeded to make good on Freud’s prophecy that a “psychoanalysis swallowed by medicine” would tempt analysts “to flirt with endocrinology and the autonomic nervous system,” and turn it into just another “specialized branch of medicine, like radiology.”



Just as Melville predicted, there was gold in this geniality. And indeed the mental health professions in recent years have turned toward a model based on two appealing and distinctly non-Freudian ideas: that we harbor within us not monstrous impulses and dirty yearnings but cool rationality and sane sensibilities; and that we live not in a malevolent, or at least tragic, universe, but rather in one that stands at the ready to make and keep us happy.

This psychotherapy with a friendly face was invented in the 1960s and achieved dominance by the 1990s. It is called cognitive behavioral therapy (CBT). I once attended a weeklong workshop to learn how to conduct it. “OK, let’s get right down to business,” the instructor, Leslie Sokol, said in the first minute of the first day. She was perfectly groomed in her tailored outfit, her blond hair coiffed tightly, her fair skin scrubbed like a shiny apple, and she exuded the same confidence that she told us it was our job to instill in ourselves and our clients. “If we’re asking them to embrace the model, we have to already understand and believe in the model. I’m a believer and I’m here to make you a believer,” she said. The greatest obstacle to achieving that embrace is skepticism of the kind that made me wonder if I was only diddling Amelia. “Self-doubt is contagious,” she warned.

Self-doubt, Sokol told us, is exactly what brings our patients to us in the first place. And to remedy this malady, she added, it’s not sufficient for us to provide an audience. We “need empathy, but it’s not enough.” Our true business is to “socialize the patient to the model,” she declared. Which we do by “teach[ing] you [the patient] how to

cope, to help you more effectively navigate life. We're here to say that when bad things happen, you're going to be equipped to deal with them so they don't get the best of you." As psychiatrist and CBT founder Aaron Beck says, that's what a therapist is for: to teach you "to master problems and situations which [you] previously considered insuperable... [and] to realign [your] thinking with reality." Having learned this, having inoculated yourself against doubt, having finally affirmed that Freud was wrong, that there is no reason to see yourself as anything other than perfectly equipped for the genial reality in which our lives unfold, you will be able to navigate between the Scylla of disbelief and the Charybdis of setback, to sail smoothly on the seas of self-confidence.

It might be nice to know where Amelia's reveries came from, what made them surface in the way they did, why they felt to her as they did—in short, their meaning—but it is not mandatory, and there are reasons to think it might be harmful to do so. As the ninety-year-old father of CBT, Aaron Beck, told us toward the end of that week, we must bear in mind the fate of Lot's wife, calcified by her insistence on looking backward toward her burning past rather than forward toward a genial future. Help Lot's wife identify her "automatic thoughts" and record them on a "dysfunctional thought record." Show her how to use the "downward arrow" to point to the "core negative beliefs," how to chart her progress from belief to thought to emotion to behavior on a "cognitive conceptualization diagram," and how to fashion an "alternative response" that

will, when repeated and reinforced, lead to "cognitive restructuring," and she is bound to overcome her "negative triad" of past regret, present unhappiness, and despair about the future, to replace her "task-interfering cognitions" with "task-oriented cognitions" ("Stop TICKing and start TOCKing," as Sokol put it). She will realign her thinking with reality and she will learn that reality slings no arrows that a properly realigned mind cannot absorb or deflect. She will, in short, become resilient, and, Sokol assured us, "the resilient person is the person who is going

to make it." This is not a placebo effect, she promised (as if that would be a bad thing), because CBT is tried and tested; it has active ingredients that make it work like a pill targeted at the cause of suffering. She left out the part about how those tests were carried out: their authors constructed two manuals, one containing the instructions for CBT, the other a therapy that its implementers knew was made up for the occasion, and in which they had no reason to be confident. When their stalking horses came in second, these therapists could hardly have been surprised.

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## CONVERSATION FROM THE SHADOW LANDS

### PART I

LEV GROSSMAN: People describe you (as they do me) as a writer who works in the shadow lands between literary fiction and science fiction. Is that how you'd describe yourself?

CHARLES YU: As much as I like the idea of being some kind of creature lurking in the shadow lands, I can't say I do think of it that way. I wish to politely yet firmly deny the premise of the question. There's a kind of "implied map of fiction" embedded within the whole way of thinking about this—the idea that "literary" is Norway and "science fiction" is Sweden. Not only do I not think those two sovereign nations are mutually exclusive; I don't think they are even well-defined territories, right? I don't believe in the genre distinction.

It's not as if I sit around classifying myself. When I sit down to write, I don't think, Today I shall write fabulist-inflected literary fiction, etc. It's more like, Unnnnggggh, and, Grrrrr, and, I can't believe I squeezed out 150 words today and they all suck. But maybe that's just me.

I'll flip the question back to you: how do you describe yourself?

LG: I once thought as you do. Lately I've been getting more interested in borders. I get a lot of enjoyment out of playing the different conventions of literary fiction and fantasy off each other, and I feel like you can't do that unless you're committed to the idea that somewhere out there there's a line between them. Though I wouldn't want to have to actually point to it.

I'm pro-border: I like them because I like sneaking across them. ☆

It doesn't get much more genial than this. Leslie Sokol loves us, and she loves our patients, and she loves the world that provides us all the opportunity we need to be people who can make it. She has taught us the dance, and she wants us to set our patients to dancing, confident that their legs are just right for the tune, that they have the great good luck to have been born with a cognitive apparatus designed for happiness in a land dedicated to its pursuit, and where they can, if they have lost the beat, pay someone to put them back in step. Who would not want to believe that the world is our Protean easy chair, that all we have to do, once we have bought it, is to learn how to entrust our racked bodies and tormented consciences to its joints and hinges, and then we will find our rest?

**T**he barber, for one. Midnight approaches, and the Confidence Man, having won many and lost a few, visits the man who has no trust. And why should he? "Can one be forever dealing in macassar oil, hair dyes, cosmetics, false moustaches, wigs and toupees, and still believe that men are wholly what they look to be?" the barber asks by way of explaining his distrust. "They may talk of the courage of truth, but my trade teaches me that truth sometimes is sheepish. Lies, lies, sir, brave lies are the lions!"

But whose lies are actually brave? The psychiatrist, with his bullshit about knowing something? The cognitive behaviorist, with her TICK-TOCK geniality? The retro-Freudian therapist, with his diddle about the bottomless depravity of the self, and the necessity of excavating it? All these fictions may only provide the occasion for

the dispensation of love, by the pill or by the hour, the opportunity to comfort each other with stories, boluses deployed against the vastness of time and the inevitability of loss. In which case it is possible that all these lies are equally brave.

"A fresh and liberal construction would teach us to regard... this whole cabin full of players as playing at games in which... not a player but shall win," the Confidence Man tells a merchant in the morning.

"Now, you hardly mean that; because games in which all may win, such games remain as yet in this world uninvented, I think," the merchant replies.

Soon enough, however, that game would be invented—by Lewis Carroll, who, eight years after *The Confidence-Man* appeared, devised the Caucus Race, which the Dodo Bird ended by declaring, "*Everybody* has won and all must have prizes." The Dodo Bird verdict is what researchers call a phenomenon noted by social scientists for more than seventy-five years: that, other than in CBT's rigged games, all therapies of the mind prove to be equally effective. There is only one factor that makes a difference: whether or not the therapist believes in what he or she is doing. It doesn't matter in what disguise we show up, it seems—so long as we can hand out confidence confidently.

Which I've been doing for thirty years now—less cynically, I hope, than Melville's antihero, and less genially, I know, than Leslie Sokol, but with no more proof than they have that the confidence in which I trade is warranted.

It is the barber who, after the Confidence Man has shorn him of a shave, calls him "quite an original," providing

the narrator with one final opportunity to address the reader directly—and to confound him with the insistence that indeed he is no such thing. In fact, Melville tells us, an original character is as rare as "a new law-giver, a revolutionizing philosopher, or the founder of a new religion." An original character, he continues, is not just some humdrum persona a novelist picks up in town ("a kind of man-show, where the novelist goes for his stock as the agriculturist goes to the cattle-show for his"), and who "sheds not its characteristic on its surroundings," but rather

is like a Drummond light<sup>2</sup>, raying away from itself all round it—everything is lit by it, everything starts up to it (mark how it is with Hamlet), so that, in certain minds, there follows upon the adequate conception of such a character, an effect, in its way, akin to that which in Genesis attends upon the beginning of things.

This is Melville's final diddle, because of course this is exactly what the Confidence Man has done to his marks, what Melville has done to his readers, and what good diddlers—novelists, therapists, lovers—everywhere do, and what we can all do for one another: light up the darkness, raise us up on the wind, and put the world at our feet, giving us a view of ourselves and our lives from which, if we are brave enough to look, we can take heart, if only for a moment. ★

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2. Drummond was the inventor of an early stage light, one that directed heat at a cylinder of lime to produce an intense incandescence, better known to us as limelight.