

ERIC FONER ON THE HISTORY OF WHITE PEOPLE

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THE WAR ON UNHAPPINESS

Goodbye Freud, hello positive thinking

By Gary Greenberg

Sigmund Freud was already fifty-three when he came to America for the first time. He almost didn't make it at all. As he explained to Stanley Hall, the president of Clark University, the \$400 he'd been offered to appear at a conference celebrating the school's twentieth anniversary was simply not enough to compensate him for the time away from his practice. But when Wilhelm Wundt, a psychologist even more famous than Freud, pulled out of the conference, Hall offered his \$750 fee to Freud, agreed to move the meeting to coincide with Freud's vacation, and threw in an honorary degree. Freud booked his passage right away.

The gathering, held in September 1909, attracted some of the brightest lights in the Western intellectual firmament to Clark's campus in Worcester, Massachusetts. William James attended, as did Franz Boas and Carl Jung (who traveled with Freud) and America's leading psychiatrist, Adolf Meyer. Emma Goldman showed up uninvited with an entourage of anarchists and asked impertinent questions. The *Worcester Telegram* gave the conference daily coverage under such headlines as "Men with Bulging Brains Have Time for Occasional Smiles."

In five lectures, delivered extemporaneously in German, Freud laid out the basics of psychoanalysis. He started by telling his audience about the

origins of the phrase "talking cure." A patient came up with it, he said—and not just any patient but psychoanalysis's Patient Zero, whom Freud called Anna O. The twenty-one-year-old daughter of affluent Viennese Jews, she had shown up in 1880 at the Vienna office of Josef Breuer, a neurologist colleague of Freud's, with unexplained paralysis of her right arm. As Breuer treated Anna, her complaints multiplied: a cough that wouldn't go away, numbness in her extremities, disturbances of vision, delirium, inability to swallow liquids, and, perhaps most baffling, loss of the ability to speak German, her native language. Breuer, in keeping with

the medical practice of his time, diagnosed hysteria, an illness that, according to Freud, the doctors of the time were "helpless in combating."

Breuer treated Anna with hypnosis, a technique that was becoming common among his peers, especially in France, where Freud was at that time studying it with Jean-Martin Charcot. Anna turned out to be an unusually responsive patient. Her imagination yielded "deeply tragic, often poetically beautiful fantasies," Freud said, and she often emerged from hypnosis with her symptoms suddenly gone. Six weeks into her swallowing problem, for instance, she recalled once walking into a friend's room and seeing the other woman's dog, a "nauseating creature," drinking out of a



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glass. “After she had given energetic expression to her stifled anger, she asked for water, drank a large quantity of it uninhibitedly, and woke from hypnosis with the glass at her lips.” A little later in her treatment, Anna recalled a morbid daydream: a snake had tried to attack her father, who in real life suffered from pleurisy and for whom she was caring. She tried to drive off the snake, but her right hand failed her: its fingers were themselves little snakes and the entire arm was paralyzed. Upon recalling the dream and its attendant dread, her paralysis lifted. Respites like



these were what led Anna to call her treatment a “talking cure”—which, Freud added, she did in English, that being the only language she could speak or understand at the time.

What accounted for these sudden cures? “Ladies and gentlemen,” Freud proclaimed, “our hysteric patients suffer from reminiscences. Their symptoms are residues and memory symbols for certain traumatic events.” Anna had retrieved her lost history from her unconscious. Restored to language, her disgust and dread no longer needed to surface as tormenting

symptoms. Talking—and more specifically storytelling—had cured her.

Anna O. had another nickname for the process: “chimney sweeping.” It would take three more lectures before he got to the *schmutz*: Traumatic reminiscences stem from “the enduring, repressed wishes of childhood,” which, he added, “are almost invariably of a sexual nature.”

“I have provoked you to astonishment,” Freud told his audience. But his real provocation wasn’t in detailing our infantile sexuality; it was in declaring it ineradicable, in suggesting that even our most rarefied achievements are stained by “the original animality of our nature.” The talking cure can’t cure us, only lead us from the “hysterical misery” of our prim illusions into a more enlightened “common unhappiness.” We need our chimneys swept not to clean them out but to see what is hidden in the soot.

Freud had come to the land of unbridled optimism to inform its inhabitants that a fragile equipoise between repression and abandon was the best they could hope for, and perpetual uncertainty their lot. The dourness of this message is probably what he had in mind when, as his ship pulled into New York Harbor, he turned to Jung

and said, “Don’t they know we are bringing them the plague?”

One century and two months later, I arrive with six thousand of my professional colleagues at the Anaheim Convention Center for the Evolution of Psychotherapy Conference, and when you’re fresh from the Hold Me Tight: Strengthening the Bonds of Love workshop and on your way to a demonstration of Mindsight and Neural Integration, when you have to decide whether you’ll learn about Imago Couples Therapy or Differentiating Between Onion and Garlic Clients before attending Deepak Chopra’s keynote lecture on Reinventing the Body and Resurrecting the Soul, when you can test-drive the Alpha Stim 100 Brainwave Synchronizer, it’s easy to think that some kind of plague is upon our land.

Wandering the conference, I am acquainted, or reacquainted, with Cognitive Behavioral Therapy, Ericksonian Hypnosis, Emotionally Focused Therapy, Experiential Therapy, Gestalt Therapy, Family Therapy, Focusing, Buddhist Psychology, Therapist Sculpting, Facilitating Gene Expression, and Meditative Methods. I’m given Advanced Empathy Training and tips on Riding the Therapeutic Arrow. I witness prominent therapists hypnotize volunteers, interpret their dreams, and induce them to weep. A couple learns to resolve their conflicts via the Behavior Change Request Dialogue. A woman on a stage tearfully explains why she has been carrying around a FREE HUGS sign. “Despite all the work I’ve done,” she says, “I still feel in my heart that I haven’t gotten it, felt

how I should feel,” to which the clinician responds, “You should have been loved and you weren’t, and it still hurts there, and now you have to live through it.” I watch a famous psychologist, a large woman with a deep voice and wild black hair who lists Hillary Clinton as one of her clients, deliver, in what she insists is a genuine Elizabethan accent, Hamlet’s “rogue and peasant slave” soliloquy. When the prince vows to catch the conscience of the king, the crowd breaks into applause.

Fortunately, all these paths lead to the mountaintop, a miracle known to my profession as the Dodo Bird Effect: psychologist Saul Rosenzweig’s discovery, in 1936, that therapeutic orientation doesn’t matter because all orientations work. (Rosenzweig subtitled his paper “Everyone Has Won and All Must Have Prizes,” the verdict pronounced by the dodo in *Alice’s Adventures in Wonderland*.) The Dodo Bird Effect has been borne out by numerous studies since, with one elaboration. The single factor that makes a difference in outcome is faith: the patient must believe in the therapist, and the therapist must believe in his orientation. For therapy to work, both parties must have faith, sometimes against all reason, that their expedition will succeed.

The fact that belief in the uncertain—what Keats called negative capability—signifies psychotherapy’s only real certainty is one way in which Freud still haunts the tents of this vast bazaar of self-improvement, though my professional brethren might prefer to forget it. I ask a woman if a pamphlet lying on a seat is meant to reserve it. “Sometimes a brochure is just a brochure,” she says. A prominent psychologist, reminded that his college thesis was on psychoanalysis and literature, seems chagrined at his youthful indiscretion. A psychiatrist caps off a case presentation with a challenge: “Could Freud do this?” Another psychologist recounts his adolescent experience of reading an essay in which Freud interprets a dream about a man’s teeth falling out as a gloss on masturbation. “How did he know me?” he quips, and the crowd dutifully titters as he goes on to assert the grown-up conviction that psychoanalysis was a “colossal failure.” In Worcester, one hundred years ago, Freud was “a giant among pygmies,” as Emma Goldman put it in her memoirs. But here in Anaheim, he’s been diminished: the father of psychology is now a mad old uncle muttering in the corner.

But, listening to one of the few psychoanalysts in attendance—the Vienna-born octogenarian Otto Kernberg—intone the old mumbo jumbo about the Almost Untreatable Narcissistic Patient, I can’t get too nostalgic. Freud’s misogyny, his reification of Victorian shibboleth, his because-I-said-so epistemology—all of these have been justly relegated to the dustbin of psychology. Still, his notion of an unseen other—the mysterious unconscious self who bedevils our every decision,

who eludes us yet must be sought—not only underpins a meeting like this one; it courses through the white noise of our lives.

In 1926, less than two decades after Freud’s visit, the doctors of the New York Psychoanalytic Society declared their independence from their European forebears by decreeing that only physicians could practice psychoanalysis. Back in Vienna, Freud was livid. Medical education was exactly the wrong preparation for a psychoanalyst, he wrote, as it abandoned study of “the history of civilization and sociology” for anatomy and biology, culture for science. A psychoanalyst trained this way was bound to have the wrong idea about psychic suffering: that it was an illness to be isolated and cured by the doctor. This was a form of piety that Freud could not tolerate. “As long as I live,” he wrote, “I shall balk at having psychoanalysis swallowed by medicine.”

Over Freud’s dead body, this is exactly what has happened, to the financial benefit of virtually every-

one at the Anaheim conference. The New York Psychoanalytic Society’s marriage of therapy to medicine secured us a place at the health-care trough. For most of the twentieth century, this good fortune cost us very little. But in the past thirty years or so, our right to draw our fees from the same pool that pays for scientifically proven treatments like heart surgery and blood-pressure drugs has come under increasing scrutiny. To professionals who must prove their worth to cost-conscious insurers, the Dodo Bird Effect is not an embarrassment of riches but a plain embarrassment, the one that scientists call the *placebo effect*, and which, so the keepers of the treasure say, isn’t worth a penny. And so one speaker after the next is professing his or her conviction that the time has come for us to leap into medicine’s gullet by proclaiming our allegiance to *evidence-based practice*.

Scott Miller, a psychologist from Illinois, has a pungent way of explaining the difficulty, and the importance, of proving our worth. “Therapists are a lot like cats,” he says in his three-hour workshop, *Achieving Clinical Excellence*. “They cover up their own poop.” To illustrate how much we stink, Miller asks us to write down two numbers: the percentage of our patients who get better, and the percentile in which we would rank ourselves as clinicians. I give myself 70s on both counts. Evidently, I’m not as good as my colleagues. The average clinician, according to Miller, rates himself in the 80s, while a mere 4 percent of us think we are just average. “Lake Wobegon on crack,” he says.

A blast of John Williams’s Olympic fanfare

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startles the audience as Miller displays his next PowerPoint slide. Beneath the Olympic rings, the sad facts are on display: top athletes' performance has steadily improved over the past century. "Us?" Miller asks. "Zero. Zip. Nada. In the Tour de Therapy, we are pedaling madly on a stationary bike." It's not that we don't help our patients—as the dodo bird predicts, people in therapy, any kind of therapy, generally do better than people left to their own devices. But neither the odds nor the speed of patients' improvement is increasing. We just keep doing the same mediocre thing over and



over again. "The enemy of excellence," Miller explains, "is proficiency."

But we don't have to settle for mediocrity, Miller tells us. The problem with all those studies is that they were asking the wrong questions at the wrong time. They used vague measures of outcome, or they looked at specific symptoms over a long period. What we need instead is Consumer Driven Outcomes Management, wherein the patient is asked to provide real-time feedback on how she is responding to what the therapist is doing. This data is compared with the patient's baseline,

correlated with the technique the therapist uses, and then turned into "deliberate practice," in the same way that surgical outcomes can be paired with techniques to determine standards of care.

We therapists may think what we do is special, that we have unique sensitivity and a talent for listening, but this is so much perfumed kitty litter. In truth, clinical expertise can be "democratized." All a person has to do is to master the Three Steps to Superior Performance, which Miller gleaned from the work of Anders Ericsson, co-author of *The Cambridge Handbook of Expertise and Expert Performance*. Ericsson's program applies equally to athletes, Scrabble players, stock pickers, and psychotherapists, and anyone can learn it at Miller's International Center for Clinical Excellence, where he plans to train a cadre of "supershrinks" dedicated to using evidence to improve the "effectiveness and efficiency of clinical services."

David Burns, professor of psychiatry at Stanford, also thinks that therapists should be made accountable. In his view, the illusion that we are doing good work is the direct result of our allegiance to our therapeutic orientations; blinded by faith, we believe patients are getting better when they are not. "I'm no kind of therapist," he explains in his Jimmy Stewart drawl. Orientations become "schools of therapy [that] compete like religious cults," he says, just before he asks us to recite in unison his Five Steps to Agenda Setting.

Burns, the psychiatrist who earlier ended a presentation by asking if Freud could measure up, tells us the secret of his success: an "emotional X-ray machine" so powerful it cured, in just two sessions, a woman whose "severe intractable borderline personality disorder" had defeated twenty-two previous therapists. It's not really a machine at all but rather a series of simple tests like the Brief Mood Survey, which asks a patient to rate, on a scale of zero to four, seventeen items about his current mood ("down in the dumps"; "would you like to end your life?") and the Evaluation of Therapy Session, which uses the same scale to rate "therapeutic empathy" and "helpfulness of the session." Using these "fifteen-second tests" to home in on the techniques that work best for the patient, the therapist then customizes a cure.

Therapists shouldn't despair that their clinical judgment can be bested by a quiz. It's not really our fault, says Burns. The problem is with conversation itself, which is, by its nature, a lousy way to get at the truth. "When you're talking to someone," Burns says, attributing this bit of wisdom to Chris Rock, "you're not talking to that person, you're talking to their agent." What is our fault is our failure to use these tests—part of Burns's \$229 Therapist's Toolkit—to cut the agent out of the loop. The Olympics, it turns out, are on more than one therapist's mind. Burns confesses to a "goofy

fantasy”: a “psychotherapy Olympics” in which patients would wield their surveys like judges flashing scorecards after a figure-skating routine.

If you're still skeptical, if you're wondering, as I know I am, about the wisdom of replacing open-ended conversation with a five-item test, or if you'd like to remind these doctors that it may not be possible to take an X-ray of our inner lives, or if you persist in thinking, along with Freud, that a person's negotiations and evasions contain clues to his self-understanding—that this indeed is the whole of therapy—Burns poses a simple analogy, one that the doctors of the New York Psychoanalytic Society would surely endorse: “If you had pneumonia, how many of you would go to a doctor who didn't believe in thermometers, X-rays, blood tests, and so forth?” No hands are raised. “We have a kind of double standard. When we're the patient, we demand the scientific method. When we're the doctor, we're flying by the seat of our pants.”

It's happy hour in the Marriott lobby bar. I'm talking to my colleagues, trying to find out what they think of this idea that, as one speaker put it, “schools of therapy are a thing of the prescientific past.” Should we trade in flying by the seat of our pants for flying by wire? Have we finally eliminated the dodo bird? But the first thing everyone wants to talk about is my therapeutic orientation. At the very least, the future envisioned by Burns and Miller will require us to come up with a new icebreaker.

I do manage to find out why people have come here. Nearly all of them tell me that they want to, as one woman puts it, “see the big names in action.” Earlier in the day, I tried to interview one of those big names, psychologist Donald Meichenbaum. Meichenbaum is in his sixties, tall and bespectacled, his presentations heavy on self-lacerating humor. We had arranged to meet after his morning workshop, but he finally gave up trying to wade through the crowd that had gathered around him. Speaking over the head of a woman snapping his picture, flanked by her two attractive girlfriends, he shrugged and said, “Sorry. It's like being a rock star.”

In 1977, Meichenbaum published one of the first textbooks on cognitive behavioral therapy, an orientation founded in the early 1960s when the psychiatrist Aaron Beck discovered that the dreams of depressed patients, contrary to Freud's theories about dreams and depression, were not filled with images of repressed anger. Instead, they contained themes of the dreamers' conscious lives: loss, defeat, rejection, and abandonment. It appeared, Beck said, that there wasn't as much of a gap between conscious and unconscious as Freud claimed, and, even more revolutionary, that the conscious mind, especially our thoughts,

shaped our experience. Our lives, in other words, are neither good nor bad but thinking makes them so.

Beck concluded that Freud got us wrong. We aren't hopelessly complex or helplessly in thrall to the chaotic forces of the unconscious, nor do we need to settle for unhappiness, common or otherwise. In keeping with emergent cognitive science that likened the mind to a computer, CBT attributed our misery to faulty information processing. We possess the potential to see the world as it is, to master our experience, and to triumph over setback, if only we learn to think right. Identify and repair the glitches in our operating system—*dysfunctional thoughts* that arise automatically from our unduly negative *core beliefs*—and we will find no adversity we cannot meet with resilience. We will be programmed for success.

For the past twenty years, Meichenbaum has been working on a particularly challenging glitch: post-traumatic stress disorder. “You're in the business of looking for the next Criterion A event,” he tells us, using diagnostic shorthand for the kind of horror that can precipitate PTSD. “You turn the TV on and you go, No shit, thirteen bombs in Iraq today? They did what to kids? Each day just tops the last.” Meichenbaum leavens his opportunism with reverence—“I can't think of a more noble enterprise than working with the military,” he says, asking for a round of applause for the therapists working with wounded vets—and justifies it with expertise: he isn't chasing ambulances so much as picking up the wounded and driving them where he knows they ought to go.

Meichenbaum shows us videos of grievously wounded vets, including Crystal, a compact young woman who joined up “because it was the only way out,” who loved to dance and drive, who lost her right leg to a roadside bomb; and Dawn, a lieutenant with red hair whose right arm and shoulder were blown off by an IED. We hear them describe their recoveries, interspersed with footage of explosions and shattered bodies (including their own). We see Crystal take to the dance floor, shaky and maybe a little drunk, but still exultant as she two-steps on her prosthesis to Jimmy Buffet's “Margaritaville.” Dawn says, “War is horrible. The sights are horrible, the smells are horrible.” She presses her lips together and hesitates over her next words. “But I'm glad I did it,” she finally says.

Meichenbaum means for us to see these women as heroes as much for their psychological resilience as their battlefield courage, and as exemplars of what happens when trauma is treated properly. We

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shouldn't be after the meaning of their experience, or their insights into why their suffering took the form it did. Instead, he says, therapists should be interested in how they survived their ordeal. "‘Why’ questions are not very important," he warns. We should ask for "the rest of the story. How did you do that? You'll see I'm big on the ‘H,’" he says, and pants, "H-h-h-how'd you do that?"

Meichenbaum was being theatrical, of course, but he was also serious: we should be as greedy for the secrets of our patients' resilience as Freud was for the secrets concealed in their symptoms, and as eager to provide them with answers as Freud was to supply questions. "You get paid to listen to people's stories," Meichenbaum says. "The question is, how do you repackage the story in a way that lends itself to your interventions?"

Meichenbaum answers his own "How" question: "There's nothing you do for a living that I cannot explain in terms of this Case Conceptualization form," he says, as he takes us through the itemized flow chart he uses when he interviews patients. Paperwork is central to cognitive therapy. Indeed, from the beginning, it was designed to be placed in a manual, implemented by therapists who were instructed not to stray from the printed page, and then measured for effectiveness. After running some studies closely modeled on pharmaceutical trials, the creators of CBT claimed to have finally transcended the Dodo Bird Effect by isolating the active ingredient in therapy—the correction of thinking. Critics complained that the fix had been in from the beginning because the advocates of the theory were designing the tests—and in many cases the competition as well, pitting CBT against therapies invented solely as stalking horses. Nonetheless, CBT's standardized results were irresistible to insurance companies, whose patronage quickly helped it to become the most commonly practiced form of talk therapy in the country, and the brand that has become synonymous with evidence-based practice.

Even without the insurers' patronage, however, cognitive therapies would still be a hit. They offer the appeal of talking—the attention of the therapist, the reassurance that all our stories are important—and the promise of a cure. "No one leaves my office without getting a nugget," Meichenbaum says—usually plucked from Box 6 of the Case Conceptualization form, the one relating to Individual, Social, and Systemic Strengths. The patient's dross becomes gold. In place of a narrative improvised out of the roiling raw materials of the self, Meichenbaum offers a tale with a happy ending, come hell or IEDs.

Martin Seligman, past president of the American Psychological Association and the inventor of positive psychology, is giving us the good news. "The question of what really

makes us happy is actually quite simple," Seligman says. "From the Buddha to Tony Robbins, there have been about two hundred suggestions about what makes people lastingly happier."*

Seligman has spent the past twenty years developing positive psychology. At the beginning, he was content to reorient psychology away from Freud's focus on pathology and toward a "science of happiness," but he recently decided that his goals were too modest. "I had thought that positive psychology was about happiness, but it is not," he says. "Positive psychology is about well-being," which is "what people choose to do when they are not oppressed, when they choose freely." Well-being comprises not only the positive emotion we call happiness, but also meaning ("using what's best inside you to belong to and serve something bigger than you are"), positive relationships, and "achievement, mastery, and competence." Well-being on a wide scale results in a state Seligman calls "human flourishing."

Seligman established his reputation with a series of experiments he conducted in the late 1960s. He subjected dogs to electric shocks. Some of the dogs could turn off the shocks by pressing a lever, and others could not. Most of the leverless dogs soon gave up trying to escape their lot. When they were later given the opportunity to turn off the shocks, they never even tried; at the first jolt, they simply whined and curled up in a ball. They had, he concluded, learned to be helpless.

More curious about the dogs than about the people who tortured them, Seligman still drew from his work some lessons for humanity. He theorized that people, confronted with unrelenting difficulties beyond their control, developed the core belief that they were helpless, so any subsequent hardship felt to them insurmountable. Learned helplessness, he claimed, was one of those core beliefs that could cause depression. Seligman and Beck worked together at the University of Pennsylvania, and unlearning helplessness became a key goal of cognitive therapy.

Seligman wasn't a therapist for very long. "I'm a better talker than I am a listener," he says. But he practiced long enough to discover that "even when I did good work and I got rid of almost all of [a patient's] sadness and all of her anxieties and all of her anger, I thought I got a happy person, but I never did. What I got was an empty person." Seligman blamed his difficulties on Freud. Psychoanalytically based therapies—preoccupied with what was worst in us, in thrall to misery, and reaching

**Seligman has distilled these suggestions into a series of exercises that he posts on his website, authentichappiness.org. Some 1.5 million people have tried the exercises and then taken a series of psychological tests that measure how much happier they have become. Mining the resulting database, Seligman's team has determined that eighteen of those suggestions reliably work to help people achieve "authentic happiness."*

only toward “common unhappiness”—had sickened rather than healed patients; positive psychology, as the antidote to Freud, would be the panacea.

Seligman is thrilled about a recent development that, he predicts, will help us all flourish. In August 2008, “the top people in the Army sent their colonel in charge of returning warriors to visit me.” She told him that the current situation—“unprecedented post-traumatic stress disorder, depression, divorce, substance abuse, anxiety”—was unacceptable, especially to Army brass worried that their “legacy” would be “more homeless veterans begging in Washington.” And she posed a challenge: “What is psychology going to do about that?” (It wasn’t the first time Seligman was asked to serve his country. In 2002, he delivered a talk on learned helplessness to the CIA. In the audience were two psychologists who helped the CIA enhance its interrogation protocols with methods including, among other infamies, treating prisoners like dogs. Seligman denies that he intended to help the CIA refine its torture protocols; he claims he thought that he was helping the CIA train American troops to “resist torture and evade successful interrogation.”)

Last December, Seligman continues, he delivered his answer directly to Army Chief of Staff George Casey, at the Pentagon. Seligman told Casey that the \$5 billion to \$10 billion the military was spending annually on treatments like CBT was insufficient—not because more therapy was needed but because the treatment was too late. “The reaction of human beings under very high adversity is bell-shaped,” Seligman says he explained to Casey. “On the extreme left, you have people who collapse, in the vast middle you’ve got people who are resilient, and then you’ve got a large number of people who show post-traumatic growth—people who a year later are stronger emotionally and physically than they were before. Your job, in my view, is to move the whole distribution toward growth and resilience.” Casey, according to Seligman, acted immediately. “He ordered that from this moment forward, positive psychology and resilience will be measured and taught throughout the United States Army. He said, ‘We’re going to create an Army that is just as psychologically fit as it is physically fit’—and that will, thanks to soldiers’ not-exactly-freely-chosen participation, become a 1.1-million-person experiment. This “big demonstration” will allow the Army to find out whether, for instance, soldiers who learn optimism will heal faster when they are wounded on the battlefield. And it will give Seligman the opportunity to assess whether positive psychology can actually create a state of human flourishing.

My colleagues applaud upon hearing this news, as they did earlier in the day when Seligman first told the story and as they will later on when he repeats it again nearly word for word. Louder

applause comes when Seligman points out the long-term implications of his collaboration with the Department of Defense on our professional culture. He reminds us that the National Institutes of Health have been our major patrons, but “NIH’s agenda is to cure pathology,” whereas “DOD’s agenda is creating strong human beings. I think we will see in the next decade a rival institution to NIH which will be about the creation of strength and not just the remediation of pathology.”

Seligman is cheered by our enthusiasm. “I believe this may be an inflection point in all of psychology and psychotherapy,” he says, “so your applause is very meaningful to me.” Indeed, the implications of this inflection go beyond our profession: in another applause line, Seligman tells us that while General Casey understands the necessity of “a highly resilient, psychologically fit force” for the “persistent warfare that looks like it’s the lot of our nation for the next decade,” he also sees “comprehensive soldier fitness” as a “model for civilians.” Seligman tells us he’s been following the news from the Copenhagen Climate Change Conference, which is just now drawing to a close. “I think cleaning up the earth is probably a good thing to do,” he says, “but it’s actually second on my list. First on my list would be human well-being.” Because “the downstream effects of human flourishing are almost everything we want,” we can afford to go Seligman’s dogs one better—thriving on the shocks that come our way rather than merely learning to escape them.

In case the audience is feeling skittish, Seligman wants to reassure us that there is historical precedent for a politics of well-being aided by professional consultants. “Florence of the 1450s is one of the great examples” of a society dedicated to “human flourishing.” When Cosimo the Great—“he wasn’t called the Great for nothing”—was confronted with the question of what to do with the Medici wealth, he decided, “‘We will invest our surplus in beauty.’ They gave us what we, two hundred years later, call the Renaissance.” We are, Seligman says, at least those of us in the United States, the European Union, and Australia, living in a “Florentine moment.”

If thinking makes it so, perhaps it shouldn’t matter that Seligman’s math is off by three hundred years, or that Cosimo the Great ruled in the sixteenth century, not the fifteenth, or that Florence wasn’t exactly free from oppression, or that its closest resemblance to us may be that it was a plutocracy riven by religious strife. To those who might quibble over such matters as this—he cites his historian daughter, for whom “history is just one damn thing after another,” as an example of such negative thinkers—Seligman says, “You have to be blinded by ideology not to think we’ve made progress.” As neo-Florentines we won’t “do sculpture” like the Medicis; rather “the monument

that we can build is well-being. We can be the agents of massive human flourishing.” The crowd of therapists, freed at last from the yoke of pathology, rises to its feet.

“I am very glad I am away from [America], and even more that I don’t have to live there,” Freud wrote to his daughter upon his return to Vienna. To hear him tell it, he hadn’t brought the plague so much as contracted it. He was seasick on the Atlantic. The New World food inflamed his colitis. He endured harsh weather and bone-shaking carriage roads and the humiliation of being out-hiked by an American colleague in the “utter wildness,” as he called it, of the Adirondacks. He went so far as to blame the trip for leading to the deterioration of his handwriting, and he never returned to our shores. Even Freud’s first biographer, Ernest Jones, had to acknowledge that Freud’s grudge “had nothing to do with America itself.”

But I wonder if Jones was wrong. Even if Freud could not have anticipated the particulars—the therapists-turned-bureaucrats, the gleaming pre-packaged stories, the trauma-eating soldiers—he might have deduced that a country dedicated in its infancy to the pursuit of happiness would grow up to make it a compulsion. He might have figured that American ingenuity would soon, maybe within a century, find a way to turn his gloomy appraisal of humanity into a psychology of winners.

Or maybe not. Perhaps in reacting to America this way, Freud was only doing what he insisted all neurotics do: rejecting violently that which arouses the most forbidden desires. As the rest of my colleagues emerge from their rapture and gather up their belongings, I’m thinking of the last patient I saw before I flew to Anaheim. She was telling me that every time she contemplated breaking it off with her junkie husband, she became paralyzed with fear. She described what the dread felt like in her body, what thoughts and fantasies it brought to mind, and soon we were talking about her father, also an addict, whom her mother finally kicked out and who then turned up dead in a snowbank. “I never put that together before. I’m afraid I’ll kill him if I end it,” she said. She gave a little laugh. “Probably only because of how much I want to.”

She gathered her jacket around her like a carapace. After a short silence, she said, “How did you get us there?”

“I didn’t,” I replied. “I didn’t know where we would end up.” It’s an answer I’m regretting now. Not because it pushed away her admiration (which, of course, I crave) or because it was disingenuous (after a quarter century of delivering the talking cure, you have some idea about where these excursions will end up), but because I see now that she was asking me what made me believe it would be

worthwhile to have the conversation that we had, rather than all the others we could have had. She was asking after my faith, and I had handed her only my doubt.

I’m wondering now why I’ve always put such faith in doubt itself; or, conversely, what it is about certainty that attracts me so much that I have spent twenty-seven years, thousands of hours, and millions of other people’s dollars to repel it. What reminiscence of my own makes that lust forbidden? What drives me to recoil from the ecstasy of this audience?

Perhaps what plagues me is a private memory, of violence suffered at the hands of people unrestrained by self-doubt. Or a historical one, the recollection that lends these proceedings a faint but unmistakable whiff of Nuremberg. Or something even more deeply buried, what happened when delight in their own capacities got the better of Adam and Eve, the concupiscence and the stain it left. Which may be nothing more than a fairy tale, a fearful pretext for declining the pleasure of equipping myself with the tools of science, enlisting as a soldier of good fortune, and joining my colleagues on the march toward happiness.

Freud never said how certainty got to be his founding taboo, or which painful reminiscence might have made it so, or what might happen if that reminiscence were retrieved. But one of his contemporaries did address this topic. As it happened, Friedrich Nietzsche was the subject of Seligman’s final peroration. His précis of Zarathustra’s *Three Metamorphoses* is no more accurate than his Florentine history. In it, Nietzsche’s camel “just moans and takes it”; his lion has somehow become a “rebel” who has held sway “since 1776 at least.” And now that the rebel has evidently achieved all he is going to achieve, it is time, Seligman says, for us to become Nietzsche’s “child reborn” (a lion in Seligman’s version), the *Übermensch*, who values self-assurance and rejects self-doubt, who dismisses poking around in our chimneys as a useless vestige of a benighted past.

“One must be a sea to be able to receive a polluted stream without becoming unclean,” Zarathustra instructs the people. And so will our comprehensively fit troops, their families, and eventually the rest of us remain unstained by the terror we witness and unleash. Florence had its Machiavelli; our therapeutic state will have its Seligman, whispering reassurance to our generals about the inexhaustible optimism of their troops. More than perhaps anyone else, Freud would have appreciated the irony of this outcome: the talking cure as battle cry, used to conceal rather than to reveal darkness, and to prepare us to meet the challenge issued by Nietzsche’s prophet: “Man is something that will be overcome,” spake Zarathustra. “What have you done to overcome him?” ■