



Henry A. Nasrallah, MD
Editor-in-Chief

Psychiatric disorders
are extremes of
self-deception gone
awry across complex
neural pathways

Self-deception

A double-edged trait

Consider these common human tales:

- A prominent politician who made his reputation combating prostitution loses his job after being discovered to have consorted with many “escorts.” He believed he would never be caught.
- A sociopathic man charms a young woman and convinces her he will love her forever. She is infatuated with him. He dumps her a month later.
- A gambler is “convinced” his next bet will win back his previous losses and ends up losing his shirt again.
- Voters elect a politician who promises to solve all their problems but are disillusioned a few years later when things have barely changed.
- A woman with severe chronic fibromyalgia seeks the help of a shaman in her village in Haiti. Her pain amazingly disappears for a few days before recurring.

The human brain has been both blessed and cursed during its evolutionary journey by developing the capacity for self-deception. Unlike other living things, humans are capable of massive self-deception—as these tales show.

Advantage: survival

Self-deception’s upside is obvious, with established survival value. Hope, optimism, and self-confidence in dark times are antidotes to capitulation, despair, and inaction. Infatuation helps perpetuate the human species, and “eternal love” leads to other obligatory self-deceptions such as “till death do us part.” Sometimes self-deception helps communities survive by promoting altruism, charity, and compassion for strangers.

For us in the health professions—especially psychiatry—self-deception’s benefits for patients are well recognized: a remarkable healing capacity, an almost magical placebo effect from drug therapy or psychotherapy, and the

continued on page 16



continued from page 14

advantages of positive transference toward the physician. Without self-deception, our patients could not respond to support and reassurance or resist hopelessness and the urge to give up and end their lives.

Disadvantage: suffering

But self-deception has a serious downside as well, from hubris and arrogance that end badly to blind faith and gullibility that lead to joining cults and “drinking the Kool-Aid,” from unshakable belief in astrology or fanatical pursuit of a cause to believing in nothing and wasting one’s life with nihilism.

The biology of self-deception also may represent the foundation of psychopathology, such as:

- unremitting panic and anxiety associated with a firm belief in impending doom
- bizarre, fixed, false beliefs of schizophrenia
- grandiose delusions of bipolar mania
- melancholia’s profound and inconsolable sorrow, futility, and worthlessness
- pervasive belief in one’s repulsiveness by attractive women with dysmorphic body disorder

- distorted conviction of obesity in skin-and-bones teenagers with anorexia nervosa
- unshakable parasitosis of a delusional disorder
- tortured and agonizing obsessions to perform meaningless rituals.

Psychiatric disorders are extremes of self-deception gone awry across complex neural pathways, encompassing emotions, thoughts, behavior, and cognitions. Human adaptation to stress or serious illness is often enhanced by the blissful escape of self-deception, but its curse can destroy lives and cause untold suffering.

So, are nonhuman creatures spared the double-edged sword of self-deception? If so, then why do dogs have unshakable loyalty, even when their owners abuse them? Maybe self-deception is not uniquely human after all.



Henry A. Nasrallah, MD
Editor-in-Chief

WEBCASTS available 24-7 at CurrentPsychiatry.com

▶ IS YOUR PATIENT ACUTELY SUICIDAL?

David J. Muzina, MD
Cleveland Clinic and Lerner
College of Medicine
of Case Western University

▶ IS IT FACTITIOUS DISORDER? ASK THE CONSULTATION/ LIAISON PSYCHIATRIST

Theodore A. Stern, MD
Massachusetts General Hospital

▶ ‘METH’ DEPENDENCE: WHICH TREATMENT FOR WHICH PATIENTS?

Timothy W. Lineberry, MD
Mayo Clinic College of Medicine

▶ ADULT ADHD: ONLY HALF THE DIAGNOSIS?

S. Nassir Ghaemi, MD
Emory University

▶ HOW TO AVOID WEIGHT GAIN WHEN PRESCRIBING ANTIDEPRESSANTS

Thomas L. Schwartz, MD
SUNY Upstate Medical University

▶ DETECTING HAZARDOUS DRINKING IN PATIENTS WITH ANXIETY DISORDERS

Matt G. Kushner, PhD
University of Minnesota

