

# **DECEIVING DOWN**

## **Conjectures on the Management of Subordinate Status**

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I am grateful to the late Erving Goffman for encouragement, advice, and inspiration.

## MAKING THE FOOT FIT THE SHOE

The hypothesis here is that people use self-deception to lower their self-esteem when it is to their advantage to be satisfied with a position that they would otherwise perceive as unfair. Consider a man whose job is lower ranking than he knows he deserves. If he has no hope of advancement he may eventually, through self-deception, convince himself that he is commensurate with his job's status. Instead of seeing himself as too good for his job, this form of self-deception will enable him to reconcile the disparity between his self-image and his reality. That will allow him to see his bureaucratic superiors as actual superiors and enhance his ability to behave subordinately toward them. In turn, everyone will become more comfortable with his presence, and he will increase his likelihood of remaining employed. Accordingly, downward adjustment of self-esteem can facilitate psychological, social, and economic security that would otherwise be in jeopardy (see Rosman & Burke, 1980, for the relationship among work satisfaction, self-esteem, and competence).

For example, this man could be a bookkeeper who knows more about accounting than his boss knows. In order to lower his self-esteem and consequently his self-image, he might recall his school days and dwell upon a section of an accounting textbook that he never understood. Without going back to the book, he can reconstruct his conundrum, causing himself to feel the same sense of insecurity that he felt so keenly on the night before the final exam. Without being explicitly cognizant (without actually saying so to himself), he imagines that all *real* accountants understand that section of that textbook. If he recollects this insecurity often enough, eventually it will not need to be rehearsed. It will come to him out of context, but it will come at appropriate times. It will come when his boss insists that he use an inappropriate debiting procedure. It will come when he gets only half of the raise that he expected. It will come when someone else is complimented for work that he did. It will come when the boss's son is rude to him, and so forth.

### Up and Down

Self-deceiving *down* is the mirror image of self-deceiving *up* - a process described through example in works by Goffman (e.g., 1959, 1971) and discussed in the abstract by literary figures, philosophers, and psychologists (e.g., Gide, 1926/1955; Sartre, 1943/1958; Camus, 1956/1957; Fingarette, 1969). Self-deceiving up means raising one's self-esteem in order to occupy a position for which one is initially underqualified. Whether self-deceit is up or down, manipulation of self-esteem can be a self-fulfilling prophecy. That is, if one has not lowered or raised one's self-esteem too much, anxiety over the disparity between self-image (consciously perceived) and reality (subconsciously perceived) may motivate one to work toward an adjustment of actual competence (or incompetence).

Deceiving down is distinct from affects like "playing dumb" to gain short-term social facility with people who are anxious about their own relative worth. That is, pretending to be less than you are requires self-confidence, but actually becoming less than you were, or otherwise would have been, requires a reduction of confidence. Self-deceiving down is required in long-term situations, like being an employee or a spouse, in which compatibility through subordination is required over so many years of close interaction that ploys would be found out (see Gove, Huges, & Geerken, 1980, on playing dumb and men's propensity to do so more frequently than women).

## **Other Deceit → Detection → Self-Deceit → Effective Other-Deceit**

Trivers put self-deceiving up in an evolutionary framework (1971, 1976, 1985). His reasoning followed from the observation that many animals have evolved an ability to deceive others in a social context. A concrete example would be a blowfish “lying” about his size by literally inflating himself. Trivers’s logic extends to subtle interactions between higher vertebrates (in which animals often figuratively inflate themselves) and to the speculation that strong selection pressures have acted upon individual abilities to deceive and detect deception, especially in organisms capable of engaging in “reciprocal altruism” (see also Axelrod & Hamilton, 1981). Alexander (1975) has applied the same logic to people’s perceptions of their own motivations, concluding that individuals can be more effectively selfish if they perceive themselves as altruistic.

The evolution of self-deceit follows from an escalating spiral of selection for ability to deceive and ability to detect deception. That is, if an individual can deceive himself or herself (by virtue of having a dual system of awareness – conscious and subconscious – see Lockard, Chapters 1 and 2), he or she will be able to deceive others while maintaining the behavioral cues that go along with telling the truth (see Ekman, Chapter 14). So deception through self-deception is less detectable than “straight” deception, and the escalating interplay between ability-to-deceive and ability-to-detect-deception has become so internalized that people have a conscious ability to interpret their perceptions in a manner that enables them to behave in their own self-interest while subconsciously perceiving enough of the truth to know where their advantage lies. In this sense humans may be the only organism in which the self can be considered a social unit; that is, the self has social interaction with itself, controlling information transfer between the conscious and subconscious in order to manipulate its own behavior, in much the way that an individual in an aggregate of individuals controls information in order to manipulate the perceived image, self-image, and behavior of others (see Jones, 1986, for a review of the latter phenomenon).

## **Self-Control**

Self-deceit for the purpose of manipulating one’s dealings with one’s self has been empirically demonstrated by Alloy and Abramson (1979; Abramson & Alloy, 1981). They found that normal people (as distinct from depressed people) consistently delude themselves about the amount of control they have over outcomes. In a series of games in which the players’ actual amount of control was secretly influenced by the experimenter, if things turned out well (the experimental subject won money), normal subjects overestimated their responsibility for the result. If things turned out poorly, normals assessed their degree of control as much less than it actually was. Depressed subjects, on the other hand, made consistently accurate assessments of their degree of control. In the authors’ words:

One adaptive consequence of being biased to view the self as the cause of successes but not failures may be the maintenance or enhancement of self-esteem. A second adaptive consequence of the nondepressive style of casual inference may be invulnerability to depressive reactions in the face of failure. . . . Greenwald (1980) speculated that the bias to view the self as the cause of positive but not negative outcomes may increase behavioral persistence. . . .

It is tempting to further speculate that contrary to the cognitive theories of depression, the depressive's problem is not that he or she suffers from the presence of depressogenic cognitive biases, but rather that he or she suffers from an absence of nondepressive cognitive biases (1981, p. 445).

In plainer English, the speculation is that some self-deceit is essential for mental health and an insufficient amount (too accurate a perception of self) causes and is caused by, depression. If this is the case, its generalization contradicts the underlying assumption of psychoanalysis that leading a patient to an accurate perception of self, through self-insight, is the key to mental health.

### **Deceiving Down**

The permutation to be added here is that self-deceiving down, like self-deceiving up, can also be an adaptive behavior, as opposed to a noise-in-the-system byproduct or maladaptation. The logic is that situations have commonly existed, over evolutionary time, in which it is to an individual's reproductive advantage (in gaining material, social, and sexual security) to convincingly occupy a subordinate position and/or engage a dependency which confers benefits that recoup more than the manipulated loss.

An important contemporary example might be the position of being the wife of a man whose success in self-deceiving up has significant impact on family income. That is, if a man makes a living in a manner that is affected by other people's assessments of his ability to do his job, the impression he gives regarding his competence may be subject to enhancement by self-deceiving up. If the person he spends much of his off-the-job time with can enhance his ability to self-deceive up, they can both profit from his resulting success. Unfortunately, that latter enhancement may often require his wife to self-deceive *down* — building her husband's self-confidence by providing a standard of lower competence (see Lundgren, Jergens, & Gibson, 1980, for the importance of marital solidarity to wives and self-evaluation to husbands). If, in addition, this woman works at a job in which subordinate behavior is required, her ability to self-deceive down may make the difference between having a home and family or losing both.

The implications of self-deceiving down are as multifarious and nefarious as one's imagination compels, but I would like to focus on just three aspects: (1) sex bias in the direction of self-deceit, (2) the relationship between self-deceit and psychopathology, and (3) deceiving down as a link between psychopathology and disparity in economic opportunity.

### **SEX BIAS**

The expected bias is that females self-deceive down more easily and more frequently, and males self-deceive up more easily and frequently. This prediction follows, at a distal level of causation, from the across-sex difference in within-sex variance for reproductive success (with males having much higher variance potential). That is, since a man with ten wives can have more children than could a woman with ten husbands, male success has been more dependent on direct competition with other males for possession of females, with the quantity of mates having more effect than the duration and stability of each relationship (see Trivers, 1972; Hartung, 1976,

1981a). Given the variance constraints inherent to bearing, nursing, and rearing children, female success has probably more frequently depended on an ability to attract and remain compatible with successful (especially economically successful) males (Hartung, 1981b, 1982, 1985, and references therein). It follows that men have more often been in a position in which self-deceiving up has been to their reproductive advantage (as a strategy when competing with other males and when advertising ability to invest in females), and self-deceiving down has more frequently been to the advantage of females (as a strategy for being nonthreatening, supportive, dependent, and assuring of fidelity). Accordingly, there may be some inherent difference in propensity to self-deceive in each direction (e.g., Hogan's 1978 review of female and male estimates of other's intelligence).

A growing literature indicates that there is a positive relationship between high self-esteem and a tendency to positively deceive one's self about one's attributes (e.g., Monts, Zurcher, & Nydegger, 1977; Ickes & Layden, 1978), and there is evidence that a positive relationship exists between low self-esteem and a tendency to negatively deceive one's self about one's attributes (Korabik & Pitt, 1981). Sackeim and Gur (1979) have found a negative relationship between self-reported psychopathology scores and the tendency to self-deceive (see also Gur & Sackeim, 1979). They conclude that since "there is no evidence to date indicating that actual psychopathology is inversely associated with degree of self-deceptive behavior, the most plausible interpretation of the findings is that the more likely individuals are to engage in self-deception, the less likely they are to report psychopathology" (p. 215). Leaving plausibility to the eye of the beholder, a more straightforward interpretation of Sackeim and Gur's finding is that the data mean just what they say: that self-deceit, as employed in a population of normal college students, is a mechanism for maintaining mental health and that those who self-deceive effectively are mentally healthier (as suggested by Abramson & Alloy, 1981; see also Lewinsohn, Mischel, Chaplain & Barton, 1980). Indeed, the Self-Deception Questionnaire devised by Sackeim and Gur is directed only toward detecting propensity to self-deceive up (as distinguished here), and they found that the negative relationship between self-deceit and self-reported psychopathology is significantly stronger for males. This accords with the predicted sex bias.

If it is true that self-esteem is manipulated by self-deceit, evidence from Hinrichsen, Follansbee, and Ganellen (1981) also supports the predicted sex bias. Males and females were rated for masculinity and femininity (BEM Sex-Role Inventory) and divided into sex-typed individuals (masculine males, feminine females), and cross sex-typed individuals (feminine males, masculine females). Masculine females tended to rate their physical, social, and overall self-satisfaction higher than did feminine females. The opposite held for males: cross sex-typed males (feminine males) rated themselves lower than did sex-typed males.

Evidence bearing more directly on the element of self-deceit comes again from the elegant experiments of Alloy and Abramson (1979; see also Alloy & Abramson, 1982; Tabachnik, Crocker, & Alloy, 1983; and Crocker, Tabachnik-Kayne, & Alloy, 1985). When nondepressed subjects were asked to explain their judgments about the degree to which they controlled outcomes, they used "invalid heuristics" (like the absolute number of times that a favorable outcome occurred, regardless of the number of times they tried to obtain that outcome) and tended to justify their fallacious reasoning by noting their overall success (e.g., in the face of obviously illogical "reasoning," they would point to winning \$5 as evidence that they controlled outcomes). A revealing sex difference in this result is that males' "illusion of control" were "larger and, in fact, quite pronounced" (Alloy & Abramson, 1979, p. 468) when there was little

emphasis put on rationality. That is, when males realized that they would have to explain their assessment, they tended to judge their degree of control more accurately, but when there was no explanation required, their tendency to delude themselves greatly increased. There was no apparent difference for nondepressed females in this regard (again, depressed persons of both sexes tended to make accurate judgments about their degree of control and used rational logic to explain their judgments, so being required to make explanations had no effect on their accuracy). The inference I draw here is that those who habitually self-deceive up to maintain their self-esteem must be careful in situations in which they will be held immediately accountable to a rational or objective standard. That is, just as people do not lie to others when they know that the truth will soon be apparent, so they do not lie to themselves under that condition. This holds for “up” lies more than “down” lies, because it is much easier to get away with falsely failing than with falsely succeeding. That is, under conditions in which it is adaptive to lie “down” (in order to secure subordinate or dependent status), one is not likely to be challenged by superiors who are being accommodated. Conversely, lying “up” is often to someone else’s disadvantage, and thus is more subject to challenge. Accordingly, the sex difference in sensitivity to anticipated accountability is in the predicted direction.

## **Psychopathology**

Though self-deceit up or down, when functioning properly, is conjectured here to be a mechanism for maintaining mental/emotional equilibrium, it can only do so as long as the discrepancy between self-image and reality is manageable. If that discrepancy becomes too large, if one’s conscious perception and subconscious perception are untenably disparate, mental dysfunction and/or malfunction are likely results (see Mischel, 1974; Miller & Norman, 1981; Schafer & Keith, 1981; Gotlib, 1982). Three general outcomes of too large a discrepancy are: (1) the individual reduces the discrepancy by adjusting his or her conscious perception, that is, reduces the amount of self-deception by facing reality (whether that reality is that the individual is *not* worthy of a position obtained or aspired to, or that the individual *is* worthy of a position that cannot be obtained and so should not be aspired to); (2) the individual reduces the discrepancy by adjusting subconscious perception, that is, loses touch with reality and/or maintains multiple accommodating delusional realities (schizophrenia); or (3) the individual does not adjust conscious or subconscious perception (does not reduce the amount of discrepancy) but puts his or her mind into a sort of holding pattern regarding affective behavior and motivation, that is, becomes depressed in the clinical sense (as distinct from being sad, dismayed, and disillusioned while maintaining affective behavior and motivation, as accompanies outcome 1 – see Lewinsohn, Steinmetz, Larson, & Franklin, 1981; Raps, Peterson, Reinhard, Abramson, & Seligman, 1982).

## **Sex Bias and Psychopathology: DSM III**

Too much up self-deceit may lead to different sorts of syndromes than too much down self-deceit. The hypothesis put forth here suggests a sex difference in psychopathologies: females have more down disorders (straight depression) and males have more up and up-to-down disorders (euphoria and manic depression).

*The Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Assn., 1980), sub-classifies “Major Affective Disorders” into “Major Depression” and “Bipolar Disorder.” Major depression (or unipolar depression) entails “dysphoric mood, usually depression, or loss of interest or pleasure in almost all usual activities and pastimes ... and a sense of worthlessness that varies from feelings of inadequacy to completely unrealistic negative evaluation of one’s worth. The individual may reproach himself or herself for minor failings that are exaggerated and search the environment for clues confirming the negative self-evaluation. Guilt may be expressed as an excessive reaction to either current or past failings or as exaggerated responsibility for some untoward or tragic event. The sense of worthlessness or guilt may be of delusional proportions” (pp. 210-211).

Bipolar disorder (often called manic depression and usually followed by major depression) entails a mood which “may be described as euphoric, unusually good, cheerful, or high; often has an infectious quality for the uninvolved observer, but is recognized as excessive by those who know the individual well ... Characteristically, there is inflated self-esteem, ranging from uncritical self-confidence to marked grandiosity, which may be delusional. For instance, advice may be given on matters which the individual has no special knowledge of, such as how to run a mental hospital or the United Nations ... God’s voice may be heard explaining that the individual has a special mission. Persecutory delusions may be based on the idea that the individual is being persecuted because of some special relationship or attribute ... A common associated feature is liability of mood, with rapid shifts to anger or depression. The depression, expressed by tearfulness, suicidal threats, or other depressive symptoms, may last moments, hours, or more rarely, days” (p. 215-217).

With regard to the sex ratio estimated from the patient population for major depression, “Studies in Europe and in the United States indicate that in the adult population, approximately 18% to 23% of the females and 8% to 11% of the males have at some time had a major depressive episode sufficiently severe to require hospitalization” (p. 211). For bipolar disorder, “It is estimated that from 0.4% to 1.2% of the adult population have had Bipolar Disorder. In contrast to Major Depression, Bipolar Disorder is apparently equally common in women and in men” (p. 217). (See Amenson & Lewinsohn, 1981, for details on the strength and tenacity of the sex difference in prevalence of major depression).

It has been conjectured that the high percentage of females with reported affective disorders is partially due to a skew in the propensity of women to seek help or otherwise be reported. However, manic depression has been shown to be highly heritable, with the implicated genes being dominant x-linked (Baron et al., 1987) and autosomal (Egeland et al., 1987; Hodgkinson et al., 1987). It follows that the actual incidence of manic depression should show a substantial skew toward females. Since the reported incidence of manic depression distributes equally, or nearly equally (Angst, 1978), across the sexes, this implies that there is not a female-weighted sex bias in reporting. Independent of the purported lack of substantive sex bias in incidence of bipolar disorder, Angst (1978) has shown from a large survey that bipolar men experience more manic episodes than depressive episodes while bipolar women experience more than three depressive episodes for each manic episode (see also Tashev, 1974). This accords well with the predicted sex bias, as does the 2:1 sex bias for major depression, which is far more prevalent than manic depression, far less heritable, and more likely to be engendered by initially adaptive downward self-deceit.

## **So What?**

Recall the woman whose employment and marriage depended upon her ability to deceive down. Add the condition that she must submit to sexual abuse under threat of physical violence – violence which erratically erupts anyway, despite the consistency and intensity of her submissions. If leaving is not an economically viable option and suicide is unacceptable, adaptation may require an extremely low level of self-esteem – a level low enough to suppress the expression of any attitude that might increase her risk of being beaten. Just as Alloy and Abramson's (1979) gamblers deceived themselves up into thinking that they were responsible for what was actually good fortune, so this woman will deceive herself down into believing that she deserves her misfortune. Such a level of self-esteem might not be maintainable if based upon imagination alone. Accordingly, independent empirical evidence may be required to convince her that she is sufficiently unworthy to deserve her plight. If so, she may arrange to fail at tasks that she previously knew herself to be capable of accomplishing. She may seek out challenges that she is incapable of meeting, and she may arrange prospects that are likely to bring disappointment. All of this requires effort. In lieu of continuing to make that effort, she may eventually come to depend upon her husband's abuse as the evidence that she deserves to be abused. At this point she will manifest the most severe symptoms of a self-defeating personality.

## **Sex Bias, Psychopathology, and Economic Opportunity: DSM III-R**

A revised version of the DSM III was recently under debate (American Psychiatric Assn., 1987). One focus of controversy was the proposal to include a category for "self-defeating personality." This categorization was objected to on the grounds that the majority of people so categorized would be female, and "elevating" this syndrome to the status of a discrete mental disorder would gratuitously stigmatize women (see Holden, 1986, for review). The same logic allows the argument that most of our criminal codes gratuitously stigmatize men. That is, since the vast majority of prisoners are male, and since prisons seldom rehabilitate prisoners, criminal codes stigmatize men without offering them substantial help. Unfortunately, the rate at which psychoanalysis cures personality disorders is not an improvement over the rate at which prisons rehabilitate prisoners. Nor, for that matter, is the success rate of psychoanalysis distinguishable from the rate of spontaneous remission or cure by placebo effect (see Eysenck, 1952, 1985; Rachman & Wilson, 1980; and Prioleau, Murdock, & Brody, 1983; see also Grunbaum, 1984, 1986). The difference between prison and psychoanalysis, in this regard, is that prisons serve a useful function independent of their ability to rehabilitate. The upshot of these realizations is that if psychoanalysis were the best we could offer to people with a self-defeating personality disorder, then this categorization, like all other such categorizations, would be a gratuitous stigmatization. Fortunately, there is more to psychiatry than psychoanalysis, but the point here is that the primary cause of self-defeating personality is not psychological.

Specifically, although self-defeating personality, like criminality, may have a genetic component (Mednick, Gabrielli, & Hutchings, 1984), both have a fundamentally economic etiology. When people of either sex are chronically required to subordinate themselves in order to secure economic survival, they may need to self-deceive down. If chronic circumstances require extremely subordinate behavior, this normal adaptation to subordination can be pushed beyond its psychodynamically manageable limits. If economic circumstances cause women to

be maneuvered into positions of chronic extreme subordination more frequently than men (see Fuchs, 1986), we should not pretend that this is not the case.

## **WHAT IS TO BE DONE?**

The top two percent of the population receive 14 percent of total income and have 28 percent of total net worth. Similarly, the top ten percent's share of income (33 percent) almost doubles to a 57 percent share of net worth. In contrast, the bottom 50 percent of the population have 4.5 percent of total net worth. About half of the country's top wealth holders got there by inheriting their holdings. (Thurow, 1987, p. 30)

In other words, approximately 5% of the United States' population possesses, by virtue of inheritance, six times the amount of wealth that is distributed across 50% of the population. Accordingly, our average modern-day aristocrat possesses, independent of contribution to the economy, more than 63 times the amount of wealth possessed by the average person who is not on the top half of the economic ladder. More infuriating than this fact is the realization that things are getting worse instead of better. (Thurow, 1987; see also Batra, 1985).

When men lose control they are more likely than women to do something that will land them in prison. When women lose control they are more likely than men to behave in a manner that will land them in psychotherapy. But this is not fallout from a battle between the sexes. In the vast majority of cases both the man who beats his wife and the woman who is beaten are economic victims. They are fallout from a battle between those who do not have economic opportunity and those who have an unearned abundance of opportunity. If we had an economic system that combined genuine equality of opportunity to contribute with real reward according to contribution, very few people would be forced into positions that require chronic, extreme subordination. Unfortunately, in the United States the effort to obtain true capitalism has focused on giving economic aid to those who are born into poverty. What is needed is a radical reorientation of focus.

Because economic opportunity is a zero-sum game, inequality of opportunity is necessarily perpetrated, wittingly or unwittingly, by those who are born into wealth. Just as lack of economic opportunity may necessitate an unmanageable amount of downward self-deceit, so overprivilege may encourage an unmanageable amount of upward self-deceit. . . . but the mental problems of the rich are not the subject at hand. Of far more importance is the realization that cross-generational congestion at the top of the economic scale necessarily causes chronic congestion at the bottom. It is the people who start the ten-lap race on lap four, or five. . . or nine who ultimately cause our penal and mental institutions to be overcrowded. Even a modest inheritance can critically improve an individual's economic trajectory. That is, even those who start the race on lap two have a significant advantage over those who start at the starting line (Kohn & Schooler, 1983, and references therein; Hartung, 1984). This fact has been somewhat obscured by the passable amount of economic mobility available to people in the lower middle classes. A few can become middle class. This often leaves observers with the impression that there is real economic mobility for the lower classes. Unfortunately, as long as people in upper-middle or higher classes inherit enough capital to significantly increase the probability that they and their children and their children's children ad infinitum will remain in those classes (see Modigliani, 1986, p. 710), even the best self-help programs for the poor can only produce false

hope. To put a point on that, it is not steep hierarchies and disparity in the distribution of wealth per se that make our system moribund, it is the heritability of those hierarchies that saps the life out of what would otherwise be an invigorating and motivating force (whether inheritance is millions of dollars or membership in a closed plumber's union).

What we need is real capitalism. Only then will winners be genuine winners, and so only then will losers be genuine losers. With that accomplished, there would be far fewer extreme winners, and so far fewer extreme losers. Most important, those who lose would not be required to play demeaning games with their self-esteem in order to lower their self-image and eventually destroy their original potential.

## CONCLUSIONS

Natural selection has given us a powerful ability to generate a refined array of self-deceptions, most of which are adaptations to everyday life. These deceptions are mechanisms for the presentation of self to self in a manner that maximizes marketability to others while maintaining internal acceptability. A primary conjecture of this essay is that just as upward self-deception is a requirement of mental health under normal circumstances, so downward self-deception is a natural adaptation to oppressive circumstances. It follows that psychotherapists (talk therapists) should not endeavor to bring their depressed patients to the most accurate possible perception of themselves, but should, instead, foster *manageable* increments of positive self-deception (amounts which will engender goals that can be feasibly aspired to— goals toward which enough progress can be made to have encouragement outweigh discouragement).

For the most severe cases, a manageable increment in self-esteem may only bring the patient to a less down position (as distinct from being up relative to the accurate self-perception that characterizes mildly depressed persons). Many such cases may require a practical change in circumstances, like a better way to make a living (or *any* way to make a living), in order to successfully manage the amount of positive self-deception that will restore mental health. For such cases, psychotherapists should help change the conditions that make deceiving down the most viable accommodation (for example, by referral to a job counselor). In no case should therapists accommodate unfortunate circumstances by lowering a depressed patient's self-image through adaptive downward self-deception because accommodating injustice that has been inflicted upon one's self is acceptable, but manipulating such an accommodation for others would be both insidious and invidious.

Unfortunately, some downward self-deceptions are adaptations to such extraordinarily oppressive economic circumstances that even modest worthwhile goals cannot be feasibly aspired to. The extended conjecture of this essay is that such circumstances, promulgated and promoted by the disparities in economic opportunity that necessarily result from inherited wealth, can engender a pathological degree of downward self-deception that is fundamentally intractable. It is difficult to know how to treat the symptoms of such disorders, but doing so is a worthwhile endeavor and is always rewarded and encouraged. Unfortunately, efforts to effectively treat the cause of economically rooted mental disorder are seldom rewarded and are frequently discouraged. Indeed, recent U.S. administrations have pursued both foreign and domestic policies that are designed to assure that the rich will stay rich, not the least of those efforts having more than doubled the amount of wealth that can be transferred in the form of

gifts and inheritance without being taxed (cf. Chomsky, 1982, p. 17 and subsequent discussion; see also Chomsky, 1986).

Too many of us focus so narrowly on underprivilege that we fail to perceive its relationship to overprivilege. Too few of us focus on the realization that unearned wealth is not available to be earned, just as bequeathed rungs on the top half of the economic ladder are not available for occupation. The connection between mental disorder and lack of economic opportunity is indirect, but ultimately it is only more subtle than the connection between mental disarray and a gunshot wound to the head.

Far fetched as it may seem, legislation against inherited wealth, whether that wealth is in the form of money, position, or unearned access to same, would do more to reduce mental disorder than will all of the psychologizing that will undoubtedly be funded by all of the well-meaning inheritors of wealth who sit in the board rooms of our philanthropic and governmental institutions.

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