

THE HAPPINESS SYNDROME

By Maggie Scarf

“Happiness cannot be pursued; it must ensue,” I once counseled my then-adolescent daughter, Susie. I was quoting the psychoanalyst-philosopher Victor Frankl. Susie countered that she couldn’t “buy into” this point of view; it was buying into passivity. I rejoined with a quote from Hawthorne, which was, as I recollected: “Happiness is like a butterfly, which, if you chase after it, will elude you. If, however, you sit quietly and wait, it will come and light upon your shoulder.” Susie suggested a butterfly net—an argument that had a certain undeniable merit.

I had to concede that the Constitution—which grants us the “right to life, liberty and the pursuit of happiness”—was more in line with my daughter’s activist point

of view. Still, throughout our entire windy, angst-ridden discussion, the two of us remained riveted upon the issue of *pursuing* happiness; we never gave a thought to the more fundamental issue of whether happiness is a desirable state when one *achieves* it.

At the time of the aforementioned conversation, neither I nor anyone I knew had ever considered whether happiness is a good thing or a bad thing. Recently, however, a flurry of academic articles has suggested that happiness may not only be highly abnormal, but, in certain instances, hazardous to a person’s health and career.

Granted, this way of thinking about happiness does seem counterintuitive. But, although the current schol-

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arly arguments are abstract and difficult to paraphrase, I shall try to touch upon the major points in this brief space. In a *Journal of Medical Ethics* article titled, "A Proposal to Classify Happiness as a Psychiatric Disorder," Liverpool University psychologist Richard P. Bentall argues that the so-called syndrome of happiness is a diagnosable mood disturbance that should be included in standard taxonomies of mental illness such as the American Psychiatric Association's *Diagnostic and Statistical Manual*. Happiness, as Bentall states in his abstract, is "statistically abnormal, consists of a discrete cluster of symptoms, is associated with a range of cognitive abnormalities and probably reflects the abnormal functioning of the central nervous system." (In this regard, as Bentall later notes, happiness resembles other psychiatric disorders such as depression and schizophrenia.)

Although what is meant by "happiness" has never been specified, it seems likely, as Bentall observes, that the condition has "affective, cognitive and behavioral components." The state is usually characterized by recognizable symptoms such as "positive mood, sometimes described as 'elation' or 'joy' or in its milder manifestations 'contentment.'" The behavioral components associated with happiness are, says Bentall, "less easily characterized but particular facial expressions such as 'smiling' have been noted.... Certain kinds of social behavior have also been reported to accompany happiness, including a high frequency of recreational interpersonal contacts, and pro-social actions toward others identified as less happy." These tendencies, he adds in the essay's only sour note, may help to explain one of the most debilitating consequences of happiness: that happy people try to force their condition on their unhappier companions.

What is the frequency of happiness? Controlled research on the subject is scarce and inconclusive. But, as Bentall argues, uncontrolled observations, such as those found in plays, novels and soap operas, indicate "that happiness is a relatively rare phenomenon." A good amount of data of other kinds (such as informal surveys of one's acquaintances) also gives credibility to Bentall's suggestion that episodes of happiness occur infrequently, and are often of markedly brief duration.

What are the causes of happiness? Little is known about its etiology, Bentall informs us, although some risk factors for happiness have been identified (individuals in the higher socioeconomic groupings report more positive affect). Despite sparse scientific data, evidence indicates that both environmental and biological factors are involved. "With respect to the environment, there seems little doubt that discrete episodes of happiness

typically follow positive life-events," the psychologist explains. "However, the observation that some people are generally happier than others suggests that less transient"—i.e., inborn and hereditary—"factors may also play an important role."

According to Bentall, one of the most intractable happiness-related problems is its clear-cut association with expansive, celebratory behaviors—eating too much, drinking too much, behaving too impulsively. Overeating and overimbibing correspond with increased health risks, while impetuosity can place a person in dangerous situations. Happiness also may lead to a variety of more mundane and yet far from trivial dysfunctions, as Bentall observes.

Happiness is often related to discernible cognitive abnormalities; happy people regularly exhibit an array of cognitive distortions and deficits. It has been shown that happy people, in comparison with miserable or de-

pressed people, have difficulty retrieving negative events from long-term memory. Bentall also cites "consistent evidence that happy people overestimate their control over environmental events (often to the point of perceiving completely random events as subject to their will), give unrealistically positive evaluations of their own achievements, believe others share their unrealistic opinions about themselves."

While happiness has, he concedes, received little attention from psychopathologists—no formal diagnostic criteria describing the condition are currently available—all evidence strongly suggests that happy

people experience a sense of satisfaction in "specific areas of life such as relationships and work, and also in terms of the happy person's belief in his or her own competence and self-efficacy." In this respect, Bentall suggests, individuals suffering from the syndrome of happiness are often out of contact with reality and therefore at a tangible social and biological disadvantage. Bentall proposes that the term "happiness" be removed from future editions of the major diagnostic manuals, to be replaced by the formal description "Major Affective Disorder, Pleasant Type."

Bentall's focus on the "syndrome of happiness" is primarily diagnostic; but in an article on a related topic, Queens College sociologist Fred H. Goldner discusses the potentially devastating social consequences that being too happy by half may set into motion. Goldner's essay "Pronoia" appeared in *Social Problems: Official Journal of the Society for the Study of Social Problems*.

Pronoia is the antithesis of paranoia, the delusory (one hopes) belief that people are saying horrible things behind one's back. The pronoia sufferer has the



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opposite problem; this condition, as Goldner defines it, is marked by "the delusion that others think well of one." The pronoid is possessed by the unswerving belief that anyone who talks behind his or her back is saying the most wonderful, supportive things possible.

According to Goldner, pronoids live in a dangerously rose-tinted universe, one in which "mere acquaintances are seen as close friends. Politeness and the exchange of pleasantries are interpreted as expressions of deep attachments and the promise of future support." These people feel so good about themselves that they tend to be oblivious to negative feedback. In an occupational setting, as Goldner points out, this can lead to fatal mistakes. He notes one typical case:

John White ... had been discharged from a well-paying corporate position. He wrote a memo to the president suggesting how the president should respond to inquiries about him from search firms or prospective employers. In addition to asking the president to tell others that Jones had resigned and not been fired, he then listed in the memo his major strengths that could be praised to a prospective employer. Among them were: "ability to manage large projects and provide directions"; his "excellent interpersonal skills, particularly in bringing together disparate people to achieve common goals, particularly since people trust me"; and his being "a self-starter with little/no need for direction once goals have been set. I don't need to run to my boss on everything." He could not have put together a more accurate list of the weaknesses that led to his discharge. The president did not respond to the memo, nor had he disagreed with Jones in their last meeting when Jones praised himself. There was really no need to do so, because Jones was leaving and it would have been unpleasant to try to correct Jones's misimpressions. This silence encouraged Jones to believe that his former bosses thought highly of his capabilities—even though they fired him.

John White interpreted the fact that the president of the company had raised no overt objections to the employee's self-directed accolades as evidence that the pair of them were in complete agreement (even though he *was* being dismissed). As Goldner notes, such positive delusions are fueled by the natural reluctance of colleagues and bosses to speak frankly to him, and tell it like it is. The pronoid interprets the courteous silences of others as evidence that everyone around him is full of admiration and in complete accord with whatever positions he takes. His blinders allow him to perceive nothing but the good will with which he believes himself to be surrounded.

Like paranoia, pronoidia can be thought of as an individual's strategy for simplifying our increasingly complex and ambiguous social environment. We find ourselves in organizations in which, as Goldner observes, "our occupational tasks do not produce quantifiable or easily measured outputs. The more uncertain the criteria, the less the consensus and objectivity—and the more dependent we are on the guesses about where we stand in the eyes of others. As their opinions become more important in deciding our fate, the greater the likelihood that neuroses about these relationships will develop."

The pronoid's neurosis has to do with the belief that he is indispensable to his superiors, adored by his colleagues and performing brilliantly on the job, while the

paranoid's neurosis has to do with delusions that everyone around him is engaged in a conspiracy against him, with the fundamental goal of bringing him down. The pronoid lives in a world that is too good to be true, while the paranoid lives in a world fraught with ill will and malevolent intentions. They have *both* dealt with ambiguity by responding to all social cues in an oversimplified, almost cartoonlike manner.

Here is another of Goldner's gut-wrenching examples:

John Brown, a university professor, was applying for tenure. He submitted a long letter from someone in the field as evidence of how well his work was received. In fact, the only positive aspects of the letter were the opening expression of interest and a closing sentence saying that Brown was involved in an interesting area of research and should keep the letter writer informed. The rest of the letter was a devastating critique of Brown's book. Brown harmed his own cause because he could only see the expressions of interest as positive reactions which then blinded him from seeing the negative content. As confirmed by a phone call, the opening and closing remarks were but the kind of attempts of a colleague to soften the blow of criticism.

The reader will perhaps have noted that in both accounts of pronoid behavior, the first name of the major player was "John." This is true of every one of Goldner's examples. "All of the pseudonyms I have chosen are John because all of the individuals I observed were men," he explains. "I do not know whether this was a coincidence, or whether pronoidia is especially prevalent among men—though I suspect it is the latter."

If I may inject a personal note, let me say that I am in complete agreement. I say this not out of ignorance or prejudice, but because I happen to be married to a person whose way of being has a distinctively pronoid flavor. He sees goodwill and honorable intention everywhere. This may sound pleasant and amiable (it may even arouse envy) but as a steady diet, it can become taxing. My husband was, for example, the only male in America who believed that Ted Kennedy's famous party at Chappaquiddick was just an innocent office outing—and he held on to that belief well beyond the limits of normal credulity. For a while I felt like Ingrid Bergman in *Gaslight*, struggling desperately to focus on what facts I knew with certainty and which of my beliefs must surely be real.

Another time, we threw a party at which a somewhat plastered guest overturned a punch bowl, which landed in the leek soup; two couples left with the wrong spouses; several noisy quarrels broke out; and the hostess seriously considered leaving and staying with our next-door neighbors (the company would never have noticed). After everyone had finally departed, my husband's gaze met mine over a river of litter and debris, and I opened my mouth. I was going to say something like, "I wish I were dead," or "Can't we move to Alaska?" when he intervened and said, "Wasn't that the best party, ever? Everyone had a wonderful time."

He's happy, and sincerely glad to be a pronoid. Or so he says. •