The power of wishful thinking

REFERENCES

1. American Academy of Family Physicians. Internal medicine (primary care), 2009 NRMP Results. <http://www.aafp.org/online/en/home/residents/match/table7.html> (accessed 8 Mar 2010).
2. American Academy of Family Physicians. Family medicine, 2009 NRMP Results. <http://www.aafp.org/online/en/home/residents/match/table1.html> (accessed 8 Mar 2010).
3. The Association of Faculties of Medicine of Canada. *The Future of Medical Education in Canada (FMEC). Collective vision document, 2009.* <https://wiki.usask.ca/download/attachments/4456450/5/2.+WORKING+DRAFT+FMEC+Collective+Vision+Document+19+February+2009.pdf?version=1>
4. Hart JT. Relation of primary care to undergraduate education. *Lancet* 1973 Oct 6; **2(7832)**:778–80.
5. Havel V. The politics of hope. In: *Disturbing the peace*. New York, NY: Vintage Books Random House, 1991.

DOI: 10.3399/bjgp10X484048

In the quest to promote the new 'NHS Health Check' our PCT has invited GPs to attend a course on 'Motivational Interviewing' (MI), to empower us to work in the 'collaborative, autonomy-supporting, and evocative' manner that is apparently required by this ambitious initiative. According to the journal article circulated with this invitation, aims include not merely 'better clinical results' but helping patients to 'flourish as human beings', with 'improved satisfaction with life, enjoyment, resilience' and 'possibly longevity, productivity and disease resistance'.¹ Although this article boasts a rigorously 'evidence-based' approach, it offers no evidence for these extraordinary claims.

The author, Tim Anstiss is based at Thames Valley University, close to the Slough base of The Office where David Brent provided an inspired caricature of the sort of management psychology now being 'rolled out' in primary health care.

According to Anstiss, publications evaluating MI have been doubling every 3 years and it has been shown to achieve 'superior outcomes' in sexual health, dietary change, weight loss, voice therapy, gambling, physical activity, medication adherence, diabetes, mental health, chronic leg ulcers, criminal justice, vascular disease, stroke rehabilitation, chronic pain, self-care, domestic violence, and child health. MI is a veritable therapeutic super-glue when it comes to 'integrating' things: it can fuse evidence-based medicine and patient-centred care, physical and mental health care, treatment and prevention, treatment with wellness and wellbeing approaches, and much more. How does MI achieve these astonishing outcomes? Well, it harnesses the power of 'positive psychology' to help people 'to reconnect with their values and experience positive emotions on their journey towards improved physical and psychological health'. This sounds like the scenes in *Avatar* in which humanoid characters attach their pony-tails to the manes of exotic beasts and fly through mystical landscapes. Anstiss promises 'more frequent, intense or longer-lasting positive emotional states', a fantasy of

sexual ecstasy through talking therapy. But, back on earth, what values have people become disconnected from and what does it mean to 'reconnect' with them?

According to Anstiss the MI practitioner 'helps clients imagine a better future for themselves'. If this is a future in which people would not be brutalised and displaced by war and poverty, or brutalised further by immigration authorities, or simply a future in which they had a job and security for their families, I'm sure many of my patients could readily imagine it. But could the MI practitioner help to deliver these outcomes?

In *Smile or Die: How Positive Thinking Fooled America And The World*,² Barbara Ehrenreich indicates how the ascendancy of speculative finance capitalism over the past decade fostered the revival of the anti-rational theories of 'positive thinking' that first emerged in reaction to the punitive Calvinism of 19th century America. Blended with vulgar 'self-help' psychology, the new ideology appeared both to justify charismatic leadership in corporate rulers and to help them in 'managing the despair' of the millions of workers who lost their jobs in restructuring.

It is ironic that at the very time that 'positive psychology' began to be imported into the UK, its influence reached a 'manic crescendo' in the US subprime mortgage crisis that triggered the global financial collapse of 2007. The same combination of self-delusion and wishful thinking that united creditors and debtors and dragged the world into recession is now offered as a model for chronic disease management in primary care.

REFERENCES

1. Anstiss, T. Motivational Interviewing in Primary Care. *J Clin Psychol Med Settings* 2009; **16**: 87–93. DOI 10.1007/s10880-009-9155-x.
2. Ehrenreich, B. *Smile or die: How positive thinking fooled America and the world*. London: Granta, 2009.

DOI: 10.3399/bjgp10X484057