From:	Jeffrey Epstein <jeevacation@gmail.com>
Sent:	Friday, November 8, 2013 11:04 AM
To:	Joscha Bach
Cc:	Kevin Slavin; Joi Ito; Martin Nowak; Ari Gesher; takashi ikegami
Subject:	Re: The benefits of deception

deception and self- deception , need better definitions= The recent work suggests that denial. is localized in the brain. A=restrictor of harmful information.- when knocked out. deception inc=eases. i.e. knowing death is within 100 years. is a knock out. a def=ct in the restrictor seems to increase the likelihood of depression.

On Thu, Nov 7= 2013 at 9:11 PM, Joscha Bach ▓▓▓▓▓▓▓▓▓▓▓▓ <mailto:▓▓▓▓▓▓▓▓▓▓▓▓ > w=ote:

Kevin, thank you for your excellent input an= inspired questions on this topic!

> The broad idea is that we'll need to build slack into systems of u=iquitous computing. That there's a paradox in that in order to have a =ohesive identity, certain aspects of our lives require omission (or e.g., =eception).

There are two sides to this: first of all, many of our interaction partners=may have difficulties to accept (or even comprehend) the interactions and =ocial norms that we maintain in other contexts (think: living in a small t=wn in the midwest vs visiting Burning Man; religious community vs. less us=al sexual interests; family life vs. work life; organizational role vs. fr=endships). As a result, we compartmentalize our social expression. In a cu=turally inhomogeneous society, this kind of deception (in the sense of hid=ng parts of my personality depending on the context) is a prerequisite of =eaningful freedom.

But on a deeper level: while we may maintain the illusion of a coherent sel=, we do not possess a single social persona. Our social identity emerges n=t only over our personality, but also over the individual relationships in=which it manifests. We become who we are through the reflection of others.=br>
> The ethnographer Tricia Wang coined "The Elastic Self" after=spending a lot of time with Chinese and American youth using various forms=of social software (...)

The notion of the "Elastic Self" might capture both aspects. On o=e hand, we may explore different possible ways of self-actualization by ke=ping social contexts isolated from each other, on the other, we usually ma=ntain more than one persona.

> How would you build a system that provides a patient with the ability =o continue acting deceptively -- in order to maintain a cohesive identity =- while providing the doctor with the ability to find -- and act on -- per=ect information?

The simplest setup: the patient is a BDI (belief, desire, intention) agent,=and has accurate knowledge about himself. He also has beliefs what part ab=ut his beliefs, desires and intentions are acceptable to the outside world=(which here is a homogenous hospital context and does not need further dif=erentiation), and which ones need to be adapted to fit the actual intentio=s. For perfect information, the doctor gets direct access to both layers.<=r>
The BDI model of agency (i.e. the idea of describing an agent using a set o= beliefs, desires and intentions) is a somewhat crude simplification. We m=y well hold different, contradictory sets of beliefs and goals at differen= levels, and the one that becomes relevant depends on the context, and the=state the agent is in. Also, many beliefs and intentions are not directly =epresented, but generated when needed, and their content and form may be h=ghly

dependent on the interaction. In reality, there is often no perfect i=formation for the doctor to act upon, e.g., because some of the informatio= will be generated during and depending on the actions of the doctor.

We might want to skip that kind of accuracy if we just want to get an idea =f the benefits of deception for the organization. If we treat the patients=(as well as doctors, nurses, …) as straightforward BDI agents, the "=perfect information" would be the set of beliefs and desires that the pa=ient functionally acts upon. If we want to include self-deception, we migh= simply add another layer on top of that: the set of beliefs that the agen= has about his own beliefs, desires and intentions at any given time. For =unctionally accurate deception of others, the patient needs to represent b=liefs about the actual beliefs of the doctor, and actionable desired belie=s of the doctor about the beliefs, desires and intentions of the patient h=mself. (A perfectly clairvoyant doctor would have access to all belief lay=rs of the patient, and the relationships between them.) Only if we want to=assess the benefits of deception to the agent himself do we need to implem=nt a more detailed cognitive model.

Cheers,

Joscha

--
***********=**