Renegade INC

There's More To Life Than Happiness

Ross: *[00:00:28]* Welcome to Renegade Inc. The US Declaration of Independence famously cites that life, liberty and the pursuit of happiness are inalienable rights. But is the pursuit of happiness even possible? Or does this goal actually make life increasingly miserable and liberty more elusive? Joining me to discuss the incessant striving for happiness instead of meaning are the sociologist and author Dr. Ashley Frawley and trainee psychiatrist and researcher Dr. Mark Horowitz. Welcome to you both. Mark, you often hear these headline statistics about the number of prescriptions of anti-depressants in England. I can give you one. It's almost doubled in the past decade. And then NHS data will show you that 70 million prescriptions annually are given - one in six people taking antidepressants in the UK. People see that in the media and they think, oh my gosh, what's happening? And people who are taking those drugs look at it and think, 'oh, my God, I'm not on my own'. Is it that we've got a huge problem with anti-depressants or is this a natural state? *[00:01:34][65.6]*

Mark Horowitz: *[00:01:34]* There's a few issues there. As you've said, one in six adults in England are on anti-depressants. The number of adolescents who are on antidepressants is also growing. People who are from deprived backgrounds are more likely to be on antidepressants. Women are more likely to be on antidepressants as well. That's growing every year the number of scripts. There are probably two things driving that. One: New scripts each year, as in for new patients, is only increasing by a few percent. But what is increasing is the length of time for which each person stays on their medication. It's quite interesting when you ask people why do they want to stay on their medication? And they give a variety of answers. And some of the answers that they give are they're afraid of withdrawal symptoms from the medication. They've had bad experiences in the past when we've tried to stop them. The other reason, is they're afraid of getting unwell again. And a lot of these people have been told things like they have a serotonin deficiency or a chemical imbalance in their brain. *[00:02:32][58.2]*

Ross: *[00:02:33]* And they've believed that story? *[00:02:34][1.1]*

Mark Horowitz: *[00:02:34]* Right. So they've been told that by their GP or their psychiatrist that they have a potentially lifelong, probably genetic, brain illness that involves too low of the neurotransmitter serotonin and that they need a medication in order to combat that. And they've been told that story and they've internalized it. And if you think that about your mood states, it makes sense why you'd want to stay on the medication for the rest of your life? *[00:03:00][25.4]*

Ross: *[00:03:00]* But for many, many years, that has been the story that 40, 50 years, the psychology profession, if you like, have traded out on this, that there's an imbalance so we need to intervene and help that out? *[00:03:11][10.8]*

Mark Horowitz: *[00:03:11]* So actually, it started off as a hypothesis, an idea. And the idea came from people seeing that anti-depressants, which are known to increase the levels of serotonin, improve people's moods. And from that, they concluded that if these antidepressants that increase their return and improve mood then lowered mood or

depression, must be caused by a lack of serotonin. And people came up with this in the 1950s and '60s. But actually, in the intervening decades, there've been a number of different studies looking at brain levels, levels in the urine levels in people's cerebrospinal fluid. And there is no robust finding that people with depression have any different level of serotonin to people without depression. *[00:03:54][42.2]*

Ross: *[00:03:55]* What if a scientists came at this from a different way. Instead of looking at the individual, actually saying, well, what's the wider context? Where does this person live? What do they eat? What is their society like? What are their economic prospects like? What is their family up to? And then start to create a bigger picture around the person who is telling a doctor or anybody else that they're depressed. What happens then? Because it seems to me that it's a very narrowly defined brief when if someone sits with a doctor and says, 'look, I'm depressed', just to say, 'well, how are you feeling? 'I'm feeling this'. 'Here we go, here's a tablet'. *[00:04:28][33.1]*

Mark Horowitz: *[00:04:28]* I think there's a bit of a variety of responses here you get from doctors. Not all doctors will hand you a script. I think all doctors will try to do what you said - to look at the context of someone's life - and that has been called the biopsychosocial model that we're taught in medical school. I think the problem comes when you have very short GP visits. *[00:04:47][18.8]*

Ross: *[00:04:47]* Right. *[00:04:47][0.0]*

Mark Horowitz: *[00:04:48]* You have a limited period of time to explore things. Doctors like doing things. They're proactive people. They want to provide a solution. And so with a quick consultation, you've got little time to explore things. It's probably simpler to give people a medication, whereas exploring the context of their lives, their nutrition, their social circumstances is a much more complicated endeavour. And probably the GP feels that they can't influence that very much. *[00:05:12][23.9]*

Ross: *[00:05:12]* Ashley, if I have diabetes and I go to the doctor, doctor says, look, here's some insulin - it's cause/affect and pretty much solved. Yes, some side effects. But broadly speaking, we've also done that to mental health. Doctors have become trigger happy because of shorter consulting times and they've prescribed to try and get rid of problems. True or false? *[00:05:30][17.5]*

Ashley Frawley: *[00:05:31]* I don't think that you can blame this on doctors. In fact, doctors are often exasperated by people coming to them with what are social issues, I think it's part of a broader sort of cultural narrative in which we've told people or certain groups in society - advocates and pharmaceutical companies - have consciously campaigned to redefine certain aspects of life that were once considered unproblematic or at least non-medical issues or economic issues, to encourage people to conceive of them now as individual psychological issues. And we've become over the past century to be encouraged to be more and more aware of our own internal lives and our own internal psychology. And when you do that, you're going to find it wanting. So what's happened also is that we've lost some of these broader anchors for truth. You know, so policymakers are not going to talk about religion. You know, do this because God said so. They're not even really going to talk about political ideology.

They're not going to say I'm driven by neo liberal tenets. No, they're going to say this evidence says that this is good for your mental health. So increasingly, they've started to talk to people through the language of mental health. So I think that's become a huge part of this, that increasingly we're encouraged to think about a huge range of social issues as essentially individual health problems. At the end of the day, it sounds really positive, right? So we start to have a conversation of mental health and people think, well, yeah, I guess I do care about that, right? But you wanted to have a conversation about jobs. You wanted to have a conversation about affordable housing. Now we're having a conversation about you and how you feel, right? And so it deflects attention from those things. But also, I think there's a tendency to think that there's this problem in society and then the effect is how you feel. And all individuals and all human beings will react in the same way in all places at all times. That's not true. There is what we call a looping effect that once that label exists, once that way of making sense of your feelings and what it means to be human and so on exists, then the two things you and that label you grow together, you're more likely to conceive of yourself through the symptoms that that label offers. *[00:07:39][128.2]*

Mark Horowitz: *[00:07:40]* I guess we've also been taught as a society medical language. So now teenagers, adults, people are all very fluent in saying it's my OCD, it's my clinical depression, I've got generalized anxiety disorder. So these labels that were first invented to make it easy for doctors to speak to one another - to communicate what's wrong with the patient - have become so ubiquitous in society that everyone uses these terms and also defines their own experience through the prism of psychiatric diagnosis. And one of the issues with psychiatric diagnosis, which I think you're making, is that it decontextualizes things. So rather than being depressed because of, or in reaction to, a whole host of psychological and social circumstances, you now have an illness. *[00:08:27][47.3]*

Ross: *[00:08:27]* And then you own that illness. And that then becomes part of you. And you wheel it out, show people and then put it back? *[00:08:32][4.6]*

Mark Horowitz: *[00:08:33]* Right. And so if it is like diabetes, as you are told by doctors sometimes, you now have a lifelong issue that's located inside yourself, perhaps inside yor brain. And it does contextualize it from the life around you. And so I think the people who walk around feeling like they have this lifelong brain illness, it's a sort of a disempowering narrative to have. It stops them looking outwards - what could make their lives better or what is wrong in their societies - and focuses on in what way are they deficient as a person. *[00:09:02][29.5]*

Video clip (Camila Batmanghelidjh): *[00:09:03]* The West is coming to the realisation that it's human project is failing. The West was so convinced that if you push people to achieve as individuals, that accumulated achievement of individuals would make for a successful society. And what the West is now beginning to realise is that the individual achievement without incorporating the vulnerable community is a myth. The idea was to make your own life, be individually inspiring and then you'll be individually achieving and then you'll be individually prosperous and then you'll be individually happy. You end up doing that in a glass jar and the glass jar has a limited height and it's encapsulating and in the end you die of lack of oxygen. Human beings are alive because they seek attachment and because they're

propelled by affection. So the isolated, achieving individual in the end implodes. *[00:10:17][73.6]*

Ross: *[00:10:18]* By seeing things through a individual lens, it's perfectly sort of Thatcherite neoliberal, you know, a pursuit of the individual, let's forget society and forget that there's wider context. Let's just say, well, actually, if you've got a problem, it's privatized. It's down to you. You've got to sort it out? *[00:10:34][16.6]*

Ashley Frawley: *[00:10:35]* Well, it appears that way. And actually a lot of interventions - psychological interventions - are sold on the ability to produce these ideal neo liberal subjects who won't call in sick and won't call on expensive state services and so on. But the reality isn't this perfect neoliberal subject, it's an upward spiral of demand. The more that we're told we can't possibly cope with the vicissitudes of life on our own, the more we call upon these expensive services. And that's actually part of the deal. That's actually part of what happens. They promise that down the road, you know, the self-esteem movement promise that it was going to inoculate people against future social problems. They called it a social vaccine. That didn't happen. All that happened was we encouraged this excessive internal introspection. And when you do that, you're always going to find problems. The meaning of life isn't something bigger than yourself, isn't something beyond yourself. Paradoxically, if you have nothing bigger than yourself to live for, life becomes insufferable. Anything becomes impossible to bear. If the purpose of your life is your own internal feelings, it's impossible to feel happy all the time. You're always going to find it wanting. If the purpose of everything is to create a certain feeling inside yourself, that's a very limited sense of what it is to be human - a very limited sense of the human project. *[00:11:52][77.3]*

Ross: *[00:11:53]* It comes down to a lot of the language though. If doctors are prescribing then all they're doing a lot of the time is looking just at you. And again, back to this idea, they're not seeing the wider societal or the wider social context. *[00:12:04][11.5]*

Mark Horowitz: *[00:12:05]* I think it's even narrower than that. They're not looking just at you. They're looking at a single chemical in your brain when they're thinking about medication being the solution. I think this narrative comes from drug companies, largely, that people have this deficiency. They need a medication. And then this sort of idea has been propagated to the public that there's this epidemic of depression. You need to identify it in yourself, present yourself to a doctor and receive treatments. So it all fits together quite nicely. *[00:12:30][25.3]*

Ashley Frawley: *[00:12:31]* You start thinking that there's like a demand first and then the treatment comes. But that's not the case. First, they drum up the demand. So that's why it's not neo liberal and a very simple sense. It's that if it was neo liberal, just a rehashing of liberal ideas of what it means to be human, then you would have a much more optimistic understanding of human beings just as they are. Instead, the ideal neo liberal, self-governing subject must be created. Nobody ever asks, why are there all these attempts to create this subject? Why does no one believe it exists? Because through conscious campaigns we've destroyed that idea. This idea that you can cope on your own, that, you know, just everyday problems - problems in your marriage, problems raising your children - are something that the ordinary uninitiated human being can sort out for themselves. That's seen as just beyond

the pale. You can't say that. And so what's happened is we've undermined that human ability to deal with problems that human beings have always had. You know, we've always relied on social supports and social networks. Who else do we bring our problems to? - our priests, our friends and our family. And now that's been professionalized and removed from us. So the demand was created first before the intervention. *[00:13:41][70.0]*

Ross: *[00:13:54]* Welcome back to Renegade Inc. Before we talk more about the impossible pursuit of happiness with Dr. Ashley Frawley and Dr. Mark Horowitz. Let's have a look at what you've been tweeting about in this week's Renegade Inc index. First up, we got a tweet from Frank Pasquale: 'There's a new status symbol for the one percent enlightenment. While you were busy downloading Headspace and livestream Peloton, the extremely rich have been locked in a holier than thou arms race to purge themselves of screens'. And this is from an article How Spiritual Snobs Became the New One Percent. Is that fair - spiritual snobs? *[00:14:27][33.0]*

Ashley Frawley: *[00:14:31]* Yeah, I think so. I think a lot of this happiness discourse and so on usually comes from people with a lot of money who are very invested in telling us that money doesn't make them happy. I'm here to take that money off their hands if it's going. *[00:14:43][12.2]*

Ross: *[00:14:44]* All I heard was Gwyneth Paltrow. Next from Ash Paul: 'Prescription drugs are no cure for depravation. The burden of poverty can muddy diagnoses of depression and lead to the over prescription of anti-depressants', says Ian Hamilton in the British Medical Journal. Next up, from Repeater Books: 'Ronald Purser, author of McMindfulness, is sceptical about the wellness industry, pointing out you can never be too well. That's why it's a massive growth industry'. Incessant striving for perfection? *[00:15:19][35.0]*

Ashley Frawley: *[00:15:20]* No, I think it's actually the opposite. It's that people know that you can never be too well. It's actually creating wellness is something that you have to always be pursuing. So it creates a deficit. By definition, we are always unwell. We always have to be thinking about our psychology, our health. You know, people used to say they were very healthy 60 years ago when you didn't live nearly as long. Now we're less likely to say that we're healthy because health has become something you have to pursue. *[00:15:46][25.4]*

Ross: *[00:15:46]* Next from Anna Cooke: 'I do think it's strange how taking psychoactive substances is often frowned upon unless some professional decides they're not drugs. They are medication'. And she is actually replying to Psychology Today: 'Ketamine provides speedy and dramatic improvement, particularly among patients who have had no luck with other treatments'. Is that fair? *[00:16:10][23.5]*

Mark Horowitz: *[00:16:10]* Right. So I think Ketamine is a great example of taking a drug that is clearly used as an illicit drug. It causes addiction, causes dependence. It's been sanitized and rebranded as an antidepressant. And rather than causing people to get high, it's been rebranded as having rapid onset anti depressant properties. *[00:16:27][16.8]*

Video clip: *[00:16:28]* Once I was consulted by some by an old general practioner in the outer part of Vienna. And he tells me, 'Dr. Frank, I've come to see you because of this severe depression from which I'm suffering for the last two years since my wife died'. And he asked me what should I do? And I didn't give him any advice. I didn't tell him anything. But I just asked him a question. I asked this old doctor. 'Tell me, doctor, what would have happened if you had died first and your wife would have had to survive? Step one he said, 'Oh how she had suffered'. That's when I retorted, 'Well this suffering, doctor. Your wife has been spared this suffering. And it was you who could spare her this suffering. But now is where you have to pay for it. You are billed for it by the fact that you have to mourn, you have to suffer, you have to survive her'. *[00:17:34][66.1]*

Ross: *[00:17:44]* Famously, Victor Frankl, the then prisoner of war, and the psychoanalyst, wrote a book called Man's Search For Meaning. Understandably, it's a bestseller because everyone wants meaning. In it he puts that you shouldn't pursue happiness or success. You have to actually dedicate yourself to a cause greater than yourself. Then happiness and success ensues. It seems to me, as a society, we've lost sight of that dedication to something bigger. *[00:18:08][23.9]*

Ashley Frawley: *[00:18:08]* I think it's really important that as human beings, we're meaning making, you know, we need to be able to have something in our lives that's bigger than ourselves. And a lot of that has disappeared now. In society we no longer have, you know, religion. I mean, people personally may have religion, but it's not an overarching thing that most people share. We no longer have big political movements that good sections of the population can agree on. It's sort of like I'm for the whales and I'm an environmentalist and we've all become very atomized around these things. But I think it's not just that you pursue a project beyond yourself because it will make you happy, you pursue a project beyond yourself because it makes suffering worthwhile. It's not that you do these things because the end result is some feeling in your body, you pursue it as an end in itself. And it may bring you suffering. It may bring you immense grief, but it's worthwhile. It matters, and that's important. I think we would all do well to think a little bit less about our feelings. *[00:19:08][59.6]*

Ross: *[00:19:09]* And is it the case that the meaning then emanates from that tussle, from that muscularity, from the to and fro of actually delivering that thing that you've dedicated yourself to? *[00:19:19][10.4]*

Ashley Frawley: *[00:19:19]* Yeah. In fact, it used to be that the project was so big and so important that people were willing to give their lives for it. If you think about revolutions in the past and so on, people used to find meaning in things so much bigger than themselves that they actually could delete themselves entirely. To think about that now is absurd, right? Most people would never do that. And actually that's probably a good thing. *[00:19:42][22.3]*

Ross: *[00:19:42]* But there are - there were - stonemasons who'd work, for instance, on the Duomo in Florence and they knew that there was no way in their life that they would see that project finished. However, they were willing to do that because it was for God, it was for the country, it was for that religion, whatever it might be. But it was not for them. The attention was out. They weren't there talking about their feelings, right? *[00:20:04][22.0]*

Ashley Frawley: *[00:20:05]* The issue with that is that it tells us that the reason why people get involved in these big projects is not because of their feelings. There's something else in society, something that pushes us to do things and it is to understand those pushes that are actually usually outside of human psychology. We've come to this situation now, where the only way we can understand social issues or human motivations is totally internal to the individual - it's some kind of irrational impulse, it's some kind of search for happiness. No, I work because I have to, you know? I do a lot. We all do a lot of things in our lives quite apart from our own search for happiness. There some other drivers. We've lost our ability to look at those deeper drivers. That's the problem. I think we're blaming most social problems on individuals because that's all that we can understand. If there's a problem, it must be you, it must be your behaviours instead of thinking actually there's something rational within an individual's life that makes it logical to act in that particular way. *[00:21:07][61.8]*

Video clip (David Graeber): *[00:21:08]* Well, what's more or less is it's really perverse, because we feel that work is always good and you think about what's one thing the left and right totally agree on? More jobs is always good. You know, they argue about how you create those jobs. You give money to poor people to create consumer demand to give money to rich people because they are job creators. But everybody thinks jobs, jobs, there should be more jobs. It used to be that jobs were considered productive. So a job is good because it produces something. All wealth is created by work. And there was a movement in the early part of the 20th century, especially by industrialists, to say, you know, this leads in creepy directions. We were going to become Marxists. We need to, like, concentrate on consumerism. As a result, work is almost like you need to suffer in order to like earn the right to your consumer pleasures, right? And this is really drilled into us. So anything that makes the work more pleasant or more fulfilling or better but a less awful experience, actually lowers its value. *[00:22:03][55.1]*

Mark Horowitz: *[00:22:03]* So I think this fits into the discussion about the way that drugs are presented to people. It informs them as to what is the best solution for their troubles. And Joanna Moncrieff, a professor of psychiatry, has written a book about this called The Myth Of The Chemical Cure. And in it, she explains, I think a very useful way of thinking about these drug. There is two different theories you can think about them through. One is a disease centred model, and that is the model by which you see a drug as a targeted cure for an illness. So a good example is insulin for diabetes. *[00:22:34][31.1]*

Ross: *[00:22:35]* The other way? *[00:22:35][0.3]*

Mark Horowitz: *[00:22:36]* The other way is a drug centred model where you see the drugs - psychiatric drugs - as being psychoactive substances with things in common with street drugs, with drugs that people use for pleasure. They can get you high. They can have side effects. They might be pleasurable in the short term, but cause trouble in the long term. And when you see the drugs through that prism, well, some people find them useful. Some people find them harmful. And you have to weigh up the pros and cons for each person at each time point. But when they're presented and they're often presented in a disease centred way that you have an illness, there's a deficiency, the drug is going to fix us, it kind of takes the choice out of the person's hand because of course, we say yes to a targeted treatment, to antibiotics for an infection to insulin for diabetes, whereas if it was presented as drugs that might cause

tolerance - might be hard to get off, might cause withdrawal, have a whole host of side effects, but have some effects that people might perceive as useful - that would be a more fully informed consent for patients. They'd be out to make up their minds. Does this sound beneficial to them as opposed to being told by authority figures, this is a drug that's going to solve things for you. And I think the evidence as it exists today is not very strong that antidepressants act in a disease specific way. There is no evidence for serotonin. So it's not clear that antidepressants are the solution to that problem. And they should be presented in a more drug centred way that can cause numbness, that might be useful, there's a whole host of side effects. And that would allow people to think more honestly about where the drugs are useful or harmful for them. *[00:24:08][92.4]*

Ross: *[00:24:08]* Dissimilar to the experts saying, 'don't you worry your pretty little head about this. We can sort this out'. This informed consent aspect is the experts also saying or being nebulous, if you like, cloudy around, 'don't worry about that. Just take this. Don't worry about the feelings they'll eventually get better'. *[00:24:23][14.8]*

Ashley Frawley: *[00:24:23]* Yeah. And when you do that, you think, well, they must know what they're talking about. There must be science behind what they're saying. And when people find out that that's not the case - you know, for instance, that there's probably no such thing as a chemical imbalance, that these things are simply treating - people are angry about that because they've given up their autonomy to somebody. And I did this because you told me that there was something wrong with me and now I'm dealing with all these side effects. I actually think that as a consenting adult, you should be able to have access to drugs if you are aware that, look, this is what it can do. You know, you don't necessarily have to feel bad. There is a drug that can, you know, numb some of those feelings. And here are the side effects. But instead, it's that you have an illness, right? And then that label has its own world of meaning that you then attach to your life. And it also gives up some of your autonomy to make that choice. Like, I don't understand why you have to tell people that they're sick in order to be able to give them a drug, because if you're telling them, look, this is a drug, as you're saying, then I'm making that choice to take that drug. *[00:25:26][62.4]*

Ross: *[00:25:26]* We have to be really delicate around this subject. What are the principles that you'd both put forward that people can think about when they naturally are a little bit down or they want to go to see their doctor or they're thinking about, actually, I need something else to knock me out of the current state that I'm in? What is a principal that someone can think about which will give them another option, a bit more latitude than just being tunnel-visioned down the prescription route? *[00:25:52][26.0]*

Mark Horowitz: *[00:25:53]* I think, first of all, to appreciate complexity that people become upset, down, have distressing symptoms, were all sorts of reasons. And although it sounds very neat that we found a single chemical that's wrong in people's brains and all they need to do is to fix that. That is not the definitive explanation of what is going on. So I think to entertain all sorts of other possibilities - what's going on in your life, different changes that you can make and also the passage of time. I often tell friends of mine who have been prescribed antidepressants, who are unsure whether they should take it or not. I say put it underneath your pillow for six weeks. If things are still bad, you could take it then, if that's

what you want to do. But the tincture of time does generally improve things. *[00:26:33][40.8]*

Ross: *[00:26:34]* Should we be more at ease with our uneasiness as a way to find meaning? *[00:26:37][3.3]*

Ashley Frawley: *[00:26:38]* Yeah, I think so. I think it's okay to be sad and upset because the nature of the thing that happened to you is bad. I don't think necessarily that every quote, unquote negative emotion is a problem to be solved. I think at the same time, though, it's important to focus on things beyond your own self and your own feelings. That focusing on a project beyond yourself, something that allows you to forget about yourself, is something really important and that all human beings need. Instead of searching for satisfaction or mental health, we should search for meaning. And when we're being asked to think about things in individual terms, we should look outside human beings, look at the structures of our societies and the way things are held together and locate the problems their. Start their before you move into human psychology, if you ever get their. *[00:27:26][48.5]*

Ross: *[00:27:27]* Ashley, Mark, thank you both very much for your time. That's it from Renegade Inc. this week. You can drop the team a mail, studio@renegadeinc.com or you can tweet us at Renegade Inc. Join us next week for more insight from those people who are thinking differently. But until then, stay curious. *[00:27:27][0.0]*