

Unhappiness vs Depression

how changing definitions define disease and treatment

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Overview

- Disease mongering – the practice of expanding the definition of disease in order to diagnose more people who require treatment
 - turns healthy people into the worried well or sick patients
 - is now a common practice in all medical disciplines
 - increases business for the medical profession and drug and device makers
 - harms members of the public who would be better off left alone
- Disease mongering is common in the psychiatric field
 - easy to do because definitions of disease are so unclear and change from time to time
- Affects not only who is being treated for what condition, but the benchmark for “cure”
 - how do we know someone is “better” or “cured?”

Overview

- Material in this slide set is based on the book *Artificial Happiness: the Dark Side of the New Happy Class* by Ronald Dworkin, M.D., Ph.D.
- Describes how changed relationships between doctors and patients, changing cultural norms, and widespread availability and acceptance of psychiatric drugs resulted in a new social experiment: helping people to feel happy independent of the circumstances of their lives
 - everyday unhappiness is now called “depression,” and unhappiness is a condition that requires treatment
 - unhappy people deserve to be happy, and they can be through drugs
 - but are they really happy? and at what cost?

Artificial Happiness

- Distinctive feature – power to resist life
- People manage to feel happy when life is miserable
- No matter how bad things get, the person with Artificial Happiness goes on feeling well – the person is incapable of feeling hopelessness
- An entirely new class of people has developed – Artificially Happy Americans
 - they lead busy lives but they don't get much from life
 - religion can make them moral, work satisfies ambition, medicine guarantees their happiness – not life itself
 - they are happy until a time determined by the drug's half life
 - how people live and how they feel are disconnected

The Problem With Artificial Happiness

- People don't feel the unhappiness they need to feel to move forward with their lives
- Sometimes people need a mass of unhappiness in order to push them out of a bad life situation so that they can have a chance at real happiness
- AH allows people to stay in their own ruts; they sacrifice the opportunity to have the real thing
- Linda's story

at the time clarity was most needed, Linda became less thoughtful – instead of weighing all of the options carefully, threw caution to the wind

before Paxil – worried about no job skills and 2 children; after Paxil no consideration of her circumstances and impact of decisions

doctor used medication to make sure Linda's divorce went well – is it his place to make decisions about what Linda should be doing and how she should feel about her life?

The Problem With Artificial Happiness

- The need for effort is negated by medicine
- Medicine clouds people from seeing the potential consequences of their actions
- Represents a form of “well-intentioned deceit” imposed by doctors
 - not just psychiatrists, but family practice docs, ob/gyns, internists
 - they think they are making things better – short term this appears to be true

The Continuum of Relief

- On one side – hobbies; range from stamp collecting to golf and charity work
 - used to pass the time, sometimes as distraction to address unhappiness caused by disconnect between the way people live and the way they want to live
 - society approves of charity work and hobbies
 - usually sooner or later, distraction stops working, person has to face reality
- Other end of the continuum – alcohol and drugs (prescription and illicit)
 - society does not approve of alcohol and drugs
 - can block out life and its effects completely, people can become reckless
- New middle ground between hobbies and substances – Artificial Happiness, alternative medicine, obsessive exercise
 - psychiatric drugs alter a person's frame of mind (like alcohol), but supported by medical profession (powerful institution)

The Strange Value System of Happy Americans

- More important to justify stupefaction than to consider whether or not mind is working properly
- People do not have to feel ashamed for being numbed out, like alcoholics or drug addicts; their plan is endorsed by medical doctors
- People stupefy their minds while calmly discussing their issues as if disconnected
- Happy Americans are victims of the medical system

The Change in Public Consciousness

- Second half of 20th century – new attitudes about mental illness developed
- Elizabeth Wurzel – wrote *Prozac Nation*
 - tapped into public anxiety about mental illness
 - described 10-year experience with mental illness
 - begged readers to see depression as a disease rather than personal failure or inadequacy
 - public labeled depression and everyday unhappiness a disease
 - made it easy for doctors to start treating unhappy people as if they were ill

The Change in Public Consciousness

- Dr. Peter Kramer wrote best-seller *Listening to Prozac*
- Stated Prozac increased self-esteem and reduced negative feelings in patients
- Coined phrase “cosmetic psychopharmacology” – Prozac snips out ugly parts of people’s personalities like laser removes skin blemishes; produces better and happier people
- Book was different than many

doctors can be condescending when writing for general public, sometimes write in a way that distances themselves from everyday people

Kramer put himself on same plane as readers, shared his own uncertainties

knew that to make everyday unhappiness a disease, doctors needed to turn mental illness into a popular cause

The Change in Public Consciousness

- Greedy doctors, drug companies, conflicted government participated in creating current mental health mess
- BUT Americans followed their doctors' orders and took drugs
- They pursued alternative medicine and obsessive exercise
 - both opposed by medical profession and by Dworkin
 - may have been “safer” but when used as a diversion from dealing with life they are equally ineffective
- Public moods played a very important role – public had robust interest in finding alternative solutions for unhappiness
- Current system sprang from ideology – popular beliefs about unhappiness

The Change in Public Consciousness

- Doctors believe they are helping people - mistakenly assume that medicine is the key to solving all of life's problems

- Societal consequence

most important things in life begin in person's mind

mind sets limits on behavior; changes can have serious consequences

addressing misery with Artificial Happiness silences the conscience - a bad conscience often the cause of unhappiness

conscience – not a moral instrument, but vehicle for appraising activity and self-approving or disapproving, way to monitor oneself

AH silences conscience, person feels divergence between how she lives and how she wants to live or thinks she should live

The Change in Public Consciousness

- When conscience silenced, reckless acts often follow
 - can be done with alcohol, often involved in murders, prostitution, stealing
 - alcohol wears off quickly – once sober, people often feel regret for their acts
 - people who take psych drugs – remain stupefied constantly, live in mainstream society, stifle consciousness in order to live AH lives – never become “sober”
 - sheer number of these people – they pose a bigger threat than murderers, prostitutes, etc. but effects are more subtle
- For a long time, AH was limited to adults, who had fully developed consciences before they started taking the drugs
- Now children are thought to deserve to be happy – they are medicated when their consciences are not yet developed

The Change in Public Consciousness

- AH interferes with child development
- Unhappiness needed for child to develop a healthy conscience
 - unhappiness teaches what it is like to feel dissatisfied with self, to feel ashamed, to feel like one has made a mess of things, to hear the inner voice that directs person to make good life choices
 - Happy Children do not get the opportunity to develop in this way

The Change in Public Consciousness

- Entire generation of Happy Children is emerging – the only experience this generation has had is AH, experienced independent of life
 - life does not move or threaten them
 - they do not need kindness when they feel down; don't know how to show it to others
- either
 - have learned to need nothing from others and to give nothing in return

The Shifting Role of Doctors

- Early 20th century – medical science not well developed
 - doctors talked to patients about their problems
 - often weak on science but knowledgeable about everyday life
 - gave advice from personal experiences and compassion
- During 20th century – medicine turned into a science
 - doctors focused more on science, wisdom about life less important
 - turned social problems of patients over to social workers – first charged with making sure patients took drugs
 - eventually social workers took over psychosocial aspect of patient care, filled void left by doctors who no longer had time to talk to patients

The Shifting Role of Doctors

- 1930's – doctors turned emotional troubles of patients over to psychiatrists and psychologists
- Psychiatry was part of movement toward specialization – by 1972 almost 80% of doctors were specialists
- 1960's – doctors turned their spiritual duties over to support groups/churches in community
patients relied on them for support and comfort when feeling isolated in in despair
- Doctors now reduced to engineers of the body, lacked any connection to patients' everyday troubles
some complained they were overpaid technicians, doctors accused of treating humans like machines

The Shifting Role of Doctors

- Primary care doctors contributed to rising negative feelings about doctors
 - they were supposed to be wise, compassionate people
 - stigma associated with seeing psychiatrists, people preferred to deal with issues in primary care setting
 - referral to psychiatrist not well received
 - drove general practitioners to get back into helping people, but they were unsuccessful
 - had lost ability to connect with people, they were engineers
 - approached unhappiness as an engineering problem like a sore throat or cold
 - treated unhappiness as a disease
 - as psychiatrists started talking about chemical imbalances in the brain causing mental illness, primary care docs expanded discussion to include neurotransmitters and unhappiness

The New Ideology

- Doctors felt they had a duty to medicate unhappiness - involved treating neurotransmitters
- Helped to reverse trend toward shrinking practice while specialists' practices grew
- Taking care of unhappiness became a high-tech science that did not require the involvement of specialists
- 1970 – most prescriptions for Valium were written by primary care docs
- Mental health activists and primary care docs shared common vision – destigmatize unhappiness
- Primary care docs could treat unhappiness in the office with drugs and in context of patient's family and community life
 - public liked it – term “family practice” sounds reassuring, someone who could be trusted

Treating Unhappiness

- Psychiatrists did not like family practice docs getting into the happiness business, accused docs of using drugs incorrectly
- Instead of using *DSM*, docs used *International Classification of Diseases (ICD)* – collaborative effort across all medical disciplines, way to bill insurance companies for everything
 - chapter in the book lists conditions like unhappiness, anxiety, low self-esteem
 - each “condition” has a code and a treatment
 - unhappiness is V6s.1
- Prescribing for depression increased – major contributor was medicating everyday unhappiness by family practice docs
- Contributed to erosion of the term “normal” – when unhappiness instead of behavior is the disease, “normal” loses relevance; doctors focused on how people felt rather than how they behaved

Treating Unhappiness

- Defect in the physician as engineer training – few learned how to talk to patients
 - 1999 study of family practice docs – 80% felt comfortable prescribing meds for depression; 36% felt confident in treating depression with counseling
 - similar scores with internists and ob/gyns
- Engineering approach made discussion about happiness irrelevant anyway
- Study by Dr. Daryl Regier 1978 – almost half of visits to doctors for mental health issue involved docs other than psychiatrists
- Study in 1985 “The Hidden Mental Health Network” – family practice docs saw half of all mental health patients and medicated them 89% of the time – twice the rate of psychiatrists
 - only 25% of visits involved therapeutic conversation

Who Should Treat Unhappiness?

- Psychiatrists concerned with protecting their turf authored an article stating that primary care docs failed to diagnosed depression in 50% of cases
 - used Beck Depression Inventory as standard for diagnosing depression in a population
 - point was to show family docs they should refer to psychiatrists
 - Beck is subjective depending on how it is scored; Nielsen/Williams used lower threshold so that even more “depressed” people could be identified – increased incidence of minor depression in the general population from 2.3% to 12.2%
- Backfired – doctors decided to prescribe even more drugs for everyday unhappiness; became more aggressive about finding and treating depression
- At the time psychiatrists were still promoting talk therapy – slow path to recovery; family practice docs had fast solution – drugs

The Family Doc as Mental Health “Expert”

- 1988 Prozac was introduced, psychiatrists wanted to maintain control over prescribing it, but family practice docs maintained control of everyday unhappiness and prescribed it too
- Unhappiness was a disease that was best addressed with drugs
- Family practice, internist, ob/gyn training included more mental health training
- Family practice docs claimed to be medicating depressed patients missed by psychiatrists
- By 1985 – 2/3 of family practice docs surveyed cited lack of patient willingness to be treated as a barrier to care – doctors were “selling” treatment to patients in the office (drugs)
- Doctors started expanding the number of conditions for which drugs were needed – bulimia, OCD, weight loss, PMS, pain, smoking; involved off-label use of drugs
 - if unhappiness was a disease so were everyday behavioral problems too
 - scientific “expertise” was more important than bonding

The Family Doc as Mental Health “Expert”

- MacArther-funded study – actors trained to look like they were slightly depressed visited primary care doctors undercover, complaining of headache
 - all played same character – 26-year-old data entry clerk, recently divorced with 10-pounds weight gain and feeling sad
 - average visit 16 minutes – doctors diagnosed depression half the time and prescribed drugs half the time
 - the addition of “I’ve really had a tough year” triggered depression diagnosis an additional 30% of the time
 - once doctors sensed unhappiness they asked questions about home life, work life, social network – not to offer counseling but to convince themselves that patients were unhappy
 - assumption – drugs could cure the unhappiness even if the life problems were not resolved

The Family Doc as Mental Health “Expert”

- Even if patients are unhappy, drugs are not needed
- Study showed that between 40% and 75% of the time, improvement takes place just because the patient has talked to the doctor
 - research shows unhappy people feel better after talking to someone/anyone
- Primary care docs did same thing with ADHD – often diagnosed within 10 minutes, and without evaluation from school and home
 - primary care docs still account for 75% of office visits for ADHD

Managed Care

- Institutionalized the practice patterns of doctors on nationwide scale
- Doctors found out about other docs who medicated unhappiness and decided to do the same thing; routinized the use of drugs for psychological conditions
- Guidelines for treating depression in primary care were published by the Agency for Health Care Policy and Research in 1993
 - created pamphlet called *The Quick Reference Guide for Clinicians*
 - encouraged drug therapy as first line of treatment
 - stated primary care docs should not refer to psychiatrist unless 2 types of antidepressants failed
- Primary care docs were now routinely over-diagnosing depression

The Growth of Artificial Happiness

- Took place in part due to 15-minute visits – like a factory
- But also unhappy Americans wanted to be happy – medication was the quickest and surest way to happiness and medicine had given the approach legitimacy

The History of Happiness

- 19th century America – doctors saw unhappiness as a normal part of life – something everyone had to deal with
 - everyday unhappiness was ignored – life was hard and there was nothing that could be done about it
 - people learned to put unhappiness in perspective
 - substances were used to deal with unhappiness – alcohol, opium, laudanum (used for pain, abused for unhappiness)
- Psychiatrists called depression a brain disorder (melancholia) – had nothing to do with unhappiness
- Dr. George Beard blamed unhappiness on culture – the pace of modern life, society's obsession with being punctual
- Doctors cared for the body, clergy cared for the soul, people dealt with unhappiness on their own

The Quest for Happiness

- 1950's – how Americans felt started depending on what other people thought about them – started obsession with conforming
- Businessmen learned that conforming and being well-liked was a way to get promoted
- Shift from Protestant religious ethic to the Social Ethic – looking to peers for guidance
- Being popular was not important for salvation but it was for happiness
 - church became more of a social activity
 - also became a way to address life's problems – divorce, loneliness, lost job
 - clergy started telling people how to find happiness, reassured people that things would be ok
 - Bishop Fulton Sheen told people that going to confession was the key to happiness
 - religion was a way for people to find happiness

The Quest For Happiness

- Clergy capitalized on this – told people that worshipping God would result in happiness
- Medical profession also started focusing on happiness – through psychotherapy
- Brought religion down to medicine’s level – they were in the same “business”
- At some point people started asking which did the better job of delivering happiness
- In medicine, the line between mental illness and unhappiness became blurred –
the management of middle class neurotics became mainstay of psychiatric practice
unhappiness was not an official disease, but worth treating anyway
- Faith-based counseling became popular
- Norman Vincent Peale merged religion and therapy – *The Power of Positive Thinking* second in sales only to the Bible – promised Americans happiness if they made God their partner
Peale told people they made their own happiness, problems are personal

The Quest For Happiness

- Other religious leaders did the same thing – mixed religion with psychology to show people how to be happy
- 60's and 70's – the individual became more liberated, counterculture's goals were to end loneliness and emptiness of American life
- Rude awakening – free love and listening to one's inner voice did not deliver happiness
life was still difficult and unfair
- Many Americans did not turn to religion because it was associated with repression and conformism – significant drops in church and synagogue membership
- “Personal growth” and “self-actualization” became popular
- Clergy began receiving more training in counseling , Christian mental health industry took off; clergy used mental health to build ministries – reinforced psychology as life's organizing principle for Americans

The Quest For Happiness

- Psychology did not make people happy either
- New American character type developed – self-absorbed narcissist – had anxiety, unhappiness, was discontented, tried different types of psychology looking for answers
 - didn't work, unhappiness was becoming a national problem
- ICD – had a code for everything, including “lost at sea,” “inability to get a hotel room”
 - 1978 ICD – V62 added – anxiety caused by unemployment
 - 1989 V62.89 added – life circumstance problem
 - same edition – unhappiness added
- Americans were craving a cure for unhappiness and primary docs had it - drugs

The Happy American

- Treating unhappiness as a separate problem to be addressed before dealing with life's issues not a good idea
- Fear and unhappiness can be good, just like pain; signal something is wrong and action is required
 - touching a hot stove and feeling pain causes you to withdraw hand from stove
 - without pain we would keep our hand on the stove until our arms burned up
- Children are short-sighted; they only think of pain now
 - adults are supposed to be more mature, but many can only think of relieving pain now – they uncouple feelings of unhappiness from their lives and the causes of it and focus only on getting rid of pain now without having to work hard

The Happy American

- Artificial Happiness robs people of character-building unhappiness and locks them in purgatory – lifted halfway out of misery while preventing them from making changes that would allow them to have real happiness
- Antidepressants stupefy people like alcohol does
 - drinking alcohol helps with unhappiness because it hides from view what people don't want to see
 - antidepressants dampen brain function, causes person to see life differently too
 - when making important decisions, people sift through contradictory thoughts and feelings to decide what to do; drugs bleach out negative feelings, impair decision-making
 - bad decisions made as a result of the drugs cause people to think they need drugs even more
 - people become stupefied at crucial moments – they can make small decisions but not the big ones that could improve their lives

The Happy American

- People know that life is a series of choices – sometimes the only thing people can do is make their best guess
- Artificial Happiness causes people to feel and act differently, can block ability to see consequences of actions, push people toward inaction, freeze them in current circumstances no matter how bad they are, conceal from them other choices
- Doctors help people to see unhappiness as being disconnected from their lives, which prepare them to ask for Artificial Happiness
- Even self-esteem is thought to be disconnected from life – can be bestowed on people for no reason or taken in a pill
- Artificial Happiness is the country's favored solution to unhappiness, keeps people from understanding the connection between happiness and life

Artificial Happiness and the Life Cycle

- AH is a sociological concern
- Traditional life cycle has stages based on age – childhood, adolescence, young adulthood, middle age, old age
- AH keeps people from advancing through the stages of life – Happy Americans stay in the stage where they found AH
 - example husband leaves wife, she gets AH and no longer feels bad
 - she also does not start to feel better and move on, becoming a divorced woman
 - she is able to postpone honest analysis of her life and how to move on – no longer feels uncomfortable enough to do so
- Unhappiness and dissatisfaction drive movement into stages of life and changes that need to be made – the Happy American does not do this, feels no discomfort
 - fear of change is one reason people seek AH

Artificial Happiness and the Life Cycle

- Happy Americans enjoy happiness independent of life's progression
- Artificial Happiness has major social repercussions
 - inducing AH in children blunts psychological development during a crucial point in life
 - AH drives sadness away in children, and avoiding sadness becomes a habit
 - Happy Children go on for years without facing dilemmas and learning how to solve problems – their growth is stifled through stupefaction
 - they go on to become Happy Adults and then Happy Seniors

The Happy Child

- 1950's children were taught to fit in, to be normal – keys to happiness
 - fitting in, belonging, being well-rounded were behavior patterns needed for success in life
- Happy Children are not normal, they are functional
 - they are expected to perform tasks like showing up to class, obeying school rules, not fighting with other kids, not bothering the teacher
 - little else is expected – The Happy Child does not need to be empathic or popular, just not a nuisance to others
 - Happy Children get happiness from something other than life
 - Happy Child sees no reason to be liked or to get along with others – not necessary
 - Happy Child feels no pressure to conform or compare himself to others

The Happy Child

- Happy Children expect happiness and drugs give it to them
- Happiness is the cause of The Happy Child's behavior, not a result of it
- Normalcy is traded for peace and quiet
- Happy Children behave on the playground because the feelings that would cause them to act out are blunted
 - children do not make calculations, inner experience shrinks due to lack of use
- Happy Children do not learn empathy or understanding, there is no reflection on how other people feel – not needed by the Happy Child
- Happy Children do not learn respect or humility because nothing in life forces them to settle a conflict between personal happiness and responsibility or duty
- The Happy Child silences his conscience with AH whenever it threatens him with criticism

The Happy Child

- The sensation of happiness is the goal, it conceals any discord between how child lives and how he wants to live
- Functional is the goal, a very low standard – anyone can be functional
- The purpose of the Happy Child is to prevent the growth of conscience and avoid criticism and discomfort

The Happy Adult

- Does not need others in order to feel happy
- As a Happy Child, he did not learn about kindness, relationships with others
- Happy Adults often ignore other people, lack empathy to understand problems of others
- Happy Adults do not need to get happiness from life – they get it from drugs
- Life is monotonous but safe
- Happy Adults are happy for no good reason

Conclusions

- Everyday unhappiness has been defined as a disease – much lower bar for diagnosis than real depression
- The quick fix for unhappiness is drugs – much easier than figuring out life
- AH arrests the individual's impulse to change life when life needs changing
- Induces passivity which can have more consequences than taking action
- Can blind people to the consequences of decisions, bias the decision-making process
- Caution is erased by good feelings
- Drug-induced AH – doctors and patients have interest in protecting myths
 - doctors – if unhappiness is a disease, then happiness begins and ends in science
 - patients – to enjoy AH, patients must be convinced that unhappiness is a disease, taking medication is the answer, and the happiness they feel on medication is the real thing
 - both doctors and patients rely on falsehood to perpetuate practices

Conclusions

- Most people want lasting happiness
- Lasting happiness is impossible to find – change, boredom, sickness, death and many other things interfere – called the ups and downs of life
- Doctors invented AH, think they have solved happiness problem – everything is arranged, all eventualities have been foreseen
- Doctors are convinced they have elevated humanity to a better life based on science
- The inexplicable human spirit has eluded them – doctors have misjudged human beings, ignored the most basic question about life that gives life coherence and makes happiness possible:

How should one live?

Conclusions

- Key to AH is irrelevance of life to happiness
- Doctors dodged question of how to live, instead inventing a way to go through life stupefied
- Answers to question of how to live is found in exploring the great faiths and philosophies – discover all of the answers about how to live that humanity has ever known
- People can then apply this knowledge to their own lives, change their behavior – no drugs or doctors needed
- Artificial Happiness's greatest defect – “...the whole thing is so...unnecessary”