Mark Walker

# HAPPY-PEOPLE-PILLS FOR ALL

WILEY-BLACKWELL

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# Praise for *Happy-People-Pills forAll*

“A fascinating and provocative argument, beautifully made. This book challenges everything you believe about who deserves to be happy, and why.”

—Daniel Gilbert, Harvard University, author of the bestseller *Stumbling on Happiness*

“A game-changing contribution to philosophical debates about happiness. Its arguments are ambitious, novel, and philosophically focused and its discussion wide-ranging.”

—Nicholas Agar, Victoria University of Wellington, author of *Humanity's End: Why We Should Reject Radical Enhancement*

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—Patrick Hopkins, Millsaps College, author of *Sex/Machine: Readings in Culture, Gender, and Technology*

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*To Mardi and Alan (to whom I owe a great measure of my happiness)*

# Acknowledgments

Looking back I realize that I don't even know when exactly I decided to write a book on happy-people-pills. The idea percolated for some time; I'm just not sure when it metamorphosed into a “project.” Still, it is clear to me that the many debts I accumulated precede the actual writing of this book.

Long before I turned to normative issues, I had two wonderful PhD supervisors at the Australian National University. Huw Price provided some wonderful mentoring when I first arrived. Price eventually took a job in Sydney, citing the experience as my supervisor as his reason for leaving. Peter Menzies was next on the chopping block. Although they worked with me on metaphysical and epistemological issues, Huw and Peter left an indelible mark on how I think about and write philosophy. I am very grateful for their guidance and patience. Any errors in this manuscript are directly attributable to their mentoring and they should be blamed equally.

The dissertation that I submitted, “Becoming Gods,” argued that if we are to complete the grand project of philosophy, the unity of thought and being, we would need to attempt to enhance human beings to make them more godlike. It is a professional secret, because it is such a professional embarrassment, that philosophers have long compared favorably their cognitive abilities to that of gods. (Plato tells us that we must avoid the siren calls of the city and obey the imperative to realize the godlike part of ourselves. Hegel describes all of human history as a process whereby the first god-man is created at the end of history. The first god-man is Hegel himself—what are the chances? It is as incredible as Lou Gehrig getting Lou Gehrig's disease.

This embarrassment is not just old-school: Donald Davidson says our cognitive abilities compare favorably with an omniscient interpreter. Who knew?) My dissertation was written in the conditional, because it seemed to me an unanswered question whether we ought to enhance humans.

I left academic philosophy for a time but I continued to think about the issue of human enhancement, and so my interests turned from “real” philosophy (as we used to say as graduate students)—epistemology and metaphysics—to ethics. My first thought was that the issue of human enhancement could be framed within perfectionist ethics. I soon ran into two problems. The first was that perfectionism is often (but not always) couched in terms of the perfection of human nature. To ask about enhancing human nature is to ask something that cannot even be asked within this version of perfectionism. I soon discovered the problem is endemic: one of the touchstones of most ethical theorizing in the history of philosophy is that ethical theory must be in accordance with human nature. Unfortunately, this means that most of the history of ethics can't help us with the most important question of this century: Should we enhance human nature? The second problem is that perfectionism seems to have little to say about happiness. The problem is not so much that perfectionism downplays happiness, although this too is a problem, but it doesn't tell us why happiness is not as important as the development of physical, moral, and intellectual excellence. The usual perfectionist answer to why physical, moral, and intellectual attributes ought to be perfected—because they are part of human nature—seems to me to apply equally well to happiness. In the end the only reason I could see for perfectionists ignoring the psychological state of happiness is that they have always done so.

It was about this time that I entered into email correspondence with David Pearce, probably the world's leading expert on the enhancement of hedonistic states. David was always generous with his time, answering questions about the pharmacology of happiness. His websites are a treasure trove of information for those thinking about the enhancement of happiness: www.hedweb.com. David is part of an academic underclass: an independent scholar. Those of us who are lucky enough to be paid for our scholarly activity don't do enough to acknowledge their work. So, let me go on record: thank you, David!

Nick Agar commented upon Chapters 3 and 4. I have also benefited from a number of conversations with Nick about issues of human enhancement. I owe debts of gratitude to a couple of colleagues in my department. Professor Jean-Paul Vessel was kind enough to provide detailed comments on Chapters 3 and 4. (Professor Vessel, incidentally, may be one of the hyperthymic that I discuss extensively in this work. I say “may” because I am assuming his exalted hedonic states are au naturel.) Professor Danny Scoccia was kind enough to provide detailed comments on Chapters 3, 4, and 5. Professor Jamie Bronstein, one floor down in the history department, generously commented on a first draft of the manuscript. The style and substance are much improved as a result of her efforts. Thanks, Nick, JP, Danny and Jamie!

The folks at Wiley-Blackwell are wonderful. Lindsay Bourgeois and Jennifer Bray are great to work with. Glynis Baguley did heroic work as copy-editor. (If paid by the correction, she should be fabulously wealthy.) Jeff Dean is a great editor: he is quick to respond to emails and offers great advice. Thanks, Jeff!

Last but not least is my debt to my family. I owe my children, Chantal and Danielle, for making me realize the

urgent need in this world for happy-people-pills. (I can hear them already: “Ha, ha, very funny dad.”) I would be terribly remiss if I did not thank my wife, Dawn Rafferty, who has helped with every facet and stage of this book. (Helping me with this book has made her realize the urgent need in this world for happy-people-pills.) Finally, as for my parents, Mardi and Alan, I dedicate this book to them as a small token of my debt.

# Chapter 1

# Introductory

The title of this book, *Happy-People-Pills for All*, is not offered as some bait and switch tactic. So, yes, to put it bluntly, I am arguing for a future where there is a cheap and readily available supply of happiness-boosting pills for everyone. Having spoken and written on this subject for a few years now, I know all too well that many readers, at least initially, will be skeptical. Indeed, some will even recoil in horror at the idea. However, I hope to show in this introductory chapter that the idea is at least worthy of consideration. By the end of the book I hope you will be asking where you can obtain your dose of happy-people-pills.

## 1.1 The Ends: Greater Happiness

The happy-people-pills for all project has both a means and an end. The means is to use pharmacology; the end is to increase our happiness. Surely the end or goal is innocent enough. The desire for happiness seems unquestionable; we are all accustomed to hearing testimony as to the importance of happiness in our lives. The refrains “I just want you to be happy,” “I just want my children to be happy,” “I'm not looking to be rich or famous, just happy” are common. There seems to be no reason to doubt the

sincerity of such sentiments, and they seem to attest to the utmost importance of happiness in our lives.

Colloquially we might refer to our slightly tipsy colleagues at the staff party as getting ‘happy,’ but I am not proposing intoxication for all (at least not in this work). Rather, by ‘happy’ I mean what I take people to mean when they make the remarks we just noted, e.g., “I just want my children to be happy.” To be sure, I'm not suggesting that the nature of happiness is transparent—far from it. The meaning of happiness figures prominently in this work; indeed, there is an entire chapter devoted to the subject. But even at this preliminary stage it may help to say something on the topic.

The term ‘happiness,’ I argue in Chapter 3, has both an affective and a cognitive component. The primary affective component is that of positive moods and emotions. In this sense, you are happy if your moods tend to be described by such terms as ‘joy’ or ‘contentment.’ A person who experiences frequent positive moods and emotions we would say is a happy person. The cognitive aspect is related to being pleased. So, for example, if walking my dog pleases me, then I may be said to be happy. Happiness in this sense is cognitive because it says something about my view about walking my dog: I find it pleasing. Of course there are many things that we may find pleasing; there are a huge number of ways to fill in the blank in “I am pleased that _____.” The cognitive component of happiness is that the fact that I have a certain mental state—“being pleased,” happiness—is not the object that fills in the blank. If one enjoys a cold beer on a hot day, it would be wrong to say that happiness *is* a cold beer. Happiness is to be understood as being pleased *by* the cold beer. The beer is the cause of the pleasure, not the pleasure itself. Thus, the happiest amongst us are those most often in a positive mood and who are frequently pleased with the things they are thinking about. The unhappiest are those who experience sadness and

other negative emotions, and who take little pleasure in what they are thinking about. As noted, we will discuss happiness in more detail below; the hope here is to have sketched it sufficiently to see that I am attempting to capture what we mean by ‘happy’ in claims such as, “I just want my children to be happy.” It is the wish for them that they generally be in a positive mood and take pleasure in their lives. The wish for happiness for our loved ones is not for a life of intoxication.

With this understanding of happiness in hand, it may seem that we should revisit the wish “just to be happy.” Positive moods and being pleased about what we are thinking about may not seem enough. We will consider the question of the role of happiness in the good life in Chapter 4, and I will argue that there are good reasons to think there is more to the good life than happiness. The upshot is that I will recommend that we should hope for more than “only to be happy.” Still, I believe that happiness is a very important component of the good life. In any event, whether we think there is more to the good life than happiness (as I do), or we think there is nothing more to the good life than happiness, we should recognize the value of the goal of happy-people-pills, making people happier. As noted, the wish translates into hoping for more frequent positive moods and being more pleased. And this is precisely what happy-people-pills promise: more positive moods, and as a consequence, to be more pleased about things.

# 1.2 The Means: Pharmacology

No doubt it is the means, that is, popping pills, rather than the end, happiness, of the happy-people-pills-for-all project that most people object to. The idea of taking pills to

increase happiness is one that we are familiar with: it is a common practice (at least in many Western nations) of health care practitioners to prescribe various mood-altering pharmacological agents. We have seen a veritable army of antidepressants enter the psychiatrist's medicine chest: drugs like Sertraline, Escitalopram, Fluoxetine, and Bupropion go by trade names that are household words: ‘Zoloft,’ ‘Lexapro,’ ‘Prozac,’ and ‘Wellbutrin,’ to mention but a few. One would have had to be living in a very deep cave for many years to be unaware of the scientific and philosophical controversies that have swirled around the practice of prescribing antidepressants. A large number of academic and popular works have repeatedly asked: Do the drugs work? Are they over-prescribed? Are they under-prescribed? Do people become dependent? Do antidepressants simply mask the underlying psychological or social causes of depression? While these questions are important, they are not our main concern. We are after bigger game: the use of pharmacological agents to boost the moods of both those diagnosed as depressed and those in the so-called “normal” or “healthy” range of happiness

Invariably, talk of enhancing the happiness of those not clinically depressed invokes images or vague memories of Huxley's *Brave New World*, where citizens regularly take the fictional happy-pill ‘soma’ as a matter of course. The stereotype suggests taking mood enhancers is not like being intoxicated but equivalent to becoming an emotional zombie. Again, this is not the sort of happiness I am advocating, and combating this stereotype is a going concern of this work.

At least some reason for thinking that taking pharmacological agents will not result in a society of zombies can be derived from a real-world study conducted by Dr. David Healy. Healy had healthy volunteers—mostly medical professionals—take antidepressants in a “cross-

over” study. One of two antidepressants, Zoloft and Reboxetine, were randomly (and blindly) given to participants for two weeks, followed by two weeks off where subjects took nothing—a clean-out period—then the study concluded with participants taking the other antidepressant for two weeks. Healy describes one of the surprising findings:

> Our focus group met two weeks after the study ended. We already knew that almost everyone preferred one of the two drugs. But two-thirds rated themselves as “better than well” on one of the two drugs. Although this was a study of wellbeing, antidepressants weren't supposed to make people who were normal feel “better than well.” Not even Peter Kramer had said this. The argument of his famous *Listening to Prozac* was that people who were mildly depressed became better than well. Here, people who had never been depressed were claiming to be in some way better than normal.[a]

The fact that two thirds of these “normal and healthy” volunteers felt “better than well” is, as Healy intimates, quite startling: “antidepressants weren't supposed to make people who were normal feel “better than well.” ”

That Healy found the result of this study surprising is perhaps surprising in itself. After all, it seems a fair question to ask: why shouldn't antidepressants make persons in the normal range of happiness, that is, showing no signs of clinical depression, get a mood boost from antidepressants as well? It is hard to be sure but I suspect there is a tendency to think of psychopharmacological agents as falling into one of two categories: repairing mood and other psychological disorders, or cognitively distorting. The latter category would include such substances as alcohol, marijuana, heroin, etc. Antidepressants are in the former category. They treat an ailment just as aspirin treats pain. Aspirin relieves pain but does not boost pleasure: you can't

use aspirin to get an enhanced feeling of pleasure. Similarly, according to this line of thought, antidepressants relieve depression but they do not promote positive moods.

However, there is another model we might consider. Rather than think of pharmacological interventions as "relieving" we might think that some interventions "boost," just as giving children injections of growth hormone is thought to boost their height. Typically such injections are provided for children who are projected to be in the "below average" height range, and so might be thought of as "relieving" children of the (mostly) social challenges of being far below average height. Of course, injections "relieve" short stature by boosting height. There is no reason to suppose that the same shots might not be given to a child projected to be in the average range to boost them into the above average range. (I'm making a purely theoretical point here; I'm certainly not recommending this.)

So, in thinking about the efficacy of antidepressants there are at least two models we should consider: we might think that antidepressants work by "relieving" patients of depressed states in the way that aspirin relieves pain, or that they boost moods in the way that growth hormone boosts height. Very little work has gone into sorting out which of these is the best model, so it is perhaps not surprising that we should have fallen more or less uncritically into the "relief only" model. I can only conjecture that we may be misled by the name: 'antidepressant.' If 'antidepressants' were more commonly referred to as 'mood boosters,' then I suspect we would be less surprised. Mood boosters could in theory boost the moods of both those diagnosed as clinically depressed and those who are normally happy.

In any event, the point here is to provide some preliminary indication that the suggestion that we ought to boost the moods of the normally happy is not equivalent to the idea

that we ought to become wasted zombies. Most of the nineteen participants in the study functioned quite normally. Indeed, one of the primary purposes of the study was to investigate the question of whether the antidepressant Zoloft caused “emotional blunting.” Healy summarized the results thus:

> Chasing the question of whether Zoloft caused emotional blunting, half the group said it had given them a “nothing bothers me” feeling. Reactions were split about this: Some liked the effect; others found it made them emotionally dead. Reboxetine, in contrast, didn't seem to make anyone feel indifferent—calm, perhaps, but not indifferent. Its effects were better described as energizing—again, good for some but not for others.[1]

We will discuss the study some more below—as we shall see, the study is certainly not all glad tidings for happy-people-pills. For the moment the take-home message is this: two antidepressants were used in the study, and only one had any “zombie” effect, and only on half the participants. So, the effect is not a necessary consequence of mood boosters. As will be argued, this is not to suggest that we ought to be satisfied with the current stable of antidepressants. Far from it. In Chapter 7 we will outline a research program for creating better, more advanced pharmacological agents.

# 1.3 The Biological Basis of Happiness

The happy-people-pills-for-all project depends critically on a scientific insight: happiness is rooted in our neurophysiology and neurochemistry, and indeed, to a large degree, in our

genes. It is worth thinking a little about what science tells us about the nature of happiness.

First, an admission: we are just now making serious scientific headway in understanding the neurochemistry, neurophysiology, and genetics of happiness. Yet, even at this early stage, this much seems clear: there are significant neurochemical differences between people who are chronically happy and people who are chronically unhappy. Some of these differences are to be explained in terms of neurochemicals such as serotonin: happier people tend to have more serotonin than those who are unhappy.[2] This is by no means the only difference, and, again, science is still in its infancy in this department, but serotonin appears to be important. A point that will loom large in our subsequent discussion is that not simply are there such neurophysiological differences, but these differences are due, to a significant degree, to individual genetic differences. As we shall see, this has disturbing consequences for the view that we are responsible for our own happiness. After all, we are not responsible for our genes, so to the extent that our happiness is rooted in our genes, we are not responsible for this large influence on our happiness.

Let me hasten to point out that I am not advocating some sort of genetic determinism, specifically, that our individual levels of happiness are due entirely to our genes. To say that genes have a significant influence is not to say that our happiness is solely caused by our genes, any more than saying that since there are genetic influences that determine our height is to claim that genes are solely responsible for our height. Non-genetic influences on height are evident in cases of malnutrition or serious childhood diseases that may inhibit a child's growth. But even while acknowledging non-genetic influences, genetic influences on an individual's height are undeniable: in Western nations

where most children grow up under favorable environmental conditions, their height compared to the societal norm is determined to a large extent by genes. Similarly, how happy we are compared with others in society is determined to a large extent by the genes we inherit from our parents. The idea that there is a genetic component to happiness is generally acknowledged, at least with respect to those diagnosed with depression. Again, this is not to say that a person's environment has nothing to do with whether they are depressed or not, but it is to say that some of the explanation for susceptibility to depression is genetically based. However, the fact that genetics affect the happiness of those in the normal range is not widely appreciated beyond specialist circles.

The analogy with height is instructive: it is generally accepted that some forms of dwarfism have a genetic component. But of course genes influence the whole range of observed human heights. Similarly, genes do not simply influence those who are clinically depressed, but also contribute to a range of happiness in the so-called ‘normally happy’ population as well.

Consider Figure 1.1. This graph tells us what we all know: there are very few extremely short people and very few extremely tall people. Most of us fall somewhere in the middle, so human height fits the classic bell curve model. In North America, for example, the average height of adults is approximately 5ft 7in,[b] with very few people under 4 feet or over 7 feet. The same bell graph can be used to describe human happiness (Figure 1.2).

**Figure 1.1** Human stature.

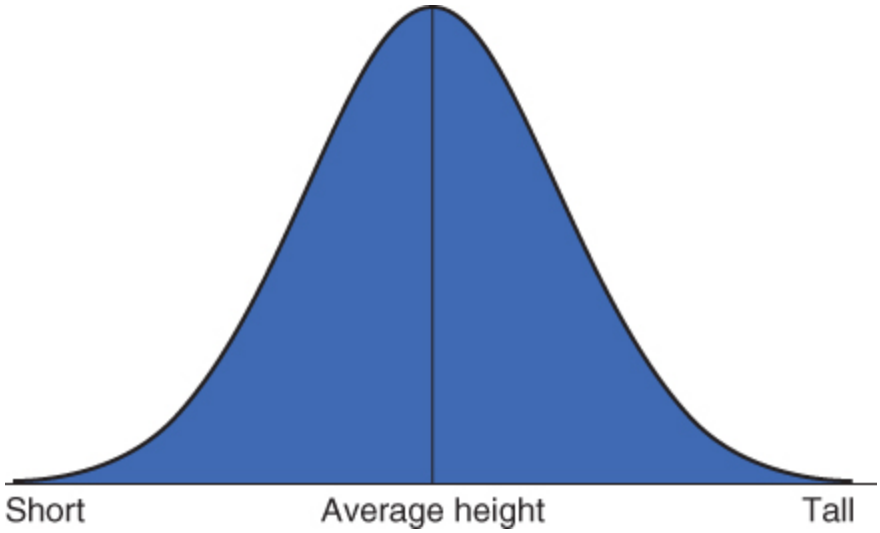
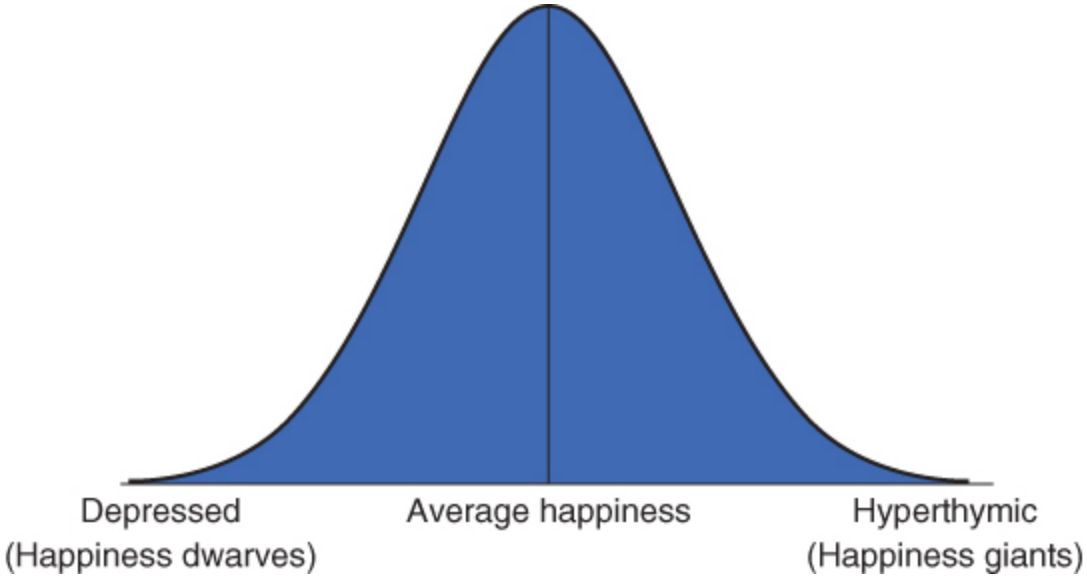



**Figure 1.2** Human happiness “stature.”




One point of the graphs is to break the tendency to think of human mood propensity as falling into just two categories: those who are depressed, and those who are not depressed. Of course these two categories are perfectly legitimate, just as we can divide human stature into two categories: dwarves and not dwarves. But in both cases there are further distinctions of interest. The ‘not dwarves’ category includes persons of average height and “giants”—extremely tall individuals. A similar point holds with happiness: there are subdivisions within the ‘not depressed’

range. Some people are just above the cut-off from depression. At the far end are the hyperthymic. The hyperthymic are the “giants” among the normally happy: the happiest 5 to 10 percent. If we could convert their happiness into stature, they would be over about 6ft 1.[3]

A word about the term ‘hyperthymia’ is perhaps in order. Although it does not have any agreed-upon clinical definition, sometimes the term is used to indicate a pathology, in particular, sometimes it is associated with ‘manic’-type personalities and with other characteristics such as risky behaviors, pathological rashness, and insomnia. I'm using ‘hyperthymic’ in a non-pathological sense to identify the happiest part of the population. Most of us know people who we might describe as ‘unusually happy’ who don't exhibit pathologies. It is these individuals of whom we shall use the term ‘hyperthymia.’ It is true that amongst the top 5 to 10 percent of the happiest people we should expect to find some who exhibit pathologies. Of course there is no suggestion that their pathologies are desirable or part of the happy-people-pills-for-all project. Again the analogy with height is instructive: amongst the tallest 5 to 10 percent of the population we will find those with physical maladies such as tumors on the pituitary gland. We would not look to those so afflicted as a model for increasing human height.

The same point about a variety of gradations within the normal range can be made using the grade point idiom (Table 1.1). To convert the happiness of the hyperthymic to a letter grade, they are as rare as the A+ student. Most non-clinically depressed persons will fall into the C and B range of happiness.

**Table 1.1** Happiness grades

| *Binary classification* | *Depressed* | *Normal or healthy range of happiness* | | | |
|---|---|---|---|---|---|
| *Preponderance of positive moods* | Very low | Below average | Average | Above average | Highest (the hyperthymic) |
| *Percentage of the total population* | 10 | 20 | 40 | 20 | 10 |
| *Happiness "grade"* | F–D | C | B | A | A+ |

As with most analogies, it is possible to misconstrue this one: it makes it sound as if more happiness is always better in the way that one might think a higher grade is always better. We will give a reasonable amount of attention to the idea that it is possible to be "too happy" in Chapter 6. It is worth noting too that it is not obvious that an A+ is always better, all considered. An A+ student who achieves his remarkable grade point average at the expense of alienating his friends and family may not be better off, all considered.

It is the happy giants that are of particular interest to us. As a group, they have not been extensively studied. Indeed, the existence of the hyperthymic surprises even mental health care professionals: Dr. Friedman, a psychiatrist, relates the case of a woman that came to him seeking advice in connection with the loss of her husband. Within the last year the woman's husband had died of cancer and she had lost her job. Despite the terrible circumstances, the woman had not sought out Friedman as a patient herself but for advice about her son who was having a difficult time coping with the loss of his father. Friedman says that he was intrigued by the woman's ability to cope with her circumstances:

> Despite crushing loss and stress, she was not at all depressed—sad, yes, but still upbeat. I found myself stunned by her resilience. What accounted for her ability

> to weather such sorrow with buoyant optimism? So I asked her directly.
>
> “All my life…I've been happy for no good reason. It's just my nature, I guess.” But it was more than that. She was a happy extrovert, full of energy and enthusiasm who was indefatigably sociable. And she could get by with five or six hours of sleep each night.[4]

The bottom line for us: there are winners and losers in the genetic lottery for happiness. The woman who piqued Dr. Friedman's curiosity had won the genetic lottery for happiness: it is, as she says, just her nature to be happy.

It will be helpful at this point to draw a distinction between ‘happy pills’ and ‘happy-people-pills.’ The former is a slang term for a variety of pharmacological agents, such as Valium, presently on the market. ‘Happy-people-pills’ refers exclusively to pharmacological agents that will re-create for the rest of us what the hyperthymic have through the stochastic or random process of natural selection. That is, the hope is to put in pill form what the happiest amongst us have received genetically: a pill to allow the rest of us to become happy giants.

What I will propose in Chapter 7 is that we “reverse-engineer” the happy giants: look to see what it is about the biology of the hyperthymic that makes them so happy and put this in pill form for the rest of us. I provide reasons in this same chapter for thinking that the process of reverse-engineering the hyperthymic could take approximately ten years and ten billion dollars. We may not have to wait that long for a pharmacological boost: I will also argue that there is reason to hope that at least some may benefit from experimenting with our current stable of antidepressants. But, and this is an important qualification, there are well-known deficiencies with our current stable of antidepressants, so using them would only be a stopgap measure.

# 1.4 Therapy versus Enhancement

Happy-people-pills for all seeks to boost the happiness of all—at least those who desire to boost their happiness. As noted, this includes those in the lowest range of happiness—the clinically depressed—and persons in the "normal range" of happiness. I have indicated too that genes play a causal role in the moods of all of us, not just the depressed. This suggests (but hardly necessitates) that there is no significant technical or scientific challenge to boosting the happiness of those in the normal range as compared with the challenge of boosting the depressed into the normal range with pharmacological agents. It should be obvious that the fact that the scientific and technological challenges are similar is in itself no reason for pursuing the use of happy-people-pills for those in the normal range. After all, this would ignore the question of whether there are other non-scientific and non-technological dissimilarities.

One often cited difference is that there is a clear moral difference between therapeutic and enhancement uses of happy-people-pills. Certainly public perception acknowledges a large difference: most citizens in Western democracies agree that, at least in some cases, pharmacology is an appropriate means to treat depression, but often recoil in horror at the prospect of the normally happy availing themselves of happy-people-pills. Thus, the therapy versus enhancement distinction is important because it is often cited as justification for using pharmacology for the depressed, but not for the normally happy. For instance, even Leon Kass, one of the most prominent critics of pharmacological enhancement of happiness, thinks that it is appropriate, at least in some cases, to use the family of antidepressants known