

Happiness and the capture of subjectivity

Paul Atkinson*

Jungian Psychotherapist in Private Practice, London, UK

(Received 28 December 2014; accepted 15 January 2015)

The happiness movement is part of a growing trend in developed capitalist societies of separating the experience of suffering and anxiety from its socio-economic context. In their recent book, *Thrive: The Power of Evidence-Based Psychological Therapies*, Layard and Clark emphasize the genetic roots of depression and anxiety, which they want to characterize as the mental ill-health of the individual, the primary source of unhappiness and a scandal of unrecognized and untreated disease burden in the UK. The author argues that taken out of context, happiness is a facile concept that is invalid as a common good and a goal of political policy. Far more familiar in modern capitalist societies is the marketing of happiness as the ever-elusive reward of continuous consumption. Separating the subjectivity of individual suffering from the social complexities of lived experience exposes us to new possibilities of neoliberal ideological capture – social management through the marketization of suffering as consumer demand serviced by an industry of happiness and positive-thinking providers.

Keywords: happiness; capitalism; CBT; neoliberalism; subjectivity

I am a kind of paranoiac in reverse. I suspect people of plotting to make me happy.
—J. D. Salinger

In November 2014, I went to an ‘Action for Happiness’ event in central London. It was organized to mark the publication of *Thrive: The Power of Evidence-Based Psychological Therapies* by Richard Layard (a founder of Action for Happiness) and David Clark. Conway Hall was full. The authors spoke for 20 minutes each and took questions from the floor. The occasion was a celebration of the marriage of Layard’s campaign for government action to promote psychological well-being, Clark’s championship of Cognitive Behaviour Therapy (CBT) and the resulting roll-out of the Improving Access to the Psychological Therapies (IAPT) programme. Having failed to get a question or comment into the Q & A session, I wrote to the event organizer with my thoughts on the happiness movement, CBT and IAPT in the context of neoliberal capitalist society. This article is a version of the thoughts I put together on the idea of happiness as a campaign slogan for social change, in response to the event and the email exchange that followed.

I want to say first that despite my misgivings about the happiness movement¹ (a term I am using to cover a number of political and cultural initiatives campaigning for the promotion of happiness over economic growth on government policy agendas, in the UK and worldwide), I recognize that it does have a life-giving

*Email: paulwilliamatkinson@gmail.com

intention and a commitment to social change. Nevertheless, I feel very uncomfortable with ‘happiness’ as a goal and/or a campaign banner slogan, and especially with the way it is being linked to ‘mental health’. I will say more about that later. I am also unconvinced that either Action for Happiness or the authors of *Thrive* are really interested in the social and economic causes of psychological distress. The focus of *Thrive* is clearly on the subjective, despite its notional critique of some aspects of capitalist society and culture.

On the marriage of happiness and the evidence base of CBT and IAPT – the issue closest to my heart and experience as a psychotherapist – I am afraid I am disgusted and dismayed. Here, I am focusing on the idea of ‘happiness’. Its linkage with CBT and IAPT deserves a separate discussion, especially given the peculiarly disingenuous nature of Layard and Clark’s book in its celebration of the success of ‘evidence-based’ therapy.

Is happiness a valid common good?

As an organizing banner for social change, happiness is a simplistic concept. It is labile. A huge range of things and experiences make me feel happy at one level or another. My iPad, my new VW Polo, losing half a stone, my relationship with my wife and children, a pint of cider, women I fancy on the street, many moments in my consulting room, the cormorant fishing the canal, a decent pair of nail clippers, a new gadget for my bike, my friendships, having a few thousand in a savings account, not being 18 again, etc., etc., make me happy.

Happiness needs ground to have substance and value – a context in space, time and relationship. Being happily married is not in the same cosmos as being happy with my chocolate bar. Being happy looking at pornography is something very different from being happy that death has come to me at last! Happy to have survived that awful accident is not related to happy that I caught that bus. The Skidelskys talk about all this in *How Much Is Enough?* (Skidelsky & Skidelsky, 2013, Chapter 4). So do many of the academic critiques of the happiness and well-being movement.

Capitalism, of course, sells us happiness all the time, and is adept at recognizing changing social mores and fashion as opportunities to make profit selling back to us our quest for happiness. Coca-Cola is probably the best-selling source of happiness throughout the world – perhaps because it is the ‘real thing’.² Oxo gravy sold the happy family to the UK.³ Apparently, Christmas advertising on TV in 2013 generated ‘ten times more happiness than anger’.⁴

Happiness is modern capitalism’s most important sales pitch. It makes money by attaching its products and services to our desire to be HAPPY. It markets a version of society in which happiness is the primary – in fact, the only – goal in life that matters. In its neoliberal incarnation, it excels at selling us the promise of happiness at the same time as it immiserates a significant proportion of the population.

So when Action for Happiness and Lord Layard assert self-reported happiness to be a primary social good to be prioritized by political policy-makers, I want to ask what is it that distinguishes *their* happiness from the happiness that sells us goods and services, and can make us *feel good* about our lived experience? Why is their version of happiness not simply a sales pitch for CBT, physical exercise, buying

Thrive, positive thinking, meditation, group facilitation, mindfulness, life coaching, spiritual training, advice on nutrition, and so on?

Is happiness actually a valid common good at all, once it has been taken out of the complex contextual debate of what gives meaning to our lives?

Happiness and mental health

What kind of context does the connection with mental health give to happiness? If mental health is thought of as states of mind that can be negative or positive, and happiness is defined as having a positive state of mind, then the link Richard Layard and others have been making between unhappiness and untreated mental illness has a very obvious popular appeal. If we focus on helping people develop more positive states of mind, more people will feel happier and suffer less mental illness. Focus on helping people feel happier, and they will have more positive states of mind and less mental illness.

No-one, of course, thinks that mental health is *just* a state of mind. We all know that what gets called ‘mental health’ is in fact a complexity of lived experience involving subjective and objective conditions, personal history and circumstances, as well as social, economic and political history, and circumstances, personal opportunities and socio-economic opportunities. *Mental* health is, by definition, in terms of lived experience, a misnomer in all sorts of ways. For example, it involves a mind/body split which more and more people see as unhelpful; it associates psychological life with the mind and thinking – a sort of Cartesian fantasy of who we are as human beings. In other words, it tends to separate subjective states from lived experience and circumstances, and it also tends to treat the psychological and the subjective as symptoms of the individual rather than the collective.

Meanwhile, the ‘health’ in ‘mental health’ tends to think of the psychological realm in the same categories as physical health and medicine. We think of medicine as a science. We assume an objective norm of the healthy body, in relation to which sickness is a deviation to be cured. Medicine has an evidence base close to the natural sciences – anatomy, biochemistry, X-rays and scans, lab work, microscopes, and so on. Illnesses are diagnosed and treated on the basis of scientifically evidenced efficacy.

We know that, to an important but under-acknowledged degree, evidence-based medical science has its limitations. Any doctor will tell you that much of medicine is trial and error, diagnosis is often a process of elimination, cure achieved by the placebo of a pill or an empathic ear. But most of us will accept that to a very significant degree the evidence base of medical science works for us as far as the body is concerned.

This just is not the case for working with the human psyche – with its emotions and emotion-laden thinking, negative fantasies, repetitive cycles of anxiety and fear, emotional conflict in relationships, lack of self-esteem, martyrdom, harsh self-judgement, depression, self-loathing, and so on. Much of what might be diagnosed as mental illness is not something comparable with symptoms of physical illness. The ‘norm’ for every human being, if there is one, is to have experience and symptoms of all psychological disorders in some shape and degree. We all get anxious, depressed, obsessive, paranoid, addicted, aggressive, cut off, manic, psychotic to some degree or other, at some time or another.

The diagnosis of mental illness is a hugely contentious business amongst psychologists, psychotherapists and counsellors, and also psychiatrists. Many of us are very concerned at the growing industry of diagnosing psychological suffering and distress as ‘mental illness’ – across the spectrum of severity of symptoms. Critical psychiatrists all over the world have protested at the mushrooming and distortions of diagnostic categories in the new DSM V.⁵ Psychiatrists and psychotherapists with a social perspective on psychological distress are increasingly wary of the diagnosis of depression and anxiety as mental illness rather than either the sickness of society or a reasonable response to social and economic deprivation and exploitation.⁶ For many counsellors and psychotherapists, depression and anxiety are part of the human condition, as much to do with the existential struggles of identity and emotional/ethical conflict as any diagnostic category of mental ill-health.

But whatever we think about the term ‘mental illness’, what exactly is the connection between this notion and happiness? Is happiness a natural binary of depression or anxiety? ‘I used to be depressed/anxious, now I’m happy’? What about ‘I used to be depressed, but now my life feels more meaningful’? Or ‘less empty’. Or perhaps, ‘Looking back, I can see that getting depressed has made me more appreciative of the other people in my life’. Or ‘I see now that this stuff I call “depression” is a mixture of a number of things – rage, loss, fear. I feel more alive recognizing these feelings, though I wouldn’t call it “feeling happy”’. If I feel less anxious or depressed, frightened or violent, cut off or manic, does that mean I must feel happier? Perhaps; but unless I give you some context, it would be very simplistic of you or anyone else to assume so. Happiness is not the primary goal of life. And suffering is certainly one of its everyday ingredients.

None of this is to deny that there is an awful lot of psychic pain in the world that people need help with. Nor that much of this suffering is unrecognized and stigmatized, and that help is often in short supply. By separating the subjective experience of pain, however, from its social and material context, we are in danger of compounding the injury. The individual is responsible for his or her own states of mind, and continued failure to be happy confirms his or her failure as a person. Social injustice is *society’s* responsibility, which in a world focused on the individual’s state of mind means *no-one’s* responsibility.

Psychological and material well-being

If, for the moment, we allow that having more happiness than unhappiness in your life is a rather good thing – for you, those around you and for society in general; if, therefore, we would like to influence society to attend more to what it is that helps us feel happier with life; if we also allow, for the moment, that psychological suffering is a major indicator of unhappiness, that it is more widespread than is normally acknowledged and therefore society and government need to attend to it; then we need to know something about what psychological suffering is, and what causes it, in order to develop policies for change.

One of the most common themes of mental ill-health is the familiar dichotomy of ‘nature’ and ‘nurture’. Does mental illness originate from within, or from without? Is it more to do with genes, or more to do with environment? Is it located more in

the individual/subjective/personality/inner world, or more in the collective/objective/inter-personal/external world? The link between psychological well-being and socio-economic well-being is complex. The autonomy of the individual and the collective realms needs to be respected, while at the same time recognizing their interdependence. In terms of national policy, it matters how we understand this relationship, where we put the emphasis and therefore how we pitch campaigns to improve psychological well-being.

On the Action for Happiness website (<http://www.actionforhappiness.org>) and in the book *Thrive*, the interwovenness of the psychological, social and material is acknowledged, but the emphasis is distinctly on the genetic and the subjective. For me, this distorts and undermines the integrity and value of the use of words like 'happiness', 'well-being', 'mental health' and 'therapy'. If the focus of people's sense of well-being is pulled too far away from social, economic and political reality, it begins to lose touch with real lives, and moves towards the realm of ideology, marketing and public relations.

On the website, the emphasis is on the individual, his/her genes, personality and subjectivity as something quite independent of material circumstances, social class, ethnic background and so on. With a quick scan of the site, I can only find one example (there may well be others) of a more nuanced conception of how material and psychological well-being are intertwined,⁷ and this is not an Action for Happiness document, it seems. On the website's front page there is a pie-chart titled 'Our Happiness is Not Set in Stone'. It divides the causes of unhappiness (depression and anxiety) into three slices: 50% genes and upbringing; 10% income and environment; 40% activities and relationships. The following caption elucidates the pie chart.

Although our genes influence about 50% of the variation in our personal happiness, our circumstances (like income and environment) affect only about 10%.

As much as 40% is accounted for by our daily activities and the conscious choices we make. So the good news is that our actions really can make a difference.

Although 'the pie' says 'genes and upbringing', the text reduces this to 'genes'. Confusing! Upbringing, of course, is family background, childhood, family dynamics and its social and economic circumstances. I put these factors in 'environment', not 'genes'. Moreover, despite the fashion for genetic and neuroscientific theories of emotional and psychological states of mind, the jury is still way out for many of us on simple equations of genes and psychological states. The assertion of a significant connection between depression and inheritance is still precisely that – an assertion. For example, the Human Genome Study has produced no evidence so far for a 'depression gene/s'.⁸

In *Thrive*, Layard and Clark do offer a somewhat more nuanced discussion of the genetic/environment relationship in their Chapter 7 – 'What Causes Mental Illness?'. But genes still come first, and in the 'genetic' section they make the unfounded claim for scientific evidence of a gene/depression connection. Thriving (being happy) is primarily associated with subjective states of mind, located within the individual, rather than a more realistic and holistic picture of a relationship between internal and external worlds. The obstacles to individual thriving are primarily negative

states of mind that the individual can remove or moderate through positive thinking and positive actions. In my view, the social and economic causes of psychological ill-health are consistently underplayed.⁹ This downplaying of the social, political and material contexts of subjective states involves side-stepping overwhelming evidence, amassed over decades, that economic and social deprivation is a major *cause* of psychological ill-health. See, for example:

- The World Health Organization 2014 report on the social determinants of mental health worldwide.¹⁰
- The Institute of Health Equity and Michael Marmot on the impact of the coalition government's austerity policies in London, published in 2012.¹¹
- The American Psychological Association's Resolution on Poverty and Socioeconomic Status 2000.¹²
- The Royal College of Psychiatrists 2004 paper 'Poverty, Social Inequality and Mental Health'.¹³
- The Mental Health Foundation's working paper of 2013.¹⁴

In their chapter on the causes of mental illness, the authors of *Thrive* devote the first nine pages to talking about genes.¹⁵ There is one page on childhood, and just over one page on job loss, stressful work environments, physical illness and disability. The two pages on social class and income argue that these are *not* causal factors in the aetiology of psychological ill-health. The section on what makes mental ill-health persist goes back to genes and innate personality.

The final section, on the nature of society, identifies four factors affecting well-being across a society – the level of corruption, freedom, trust and social support. Financial inequality and poverty are dismissed. Ideologically led policies of social and economic exploitation, the debasement of democratic processes and the exploitation of the majority by a political and financial elite are not discussed, nor are the structures of power in society generally.

The neoliberal turn of capitalism

For me, it is this marginalizing of the socio-economic in favour of the genetic and individual subjective that puts Action for Happiness in danger of becoming a palliative to neoliberalism rather than a real challenge to it. Without more context in the realities of people's lived experience, happiness feels like a sort of social soporific. Happiness becomes a rather insipid goal in life, rather like a drug – soma in Aldous Huxley's *Brave New World*.

Since British Prime Minister Margaret Thatcher's premiership, and revitalized with a vengeance by the current coalition government, neoliberal political policy has propagated a devastating increase in most of the socio-economic, cultural, ethical and political conditions that nurture psychological distress and suffering. Current political policy-making *manufactures* depression and anxiety, one could say.

It seems perverse to me for happiness campaigns like Action for Happiness to want to influence government policy towards reducing levels of anxiety and depression without coming out very strongly against current government policies that are having a devastating effect on the nation's 'mental health'. So, while *Thrive* devotes space to the social side of mental ill-health, it is careful to say little about

social class, adult and child poverty, waged poverty and the cuts in social security – including disability allowances for the mentally ill, policies like the bedroom tax, the consistent fall in real wages, the growth of zero-hour contracts, the growing shortage of affordable homes, the absurd rise in private rental levels in London, policies forcing families out of central London, food banks, the cuts in mental health budgets (20% higher than cuts for physical health budgets over the next five years, despite ‘Parity of Esteem’), the stigmatization of asylum seekers, and more.

And here is a final thought on this particular issue. According to Jack Carney’s piece in *Mad in America* (published in 2012),¹⁶ before the 1980s, academic studies of the relationship between social deprivation and mental illness concluded that the former was the primary cause of the latter. With the rise of neoliberalism, studies have generally concluded the opposite – that mental illness causes social deprivation. The implications for neoliberal governmental policy are obvious. Define the problem as one of mental illness, treat it as an individual affliction and carry on creating and celebrating a society that itself produces the inequality, social injustice and environmental devastation that, among other factors, impact negatively on mental health – and do so all in the interests of the global market.

Notes

1. Not to be confused, of course, with Coca-Cola’s ‘Happiness is Movement’ campaign in 2014 (<http://www.coca-colacompany.com/videos/happiness-is-movement-ytbn3bc63pz38>).
2. https://www.youtube.com/watch?v=lqT_dPApj9U.
3. <http://www.campaignlive.co.uk/news/1100698/>.
4. <http://www.spectrum-consulting.net/category/advertising>. For an infinity of examples of happiness as sales pitch, search google images under ‘happiness advertising’.
5. See an NHS review of the issue at <http://www.nhs.uk/news/2013/08august/pages/control-versy-mental-health-diagnosis-and-treatment-dsm5.aspx>.
6. See, for example, <http://dxsummit.org/archives/2032>.
7. http://b.3cdn.net/nefoundation/bb8366694aa033e578_vvm6bfv3t.pdf.
8. See, for example, <http://www.ncbi.nlm.nih.gov/pubmed/23290196>.
9. David Harper argues a similar case regarding Action for Happiness in the *Guardian* newspaper: <http://www.theguardian.com/society/2012/feb/21/sad-truth-action-for-happiness-movement>.
10. <http://www.instituteofhealthequity.org/projects/social-determinants-of-mental-health/social-determinants-of-mental-health-full-report.pdf>.
11. <http://www.instituteofhealthequity.org/projects/demographics-finance-and-policy-london-2011-15-effects-on-housing-employment-and-income-and-strategies-to-reduce-health-inequalities/the-impact-of-the-economic-downturn-and-policy-changes-on-health-inequalities-in-london-full-report>.
12. <http://www.apa.org/about/policy/poverty-resolution.aspx>.
13. <http://apt.rcpsych.org/content/10/3/216.full>.
14. <http://www.mentalhealth.org.uk/content/assets/PDF/publications/starting-today-back-ground-paper-3.pdf>.
15. Pagination from the Kindle edition.
16. <http://www.madinamerica.com/2012/03/poverty-mental-illness-you-cant-have-one-without-the-other>.

Notes on contributor



Paul Atkinson is a Jungian psychotherapist in private practice in London. Political activism has flushed him out of his consulting room over the last few years, nicely timed to coincide with his state pension and the arrival of grandchildren. He is a member of the Alliance for Counselling and Psychotherapy and has helped to set up the Free Psychotherapy Network.

References

- Layard, R., & Clark, D. (2014). *Thrive: The power of evidence-based psychological therapies*. Harmondsworth: Penguin.
- Skidelsky, R., & Skidelsky, E. (2013). *How much is enough? Money and the good life*. Harmondsworth: Penguin.