

Questioning the science and politics of happiness

RECENT times have seen the science and politics of ‘happiness’ endorsed by commentators of all persuasions, including the Conservatives and New Labour, who have welcomed the proposals of Richard Layard for a huge increase in the number of publicly funded psychological therapists, in particular those practising cognitive behaviour therapy (CBT). Layard – an economic consultant to the government – suggests that these therapists would help to combat the personal and social malaise that seems to be afflicting us at record levels. He asserts that the cost of providing this therapy will be more than recovered by savings in benefit payments to depressed individuals who will be encouraged to return to work (Layard, 2006b).

At first, such proposals may seem reasonable, even admirably humane. After all, we live in an often harsh world, where there can never be enough comfort to go around and where – in everything from raising children to managing our finances – we are taught to rely upon experts and expert advice. Nevertheless, the whole idea that unhappiness is essentially a pathological condition that can be treated therapeutically may be a dangerous myth. This is more than just an academic issue: the debate about what makes us discontented and what should be done about it is a fundamentally political and moral one, with far-reaching implications for the kind of society we want to live in.

The ‘unhappiness as pathology’

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THE MIDLANDS PSYCHOLOGY GROUP questions whether Lord Layard’s focus is all wrong. Perhaps unhappiness is one of our most precious assets?

argument appears to make four main assumptions. First, that when a person is unhappy or depressed the causes lie mainly in the way that they see the world rather than in the nature of the world itself. Second, that psychotherapy and counselling are reliable and scientifically proven methods for solving personal problems and re-balancing the emotional scales. Third, that the psychological disciplines from which the talking therapies take their justification provide valid and well-established insights into the human condition; and finally, that the official preoccupation with happiness is necessarily benign, sensible and helpful.

These assumptions are rarely stated openly in this way, and even less subjected to critical scrutiny. Yet, like the crooked legs of a lopsided table, they turn out to offer little stability – to the point where the whole construct of ‘unhappiness as pathology’ becomes so wobbly as to be useless, even harmful.

The world causes our problems

Through systematic experimentation, [modern cognitive therapy] has found ways to promote positive thinking and to systematically dispel the negative thoughts that affect us all. In recent years these insights have been generalised by ‘positive psychology’, to offer a means by which all of us, depressed or otherwise, can find meaning and increase our enjoyment of life. (Layard, 2006a, pp.8–9)

The fact is that we can train our feelings. We are not simply victims of our situation, or indeed of our past –

exaggerated ideas associated with Karl Marx and Sigmund Freud, respectively. Instead, we can directly address our bad feelings and replace them by positive feelings, building on the positive force that is in each of us, our better self. (Layard, 2006a, p.188)

Despite Layard’s confidence in the ability of ‘positive psychology’ in general and CBT in particular to turn our unhappiness around, there is an enormous body of evidence to suggest that emotional distress is not a ‘psychological’ matter, but has its

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source in the social and material world with which we are intimately interconnected. A world from which we can no more choose to stand aside from (or ignore) in the interest of our well-being than a fish in the sea can decide to wall itself off from the surrounding water. Yet so much of our popular culture – from reality TV programmes to most of the counselling and psychotherapy industry – encourages us to believe that we can change our lives at will, given enough therapeutic insight and motivation (see Furedi, 2003).

The reality may be otherwise. There is growing evidence that, within the industrialised nations, the health of the individual citizen is more strongly affected by the spread of wealth than by its absolute level. The widening gap between rich and poor that has marked the last three decades has been associated with an erosion of the communal ties that (for most of us) are central to our sense of security, and with a rising tide of psychological distress (e.g. Holmes, 2006; James, 1998; Lewis, 1993; Rogers & Pilgrim, 2003). And while it is true that societies do not seem to report more happiness with increases in income beyond a certain level, this does not mean that differences in income are irrelevant to individual well-being. Rather, rich people tend to be happier than the less affluent,

but their happiness depends less on the amount of their wealth than on how rich they are compared to others (Wilkinson, 1996, 2005).

What health researchers know about the relationship between psychological distress and social and economic class confirms this observation, in that the fewer financial and social resources people have, the more likely they are to experience significant physical and mental health problems throughout their lives (Sayer, 2005). There is research evidence from many countries showing that this relationship further interacts with forms of disadvantage and discrimination associated with variables such as gender, ethnicity and age (Mirowsky & Ross, 1989; Pilgrim, 1997). A recent review concluded that increased psychiatric morbidity is associated with markers of inequality such as unemployment, low income and impoverished education in studies conducted in the UK, USA, Canada, Australia and the Netherlands (Melzer *et al.*, 2004).

Layard mostly ignores this epidemiological evidence, giving priority instead to self-report data from surveys posing questions such as ‘Taken all together, how would you say things are these days – would you say you are very

happy, pretty happy or not too happy?’ (Layard, 2003a, p.14). These studies suggest that self-reported happiness is more closely related to political beliefs and worldviews than levels of income and equality (e.g. Alesina *et al.*, 2001; Layard 2003b). However, using questionnaire data of this kind to sidestep well-established epidemiological findings is highly questionable, and is unlikely to operate in the interests of those actually suffering from distress. Indeed, Tolman (1994) shows how such research isolates, abstracts and reifies lived experience, and so is incapable of addressing the particulars of any actual human life.

To paraphrase George Orwell, the best way of finding out how a society functions is to obtain paid employment, and these issues are nowhere more sharply revealed than in the world of work. Over the past 20 years, coercive control in the form of stringent targets, performance appraisal, and increased monitoring and surveillance in the computerised workplace have become the order of the day. Working lives have come to be characterised by a deregulated culture of long hours, excessive demands, and contractual and financial insecurity, even for many middle-class professionals (Bunting, 2004; Perelman, 2005; Vail *et al.*, 1998).

For many, the prospects of falling into chronic debt or poverty are more plausible and perhaps more threatening than they were a generation ago, especially for the 20 per cent of British citizens who live on or below the official poverty line. Nowadays the majority of the poor are likely to be working, but usually for low wages, and with little or no chance of moving upwards into a better way of life (Abrams, 2003; Toynbee, 2003).

Can we really expect – along with Layard and his collaborators – that this kind of working environment will prove ‘therapeutic’ for those who we manage to cajole into it? In such circumstances, is it any surprise that many of us report unprecedented levels of dissatisfaction, mistrust of others, anxiety, low mood and even clinical levels of depression?

Just how effective is psychological treatment?

The world can be a psychologically toxic place, but perhaps these untoward effects can be reversed through individual therapy. Richard Layard claims that we now have a set of treatments (CBT) that can be

precisely tailored to certain kinds of disorder, and that are of proven effectiveness, especially when delivered by accredited and skilled practitioners. These claims are of course endorsed by all of the main professional bodies associated with practice and training in such therapies, and are unlikely to be challenged by the average person in the street. Yet the enduring reality is that 50 years of research into psychotherapy effectiveness offer precious little support for any of these notions.

To begin with, careful comparisons of different types of therapy seem to offer little foundation for the idea that any one approach is more effective than another. It seems that, rather than selected techniques, a range of so called 'non-specific' factors may account for most – and quite likely all – of the claimed benefits of psychological treatments (Dawes, 1994; Dineen, 1999; Epstein, 1996). The helpfulness or otherwise of the client's wider life circumstances and the personal characteristics of the therapist seem to be most significant by far. Comparisons of qualified practitioners with amateurs who have received no specific training in therapeutic ideas or methods have consistently shown that there are few differences between them in effectiveness, however this is measured (Mair, 1992; Stivers, 1999). Finally, most of the research trials to date continue to suffer from serious methodological flaws, including inadequate controls for therapist- and researcher-expectancy effects, significant problems related to the size, selection and attrition of participant samples, and the use of unreliable measuring instruments, which may also have limited clinical or even personal meaning.

Layard relies heavily on NICE

guidelines to support his advocacy of CBT as the treatment of choice for unhappiness. It is important to note, however, that the studies cited by NICE (e.g. NICE, 2006) do not escape the methodological weaknesses outlined above. For a trenchant critique of the NICE approach see Charlton (2000), who observes, among other things, that:

...an accumulation of inadequate data simply makes a bigger pile of inadequate data, and the statistical averaging of different trials done in different places by different people for different purposes merely generates a meaningless statistical artifact. To put it bluntly, meta-analysis is a logically incoherent technique of zero scientific credibility.

All of this leaves open the strong possibility that the alleged benefits of psychological therapy reflect little more than the way in which client reports of treatment are shaped by their own expectations and those of their therapist (Epstein, 2006; Howard, 2005). Rather than trying to engage with these issues, however, the psychotherapy and counselling professions have instead continued to direct their efforts at finding the hoped for (and professionally patentable) magic ingredients of therapeutic success.

Any insights into the human condition?

One of the key assumptions of Western psychology is that the life of the mind happens in a kind of internal Cartesian theatre, which is largely separated from the body and the surrounding world, and to which we alone have access and, above all, control. This is the view enshrined in the world of almost all of the psychological therapies and certainly in the therapeutic philosophy espoused by Layard. Rational insight into our problems will lead to

Should she be happy with her lot? Far from providing a cure for distress, Layard's psychology may provide an excuse for failing to deal with her housing problems

beneficial change, especially with the help of a competent therapist.

Yet there are numerous flaws in this way of thinking. To begin with, the ability to report upon what is supposedly going on in our heads is not a spontaneous talent, but something that we develop during childhood in response to the promptings and ideas supplied by the adults (and the wider culture) around us (King-Spooner, 1990; Lyons, 1985).

When it comes to knowing why we do things, we are not necessarily the best judges of our motives. From consumer choice to making public commitments, deciding whether or not to help another person in distress or dealing with authority, social psychologists have consistently shown that we can be oblivious to what is really influencing us, and instead rely upon erroneous folk theories to explain our actions as much to ourselves as to others (e.g. Wegner, 2002). Likewise, when seeking to explain the likely reasons for our ill health, there is considerable evidence that many of us will underplay the role of social and material adversities and may instead try to discount the harmful effects of, for example, being poorly housed or living in poverty, as signs of our own moral weakness – our regrettable lack of willpower, our tendency to 'give in' (Blaxter, 1997; Cornwell, 1985).

These findings have interesting parallels with recent research in neuropsychology, which suggests that there is no necessary link between the parts of the brain that are involved in giving a conscious verbal

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DISCUSS AND DEBATE

How realistic is 'happiness' as a goal of social or government policy?

Is 'positive psychology' simply pandering to the 'happiness' agenda?

Can psychology ever be politically neutral?

To what extent can psychological interventions deliver lasting change in people's lives?

Other than through psychology, how else can people's lives be improved?

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commentary on our actions, and those parts that are actually mediating the action itself. We may often be in the position of rationalising our conduct after it has occurred (e.g. Blackmore, 2005; Norretranders, 1998). Rather than thoughts, neuropsychologists are increasingly looking to feelings and feedback from the body as the wellsprings of our actions (Clarke, 1996; Damasio, 2000; Gibbs, 2006). And for the areas of our lives that count the most, these feelings are likely to be both deeply ingrained and exquisitely attuned to the social world in which we have to live, and on that basis no more erasable through the efforts of a well-intentioned therapist than is our ability to ride a bicycle (Davidson, 2000; Smail, 1993).

Is unhappiness always a bad thing?

When it comes to the origins of psychological distress, the social environment is the key, and psychological therapy has been oversold as a method for reliably repairing any damage that the world inflicts. Moreover, the psychological theories that underpin the practice of the therapies are themselves far too reliant upon rationalist and abstract ideas of what it means to be human, and fail to reflect our material and bodily lives (Burkitt, 1999; Cromby, 2004; Smail, 2005).

It is perhaps not overstating things to say that the current official preoccupation with 'happiness' amounts at best to a naive attempt to improve the world through wishful thinking, and at worst to a form of insidious social control, where people are encouraged to look inwards for the sources of their troubles, and in the end to implicitly blame themselves for these ills.

Far from 'curing' people's distress, the kind of 'psychology' endorsed by Layard too easily serves to provide us with an excuse for continuing, as a society, to inflict it. This kind of 'happiness psychology' flourishes not through any truly scientific demonstration of its validity, but because, on the one hand, it feeds an age-old dream of the magical conquest of unhappiness and the achievement of power, and on the other, it serves the interests not only of its practitioners but also, more importantly, of those who benefit most from the inequities of the existing social order.

Against all of this, the ability to feel and give voice to psychic pain – far from being an undesirable trait – may turn out to be one of our most precious assets. The

experience of distress is one of the few unambiguous signals that we may have that all is not well with our world and our position within it. What we need to develop is a greater ability to help people to place their distress firmly in a social and material context, and to articulate their experience of their world – including its potential for pain – as a first step toward trying to make that world a more tolerable place in which to live. This is essentially a political task, and one for which superficial therapeutic

nostrums of the kind favoured by Layard and New Labour can only be a distraction.

■ *The Midlands Psychology Group consists of psychologists working in both the NHS and academia who meet regularly to discuss issues such as those raised here. This article was written by John Cromby, Bob Diamond, Paul Kelly, Paul Moloney, Penny Priest and David Smail. E-mail: Midlands.Psychology.Group@hotmail.co.uk.*

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