

Introduction

On my coffee table there is a small book my mom sent me a while ago. It's by Charles Schultz and titled "Happiness Is." Happiness is a box with twenty-four different colors, or winning a tennis game. It is a warm puppy and a night light. It's simple external, physical things that theoretically make us warm inside. In his poem 'When I Heard at the Close of the Day' Walt Whitman finds happiness not in a grand reception in the capital or plans being well in place, but in the simplicity of the cool waters of the ocean and watching his lover slowly approach. Happiness is not a journey of self-discovery, multiple forms of human enhancement, or an anti-depressant pill. However, if happiness really were this simple there might be a need for the analysis I am attempting here. Or maybe happiness is this simple and it's our complication of it that has led to this debate. In *Beyond Therapy: Biotechnology and the Pursuit of Happiness*, a report written by President George W. Bush's council on bioethics, the collaborators made an interesting observation about how we approach happiness. They said, "While the desire for happiness is universal, the content of happiness is elusive, opinions and wishes varying from person to person depending in part on "where we start," "who we are," and what we desire as the things most needful" (*Beyond Therapy*, 238). They go on to say that this variety of approaches to happiness has led us to understand states of mind such as a mood, feeling, or disposition as a goal and target, i.e. something to be achieved. We are moving from a state of being happy to one trying to achieve happiness. This is the mentality driving the debate I wish to discuss in this paper. This is a debate on whether or not one can achieve happiness through physical means such as altering one's chemical or hormonal balance or changing one's physical appearance. If this is possible should these means, specifically mood enhancers be used in the namesake of happiness?

“Cosmetic psychopharmacology” is a phrase coined by psychiatrist Peter Kramer in his best-selling book, *Listening to Prozac*.¹ It describes the practice of prescribing anti-depressants to patients who do not show medical signs of clinical depression, but who are nonetheless unhappy. These pills have in certain cases become personality enhancers, leading one of Kramer’s patients to declare themselves “better than well” after beginning to take Prozac.² It may turn a quiet, slightly socially awkward person into an outgoing confident personality. It could dramatically improve the patient’s life. It could make them happy. This phrase and the idea of this practice raised a great deal of controversy in the medical community as doctors began to question whether it is their job to make their patients happy instead of just healthy. One voice who has been fairly critical of Peter Kramer’s conclusions on Prozac is bioethicist and physician, Carl Elliott. In his book, *The Last Physician*, he said:

If a patient is not tearful, inappropriately guilty, having trouble concentrating, losing sleep, losing weight, thinking about death or suicide – in short, if she is not clinically depressed – yet she responds to an antidepressant, then what exactly is that antidepressant treating? A personality disorder? Unhappiness? Existential dread?... What if Prozac does, in fact, treat existential ailments? What if it really does make a person feel less alienated, less fearful of death, more at home in the world, more certain about how to live a life? Is there anything wrong with this? (Elliott, 1999, *The Last Physician*).

This last question ‘is there anything wrong with this?’ has divided psychiatrists, philosophers, and patients. On one hand why not live life as happy as one can? What if one can live life not

¹ “Fluoxetine (Prozac) is used to treat depression, obsessive-compulsive disorder (bothersome thoughts that won't go away and the need to perform certain actions over and over), some eating disorders, and panic attacks (sudden, unexpected attacks of extreme fear and worry about these attacks)... Fluoxetine is in a class of medications called selective serotonin reuptake inhibitors (SSRIs). It works by increasing the amount of serotonin, a natural substance in the brain that helps maintain mental balance” (National Institute of Health).
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a689006.html>

² The use of Prozac I am referring to here and throughout the paper is a cosmetic use. It is not referring to people who take Prozac after having being diagnosed with clinical depression. By cosmetic use I mean taking Prozac for the sake of feeling better without being technically sick in the first place.

afraid of death or dreading tomorrow? But if living this way means taking a pill for some people, is there anything wrong with this? On the other hand Elliott said, "For all the good that anti-depressants do, there remains the nagging suspicion that many of the things they treat are in fact a perfectly sensible response to the strange times in which we live"(Elliott, 1999, 76). If sadness, loneliness, and a little social awkwardness are all just normal parts of our lives then are we really okay with offering a select few an easy way around these hard moments? As we become more and more comfortable with some people skirting what could be long painfully acquired insight and hard practice in the world with an almost instantaneous mood change instead – are we in danger of creating a group of 'mood enhanced' people and those who are just moody?

People will argue further, before jumping straight to Prozac, why not caffeine? Why not nicotine? A recent study by Dr. Alberto Ascherio, a professor of epidemiology and nutrition at Harvard School of Public Health, concludes that women who drink 2 – 3 cups of coffee a day have a 15% less chance of suffering from depression (Park, 2011). Women who drink four or more cups have a 20% less chance. Ascherio didn't conclude whether caffeine has mood elevating affects or just the protection from mood deflating. "I don't think there is sufficient evidence for a specific recommendation that people change their behavior at this stage," says Ascherio. As a coffee drinker I never considered myself above the fray or enjoying an advantage over those who have different taste preferences.

Both sides of this argument come back to a philosophical argument: where does this happiness come from? There are philosophers such as Aristotle who argue that happiness comes from self-enhancement or self-flourishing through not desiring to act against reason. Immanuel Kant says it comes from acting in a moral manner, exercising our reason and good will. And still others such as Jean-Jacques Rousseau who suggests it come from stillness in the soul that is a

result of self-reflection. If happiness is a result of our actions which can be improved through enhancement, then Prozac, caffeine, and other mood enhancers may have a direct connection to how happy we are. If happiness instead comes from the state of one's soul, most people would agree that the soul is not touched by physical enhancements. But your soul is touched by the way people around you feel and treat you. If your enhancement results in a better life for everyone around, would that not touch your soul and even possibly still it a little?

When I was a freshman I was assigned to read excerpts of Peter Kramer's groundbreaking book, *Listening to Prozac*, for my introductory Western Philosophy class. This was our last assignment in a survey course looking at the themes of happiness and desire throughout Western Philosophy. At the time, my reading of *Listening to Prozac* left me wondering if happiness is a right or a privilege? I also asked in my response if once we have determined what happiness is a result of, can we give people a drug that makes them happier or is happiness something we need to earn? Did Kramer's patients deserve happiness? Unlike other questions I asked myself throughout my studies, these questions have not left me. Over the past few years articles, op-eds, or interviews about Prozac have caught my attention and I would wonder again about this relationship (or if there is one) between happiness and Prozac. This paper is the result of these questions and it has finally given me the venue to really explore an answer.

This project is small in comparison to the books, endless articles, and entire careers that have been dedicated to discuss Prozac, other anti-depressants, their use, and the implications this has for our world. I return to some of the foundations of Western Philosophy, in particular Aristotle and Immanuel Kant, to explore different definitions of happiness and how these differences have caused certain tensions in this ethical debate. I then take an in depth look at both

sides of the argument – those who support giving Prozac to patients who are not clinically depressed and then those who argue Prozac is only for ‘real’ patients and everyone else just needs to face reality. The themes in the debate on which I chose to focus are authenticity and the idea that we think people should struggle in order to deserve happiness. We seem to think that people need to earn their happiness, making it a privilege or a reward, but this debate has been initiated by others saying ‘maybe not’. Prozac has been discussed at great length over the past decade, but with almost ten percent of the American population on an anti-depressant (and that number is only going up) it continues to be a very relevant discussion. This isn’t a project such as *Prozac Nation*³ or the future telling of a dystopia. It’s just recognizing that despite success stories of patients who became happier while on Prozac, we, as a society in general, are uncomfortable with this kind of self-transformation. Why? What is it that bothers us so much about this scenario? And in a culture whose anti-depressant subscriptions are only increasing,⁴ do we need to reconsider our position?

Happiness Is:

In his *Grounding of the Metaphysics of Morals*, Immanuel Kant examines happiness and its relation to what he considers our moral duty to one another. Kant defines happiness as “that complete well-being and contentment with one’s condition” (393). Yet, Kant sees that this

³ A national best-selling book by Elizabeth Wurtzel, later made into a movie, about a young girl struggling with depression at Harvard University. She becomes emotionally stabilized on Prozac.

⁴ Szalavitz, Maia. "What Does a 400% Increase in Antidepressants Use Really Mean?." *Time*. 20 Oct 2011: n. page. Web. 8 Dec. 2011. <<http://healthland.time.com/2011/10/20/what-does-a-400-increase-in-antidepressant-prescribing-really-mean/print/>>.

contentment can lead to pride and arrogance and so he says that this happiness without a good will is problematic. Someone who enjoys this comfort of happiness without a good will cannot “delight a rational and impartial spectator”. A rational and impartial person would be, in Kant’s view, exercising good will. For Kant the good will is “good not because of what it effects or accomplishes, nor because of its fitness to attain some proposed end; it is good only through its willing, i.e., it is good in itself” (394). Therefore a good will is willing to do good for the sake of good, not because of its potential benefits or consequences. With this observation Kant shifts to a very interesting phrase, the worthiness of happiness. Once he has determined that happiness without a good will is not pleasing to the rational person, then for him happiness must be accompanied by good will. But Kant goes further and says that, “a good will seems to constitute the indispensable condition of being even worthy of happiness” (393). This is a suggestion that happiness is a privilege for those who are living by Kant’s definition of a good will.

Kant then challenges the idea that happiness is the purpose to life. He thinks that the common man believes happiness is the purpose of life, but is unconvinced himself. If happiness were the purpose of life, Kant argues that nature has hit upon a very poor arrangement for achieving this goal, for our instinctive tendencies are far more aligned with our happiness than our reason. If we acted purely on instinct our reason would purely be of use to admire our happiness and rejoice in nature arranging itself in this way. Reason would not serve to guide man above these weak desires. Kant sees that reason should be guiding our thoughts and our actions, however reason does not always direct us toward our happiness the way our natural instincts do. As Kant observed:

In a word, nature would have taken care that reason did not strike out into a practical use nor presume, with its weak insight, to think out for itself a plan for happiness and the means for attaining it. Nature would have taken upon herself not only the choice of ends

but also that of the means, and would with wise foresight have entrusted both to instinct alone (395).

However, nature didn't entrust both the ends and the means to instinct alone, but also to reason. And it is this entrusting to reason that deters men who are exercising their good will from simply following their instincts and acting in such a way that will result in happiness.

Judging our actions with reason does not guarantee happiness in the sense of enjoying life, but Kant does suggest that following reason can result in the true contentment he defines as happiness. “We find,” he says, “that the more a cultivated reason devotes itself to the aim of enjoying life and happiness, the further does man get away from true contentment” (396). There arises a hatred of reason among those who use it the most for they realize it takes them away from happiness at times even though reason is exercising their good will. We must be reminded then that there is a purpose to life other than our happiness. Kant argues that:

There lies at the root of such judgments (reason over desire), rather, the idea that existence has another much more worthy purpose, for which, and not for happiness, reason is quite properly intended, and which must, therefore, be regarded as the supreme condition to which the private purpose of men must, for the most part, defer (396).

This supreme condition, the more worthy purpose of existence than happiness, is what reason will direct us towards, according to Kant. This supreme condition, according to Kant, would be acting completely within one's moral reasoning and making rational decisions regardless of whether or not they result in happiness.

In reading this account of happiness, new questions in regards to anti-depressants and helping people with their constant unhappiness arise. Perhaps when trying to determine if someone should be prescribed anti-depressant medication we should be asking, “Are you exercising reason, not acting for instincts?” If someone is acting from good will and using her reason, as her power of judgment yet remains entirely unhappy, is she then ‘worthy’ of being

happy via a pill? Whereas if one is giving mostly into instincts, but is still not happy are they not worthy? Kant's discussion here offers the question that happiness could be a privilege for everyone acting in good will, but it still doesn't take into account whether acting in good will, though acting in good will makes you worthy of happiness, does it make you deserving of happiness? Kant complicates these questions further by continuing in the *Grounding* with our moral duties and the relationship between happiness and the fulfillment of these duties.

When introducing the idea of a moral duty as the high function of a man, Kant belittles happiness. He argues that the highest function of a rational being is a good will that disregards happiness when making a decision. Then he begins discussing moral duty and argues that as a rational being we must act out of duty for the sake of duty and not for any other reason. It can be hard to distinguish between acting out of duty and acting out of our instincts when our duties align with our natural inclinations. However, even after his dismissal of happiness in this case, he does acknowledge it as an indirect duty. He writes, "To secure one's own happiness is a duty (at least indirectly); for discontent with one's own condition under many pressing cares and amid unsatisfied wants might easily become a great temptation to transgress one's duties" (399). There is a conflict here as Kant recognizes man's strongest and deepest inclination is towards happiness. Yet, he says men should promote their own happiness out of duty, not inclination and if this occurs then their conduct will have real moral worth. If, however, men were to promote their own happiness out of inclination then they are acting outside of reason and their actions have no moral worth. Happiness should only be pursued or promoted if one is acting within duty in order to attain happiness.

Kant then begins the part of his argument where he introduces his categorical imperative. The categorical imperative is the idea that we should only act in such a way that we could will

everyone else to act the same way. After this Kant revisits why he can't declare happiness a direct duty- because it is based on experiences. He says:

The concept of happiness is such an indeterminate one that even though everyone wishes to attain happiness, yet he can never say definitely and consistently what it is that he really wishes and wills. The reason for this is that all the elements belonging to the concept of happiness are unexceptionally empirical, i.e., they must be borrowed from experience, while for the idea of happiness there is required an absolute whole, a maximum of well-being in my present and in every future condition (418).

We won't always know what is going to make us happy; we are not omniscient. We do know what has made us happy before which is why the concept of happiness is empirical. The categorical imperative, Kant determines to be a priori, known before experience. This is why happiness is only an indirect duty because it is based on experience and can possibly make us act in nonvirtuous ways. We cannot determine the whole concept of happiness, only its individual empirical parts, making it an indirect duty. However it is our direct moral duty that must be acted on first and foremost. The only purpose of fulfilling the indirect duty of happiness is if our discontent is keeping us from fulfilling our duties. This provokes the question: would Kant then be supportive of anti-depressants in the case of someone who was not fulfilling their moral duty because of their state of discontent?

Jean- Jacques Rousseau is known for arguing that man was in its happiest and best state in his original state. By the original state Rousseau meant the state before the formation of civilization, when men were still hunters and gatherers living a very simple life. This natural state of mind was satisfied with the gathering or hunting of food and for men being satisfied with fleeting sexual pleasures. Rousseau wrote about this happiness in *A Discourse Upon the Origin and the Foundation of the Inequality Among Mankind*. Perhaps more interesting in this context though is Rousseau's later reflection happiness. In *Reveries of the Solitary Walker* Rousseau gives his comprehensive definition of happiness:

Sarah McHaney “Happy Ever After (on Prozac)”

If there is a state where the soul can find a position solid enough to allow it to remain there entirely and gather together its whole being, without needing to recall the past or encroach upon the future, where time is nothing to it, where the present lasts for ever, albeit imperceptibly and giving no sign of its passing, with no other feeling of deprivation or enjoyment, pleasure or pain, desire or fear than simply that of our existence, a feeling that completely fills our soul; as long as this state lasts, the person who is in it can call himself happy, not with an imperfect, poor, and relative happiness, such as one finds in the pleasures of life, but with a sufficient, perfect, and full happiness, which leaves in the soul no void needing to be filled (Rousseau).

A feeling that fills our soul entirely would be hard to fit in a pill. This is a moment hopefully we can all relate to. Standing in a wooded area, a deserted field, or looking out on the ocean and not wanting anything, but being entirely satisfied with our life thus far. It's a complete stillness that silences our worries, dreads, and fears. Although this cannot be packaged in a pill, is it possible, as Elliott said, that if Prozac can treat existential ailments then it might be able to keep at bay those worries and dreads long enough to have this moment of stillness. If happiness is something that rests in our souls, as Rousseau suggests, and that comes in the moment where we are not thinking of the future or the past, but our souls are filled with the moment then it would not matter how happy others are or are not around us. Happiness is not relative; it's intimate and personal.

An important commonality among these philosophers and their schools of thought is that happiness is in some way a process. It's not a momentary satisfaction although we may, as Rousseau records, have moments of true contentment. Assuming we are all somewhere along this process of being happy one would assume there will be unhappy times as it is a process and not a decision. A dilemma I keep running into is are we arguing that people who do challenge themselves to insight and hard practice and who come out with a more positive attitude, have perhaps found the peace of mind and fullness in the soul Rousseau called happiness? Or did those years of searching cause them to neglect their duties, including the indirect duty to be

happy and that is why they have ended up in a psychiatrist’s office? Is it possible to have praiseworthy happiness (a happiness people have worked for and earned) and then also have non-praiseworthy happiness (a pill that can provide people with happiness)?

Epictetus was born a slave in about 50 AD in ancient Greece. He was sold as a slave in Rome during the time of Nero and was beaten so ferociously he remained lame the rest of his life. As far as we know, he only wrote one book, *The Handbook of Epictetus*. He begins the *Handbook* with the line, “Of things some are in our power, and others are not.” After reading his whole *Handbook* it seems fairly obvious that he considers external events that will make us happy not to be in our power, including taking a pill. Instead it is the internal, rational control over our emotions that is in our power. I imagine Kramer, given Epictetus’ rather unfortunate circumstances in life, would have little trouble giving Epictetus Prozac, but he would not have wanted it.

Epictetus’ philosophy may seem an unusual choice given my project, but I think one of our interpretations of happiness has its roots in Epictetus’ *Handbook*. Almost two thousand years later critics of Prozac are still using this slave’s perspective to counter the cosmetic use of Prozac. The first line of the *Handbook* says that “Our opinions are up to us, and our impulses, desires, aversions – in short, whatever is our own doing. Our bodies are not up to us, nor are our possessions, our reputations, or our public offices, or, that is, whatever is not our own doing” (Epictetus, 1). Presumably Epictetus is referring to our bodies as we are born and not our treatment of our bodies throughout of lives. The notion that our possessions not being up to us seems a little confusing, but Epictetus later says “Never say about anything, “I have lost it,” but instead, “I have given it back.” Did your child die? It was given back... How does the way the giver asked for it back concern you? As long as he gives it, take care of it as something that is

not your own, just as travelers treat an inn” (11). We typically consider our possessions within our control as we purchase them or put such things as cars and homes legally under our name. In a very materialistic world it seems almost impossible to wrap our minds around not owning things, but simply borrowing them or even seeing people such as our children no different from other children. This idea of freedom from possessions and from relationships is central to Epictetus. He says that the only way to yield happiness is through thinking only what is yours is yours and let some things go completely.

Epictetus takes this same indifference to objects and applies it to our actions. Our expectations often set us up for disappointment. Epictetus suggests that we should expect nothing so that we will not be upset later if something interferes with our plans. He says, “Do not seek to have events happen as you want them to, but instead want them to happen as they do happen, and your life will go well” (8). The Handbook is slowly laying out this idea of life that we have the possibility to be completely happy and free regardless of our circumstances. We will never be able to control external events such as the death of our family or setbacks in our career, but our happiness and freedom, according to Epictetus are not determined by these anyway. “What upsets people,” he says, “is not things themselves, but their judgments about the things. For example, death is nothing dreadful (or else it would have appeared dreadful to Socrates), but instead the judgment about death that it is dreadful – that is what is dreadful” (5). It’s impossible to say when death began to be judged as dreadful or how we began to judge anything as good or bad, but we do now and it’s an accurate observation that most of our unhappiness (possibly all of our unhappiness) is the result of these negative judgments. And so it seems Epictetus is asking us to concentrate on the perspective we have towards external events and try to be as indifferent as possible.

Epictetus recognizes there is a price to be paid for living in this way. Early in his Handbook he says, “It is better for the slave boy to be bad than for you to be in a bad state. Begin there with little things. A little oil is spilled, a little wine is stolen: say, “This is the price of tranquility; this is the price of not being upset.” Nothing comes for free” (12). In order to have a peaceful state of mind, and presumably to be happy, one must forgo instincts that would lead us to punish slave boys when they are bad or to track down our stolen wine. Yet, both of these would upset us and so Epictetus suggests that we do not allow the slave boy’s actions to affect us or to care about missing a little wine.

In many ways Epictetus’s Handbook reads as a modern life-coaching therapy book. In fact in Lou Marinoff’s book, *Plato, Not Prozac! Apply Eternal Wisdom to Everyday Problems*, he cites a case of a student, Rita, who benefitted from reading Epictetus. Rita’s younger sister had been raped by a boy they both knew and she was understandably upset by the situation. Rita’s own life began derailing as she was taking care of her family. She sought therapy and her therapist gave her Epictetus’ Handbook. Marinoff said, “In addition to the specific tidbits Rita gleaned from Epictetus, then, she could learn from the Stoics generally. Few things are more valuable than family love, which can never be taken away by anyone else. Even a rapist does not have that power - unless you give it away yourself” (Marinoff, 134). And yet, Epictetus also seems very out of touch with our modern day philosophy. My generation has been raised to not sit on the side -lines of life, but to take control of situations. We mourn the loss of friends and family members and it seems almost impossible to resign ourselves to the fact that we are actually capable of controlling nothing. Dr. Christoph Kraiker, a German scholar on Epictetus, concluded his speech ‘Modifying What You Say to Yourself: The Therapeutic Philosophy of Epictetus’ with an interesting thought on Epictetus’ modern-day relevance. He said, “However,

strange as all this may seem to us, if we really took seriously our own modern world-view, namely that the universe expands relentlessly according to fixed deterministic or probabilistic laws, then the very concept of having control over something would be meaningless, and to follow Epictetus would be the absolutely reasonable thing to do” (Kraiker, 2002, 3).

In the debate on cosmetic psychopharmacology and using Prozac as a mood enhancer, Epictetus probably wouldn’t have many doubts about his position. We determine our own happiness according to Epictetus. No one else will be able to prescribe it to us. Some people will have a better grasp of their reason than others, but that will be because one person is more disciplined than the other. Interestingly Epictetus thinks that everyone deserves to be happy. Towards the end of the Handbook he gives a particularly inspiring pep talk. He says:

So decide now that you are worthy of living as a full-grown man who is making progress, and make everything that seems best be a law that you cannot go against. And if you met with any hardship or anything pleasant or reputable or disreputable, then remember that the contest is now and the Olympic games are now and you cannot put things off any more and that your progress is made or destroyed by a single day and a single action (51).

It’s this affirmative action on the individual’s part to decide now and to act today toward his progress. It seems that anyone can decide to live happily.

If happiness really is this self-motivated and not touched by events out of our control or by what we own and don’t own compared to what other people own, then it’s hard to imagine anyone being happy. It seems at times Epictetus is saying not to care, but I think it’s more than that. He is saying ‘understand that you can’t control what will happen to you and if you intend to be happy and free you need find a state of happiness and freedom independent of external events and possessions’. This world, as Kraiker said, is changing without our permission and rooting our happiness in external events will never work.

In the *Nicomachean Ethics* Aristotle explores happiness as the good we are all pursuing through our knowledge and decisions. The closest Aristotle comes to directly defining happiness is when he says, “For to some people happiness seems to be virtue; to others prudence; to others some sort of wisdom... pleasure, external prosperity. It is reasonable for each group not to be completely wrong, but to be correct on one point at least, or even on most points” (1098b). This idea of happiness leaves it to be individually pursued, suggesting that there is some form of flourishing that can come from all of these different sources. We are each on our own separate journey in pursuit of happiness. The road signs, if you will, on this journey are our knowledge and the decisions we choose to make. These are both personal and often internal features making this journey even more individual. The word Aristotle uses for happiness is *eudaimonia*, often translated as “human flourishing” or “good spirit”. Understood either way, *eudaimonia* is living well by our own pathway of living well. How can we best flourish? How can we best pursue happiness? Aristotle argues the excellent pursuit of happiness is our human function. He says, “Moreover, we take the human function to be a certain kind of life, and take this life to be activity and actions of the soul that involve reason; hence the function of the excellent man is to do this well and finely” (1098a). Happiness is a certain sort of activity of the soul in accord with virtue (and hence not a results of fortune). Happiness as an activity of the soul for Aristotle means that it is a constant activity. Flourishing does not cease. In the *Physics* Aristotle explains, in a very complicated way, that the soul is always in motion. That even if we are as still as can be in the middle of the night and nothing is happening all around us, we still know time has passed because the soul is in motion. This idea that flourishing is a lifetime pursuit, I think, leads to a lot of the fear that I address later in this paper. This fear is about being left behind in a world where everyone else seems to have found the way they flourish the best. We can’t stop time or the

motion of our soul and if it's not heading towards happiness then it's heading somewhere far less pleasant.

Aristotle makes the interesting point that happiness is self-sufficient, meaning that it is an end in itself. If the reason you are doing something is to be happy, most people accept that as ultimate reason. You do something to be happy, not to be happy so that you can then do something else. This is what Aristotle is saying when he said, "Anyhow, we regard something as self-sufficient when all by itself it makes a life choice worthy and lacking nothing; and that is what we think happiness does" (1097). The importance this self-sufficiency puts on happiness only fuels the supporters of Prozac's argument for its use. If someone's life will always be incomplete without happiness, are we honestly going to condemn people to a life that is constantly lacking by not giving them an anti-depressant? On the other hand if one has happiness and then lacks nothing will people's aspirations and work for a better life cease? Isn't our constant pursuit of creating a better world a result of hoping it will give us this self-sufficient happiness?

Aristotle also considers external, physical factors when speaking of happiness, factors such as beauty, children (their behavior and survival), and finding a lover. He said:

For we do not altogether have the character of happiness if we look utterly repulsive or are ill-born, solitary, or childless; and we have it even less, presumably, if our children or friends are totally bad, or were good but have died. And so, as we have said, happiness would seem to need this sort of prosperity added also. This is why some people identify happiness with good fortune, and others identify it with virtue (1099b).

This prosperity and good fortune cannot be bought or sold in the form of a pill. Taking an anti-depressant would not guarantee the survival of your children or a successful marriage. If these really do bring about happiness as Aristotle claims, then he would not accept the argument that Prozac or any other drug makes someone happy. In fact, Aristotle goes on to say happiness is

“praiseworthy” and an admirable characteristic. The happy person, for Aristotle is blameless and acts in accordance with virtue. The virtuous man, or the temperate man, according to Aristotle has all of his desires fulfilled by acting through their reason therefore their happiness is self-fulfilled and they want for nothing.

I want to distinguish here Aristotle’s “temperate man” from the “continent man.” This distinction is interesting in light of the emphasis put on the struggle for happiness that I will discuss in a later part of the paper. The temperate man, Aristotle says is “temperate because he does not feel pain at the absence of what is pleasant, or at refraining from it” (1119a). The intemperate man, he continues, “has an appetite for all pleasant things, or rather for the most pleasant of them, and his appetite leads him to choose these at the cost of the other things.” The temperate man desires pleasure at a moderate level, and for the most part sees his desires and reason align, allowing him to act easily within in reason. In other words he is able to fulfill his moderate desires without having to struggle against his reason to do so. The continent man, on the other hand, does desire to act against reason, but doesn’t. This is a key distinction as Aristotle finds the temperate man more virtuous than the continent man. In other words, Aristotle finds it more virtuous to not want to do something wrong rather than wanting to, but not doing it because of your capacity to use reason. The struggle to overcome your desire and act in accord with your reason is still valued by Aristotle, but not as much as not having to face the struggle at all.

This distinction on Aristotle’s part makes sense given his conception of happiness. If one is trying to be self-fulfilled, allowing for the greatest potential flourishing then being temperate allows for this. For if you are the temperate man you are not distracted by other desires and can focus on your flourishing. The continent man, although he acts within reason and does the good thing, he wants to do something else. There is an unfulfilled desire left there. His pleasure is

thereby not as ‘fulfilling’ as that of the temperate man because he wants more. Although the continent man is still able to act within reason, he must fight part of his desires to do so. Aristotle does not commend this pain and suffering against some of his desires. In fact he seems to find the temperate man more worthy of praise because he is not faced with this challenge, as opposed to the continent man who is faced with this challenge and overcomes it. This opinion has drastically changed over time, and now it seems we do praise the struggle instead of the one who can act more easily within reason. This change in perception, I think, has led to a lot of the tensions we see in the debate on cosmetic psychopharmacology. Those who support the idea of using Prozac in this way maintain an Aristotelian concept of happiness as flourishing. They argue that the use of Prozac allows for flourishing, sometimes for the first time, in some patient’s lives. Yet, they are arguing for this type of self-transformation in a society that has the framework of the continent person being valued more than the temperate person. The idea of the temperate man being the better person is because they are given more opportunities to flourish and are not wasting time fighting desires contrary to their reason. Yet, we now value this struggle for happiness. This means we might rather someone struggle than flourish.

Even for Aristotle the idea of giving someone Prozac for the sake of happiness could give pause. If happiness can be found from prosperity and not being solitary then it will be hard to argue that some of Kramer’s patients in the cases we will study did not find this kind of happiness after taking Prozac. They found jobs, friends, lovers, and their families were happier and were more responsive to them. This external prosperity and success could bring them to that state of stability and blamelessness that they were not in before Prozac. Aristotle would almost definitely not praise this happiness, but he might at least recognize it as their gateway to

flourishing. It’s possible that someone might not flourish during their life unless they take Prozac at some point.

Aristotle’s perceptions on happiness have been deeply integrated into this debate on cosmetic psychopharmacology, particularly with the focus on authenticity. I think this self-fulfillment that Aristotle attributes to happiness is our modern conception of authenticity. There doesn’t seem to be anything more original or individual than discovering what it means for ourselves to live a good life. This originality is how Charles Taylor characterizes authenticity in his book *The Ethics of Authenticity*. He says,

Being true to myself means being true to my own originality, and that is something only I can articulate and discover. In articulating this I am also defining myself. I am realizing a potentiality that is properly my own. This is the background understanding to the modern ideal of authenticity, and to the goals of self-fulfillment or self-realization in which it is usually couched” (29).

This idea of self-discovery is something we each have to discover for ourselves and what it takes for me to flourish could potentially be very different from what others need to flourish. With this interpretation of authenticity we are moved into an entirely different aspect of the debate on cosmetic psychopharmacology.

Authentic Happiness

In Charles Taylor’s book *The Ethics of Authenticity*, he maps out the shift our culture has experienced over time from one focused on the community to the individual. He says that now, “we live in a world where people have a right to choose for themselves their own pattern of life, to decide in conscience what convictions to espouse, to determine the shape of their lives in a whole host of ways that their ancestors couldn’t control” (Taylor, 1994, 2). This shift towards individualism has led to a mentality of “I know what’s best for me” and a growing separation

between my well-being and my neighbor's well-being. This “darker side” of individualism, as Taylor calls it, threatens to flatten and narrow our lives as we become so focused on the self we may find incredible meaning in the depths of our soul, but we will lose sight of the society surrounding us. Regardless of the light and dark side of this change in mentality, it has occurred and from it stems our definition of what is authentic. Self-fulfillment, Taylor argues, seems to be the most authentic goal a person can have for his life. For Taylor, self-fulfillment is finding a place where his soul is full and wants for nothing. He says, “The moral idea behind self-fulfillment is that of being true to oneself, in a specifically modern understanding of that term” (Taylor, 1994,15). Being true to oneself is not necessarily a new idea. As Taylor says, people have always sacrificed love relationships and taking care of their children to pursue their careers. The difference today is, “many people feel *called* to do this, feel they ought to do this, feel their lives would be somehow wasted or unfulfilled if they didn't do it” (Taylor, 1994,17). With this observation, Taylor argues self-fulfillment becomes more than just an exercise for the sake of authenticity and happiness - it is our entire purpose. I think Aristotle has a very similar notion here when he explores the function of a human and how this function leads to flourishing. For Aristotle the function of a human being is to live in an excellent way. For him living in an excellent way entails our soul acting in accord with reason. Living in this excellent way allows for flourishing. However, flourishing can look different for each person. Aristotle mentions harpists, carpenters, and craftsmen all with their individual functions that should be completed in an excellent way. Attempting one's function in an excellent manner is how happiness will be achieved and Aristotle makes a point of saying that acting in an excellent way and achieving happiness will come through “some sort of learning and attention” (1099b). The kind of learning and attention is left ambiguous here, I think, because self-flourishing is something we each do on

our own. Maybe we will become a harpist, carpenter, parent, or politician each with their own pathways to flourishing.

Taylor describes life as a project. Life as a project we are each in control of and as long as we are acting within our reason the project is trying to find the best way for us to flourish as much as possible. This project is our way of living. As Taylor says, “There is a certain way of being human that is *my* way. I am called upon to live my life in this way, and not in imitation of anyone else’s. But this gives a new importance to being true to myself. If I am not, I miss the point of my life, I miss what being human is for *me*” (Taylor, 1994, 29). I think this notion resonates with Aristotle. The definition of flourishing doesn’t change for each person the way happiness might post-enlightenment, but there is still the notion of my way to flourish. This is not to say we have different definitions of flourishing, but just that we can have different ways that allow us to flourish. Taylor articulated this notion that there is possibility I will miss what being human is for *me* if I don’t stay true to myself. Staying true to myself, according to Taylor, is something only I can “articulate and discover.” In doing so “I am realizing a potentiality that is properly my own” (Taylor, 1994, 29). This is perhaps the best way to describe how we have come to understand authenticity, i.e. it is the potential in myself that I was able to discover when I stayed true to myself.

The debate on Prozac relates directly to the idea that we each have a life project to create. Both critics of cosmetic psychopharmacology and supporters of it use the argument that we each create our own life projects. Critics use this argument to say that there is no way you can be true to yourself while on a drug such as Prozac: the life project you discover while on Prozac is not your own, but the one inspired by Prozac. Supporters, on the other hand, argue that in some cases you cannot even access who you are without an anti-depressant because all the pain, fear, and

anxiety is hiding it from you. Once on Prozac or a similar drug these feelings can be stripped away or at least subdued, allowing one to find oneself and then be true to oneself. Peter Kramer showed some anxiety over this issue in his book *Listening to Prozac*. He was concerned when he saw patient’s entire life projects change after starting Prozac. Not only did it raise concerns about who they were now becoming, but who were they before Prozac if on the drug they have found their true selves. Carl Elliott expresses this concern in the introduction for the collection of essays *Prozac as a Way of Life*. He says, “We explain that Prozac has allowed us to become who we really are, even as it makes us feel different than we have ever felt before” (Elliott, 2004, 9). Erik Parens wrote about this specific worry in his article, “Kramer’s Anxiety”. Parens raises a series of questions that stem from this concern:

Kramer’s suggestion that Prozac is a morally neutral tool that we can use to shape our selves and life projects according to our own likes is problematic in another respect. When we ask along with Kramer, does the drug liberate people to craft their selves and life projects as they see fit? We may let ourselves off the hook of asking, *Liberation for what kind of life?* When we ask, does the drug help us to discover and/or create ourselves? We may let ourselves off the hook of asking, *what kinds* of selves are we discovering and/or creating? What kinds of selves and life projects are we turning toward – and away from? (Parens, 2004, 28).

This idea from Taylor and Aristotle that a specific life project awaits each of us becomes a little skewed when Prozac is introduced. For some of Kramer’s patients, whose cases I will discuss later, their life projects didn’t seem to be within themselves, but was handed to them in a pill. It seems we’ve shifted from crafting life projects as we each individually see fit, to life projects that we collectively see fit. What kinds of selves and life projects are we turning toward and away from? And who decided these? I think there is a tension here that critics of cosmetic psychopharmacology are grasping, namely, *we might not like our life project*. However, I don’t think not liking it means we have chosen the wrong project. Maybe we’re not always supposed to enjoy our life projects. Being whatever a human being means to me doesn’t mean I will live a

happy life – it just means I will live *my* life. Aristotle did not promise that pursuing excellence and acting within reason would result in flourishing. He says that the only way to flourish is through these. He admits there are outside factors not within our control. Taylor doesn’t make any guarantees either. Being authentic does not automatically mean being happy. Kant argued that there is a supreme condition above happiness and one must make this condition the primary purpose; happiness is not guaranteed for him. The point they are all making is that to achieve happiness or flourishing that is our own we must be living an authentic life completely within our reason. Yet, living this way does not guarantee happiness.

Before continuing with the debate on Prozac and authenticity I want to discuss Erik Parens’ article “Authenticity and Ambivalence: Toward Understanding the Enhancement Debate.” It is important to understand the conceptual framework participants in this debate are operating. I think Parens’ explanation of both frameworks is clarifying and identifies a crucial distinction in order to understand certain arguments. Here, Parens takes on the idea of authenticity and its relations to the debate on enhancement in a different, and for me enlightening way. He also takes a serious look at why we’re really having this debate. What are the frameworks or mindsets that thinkers who participate in this debate are operating in? How do we begin to understand the perspective of those who are greatly outside of our framework? He begins with a summary of Taylor’s definition of authenticity and then discusses Alan Bloom’s *The Closing of the American Mind*⁵ and the debate that ensued about college education. He quotes Taylor who suggests that “a liberal society must be neutral on questions of what constitutes a good life.” Parens rewords Taylor saying, a theory about living well together

⁵ Published in 1987, Bloom’s book explores how higher education has failed its students and democracy. Bloom’s central argument is that high education needs to promote more critical thinking and that students are losing their ability to establish a “point of view”.

requires a conception of what is good the way seeing requires a horizon. As a liberal society we “let people be”, as Parens puts it, so that each can find their own path to self-fulfillment and authenticity, but we are not neutral. Parens defines how he will use authenticity: “While the idea of authenticity has a complex history, the core of it is that we are authentic when we exhibit or are in possession of what is most our own: our own way of flourishing or being fulfilled. To be separated from what is most our own is to be in a state of alienation”(Parens, 2005, 35). Critics, Parens says, are worried that enhancement technologies will separate us from what is most our own. In *Beyond Therapy* the bioethics council expresses just this worry. Parens explains, “They are concerned that mood-altering drugs will separate us from the actions and experiences that normally accompany those moods. They worry that in separating us from those un-drug-mediated experiences, we will be separated from how the world really is” (Parens, 2005, 36). The worry expressed here is what both Parens and Elliott seem to think points us towards the definition of authenticity. If we are concerned that we will be separated from how the world really is on Prozac then authenticity must be some sort of connection with the world as it is. Parens develops this further by observing, “They (Kierkegaard, Percy, Elliot) say, rather, that to live authentically is to perceive the world and oneself as they really are, in the face of the ever-present temptation to look away” (Parens, 2005, 36). Here Parens gives the counter-argument from supporters of cosmetic psychopharmacology who say that Prozac does not deter authenticity; rather it encourages people onto authentic paths of self-discovery and self-fulfillment. He cites Kramer saying, “Prozac does not rob life of the edifying potential for tragedy; it catalyzes the precondition for tragedy, namely, participation.” David DeGrazia, another proponent of Prozac, encourages readers to consider that there is nothing more authentic than someone choosing her own path, be it Prozac or not.

These two different ideas of authenticity, that it is a connection to reality or that it is a journey of self-discovery, sit in two different frameworks according to Parens. These are one of “gratitude” and one of “creativity”. The first one, gratitude, is introduced with a Biblical story from Genesis where Jacob tells his barren wife, Rachel, who desperately wants to bear a child, that he is not in the place of God. Therefore he cannot guarantee they will ever have a child. This story, Parens says, expresses the idea “that we human beings are not creators of life; we are creatures, whose job is to remember that life is a gift. It is our responsibility to express our gratitude for the mysterious whole, which we have not made” (Parens, 2005, 37). Parens is quick to disassociate this framework from religion by quoting several similar secular arguments. If we forget that life is a gift we will make a mistake about the sort of creatures we really are and the way the world really is. The second framework is that of creativity. Again using Genesis, Parens begins explaining this framework by citing Jacob’s miraculous creativity. Jacob takes an ordinary rod and places it in the water of his uncle’s goats. This makes the goats produce only the most valuable baby goats. The story can be found in Genesis 30: 37-39. Parens says, “our responsibility is not merely to be grateful and remember that we are not the creators of the whole. It is also our responsibility to use our creativity to mend and transform ourselves and the world.” Parens sees the two sides of this enhancement debate as operating in these two different frameworks. Those who are supporting the use of Prozac and other mood enhancers operate in the creative framework that we are given the capabilities to create these improvements to life and even have a responsibility to be creative. The critics of Prozac operate in the gratitude framework seeing life as a gift and we need to take life as it is because that is how it is designed to be. I think Parens is astute in observing that most participants in the debate occupy both frameworks in some form, including his Biblical example, Jacob. However people will tend lean towards one

or the other even if they are open to both. In moving forward in the discussion on authenticity I think it's important to recognize these frameworks and how well they describe the different approaches taken when discussing cosmetic psychopharmacology.

I return now to the question of whether or not people can be their authentic selves while on Prozac: this is a question Kramer faced over and over again with the different patient cases he presents in *Listening to Prozac*. The first patient Kramer presents is Tess. Tess is the oldest of eight children, raised in a poor housing district to an alcoholic father and a passive mother. Tess raised her siblings who all managed to find and hold stable jobs and get married. Tess, however, worked in less than stimulating jobs and moved from one abusive relationship to another. Yet, Kramer describes Tess as resilient, strong, and pleasant to be with despite her unhappy personal life. Kramer ended up prescribing Tess Prozac despite her lack of clinical depression symptoms. In regards to Tess' depression signs Kramer said, “I thought Tess might have a soft sign or two of depression” (Kramer, 1999, 5). One sign that worried Kramer was every time he mentioned Jim, the last abusive married man with whom Tess had been involved, Tess would break out in uncontrollable sobs. Once on Prozac, Tess “blossomed”. She suddenly had three dates a week with eligible men and she was full of energy that translating into her work performance resulting in a promotion. And she never thought about Jim. Tess was confident for the first time in her life. Yet, after a while Kramer took her off Prozac and within a few weeks Tess phoned saying, “I am not myself” (Kramer, 1999, 18). Back on Prozac she was ‘herself’ again and Tess has a happy ending and a pill waiting for her every morning.

The phrase Tess used, “I am not myself”, has caught the attention of philosophers, psychiatrists, and ethicists wondering now if authenticity is possible on a drug. In direct response to this case study Parens concludes his chapter, entitled ‘Kramer's Anxiety’ with this

observation: “I believe that thoughtful people do and will prescribe and take drugs that aim to remedy forms of unhappiness that fall short of clinical depression. But we need to face squarely that in doing so, we sometimes will be reinforcing a cultural frame that allows for narrower and narrower conceptions of authentic selves and life projects” (Parens, 2004, 32). This narrower conception Parens is talking about is his theory that people on Prozac are able to change their personality to one that is more socially acceptable. For Tess this is being more confident, outgoing, and independent. Often these changes in personality can be beneficial for the patient’s personal life, but that’s not Parens’ concern. He is concerned that we are going to limit ourselves to the idea that only people who are out-going, confident, and independent are being authentic. This returns to the concern raised earlier that we are no longer encouraging people to pursue their own life projects, but instead the life project we collectively think will suit them. If given the choice why wouldn’t someone want to be more confident and independent? If this isn’t the life project someone has chosen, as a society we think something is wrong when it could very well not be. While most people would certainly agree that some people are shy and less confident, I am not sure they would agree that they are less authentic. By life projects, Parens means the activities and jobs that are again more socially acceptable, although not necessarily what a patient wanted to do before being on Prozac. Evermore, Parens is anxious that we are moving towards a society that has little room for people to differ from one another, where our conceptions of life projects and “authenticity” narrows.

Professor James C. Edwards presented Tess’ case to his introductory philosophy class and recounted the experience in his chapter, “Passion, Activity, and the Care of the Self: Foucault and Heidegger in the Precincts of Prozac.” Edwards said his students reportedly had no issue with Prozac being given to people clinically depressed, but as they noted this was not the

case for Tess. Edwards said that what bothered his students the most is that as Kramer insists, Tess is still not sick. Her depression, clinically defined, is gone; what she is feeling now is not symptom, it is (her) reality. The small signs of depression that had disappeared while on Prozac did not return after ceasing the drug. However, she was left with a reality she still didn't like, but it was her sick-free reality. Edwards' students might seem a little harsh, but as Edwards wrote, for them Tess is a figure of weakness, of shortcut. They said, “Either she should hunker down to some serious (i.e. painful and natural) work of therapy or she should accept her limitations and get on with her life as it is” (Edwards, 2004, 62). Tess, on Prozac, was not authentic to Edwards' students.

This verdict of being inauthentic is not limited to young and impressionable college students. In their article on ‘Ethical Issues in Human Enhancement’ Nick Bostrom and Rebecca Roache question the emotional authenticity of someone on a drug. They said, “It seems possible that in some cases the use of drugs can help a person live *more* authentically. At the same time, however, we can conceive of cases in which drug- induced emotions would undermine authenticity” (Bostrom, 2008,132). They argue that there are instances when it is important for our emotions to be appropriate, such as in the loss of a loved one or when celebrating a birthday or marriage. Tess showed signs of disconnecting from her family as she was no longer drawn to their tragedy and no longer felt directly responsible for their well-being. Yet, being the only real mother figure her younger siblings had, one would assume that motherly emotion would be her first response in a family crisis. If Prozac caused her to disconnect so much from her family that this was not the response, Bostrom and Roache argued, she lost some of her authenticity. They conclude saying, “A person who used pills to disconnect her emotional life completely from what happened to her and to the people she cared about could plausibly be said to have disabled

a very important part of her humanity” (Bostrom and Roache, 2008, 125). Yet, Kramer argues in *Listening to Prozac*, his patients are not being disconnected, but actually reconnected.

Edwards’ students, uneasy about Tess being given medication without being sick, wondered what was going on in Tess that made her want to be back on Prozac and for Kramer to be willing to give her the drug. They said, “It must be that she just wants to be *different*, to be *happier*. This case (they think) is not any longer about cure; it’s about self-transformation” (Edwards, 2004, 61). Tess is not physically sick; this much even Kramer admits to, but there is still a positive response in her life from Prozac, meaning something must be in process of being ‘healed’ or ‘improved’. Edwards’ students assume the latter and it is at this point their ethical worry turns to two quick prejudices easy to make. They think, “when it comes to changing one’s life (1) the natural way is better than the artificial one, and (2) the hard way is better than the easy. My students claim to have no objections to Tess’s self-transformation if it were done through some sort of “talking cure,” whether psychological, philosophical, or religious” (Edwards, 2004, 61). This analysis makes me wonder if Edwards had just finished assigning Epictetus to his class. Towards the end of his Handbook Epictetus says:

So decide now that you are worthy of living as a full-grown man who is making progress, and make everything that seems best be a law that you cannot go against. And if you met with any hardship or anything pleasant or reputable or disreputable, then remember that the contest is now and you cannot put things off any more and that your progress is made or destroyed by a single day and a single action (Epictetus, 51).

Although Edwards’ students may agree that Tess is *happy* on Prozac, they are not sure if she is deserving, having taken the shortcut. Epictetus wouldn’t agree that she is happy, as Tess changed external events to achieve this happiness instead of building a character that could withstand the external events over which we have no control. Epictetus would also argue that a man taking the

'high' road of understanding what he can and cannot control and maintaining an even temperament throughout is the one that will truly find happiness.

Carl Elliott expresses skepticism that psychiatry can genuinely help someone who feels alienated, lonely, sad, or just unhappy without knowing how their lives are lead. He explains, "by ignoring such matters as how a person lives his life, by steadfastly refusing to pass judgment on whether the ideals he or she lives by are worthy or wasteful or honorable or demeaning, psychiatry can say nothing useful whatsoever about alienation (Elliott, *Pursued*, 2004,135). In dealing with alienation as a psychic problem, Elliot argues that it's not necessarily just an internal issue which is what a psychiatrist would treat, but that their lives might just be set up for alienation. To illustrate this Elliot uses the example of Sisyphus, the mythical Greek King who is cursed for the rest of his life to push a boulder up a hill only to have it roll back down once he reaches the top. Elliot asks, "What could a psychiatrist say to a happy slave? What could he or she say to an alienated Sisyphus as he pushes the boulder up the mountain? That he would push the boulder more enthusiastically, more creatively, more insightfully, if he were on Prozac?" (135). Naturally there are circumstances outside of a psychiatrist's power, Sisyphus' curse for example. The point Elliott is making is that a psychiatrist should help someone in an impossibly bad situation, but acknowledge that there are uncontrollable factors outside of a patients' internal psychic well-being. Not taking these factors into account will result in a failed strategy to better the inner well-being of a patient. They have to be both internally unwell as well as living a life "worthy" and "honorable" that will be receptive to a change in attitude and morale. Without this consideration patients will not be any less alienated on Prozac than they were without it. Kant argued that there is a certain way to live to make one worthy of happiness. It seems Elliott is

making a similar point by urging psychiatrists to not settle on prescription, but make sure their patients are also living well.

Allison is another patient Kramer discusses in *Listening to Prozac*. He introduces Allison to reinforce his own metaphor of what he calls proprioception or that “low self-esteem is an almost neurological inability to locate the self” (Kramer, 1999, 200). Allison wavered for a long time before coming to see Kramer. She could not pin-point something that could explain her ‘woe-is-me’ attitude and her lack of feeling self-worth. An only child to a neglectful father and a disappointing mother, Allison had a lot things working against her early on, but was still able to marry a supportive husband and raise three well-adjusted children. Despite this Allison still felt worthless. She couldn’t connect in her relationships because she didn’t believe anyone would listen to her.

Critics of enhancement technologies are worried that these drugs are going to separate us from what is most our own, but here we have an example of someone who had no idea what was hers before Prozac. Allison was given gifts, such as a sports car from her husband for her birthday, but she still didn’t feel as though it was hers. Kramer observed in their meetings that Allison did not feel deserving of anything good and couldn’t understand why life would happen to go her way. She started on a small dose of Prozac and over the course of a few weeks Allison had begun to transform. She was filled with a self-belief she had never experienced before. She was able to take on problems at work, she no long felt overlooked, she realized for the first time that she mattered. Kramer was surprised by this result and wrote as a conclusion:

Before seeing Prozac work in this way, I would have said that to alter your self-image you have either to understand yourself differently or to live through a relationship in which you experience being valued differently. Surely a pill cannot reshape the inner representations you carry of your disconnected father and narcissistic mother. But Allison’s self-image had indeed changed on Prozac (Kramer, 1999, 208).

Here the argument could be made that Allison was most authentic while on Prozac. If authenticity is, as Taylor argued, being connected to what is most our own, then it's hard to argue that Allison was authentic while being detached from her very own family. This detachment from what is most her own also left her detached from the learning and attention she needed to flourish. I don't think we are comfortable saying that the truest, most authentic Allison is a down-trodden image of herself. Everyone else could see she had more worth than she could see herself. There doesn't seem to be much that is less authentic than sitting in your own car and not believing that it was a heartfelt gift belonging to you. If authenticity leads to self-fulfillment, then Allison was arguably most authentic while on Prozac. It was only then she realized she deserved to be self-fulfilled and so sought it. She realized she was not shaping the life project she wanted to live.

Returning to the study mentioned in the introduction, *Beyond Therapy*, it is interesting reading the government's perspective as they are asking the same questions, but in the large (as in nationwide) picture. Many of these questions have been or are being slowly answered by many of the researchers I have cited throughout this paper. In their introduction to this section on happy souls, the collaborators of the report asked the following questions:

By using drugs to satisfy more easily the enduring aspirations to forget what torments us and approach the world with greater peace of mind, what deeper human aspirations might we occlude or frustrate? What qualities of character may become less necessary and, with diminished use, atrophy or become extinct, as we increasingly depend on drugs to cope with misfortune? How will we experience our incompleteness or understand our mortality as our ability grows to medically dissolve all sorts of anxiety? (*Beyond Therapy*, 2003, 231).

Kramer and other proponents of cosmetic psychopharmacology would say that nothing shows our incompleteness more than the 'need' to take a pill to find self-fulfillment and some measure of feeling complete. Nothing shows our mortality more than knowing this is the only shot at life

we have and we should make it as great as we can. One of the problems the council identified is that certain character qualities are becoming more and more valued, making those who don't possess them feel left behind. I think the danger of losing qualities such as suffering, pain, shyness, diminishes with the importance we put on the authentic and natural struggle to overcome these hurdles in life. These are still very valid questions about the human character and Prozac, many of which I have asked myself throughout the course of this paper.

This government report is primarily concerned with what is happening to the American population as a whole, rather than examining specific cases whose lives have been transformed through Prozac. The council is concerned with statistics such as “20 percent of students on elite college campuses now take or have taken prescription mood-brighteners” (Glader, 2002). They said, “At stake are not only questions of private health and happiness, but also, as we shall see, questions regarding the character of American society” (*Beyond Therapy*, 2003, 242). The report then scientifically investigates the claims made by Kramer's patients that they feel ‘better than well’. They conclude that they do feel better than they normally would, and although normal emotions such as anxiety, fear, and shyness are still present, they are more manageable with a mood enhancer. Yet, there is the other claim that Prozac changes someone's entire personality. Here the collaborators explain the case of Sally as presented in *Listening to Prozac*.

Sally was middle-aged, single, shy, and afraid when she began talking to Kramer. She was angry and hurt without a real explanation for why. Kramer saw she had symptoms of depression, but didn't diagnose her with clinical depression. Frustrated with previous psychotherapy results, Sally was looking for a different approach. Kramer gave her a very small dose of Prozac, but the results were extraordinary. Sally's fear, anxiety, and anger faded and she was able to take large steps in her career and personal life. After a year and a half on Prozac she

was engaged. Kramer said he did feel that he might have overshot on Sally, turning her into someone she was not. But Sally comforted him, saying that Prozac had allowed her personality to emerge for the first time in her life and that she had not been alive before taken an antidepressant. Kramer’s conclusion on Sally and cases similar to hers is as follows:

The vast majority of these [naturally shy] people, including those who are outright inhibited socially, will be “normal” in psychological terms. Most of them will be highly functional in their careers and private lives. No one has ever called people with inhibited personality mentally ill. The brief conclusion to this line of reasoning is that in patients like Sally, and in many others with less dramatic stories and perhaps with no history of depression at all, what we are changing with medication is the infrastructure of personality. That is, Sally is able to marry on Prozac because she has achieved chemically the interior milieu of someone born with a different genome and exposed to a more benign world in childhood (250).

This conclusion that someone can achieve chemically a personality with which they were not born concerns the council. Our personalities arguably set the tone for our life projects and the way we are able to flourish. It can also determine how much self-will we have to resist pursuing happiness out of inclination instead of duty. It is understandable why people who are having a hard time exhibiting these traits with their current personalities would want to change theirs. The council, however, is looking at an entire population, many of whom would gladly trade in their personalities. This is vastly different from having various individuals approach you with their specific life story and asking for a change. Whereas we might take sympathy on the individual who wants a different life, allowing everyone to change who they are worries the council.

In continuing their reflection on the effects cosmetic psychopharmacology could have on the entire population, the council expressed a fear that is present in many of the main participants in this debate, namely that in taking an anti-depressant in our attempts to achieve happiness, we are settling for something less than the real thing. The council comes to this point by observing that although we might resist the temptation to take something when feeling ‘blue’, what about

our children who feel sad?

For we care that our children have not only the sense or feeling or well-being, but well-being itself... Here, then, lie several potential grounds of our unease about – not rejection of – mood-elevating drugs: the prospect of mistaking some lesser substitute for real happiness; the danger of seeking happiness at the cost of confounding our own identity or losing our longings for the real thing; and the price to be paid – in personal aspiration, interpersonal relations, and communal character – should a large fraction of our society (successfully) pursue happier souls by this inward-turning means (*Beyond Therapy*, 2003, 274).

This brings us back to Charles Taylor’s argument that we are living in an age of individualism that stretches even to thinking that we are beings with an ‘inner depth’ that must be self-fulfilled to be truly authentic. The President’s council is faced with this reality and I think, in some ways, are asking if it’s too late to change. They ask if Sally’s happiness is really hers or if it some way belongs to the pill she refuses to stop taking. Would her husband, whom she met while on Prozac, still love her if she stopped? Would she still love him? The council phrases this as the difference between “the real” and “the merely appearing.” Given their rationale and Taylor’s definition, the words could just as well be the “authentic” and the “inauthentic.” While the council seems to agree that the patients who reacted so positively to Prozac are not acting ‘untrue to themselves,’ they are still living lives they would not have had without Prozac. And here they are faced with the monumental question, in a culture full of people who desire a happier life than the one they are living –who gets to?

A discussion of how doctors are now viewing their role in treatment of patients further discusses this question. Let us return to one of Kramer’s first questions – is it within the bounds of medicine for a doctor to not only make a patient healthy, but also happy? If we are granting doctors the right to treat patients to enhance their capacity for happiness as well as to improve their health then the council continues to two different, but equally disconcerting, conclusions. The first is that we will become so preoccupied with our personal state of mind we will

disengage from participating in civil service (not particularly far-fetched), or that we will all end up on enhancements and be measured by one another by our success (again, not particularly far-fetched in my opinion). I can't help but insert here that again I think the council is being near-sighted when stating these as consequences of enhancement when these reasons can just as easily be used as the reasoning behind people taking enhancements in the first place. In the end the council concludes that we are facing a choice between happiness “understood as complete and comprehensive well-being” or happiness of the soul that is meant for us to pursue, but possibly never achieve. They conclude that whether or not enhancements will further or frustrate our pursuit of happiness depends on our own clarification of what happiness is. The first part of this project was an attempt to clarify what we mean by happiness. All they can hope for is that as a society we will not settle for a shallow and shrunken imitation of happiness.

Life, Liberty, and the Struggle for Happiness

In Aldous Huxley's classic dystopian novel, *A Brave New World*, we see a world that is unified under one State, rigidly organized, and “happy”. Reproduction has ceased and children are made in labs. They are made into one of several categories of humans and everyone is designated a specific job. Those who become discontented with their situation are encouraged to take *soma*, the state-issued a hallucinogenic drug that takes people on vacations from reality. The main character, Bernard, is unsettled and an outcast from society because he is significantly smaller than most men in his caste. He takes his female companion on a vacation to a savage reservation. Savages are humans who are not made in labs and are therefore not controlled by the State in the same way. They do not have access to *soma*. One of these savages returns with Bernard and both become involved in a riot. Towards the end of the book, John, the savage,

engages in a critical conversation with one of the main controllers about the philosophical reasoning for controlling the State in this way. In response to the savage's question about why the State has banned Shakespeare's plays and instead had an "emotional engineer" construct films for the citizens to watch, the controller says:

Because our world is not the same as Othello's world. You can't make flivvers without steel – and you can't make tragedies without social instability. The world's stable now. People are happy; they get what they want, and they never want what they can't get. They're well off; they're safe; they're never ill; they're not afraid of death; they're blissfully ignorant of passion and old age; they're plagued with no mothers or fathers; they've got no wives, or children, or lovers to feel strongly about; they're so conditioned that they practically can't help behaving as they ought to behave. And if anything should go wrong, there's *soma*. Which you go and chuck out of the window in the name of liberty, Mr. Savage. *Liberty!* (Huxley, 198).

Liberty, the notion is so absurd to the State: why would you choose to be aware of your awful circumstances when you could be blissfully ignorant? The savage is making a plea in the conversation for high art; Shakespeare's plays, poetry, paintings, etc. The controller explains that they have sacrificed high art, for the sake of happiness. There could be a long discussion here on the connection between happiness and the arts, but my point in recounting this conversation is to see the controller recognize that we connect emotionally to the suffering often displayed in high art and that he is willing to forsake that connection in hope of a steady and happy population. Yet, the savage disagrees and sees that *Othello* is good and beautiful, and despite the pain it might bring it is better than the engineered "feelies" (feel good movies the state makes). The savage is disgusted with the State's creation and says in response to the Controller, "It all seems quite horrible to me." In response the Controller says:

Actual happiness always looks pretty squalid in comparison with the overcompensations for misery. And, of course, stability isn't nearly so spectacular as instability. And being contented has none of the glamour of a good fight against misfortune, none of the picturesqueness of a struggle with temptations, or a fatal over by passion or doubt. Happiness is never grand (Huxley, 199).

In re-reading *Brave New World* this passage struck me as it eloquently articulates the argument that being happy is not always the most-praiseworthy end. Those on Prozac have not suffered to overcome their obstacles in the same way as those who overcome their sadness through other means. There is an authenticity to suffering and overcoming our obstacles without chemical help that we seem to value more than happiness. Edwards’ students immediately jumped on this criticism as they were not comfortable with Tess’ self-discovery through Prozac. They wanted to see her overcome her sadness in a natural and possibly painful way. They wanted Tess to earn her happiness. The “actual happiness” to which the Controller refers is what they have created through taking soma; it dissolves all temptations, misfortunes, passion, and doubt – and the Controller acknowledges that these are far grander than the happiness he gives his citizens. Elliott expresses a similar concern in his article ‘The Tyranny of Happiness’ he asks, “Suppose we could relieve all these patients of their sense of spiritual emptiness or alienation, these people who feel disoriented and lost in the world. Would that be a good thing, or is it sometimes better to feel bad than to feel good?” (Elliott, 1998, 4). The Controller says that happiness is never grand, at least not compared to pain and a good fight against misfortune. Elliott is wrestling with the truth of this statement and having to weigh it against our undying, relentless pursuit of happiness. Is it sometimes better to feel bad than to feel good? Edwards also has a similar observation; speaking of the concerns about Prozac he shares with his students, he reflects:

I suspect that some of our ambivalence about a drug like Prozac arises from the way it helps a person, especially a woman, to break free of passion, of involuntary movement, or suffering, of undergoing, and to become more active, more in control. Maybe it is not the happiness or the brightness we distrust as Prozac’s products; maybe what we really distrust is the way those things seem to be cut free from pathos, the way they do not seem to have been earned by suffering (Edwards, 2004, 65).

If someone has not suffered for their happiness we think they may not be worthy of happiness.

They might not deserve the results they could have on Prozac. Edwards continues to say that we

may not know the exact role of pathos in our lives and that we are not a culture that is comfortable with suffering, but we do value living in such a way that we are open to life's events and “become their bearers” (Edwards, 2004, 66). We, as bodies, are where events, ideas, and emotions unfold. We may not be in control of what happens, but in being present we are allowing “entities to be present in all their richness”. I think what Edwards and his students are worried about is that on Prozac we are limiting life's possibilities. They recognize that as a culture we value unknowable possibilities over the ability to control our reactions and emotional responses. We do value the possibility that at times we are better off feeling bad than we are feeling good. There is a virtue, Edwards says, in simply bearing things and this allows for the endless possibilities life will bring our way.

I was then comforted a little while reading *Beyond Therapy* and seeing the President's council on bioethics recognize what the emotional engineers of *Brave New World* did not: that there does seem to be value in suffering. They said:

Never to suffer loss may mean never to love deeply; never to feel ashamed may mean that our standards for ourselves are too low; never to be dissatisfied with ourselves may mean that we aspire too little. Even as we seek happiness, in other words, we must not overlook what sorrow teaches and what discontent provokes – the intuitions, longings, and hunger for improvement and understanding that make for a fuller and more flourishing life (*Beyond Therapy*, 2003, 258).

These hardships, the council continues, seem to make us better people. They can make us stronger, wiser, and more compassionate towards people we see suffering similarly to how we have suffered. This sentiment seems to be where most critics of cosmetic psychopharmacology hang their hat. We want to suffer some because we want to be the best people possible. This achievement does not come from the actualization of happiness, but our own struggle in pursuing it. I think there is a lot of reason to conclude that we are having this debate about enhancement, not because we don't want everyone to be happy, but because we truly believe people are better

after the struggle of achieving happiness ‘on their own’. That anything less than this is not ‘the real thing’ and as the President’s bioethics council expressed, we would be settling for something less than true happiness. I am not, however, ready to come to this conclusion.

Another one of the concerns frequently expressed by critiques of Prozac and other enhancement technologies is that we are in danger of becoming a divided society between the enhanced and the unenhanced. In the midst of a health insurance crisis, millions of Americans do not have access to decent health care and are not given the opportunity to be medically treated let alone enhanced. DeGrazia highlights this concern in his essay when he writes that, “the overall picture is one in which cosmetic psychopharmacology is likely to benefit mainly those who are relatively well-off and otherwise advantaged. Thus, by exacerbating existing gaps between the haves and the have-nots in our society, cosmetic psychopharmacology raises issues of social and economic failures” (DeGrazia, 2004, 42). On the other hand, those who have access to enhancements are already in the group of the haves, so perhaps this would not be a new division, but as DeGrazia said it would be a strengthening of the divisions already in existence. Borston and Raoche also express this concern and suggest that instead of a two-tier society of the enhanced and the unenhanced we will see a spectrum of people at various levels of enhancement. There will be those who have had no enhancement, those who have had a small degree of enhancement, and then those who have undergone major enhancement.

This speculation of another division can lead to the mentality that those who are not participating in any enhancements are being left behind, that those who are enhanced are gaining an advantage over others and will be more successful in job interviews, dating relationships, and their family relations. Those who are determined to face life as it comes without help from enhancements become disadvantaged by their strong will. In the conclusion of his book, *Better*

Than Well, Carl Elliott comes to a sobering realization about the story of enhancements in America. As a strong critic of cosmetic psychopharmacology, he says:

This is not a story from *Brave New World*. This is not even a story of enhancement. It is a story of flop sweat, sleepless nights, and the sting of casual insults. It is less a story about trying to get ahead than about the terror of being left behind, and the humiliation of crossing the finish line dead last, while the crowd points at you and laughs (*Beyond Therapy*, 2003, 298).

Just before this Elliott had discussed not our public moral dilemmas about Prozac, but our private considerations of taking it ourselves. He says, “We like to moralize about enhancement technologies, except for the ones we use ourselves.” Prozac is okay, but Botox is off limits, or vice versa depending on which you use. Caffeine is fine in my books, but physical changes such as breast augmentation make me uneasy. As Elliott goes on to say, as a public we seem anti-Prozac. Feminists say its prescribed to far more woman than men, students think it gives their classmates a competitive edge (Young, 2011), it makes people shallow and uncreative, it’s a crutch America is leaning on, and it has spruced us over to look as though we’re something we’re not. Yet, in private Elliott acknowledges that people approach him about their own dabbling in Prozac. Elliott concludes that everyone actually seems to have some level of involvement with it. Whether it’s taking it regularly, trying it, or thinking about going on it. There have been positive and negative experiences, but as much as we are fascinated by it, as Elliott says, “We take the pills, but they leave a bitter taste in our mouth” (Elliott, 2003, 300).

This is where I think we return to the ethical dilemma Edwards’ students expressed – for some reason a better life on Prozac holds some sort of negative connotation: it wasn’t “earned.” In public we have to deny our secret desire to try it ourselves. Statistically there was likely a student in Edwards’ class who was on an anti-depressant. He or she may have participated in the criticisms of Tess’ decision to take Prozac or maybe he or she remained awkwardly silent. What

I am left with is the challenge that we will never be able to personally experience both sides. As someone who has felt assured that my self-determination will result in achieving happiness and not particularly afraid even if it doesn't, I can't envision myself taking something to produce these feelings. I already have them, authentically. This returns to the discussion about each of us having our own life projects. Parens astutely observes that “we are so deeply embedded in our own way of life that many of us find it impossible to imagine that it is a very particular kind of life” (Parens, 1998, 15). We forget that others have chosen their own projects just as we chose ours. I have committed to my own project, which means I will never fully understand the struggles others have during their own lives.

The struggle is the sleepless nights and often years of straggling behind others. Take, Sally, the case Kramer discusses as someone whose personality seems completely transformed. She started an entry-level job at a banking company right after high-school and stayed in that same position for eighteen years. She was good at her job, but her fear, anger, and anxiety held her back from seeking a promotion or taking on tasks outside of her comfort zone. It seems impossible to me to be able to argue that those eighteen years were not enough of a struggle. If it's an authentic struggle that we think deserves happiness, then I imagine most patients on Prozac have more of a case for deserving happiness than others of us who have been fortunate enough to participate in life free of the fear that we already lost the race. The authenticity in their cases is that the end of their struggle might be a prescription. The natural hard struggle isn't avoided; it just comes before Prozac. The idea that we are better, stronger, and wiser people after the struggle might just mean that those patients who have struggled for years without giving up on their lives entirely are already better people than those of us criticizing their decision. This might seem like a very large conclusion, but all I am trying to get at is that I don't see us

reversing the value we have placed on the struggle to happiness as opposed to actually achieving happiness and if we’re going to insist on a struggle, I’m not sure we can limit it to the ones that don’t end in a prescription.

Conclusion

The source of happiness is probably not going to be concluded through the work I have done here. I am not prepared to make the claim that I know where our happiness lies. Although the President’s Bioethics Council did seem to think that they might know where happiness is located. When I first saw the title of the concluding section of *Beyond Therapy*, it made me smile a little: “Happy Souls.” This is where the President’s council is locating happiness, in the soul. In *Better Than Well* Elliott begins to suggest that enhancement technologies, including Prozac, can in fact touch the soul. He says, “Today, enhancement technologies are not just instruments for self-improvement, or even self-transformation – they are tools for working on the soul” (Elliott, 2003, 53). Kramer would agree that Prozac could touch the soul. He continually insists that Prozac does not change us, but quiets the voices that have been preventing us from the flourishing intended for us. Maybe it is possible yet to package a pill that can directly touch our soul.

We seem to have completely reversed Aristotle’s notion that the temperate man deserves more praise than the continent man. We praise the continent man and the struggle over his desires he went through to act within reason. I don’t have the time or the resources in this project to map the transition we seem to have made here, but I think this transition is one source of tension in the enhancement debate. We seem to think that pleasure is even more pleasurable if there was pain first, but Aristotle said, “It would seem absurd, however, to suffer pain because of

pleasure” (Aristotle, 1119a). Yet, we don’t find it absurd. In fact we question people who seem to have pleasure free of pain. Just as Edwards’ students questioned Tess’ self-transformation as being easy instead of hard as they thought it should be. David DeGrazia articulated this very well by saying, “Some means of self-improvement, such as exercise or education, are considered natural, virtuous, or otherwise admirable. By contrast, means that are perceived as artificial, as involving corrosive shortcuts, or as perverting medicine are often thought to render the intended self-improvement morally suspect” (DeGrazia, 2004, 35). We do, generally, consider cases such as Tess, Allison, and Sally to be morally suspect. And I think that we need to reconsider this suspicion because if we don’t we are slipping into another division between the ‘morally astute’ (those who don’t use enhancements) and the ‘morally suspect’ (those who do). Without a re-evaluation of why we are determined to make this separation I think we’re in danger of actually leaving behind those on anti-depressants - or worse, telling them that they are not even qualified to run the race. Now the fear that drove them to anti-depressants will be realized in our rejection of their self-improvement.

In June 1995 the PBS show ‘Frontline’ did a short documentary series called “Welcome to Happy Valley.” It explored the town of Wenatchee, Washington, also known at this time as the Prozac capital of the world. Dr. Jim Goodwin was practicing in Wenatchee and had prescribed Prozac to every single one of his seven hundred patients. Psychiatrist Peter Breggin was interviewed and shared his own view on Prozac. He said, “Life has been tough from the beginning, just read the Old Testament. This is the human condition to struggle, to find meaning, to find love, to share, to give, to take, and to face death. Prozac is destroying the fabric of what life is.” I agree with Breggin here as well as with all the previous arguments made for the value of suffering and struggling. I could have easily been the student in Edwards’ class who squirmed

at the idea that someone was skipping the hard part of life. However, in the introduction I re-asked Elliott’s question, “What if it does make a person feel less alienated, less fearful of death, more at home in the world, more certain about how to live a life? Is there anything wrong with this?” Is there anything wrong with setting people on paths that will give them a better life? Is not our constant pursuit of a better life also what we have made the fabric of our lives? As much as we value struggling, our technological world is constantly developing new ways to do everything faster and with less suffering involved. Why are we unconvinced that enhancement technologies are different from the ones we all use every day? Now I have found myself not squirming as much, but actually taking into consideration that some people can and should live happily ever after on Prozac.

I can’t say that I am completely convinced on either side of this argument, but in a very fast paced race, I think we all need slow down and take these questions into consideration. We have made assumptions and judgments about the practice of cosmetic psychopharmacology. Yet, it seems undeniable that it has changed some peoples’ lives for the better. The complications of this debate seem endless and many of the questions ultimately unanswerable. However, I think the struggle of those involved deserves at least asking ourselves where we stand and why.

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