

Introduction

A growing number of social critics have raised concerns about the widespread use of prescription antidepressants in our culture. I argue that these critics are too quick to dismiss the liberatory possibilities of psychotropic drug therapies, particularly with regard to the use of antidepressants. Although a full accounting of the impact of antidepressants on our society and its citizens does not exist, we must not underestimate or too quickly dismiss the transformative possibilities of restoring or enhancing individual capabilities.

Antidepressants can have a restorative and enhancing effect upon an individual's perception of – and presence in – the world. For some, this strengthened sense of self is a necessary condition for a stronger sense of agency in that world. Antidepressant therapy can also restore one's social vitality and sense of belonging in the world; this would seem to be a necessary condition to empower citizens to critically and vigilantly resist unjust social arrangements.

In this essay, I analyze and assess what I take to be the two strongest objections to the use of antidepressants: first, that their use promotes a personal quietism, disconnecting individuals from vital cognitive and emotional affects; second, that such chemical alteration induces a social quietism, and so complicity with suspect norms and values embedded in dominant American ideology. In the third section, I draw attention to the bond between the struggle for social justice and the transformation of the self embedded within a community: a transformation which for some persons may simply not be possible for the individual to bring about or maintain without neurological modification of the self.

Concerns about Disconnection

A central criticism of antidepressant drug therapy is that it may veil complex emotions in the individual thereby both hindering the capacity for moral reflection and retarding the ability to empathize. Richard Schwartz, clinical professor of psychiatry at Harvard Medical School, argues that to use antidepressants in the absence of a pathological state such as clinical depression results in just such a disconnection:

DR. RUPNATHJI (DR. RUPAK NATH)

You bring about a break, however small between the individual and either his external reality or his humanity, by which I mean his tendency to react “humanly” to external circumstance. Either you have reduced his awareness of what is going on around him or you have reduced his capacity to care about it in the ways that human beings have historically cared as far back as myths and legends take us.¹

Schwartz, along with several other critics, worries that the use of antidepressant medications outside the context of treatment for clinical depression will negatively alter behavior and mood by distorting the capacity of the individual to remain emotionally attuned and responsive to the external world. For Schwartz, the effect is a numbness of mind that decreases one’s tolerance to simply bear pain and suffering, thereby stunting opportunities for personal growth and moral development.

Schwartz overgeneralizes the degree to which drug enhancement therapies are likely to result in disconnection while discounting the positive space of freedom that can be opened via changes in neurochemistry. For instance, in *Listening to Prozac*, Peter Kramer describes several cases in which drug therapy increased empathy, emotional responsiveness, sensitivity, and compassion, thereby enhancing human capabilities for personal autonomy and social participation.² As Kramer’s research indicates, rather than deadening one’s emotions, antidepressants and the like can restore or fine tune emotional affects in ways that allow individuals to increasingly engage them in living their lives.

Randolph Nesse, a psychiatrist at the University of Michigan, objects to the widespread use of antidepressants, citing the evolutionary value of emotional affects such as anxiety, depression and despair in our ancestors.³ Nesse suggests that heightened anxiety and depression may act to moderate individual urges which would negatively impact social stability; similarly, according to Nesse, experiences of sadness and despair may help an individual to better allocate limited resources, as when an animal which is failing to near its goals gives up and returns home rather than further expending energy in a lost cause. From these evolutionary claims regarding affective behavior, Nesse argues that in contemporary society a depressed mode of existence could be understood as “advantageous” for powerless individuals as it would help them to better accept their social position.

Even were we to grant that Nesse has gotten it right regarding the evolutionary role of the emotional affects to which antidepressant drug therapy is directed, it is simply bad reasoning to assume that a trait that had positive survival value among small bands of our hunter-gatherer predecessors would continue to have that same value in today’s significantly different world. Given his concern that antidepressant therapies may alter the cognitive affects of society’s “least well off,” such that they may have more difficulty maintaining attitudes of apathy or resignation regarding their social status, Nesse seems to be perpetuating that Social Darwinist sleight-of-hand: confusing historical explanation with contemporary justification.

A more substantive account regarding antidepressant drug therapy is developed by philosopher Carl Elliott. In *Pursued by Happiness and Beaten Senseless: Prozac and the American Dream*, Elliott explores the impact of individuals turning to antidepressant drug therapy in hope of eliminating problems of alienation. Of the three types of alienation described by Elliott, the focus of my analysis is on what he calls “existential alienation.”

[Existential alienation involves] questioning the very terms on which a life is built. By virtue of when, where and to whom we are born, we inherit a sense of what it is possible to do with a human life, what kinds of lives are honorable or pointless or meaningful.⁴

When we try to articulate this shared existential uncertainty regarding the ultimate meaning or purpose of

human existence we ask: Who am I? Why am I here? What should I do with my life? Such questioning of one's sense of self and of the broader framework of meaning in which answers are sought can lead us to feelings of despair, angst, and sadness.

Elliott's concern is that antidepressants will be sought after in order to "to blunt the sensitivity with which a person responds to the world around them" (138). In doing so, antidepressant drug therapy would undermine our reflective, cognitive capacities and so hinder us from grasping for insights that might lead to a more profound understanding of the human condition. Elliott explains that a personality transformation dependent upon antidepressants may encourage one to lead an "inauthentic life" – a life of diminished existential alienation and reduced critical engagement in the broader world. Elliott concludes that the ethical significance of using antidepressants to counter feelings of alienation is that it distances individuals from the core aspects of what it is to live a full and complete human life.

Elliott seems to have vastly over-estimated the impact of antidepressant therapy, since the suffering with which Elliott is concerned arises from features intrinsic to human life *per se*. Suffering will continue to haunt "Anyone Anywhere" for as long as we exist as persons – be it an existence with or without Prozac. These conditions are not due to some affective departure from "internal psychic well-being," but rather to the objective and finite conditions of human existence. Such conditions endure whether or not we have taken our daily dose of Prozac. One's capacity to acknowledge and reflect upon the human condition remains intact. Existential alienation is simply not the sort of thing which can be caused by, or treatable with, medical procedures but is instead a condition of human existence.

Concerns about Commodification

At least some critics of psychotropic therapy make the mistake of regarding antidepressants as the new "opiate of the masses," an escapist tool bringing a dulled conformity to its users. In our modern context of aspirin and ibuprofen, this is understandable. In Marx's time, one used opium judiciously: yes, it could induce a relative surrender to a zombic fog, but it was also the primary medical tool for what might be called "legitimate" pain management. As an anesthetic, opium offered needed relief from both physical and mental pain, a necessary part of patient recovery. Antidepressant drug therapy seems to be the subject of a similar misunderstanding: it too is a tool which offers relief and recovery from a particular sort of reduced capacity, yet it too has been characterized by some as an escapist tool which brings a dull conformity to its user.

Opponents argue that antidepressants (and psychopharmacology in general) secure the legitimation of current economic, political and social ideology. That is, antidepressant drug therapy functions so as to encourage social stasis and the mass tolerance of social and economic inequality. It is feared that antidepressants will chemically alter individual character and temperament by promoting an uncritical conformity to dubious cultural norms – such as valuing competition over cooperation, self-reliance over interdependence, and dominance over consensus – and well as a range of equally dubious cultural "truths" regarding merit, opportunity, the "Protestant work ethic" and that shopping for toys is a subset of happiness.

In response to these concerns, philosopher Erik Parens urges us to explore

[The] extent to which we are free to avail ourselves of biotechnologies that relieve our individual suffering; the extent to which our choices to use those technologies are constrained by social forces; and the extent to which we are responsible to criticize and resist using those technologies that relieve the suffering of individuals (on the grounds that they reinforce or are complicit with the social forces that create suffering).⁵

Without a doubt, it is important for us to keep in mind that antidepressants and other drug therapies will continue to have paradoxical results. Alterations in brain chemistry may positively or negatively affect the cognitive and affective capabilities that are necessary conditions for identifying and critiquing various forms of injustice. Due to varying circumstances and differences in temperament we shouldn't be surprised that in some cases antidepressants will reinforce conformity to social norms that cause harm, and in other cases will help us to resist and criticize unjust political structures and social institutions. Nevertheless, it seems we should discount neither the transformative potential nor the possibility that such brain chemistry modifications can empower citizens to resist unjust structures that reinforce unearned advantages and conferred dominance.

Furthermore, to discourage the use of antidepressants in order to undermine possible compliance with suspect norms and oppressive practices will do little to resolve the problem of the very existence of those norms and practices. The concepts of "value" and "desire" are central to the anxieties being expressed by the critics. We must vigilantly explore the desires that motivate our choices to make use of – or not make use of – enhancement technologies.

Unfortunately, the criticisms of antidepressant drug therapy reflect a much larger problem regarding the costs of an ideology that promotes the myth of meritocracy to rationalize the outcome of an already-weighted game. In the U.S., we already have a vast gap between the wealthy and the poor; mass conformity and complicity already abound. Their cause is not this-or-that biochemical technology, but is instead rooted in problems of structural vulnerability and vast differences in the distribution of human capital.

Clearly, we have yet to recognize or appreciate the extent to which chemical modifications that improve mental health can foster critical reflection and promote resistance to, rather than complicity in, suspect values embedded within today's dominant ideology. One of the greatest strengths of enhancement technologies is their potential for fostering critical reflection and positive change. Antidepressant drug therapy does support liberatory goals, so long as it serves as a catalyst for increasing personal autonomy and social participation.

These drugs can help us to function better as critical agents; they can help us to become the people we wish to be or believe we should be. Anti-depressant biotechnologies are not inevitably tools of oppression; they do not inevitably foster conformity, nor do they inevitably promote a crude biological determinist view of our fellow humans. They do allow some individuals who may otherwise not be able to do so to embrace pro-social forms of meaning. A sense of personal agency is a necessary condition for the pursuit of fulfillment. This condition, necessary to fully exercise human capacities, can be met for some with psychotropic drug therapy. Simply put, antidepressants can help develop the conditions and resources necessary for human flourishing, what Aristotle called "eudemonia."

Conclusion

In this essay I have claimed that advances in neuroscience enhancement technologies should be evaluated in terms of their ethical value. As with any technology, we must ask toward what end is drug therapy applied. I have argued that antidepressant drug therapy is a progressive force when directed toward the goals of reducing unnecessary suffering and enabling human capacities. We can make greater strides in achieving social justice by supporting enhancement therapies that embrace an Aristotelian cultivation of virtuous character and develop our capacities as social animals. This requires us to evaluate the extent to which our neuroscientific advances can help ameliorate oppressive values, attitudes and institutions.

I would like to conclude by adding an important caveat to the claims I have put forth. The emphasis I place on enhancing human capabilities should not be viewed as an individual end in itself but rather as means for securing conditions that foster a healthy society. As philosopher Susan Bordo reminds us,

All of us, in myriad small ways, have the capacity to make some difference, because nothing we do is a self-contained, disconnected isolated event. Seemingly minor gestures of resistance to cultural norms can lay deep imprints on the lives of those around us.⁶

Psychotropic drug therapies, such as the use of antidepressants, offer the possibility of profoundly changing one's sense of self. Accordingly, we must carefully consider the political significance of using them to directly and intentionally alter our bodily capacities and limitations. Yet, it is clear: if we are committed to alleviating unjust social structures and practices, and if we can rely upon antidepressants to improve human capabilities, then we have a strong *prima facie* political and ethical reason to employ them. Of course, there is much work still to be done to develop an integrative, understanding of the ties between social justice and cognitive well-being; this work requires that we not dismiss the liberatory possibilities of antidepressant therapy.

Notes

¹ Schwartz, R. 1995. Drug therapy may harm society. In *Mental illness: Opposing Viewpoints*, ed. W. Barbour. San Diego, CA: Greenhaven Press: 127-135, 129. Note: admittedly, Schwartz acknowledges that his claim relies on the assumption that clinical depression can be objectively defined.

² Kramer, P. 1993. *Listening to Prozac*. New York: Penguin Books.

³ Nesse, R. 1990. What good is feeling bad? The evolutionary benefits of psychic pain. *The Sciences*, November-December: 30-37.

⁴ Elliott, Carl. 2004. Pursued by happiness and beaten senseless: Prozac and the American dream. In *Prozac as a Way of Life*, eds. C. Elliott, and T. Chambers, Chapel Hill and London: University of North Carolina Press: 129-140, 132.

⁵ Parens, Erik. 1998. Is better always good? The enhancement project. In *Enhancing Human Traits*, ed. Erik Parens, Washington, D.C.: Georgetown University Press: 1-28, 17.

⁶ Bordo, Susan. 1998. Braveheart, Babe, and the Contemporary Body. In *Enhancing Human Traits*, Washington, D.C.: Georgetown University Press: 189-221, 218.

DR. RUPNATHJIK (DR. RUPAKNATH)