Happiness as an End in Itself

One of the great ironies of modern life is that, for all the talk of autonomy and self-determination, we seem to have a science to guide every aspect of our lives. Not only practical activities, but matters of the heart, the soul, and the psyche have all become the subject of science-based truth claims and objects for rational management and efficacious technique.

Over the past two decades, happiness has become such an object, spawning an immense body of popular writing and a whole wing of psychology. “Positive psychology,” the scientific study of those features of life that promote happiness and fulfillment, aims to discover the determinants of happiness and how people can cultivate them to achieve higher levels of subjective wellbeing. Books, based on the research, promise “happiness-increasing strategies” that, if followed diligently (they require “a certain amount of discipline”), can bring a “real increase in your own happiness.”

Somewhat inconveniently for the “how-to-become-happier” industry, recent studies published in the journal Emotion suggest that working on happiness may be counterproductive. In the first paper, Iris Mauss and her colleagues note that, while “at first glance, valuing happiness should lead to positive outcomes,” their studies found that the reverse is often the case. The authors hypothesize that making happiness a goal may be self-defeating because the more people strive for happiness, the more likely they will set unreasonable expectations and thus be disappointed by how they feel. In the second paper, Mauss and colleagues report another negative correlate of pursuing happiness: loneliness. They suggest that prioritizing positive feelings and focusing on the self may damage connections with others resulting in social isolation and ultimately loneliness.

Another recent study suggests that the pursuit of subjective wellbeing might come at the expense of a sense of meaning. Roy Baumeister and colleagues found that while “being happy and finding life meaningful overlap...there are important differences.” Sources of happiness are separate from, sometimes opposed to, sources of meaning. For instance, the authors found that “the more time people reported having devoted to thinking about the past and future, the more meaningful [they said] their lives were—and the less happy.” Other findings showed the same inverse relationship: spending money correlates with happiness, whereas balancing finances correlates with meaning; parenthood is associated with less happiness but more sense of meaning; “being a giver rather than a taker” is linked to meaningfullness, the reverse for happiness; and so on.

The authors end their paper with a brief sketch of the two poles of a continuum established by the differences they found between happiness and meaningfulness. At one pole is an “unhappy but meaningful life,” a life involved in “difficult undertakings” that may be of great social good. On the other pole is the “happy but meaningless life,” a self-absorbed life that has few distinctively human qualities to recommend it. Of course, most people live somewhere between these poles, but the contrast brings into sharp relief the problem of making happiness, understood as subjective wellbeing, the object of a rationalistic, instrumental pursuit—the other goods integral to the economy of a well-lived life are likely to be driven out, defeating, it would seem, the very point of seeking happiness in the first place.

Endnotes
Freedom to Make the Right Choice

In much of our social life, individual freedom has become virtually synonymous with choice. The free individual is one who makes choices in a world of options. Under this regime of freedom, public health and welfare promotion confronts a paradox. On the one hand, “we cannot dictate how people live their lives,” to quote a New York City official commenting on the city’s “new and dynamic” public information campaign to address the problem of teen pregnancy. On the other hand, according to the same official, “we must encourage responsibility and send the right message.” So people must have choices, but not all the choices that people make are the “responsible” ones. The conundrum for public authorities is how to persuade people to exercise their freedom by making the choices the public authorities want them to make.

This sort of pedagogy requires considerable subterfuge, as illustrated by the City’s new teen pregnancy prevention campaign. Launched in March 2013 by the mayor and other NYC agencies, the campaign has several media components. The most visible is a series of ads displayed in bus shelters and subways throughout the city. The ads feature babies, roughly a year old, confronting the viewer with “sobering facts” and “tough messages” about the “real costs” of unmarried teens having children.

While the “real costs” worrying the City would seem to be the impact of teen pregnancy on the public purse, that impact is unmentioned. Rather, the costs identified in the ads are those said to be paid by the parents or the child. In one of the ads, for instance, a baby in a shirt with “Mommy’s” written on the front, says in a childish script, “Dad, you’ll be paying to support me for the next 20 years.” In another ad, the baby asks, “Got a good job? I cost thousands of dollars each year.” Across the child in both ads runs the line, “Think being a teen parent won’t cost you?”

Think again, according to the ads. The mayor’s press release describes the great majority of teen pregnancies as “unintended” and as a “decision”—a choice of free individuals who simply do not know and prioritize their own best interests. These teens must be told, and in the name of their own empowerment. This means the “choice” must appear to come from themselves and not from any authority. A baby, the teen’s baby, not the mayor, conveys the “hard-hitting facts.” The teen’s baby, not the mayor, stresses that teen pregnancy is irrational and foolish. The baby, not the mayor, invites teens to join in criticizing the “choice” of teen pregnancy as a deeply irresponsible course of action.

And so the conundrum is resolved. In the ads, what the city wants and what every teen should want and choose turn out to be the same thing. No one has ostensibly dictated how people live or constrained the range of choices teens might make (at their own risk). All the city has done is specify the “right choice,” the good and responsible choice that every rational teen can see, indeed he or she already knows, to be the truth of the matter.

The ADHD epidemic is back in the press, with new numbers on the steady rise in diagnosed cases and the increased use of stimulant medications, both with and without prescription. The worry about giving drugs to children dates back to 1970, when an article in *The Washington Post* set off a public outcry over the treatment of school children in Omaha, Nebraska, with “behavior modification” drugs, including Ritalin and Dexedrine.\(^1\)

The debate has been rekindled recently with new data from the Centers for Disease Control and Prevention documenting that, in 2012, 11 percent of children between the ages of four and seventeen (15 percent of boys and 7 percent of girls) were reported to have had an ADHD (attention deficit/hyperactivity disorder) diagnosis at some point, up from 9.5 percent in 2007 and representing an increase of one million children (from 5.4 to 6.4 million). The rate for high school-age boys (19 percent) was especially high. Of those reported with current ADHD, about two-thirds were taking medication, generally a stimulant like Ritalin or Adderall.\(^2\) Further, the abuse (use without a prescription) of stimulant medications as study aids in both high school and college has also been featured in the press, with concern focused on rising numbers, potential side-effects, and the fierce pursuit of good grades.

Two recent surveys of college students, both conducted in the fall semester of 2012, provide some context for all the drug taking. The American Freshman Survey, conducted annually by the Higher Education Research Institute with nearly 200,000 full-time, first-year students, includes questions about mental health. One item asks students if they felt “overwhelmed by all I had to do” during their senior year of high school. The percentage of first-year students, men and women, who answer “frequently” has been rising since the survey started in 1985 (see graph). In fall 2012, the percentage for women reached a new high, with 40.5 percent reporting being frequently...

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Youth and Prescription Drugs

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overwhelmed. The rate for men was much lower (18.3 percent) but also near the upper end of the historical spectrum.\(^3\)

In April, the American College Health Association released the results of its semi-annual survey of tens of thousands of full-time college students, the National College Health Assessment (NCHA). The Assessment includes a battery of questions on mental health. If many students are overwhelmed in high school, they report even more problems in college. Asked if they “felt overwhelmed by all you had to do,” some 69 percent answered “yes” for the past thirty-day period. Almost the same percentage answered “yes” when asked if they “felt exhausted (not from physical activity).” A third or more of students reported feeling “overwhelming anxiety,” “very lonely,” and “very sad” in the past month, and a quarter reported feeling that “things were hopeless.”

The NCHA also found that 21 percent of students had been diagnosed or treated for a mental health problem in the past twelve months, with anxiety, depression, and attention deficit leading the list. Furthermore, nearly 13 percent of students had used a prescription drug without a prescription during the previous year. Stimulant medications were the most common, but pain killers, like Oxycontin, were not far behind.\(^4\)

With such pervasive emotional struggles, it should perhaps come as no surprise that large numbers of youth are finding their way to mood and behavior medications.

Endnotes


