

# **Happiness Studies and Wellbeing: A Lacanian Critique of Contemporary Conceptualisations of the Cure**

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## **Abstract**

Criticising the discourse of happiness and wellbeing from a psychoanalytic perspective, this article is in five parts. The first offers a brief philosophical genealogy of happiness, charting its diverse meanings from ancient Greece, through Medieval Scholasticism and on to bourgeois liberalism, utilitarianism and neoliberalism. The second contextualizes contemporary happiness in the wider milieu of self-help culture and positive psychology. The third explores the growing influence but also methodological weaknesses of the field of Happiness Studies. The fourth then focuses specifically on the notion of wellbeing and the impact it has had on changing definitions of health itself, particularly mental health. The fifth and final section then turns to psychoanalysis, its Lacanian orientation especially, to explore the critical resources it offers to counter today's dominant therapeutic cultures. It also emphasises psychoanalytic clinical practice as itself an ethico-political challenge to the injunction to be happy that lies at the heart of consumer culture.

**Keywords:** Happiness studies, wellbeing, self-help, positive psychology, biopolitics psychoanalysis, Jacques Lacan

## Introduction

This article will draw on Lacanian psychoanalysis to criticize the recent discourses of Happiness Studies and Wellbeing, as well as the diffuse culture of positive thinking and self-help of which they are a reflection. It will be argued that Happiness Studies and Wellbeing demonstrate a fundamental shift in conceptualizations of illness, health and cure, best characterized with reference to Foucault's notion of 'biopolitics': a form of neoliberal governance that makes life itself, including health, the target of direct political administration (Foucault 1997, 1976/1998, 1997/2003, 2004/2008). Yet, with Lauren Berlant (2011), it will be argued that 'happiness' and 'health' have become objects of political control precisely as it becomes more and more obvious that unbridled consumer culture can deliver neither. If Happiness Studies and Wellbeing advocate 'positive thinking' (which Berlant recasts as 'cruel optimism') in the face of the intensifying deprivations of capital, then psychoanalysis, conversely, makes us attend to the new forms of suffering that arise from an inability to be happy with consumer models of happiness – an affliction that Oliver James has dubbed 'affluenza' (James 2007). Such suffering, however, struggles to be heard within mainstream therapeutic culture in which health has been redefined as a narrow capacity to produce, consume and enjoy. The article will therefore close with a defense of psychoanalysis, particularly its Lacanian orientation, as one of the few clinical approaches that works against the grain of these dominant notions of the cure.

## A Brief History of Happiness

By first providing a condensed philosophical genealogy of what happiness has become today, some of the positivist claims made about it in Happiness Studies can be loosened from the outset. And yet Happiness Studies, somewhat disingenuously, claims to have its roots in precisely the Western philosophical tradition, or that strand of it which interrogates happiness via the classical question concerning the nature of the 'good', and the kind of life to be lived according to it (see Haidt 2006). It is true that this *eudaimonic* theme is fundamental enough to organise the divisions among the schools of ancient Greek philosophy.

As is well known, hedonism privileged intense sensual pleasure as the route to earthly bliss. Less well known is that hedonism also contained a range of positions distributed along a continuum from bodily pleasure to rational serenity. Thus, while the Cyrenaic school championed the direct indulgence of physical sensations, the Epicurean School anticipated Freud's homeostatic pleasure principle by introducing the balancing factor of the absence of pain. At the more ascetic end of this continuum, the Stoics emphasised rational self-control as a defence against unruly emotions that they saw as potentially destructive. Plato went on to intensify this Stoic opposition between rationality and the body by presenting the body

as an obstacle to the 'Form', rather than the sensation, of the Good, now accessible only through the reasoning of the philosopher-king (a dualism which would find a new articulation with Descartes).

Probably the most durable formulation of happiness, however, comes from Plato's pupil, Aristotle. In the *Nicomachean Ethics* (Aristotle 2006), Aristotle seeks happiness not as the satisfaction of men's diverse desires but as their unification beneath an ultimate end that Lacan, in *Seminar VII*, calls the 'sovereign good' (Lacan 1986/1997: 13). Happiness for Aristotle then is not an affect connected to the momentary enjoyment we would today call 'fun'. It is instead the culmination of a life lived *virtuously*, with virtue (*arête*) understood as excellence in realising one's innate potential to fulfil a particular function. This perspective has everything to do with Aristotle's zoological vision of a hierarchical natural world. Thus, when he defines happiness as 'an activity of the soul in accordance with virtue' (Aristotle 2006: 1098a13), he is invoking a maximization of one's place in the fixed schema of nature – an early version, then, of 'be all you can be'. To be all one can be, Aristotle argued that one must acquire all the virtues constitutive of a moral character (courage, generosity, a sense of justice etc.), but also the capacity to exercise them in a rational, which also meant a *practical*, manner. Lacan notes that 'ethics for Aristotle is a science of character: the building of character, the dynamics of habits [...] training, education' (Lacan 1986/1997: 13).

Aristotelian ethics also stress the notion of a Golden Mean (Aristotle 2006: 1006b36) which steers the moral man between the extremes of passions such as rage, impetuosity and fear. Yet if this is possible it is because something even in man's more bestial appetites is responsive to rationality, making possible what Aristotle calls *enkrateia* or 'self-control' (see Cottingham 1998 and Tilmouth 2008). This set of values around 'virtue' and 'character' as attainable through disciplined training arguably resurface in 20<sup>th</sup> and 21<sup>st</sup> Century self-help culture and allied practices of 'self-fashioning' (see Illouz 2008). But certainly, with the notable exception of courtly love, this Aristotelian vision of the virtuous life held sway over the entire scholastic medieval period in Europe, when happiness was very different from today's consumerist vision. Thanks to theologians like Aquinas who re-read the pagan philosophers through a Christian lens, Aristotle's *arête* was transformed into something like *contentment with one's place within God's creation*. The critique of earthly sensualism is carried forward from Plato into Christian asceticism but true pleasure now comes from proximity to, or speculative contemplation of, the divine. Far from being a question then, medieval happiness was an arduous spiritual discipline which adjusted one to one's lot in life, with a view to compensation in the hereafter (this is what Darrin McMahon refers to as 'perpetual felicity' in McMahon 2006).

In this sense, happiness only really becomes a *question*, and therefore takes on the modern dimensions of a worldly demand, with the Enlightenment and the subsequent emergence of the bourgeoisie as a class. Specifically, it emerges with

those revolutions with which the bourgeoisie refused the supposed virtue of accepting their lot in life, especially when that lot did not amount to a lot (or more precisely, to *enough*). Lacan points out again in *Seminar VII* that it was the militant French revolutionary, Saint-Just, who enthused that ‘happiness is a new idea in Europe’ (Lacan 1986/1997: 359). Lacan identifies a consequence of Saint-Just’s claim even more manifest in our times than it was in Lacan’s: ‘happiness has become a political matter’ (*ibid.*). But the emergence of the modern demand for happiness from revolutionary tumult also demonstrates its political ambivalence. What was enshrined in 1776 in the *American Declaration of Independence* as the constitutional right to pursue happiness could, on the one hand, articulate an egalitarian demand for an end to the misery borne of inequality, but on the other, it could also be a demand for a specifically bourgeois paradigm of happiness, one based upon the freedom to consume and trade but also to profit from the exploitation of wage-labour. Marxist historiography of both of these revolutions would indicate that the capitalist formulation of happiness quickly won out. Thus, the discourse of happiness in the late 18<sup>th</sup> Century can be seen to shift from being an urgent political demand to end servitude and injustice (egalitarianism) to a matter of good bureaucratic governance (a legalistic conception of ‘equality’ that shores up bourgeois property rights).

However, it was really the development of a philosophy of *utilitarianism* that elaborated a biopolitical conception of happiness, one that has now become universalized with neoliberal globalization. In this sense, utilitarianism, and not ancient Greek philosophy as a supposed ‘art of living well’,<sup>1</sup> provides the true foundation for the modern science of Happiness Studies. It was the British philosopher and social reformer, Jeremy Bentham, who took the universality already present in the *Declaration of Independence* and added to it a numerical, majoritarian logic that placed happiness at the heart of the legitimacy of the modern liberal state, and hitched it to the redistributive mechanism of the market. Albeit steered for Bentham by a paternalistic state, it was thought the market could facilitate this seismic shift from the Good - in a theological register that had ordered the pre-modern world - to goods in the plural, whose production, circulation and exchange would shape the modern world. This utilitarian conjoining of libidinal and fiscal understandings of ‘economics’ inaugurated a transformation in the field of ethics. This is crystallized in Bentham’s injunction in *A Fragment on Government*, also of 1776: ‘it is the greatest happiness of the greatest number that should be our measure of what is right and what is wrong’ (Bentham 1776/1988: 3). This emphasis on number, and more specifically on distributed averages, coincides with the rising importance of statistics, demographics and population management that Foucault identifies as instrumental in the historical transition from disciplinary to biopolitical modes of sovereignty (Foucault 1998). Conceived in utilitarian terms then, happiness becomes inextricably linked to what can be measured, counted, rationalized and apportioned.

Thus, in *An Introduction to the Principles of Morals and Legislation* – published at exactly the moment that the French Revolution was bursting into flame in 1789 – Bentham had already mapped right and wrong onto a careful taxonomy of *measurable* types of pleasure and pain (Bentham 1780/1970). These were to be administered by the state through what he coined the ‘felicific’ or ‘hedonic’ calculus: an algorithm calculating the variables of pleasure and/or pain (such as intensity and duration) that would follow a particular course of action as it impacted on, potentially, whole populations. Beyond the panoptical prison system proposed by Bentham (but never actually built) that early Foucault presented as a conceptual paradigm of disciplinary power (Foucault 1995), it is arguably Bentham’s ‘hedonic calculus’ that undergirds later Foucault’s understanding of biopolitical power and our neoliberal present (Foucault 2004/2008). We should go further: the utilitarian dream of the hedonic calculus laid the foundations for modern welfare economics, Happiness Studies, and the current Wellbeing agenda.

### **The Contemporary Cult of Happiness**

This rapid genealogy of happiness, from ancient Greece, through the Medieval period and on to the emergence of bourgeois liberalism and utilitarianism, brings us up to the present. Today we can see that happiness has been widely distributed – as ideal, promise, entitlement and demand – across a diffuse culture encompassing positive psychology, watered-down versions of Cognitive Behavioural Therapy such as Neuro-Linguistic-Programming, innumerable self-help books, fake spirituality, corporate motivational discourse, consumer ‘confidence’, and a general miasma of what, after Judith Halberstam, I would like to call ‘toxic positivity’ (Halberstam 2011). This pervasive atmosphere of toxic positivity refers to the superegoic injunction to maintain a cheerful, uncomplaining disposition even in the face of a world replete with the slings and arrows of outrageous fortune. What positive psychology and much of the self-help industry teaches us is that happiness is a power of the mind: thinking ‘happy thoughts’ somehow magically leads to success in work, in relationships, in sex, in life as we are enjoined to live it. It is toxic, of course, to the extent that it is brutally normative. If one refuses to fall into line with this ‘happy clappy’ band of positive thinkers, one is deemed to have chosen depression and marginalization. The usefulness of such toxic positivity in anaesthetizing the contradictions of capitalism is immediately obvious from best-selling book titles in the pop psychology genre, such as *We Got Fired ... And it Was The Best Thing That Ever Happened to Us!* (Mackay 2004), and even more directly, *Loving What Is* (Mitchell 2002). If religion was the opiate of the masses according to Marx in the nineteenth century, perhaps positive thinking has become the Prozac of the atomized neoliberal individual of the twenty-first?

It is this paradoxical situation that Lauren Berlant analyses in her book *Cruel Optimism* (Berlant 2011). Her title refers to affective and sensorial attachments to

the limitless pursuit of wealth and happiness promised by liberal capitalism, even as state-based welfare provision, job security, and upward social mobility are systematically dismantled by neoliberalism's rapid privatization of the previously public. She thereby identifies a time-lag between the fantasy of exponential profit and opportunity exemplified in the Dot Com bubble of the 1990s, and the starker reality that has hit home since the 2008 credit crunch and ensuing austerity measures. In an implicitly psychoanalytic vein then, Berlant zeros in on our stubborn fantasy attachments to objects, ideals and practices that are simultaneously obstacles to satisfaction. However, in the wake of Slavoj Žižek's Lacanian re-reading of ideology as precisely fantasy – and thus as something not deceptive but a positive force shaping our enjoyment (Žižek 2009) – Berlant refuses to present 'cruel optimism' as a mode of false consciousness vis-à-vis the failure of the social promises of liberal capitalism. She even finds something redemptive in the modest utopianism of trying to continue living with dreams in the context of what she calls 'crisis ordinariness' (Berlant 2011: 101), a generalized condition of precarity that makes upheaval and instability the norm rather than the exception. Although her focus is on literary, filmic and artistic texts that exemplify the contradictions and possibilities of this affective state of 'cruel optimism', the chapter she provides on the epidemic of obesity in the West, among adults and increasingly children, opens up the kind of biopolitical questions regarding happiness and health I want to investigate here.

In it, Berlant identifies obesity as a paradigmatic problem for consumer cultures predicated on hyper-consumption. The moral and medical discourses around obesity are therefore very revealing. Berlant points out that the issue has become something of a political football kicked between Left and Right with a view to political point-scoring, rather than any clarification or critique of its connections to capitalism. For the (Centre) Left, obesity has been used as an argument for stronger state-based regulation of industry, as well as a defense of a more pastoral role for a state with continuing welfare commitments. For the Right, the discourse around obesity often slides into responsabilization of lower class 'lifestyles' that 'choose' fast-food diets out of laziness and ignorance. Indeed, both Left and Right regularly appeal to 'education' and 'information' as solutions to obesity, from parenting classes to improved food labeling, from public health campaigns to home economics in schools (as if 'learned behaviours' could be entirely abstracted from their socio-economic circumstances).

There is an echo of this pattern in more technical medical discourse about obesity, which increasingly situates it under the ever-expanding heading of 'addiction'. Understood on a physiological disease model, the causation of obesity-as-addiction is explained largely with reference to evolutionary and genetic etiologies that let states, corporations, and indeed individuals 'off the hook'. Berlant notes that if obesity is categorized as a health issue of 'epidemic' proportions at all then, it is more fundamentally because, as David Harvey observes in *Spaces of*

*Hope* (Harvey 2000), sickness under capitalism is defined as the inability to work. As we will see, both Happiness Studies and the Wellbeing agenda contribute to cost-benefit approaches to health provision that do indeed evaluate various psychological complaints not in terms of subjective suffering but of the loss to the economy through sick leave. In this way, psychological well-being has been brazenly rebranded as ‘mental capital’.<sup>2</sup>

This way of thinking about illness also shapes models not of treatment per se, but of pre-emptive psychological training, such as the push to coach increasingly frazzled workers in the psychology of ‘resilience’ (see Pryce-Jones 2010, and for a critique, Neocleous 2013). A different, less behaviourist strand of psychology might alert us to more complex subjective factors and, admittedly, more expensive because slower forms of treatment. With regard to obesity in particular, surely we have to take into account the subjective and perhaps even unconscious dimensions of food consumption embedded in individual biographies and the forms of sociality constitutive of everyday life? How else are we to understand eating disorders such as anorexia nervosa and bulimia in the context of developed nations with literal food mountains,<sup>3</sup> by scandalous contrast to mass malnourishment and starvation in other parts of the globe fighting food poverty? Cruel optimism shows its cruelty here: in developed nations, ‘comfort food’ and ‘comfort eating’ literally feed off the failure to achieve the BMI we are supposed to be happy with. In other words, the emotional ‘solution’ contributes to the problem itself. Equally however, constant self-denial in the form of extreme dieting can become a perverse mode of enjoyment in conditions of plenty. The un-gendering of eating disorders, such that male complaints of this type are now rising sharply, indicates a structural connection between capitalism and this mode of suffering suspended between gluttony and privation. Only psychoanalysis allows us to understand this mechanism of libidinal investment in dissatisfaction itself: Freud called it, long ago now, the death-drive, and based his understanding of the discontents of modern civilization upon it (Freud 2002).

Berlant’s account of ‘cruel optimism’ can be supplemented by Barbara Ehrenreich’s wonderfully acerbic book, *Smile or Die: How Positive Thinking Fooled America & The World* (2010). The moving and at the same time exasperating opening chapter to that book also pertains to matters medical: it recounts the author’s experience of breast cancer. At one of the lowest moments of her life, Ehrenreich admits to having been more prone than usual to the allure of positive thinking. Yet as she encountered various online support communities for cancer sufferers, she grew concerned about an evangelical enthusiasm bordering on religiosity. More specifically, she became alarmed by the pseudo-medical claims made by them regarding an alleged correlation between a cheerful disposition, boosts to the body’s immune system, and improved survival rates. Her careful consideration of the clinical research both demonstrates the lack of hard evidence for such a

correlation and highlights, nonetheless, a strong push within mainstream psychology towards a more ‘scientific’ version of positive thinking.

This is evident in the relatively new field of ‘positive psychology’, whose most outspoken advocate has been former president of the extremely powerful *American Psychological Association*, Martin Seligman (see Seligman 2003, 2006 and 2011). Reflecting, as we shall see, wider shifts in the definition of health over the last fifty or so years, Seligman has championed positive psychology as a much needed move away from the traditional emphasis in psychiatry and psychology on pathology and mental illness. With such depressing themes downplayed, evolutionary and neuroscientific psychology can be conscripted into the much more affirmative project of self-improvement. Seligman and his followers regularly claim that positive psychology can make us leaner, faster, fitter, *better* human beings. Under the quintessentially biopolitical heading of ‘flourishing’ then, neoliberal normativity is imposed. The incipient blurring discernible here between, on the one hand, ‘respectable’ evidence-based psychiatry and psychology, and, on the other, self-help movements, new age mysticism, and even extropian posthumanism, is one of the more worrying aspects of today’s cult(ure) of happiness.

In ways that connect convincingly with Berlant’s thesis of ‘cruel optimism’, Ehrenreich’s penultimate chapter in *Smile or Die* finds this pernicious culture of blind hope extending into the stock exchange and finance markets, contributing directly to the collapse of 2008. In a milieu in which fundamentally affective states like ‘confidence’ literally translate into trillions of dollars, it is all-too easy to place undue faith in positive thinking. In other walks of life, such zealous and rigid attachment to an idea in the face of all rational evidence to the contrary, would be more than sufficient for a diagnosis of delusional mania. And yet, seeing themselves as the handmaidens of the market, governments bolster this group illusion with tax payer’s money. Though welfare economics aims to enable ‘the greatest good to the greatest number’, in the wake of mass repossessions following the collapse of the mortgage market, state bailouts of banks deemed too big to fail, and unprecedented cuts in the social budgets of numerous states, it can hardly be said to have upheld Bentham’s worthy maxim over recent years. This has not stopped a particularly cruel form of optimism from persisting, however. Traders continue to enjoy enormous bonuses, and even CEOs of failing banks continue to receive multi-million pound golden handshakes. Capital, it seems, has institutionalized cruel optimism at the highest levels: the problem is still prescribed as if it were the solution.

## Happiness as Science

Nowhere is this more obvious than in the coming together of economists and psychologists in the so-called science of Happiness Studies, which has managed to insinuate itself into the policy agendas of numerous states around the world. On

July the 13<sup>th</sup> 2011, the United Nations (UN) General Assembly accepted the attempted push from GDP to GDH (Gross Domestic Happiness) at the core of Happiness Studies when it adopted a resolution that:

invites member states to pursue the elaboration of additional measures that better capture the importance of the pursuit of happiness and well-being in development with a view to guiding their public policies.<sup>4</sup>

Sixty-eight countries have now signed up, and the 20<sup>th</sup> of March 2013 was the first ever International Day of Happiness.<sup>5</sup> Among the adopting countries is Britain, and enthusiastic convert, Prime Minister David Cameron, responded by launching his own 'Wellbeing Index' in October 2011. The UK's Office for National Statistics now collects data annually on a variety of alleged indicators of individual and social wellbeing, including health, the economy and governance.<sup>6</sup> Like similar indexes in countries such as America, Italy, Germany and Japan, Cameron's Wellbeing Index draws on methodologies developed by the World Health Organisation (WHO) which has long collected data on 'quality of life'. The Organization for Economic Cooperation and Development (OECD) similarly runs its 'Better Life Index' for all of its 34 member countries.<sup>7</sup> In the United States, academics like former Harvard president Derek Bok advocate the use of happiness research by lawmakers in a range of policy areas such as health, education, and even marriage (Bok 2010). Bok's equivalent in the UK is Baron Richard Layard who was a key influence on the economic and social policies of New Labour, co-edited the UN's *World Happiness Report* of April 2012, and founded the Action for Happiness Movement.<sup>8</sup>

But it is not just states and supra-national state-like entities such as the UN, the WHO and the OECD that are pushing the happiness and wellbeing agenda. Independent research institutes and thinktanks are also lobbying in this area. The New Economics Foundation, for example, administers the ambitious 'Happy Planet Index' in order to foreground an ecological dimension of 'flourishing' generally occluded from narrow preoccupation with fiscal growth.<sup>9</sup> And yet – and this should give pause for thought – multinational corporations, too, are sponsoring what are basically marketing initiatives in wellbeing, such as the food giant Danone Actimel's 'Family Wellbeing Index', which offers (very middle class) families guidance in healthy, fun and fulfilling parenting.<sup>10</sup> The *Wall Street Journal* also now produces its own career happiness index.<sup>11</sup>

So important has the constant affective monitoring of whole populations become in fact, that pollsters Gallup and private healthcare provider Healthways have collaborated to produce a *daily* wellbeing index, providing the 'real-time measurement and insights needed to improve health, increase productivity, and lower healthcare costs'.<sup>12</sup> Given the primarily corporate but also American interests driving a great deal of this research, it is hardly surprising that its results almost always end up confirming a version of the American dream. One recent multinational comparative well-being study determined that three factors are pivotal

in making for cheery individuals across all cultures: predictably enough, they are high income, individualism, and human rights (Diener et al. 2010). Is it even necessary to point out the connection with that other index, the Index of Failed States produced by the thinktank Fund for Peace?<sup>13</sup> Once again, the political ambivalence of the right to happiness becomes clear, especially in the light of ‘humanitarian wars’ that impose the blueprint for Western Wellbeing on such ‘failed states’.

Despite the increasing influence of this rhetoric in a number of areas however – economics, environmental politics, development discourse, psychology, business studies and marketing – even a brief glance at the much-vaunted ‘evidence-base’ of happiness research suggests it may well be a castle built on sand. Two empirical methodologies dominate the field. Firstly, ‘experience sampling’ which gathers reports of mood states at particular points during a single day and claims accuracy on the basis of the immediacy of the reporting. Secondly, ‘life satisfaction’ surveys, which typically invite Likert scale responses to extremely general questions regarding levels of satisfaction with life as a totality (so far). A typical but crude question would be: ‘On a scale of 1-10, to what extent would you agree with the following statement: So far, I have gotten the important things I want in life’. In the absence of critical scrutiny, the enormous assumptions built into this kind of question remain obscured behind that dangerous thing, ‘common sense’, as do the policy uses to which the resulting data is put. And yet experience sampling and life satisfaction surveys, often gathered by networked communications technologies, remain by far the most prevalent research methods in this brash new field.

But even within happiness research itself, it has been acknowledged that problems can accompany data-sets rooted in self-reporting alone, especially around something as elusive as emotion (see chapter 2 of Bok 2011). For this reason, happiness research increasingly appeals to more ‘objective’ measures. It draws, for example, on neuroscience and neurochemistry, through MRI scans and levels of neurotransmitters such as dopamine; or on the psychology of emotion, through video-evidence of the number of genuine Duchenne smiles appearing on a test subject’s face under controlled conditions. For broader number-crunching purposes, more robust sociological data on ‘quality of life’ such as longevity are correlated with happiness indicators in the search for statistically significant patterns. Even social media have become potential sources of mass affective mapping: Adam Kamer, a psychologist from the University of Oregon, has developed a quantitative Gross National Happiness metric that counts positive and negative words in Facebook status updates (Kamer 2010).

## Well-being and the Politics of Health

The almost ubiquitous use of the term ‘wellbeing’ in the literature on happiness also arises from an attempt to nullify this problem of self-reporting. It implicitly locates happiness at a more concrete, bodily level, invoking empirically measurable physiological states and thus the more established domain of the medical sciences. And yet, on another level, the term ‘wellbeing’ is also a crucial signifier in the wider discursive reconfiguration of health. If it enables the relatively new field of Happiness Studies to borrow the credibility of the sociology of health and of medical science, ‘wellbeing’ also facilitates the importation of a biopolitical conception of ‘flourishing’ into definitions of health – be they philosophical, policy-based, diagnostic, or embedded in clinical practice.

This is a process that can be traced back to the WHO’s redefinition of health in 1948 which still governs its varied activities around the world today: health became ‘the presence of a state of complete psychological and social well-being, not just the absence of illness or infirmity’.<sup>14</sup> Something extremely important changed with this definitional shift at the end of the Second World War. In it was crystallized the replacement of the nineteenth-century medical model, which foregrounded disease and pathology, by the first stirrings of a biopolitical model focused on individual and social affective harmony. Although Foucault rightly criticized the nineteenth-century medical model for its anatomically probing ‘gaze’ and the institutional structures of authority that stemmed from it (Foucault 1983/2010), his critique really pertained to the era of disciplinary power. In the era of biopolitics by contrast, the often digitized medical gaze falls upon – and constitutes – an informatized body composed less of functional or dysfunctional organs and more of flexible, recombinant sequences of genetic code or re-writable cognitive scripts that are well or poorly adapted to a rapidly evolving environment. Biopolitical control concerns itself not with pathology or ill-being then, but with affect and wellbeing, now ‘indexed’ to both economic productivity and the production of economies of enjoyment.

What is largely left behind in this shift is subjective suffering, which the psychiatry, psychology and psychoanalysis of the last part of the nineteenth and first half of the twentieth centuries was arguably much better at rendering visible and audible. Because wellbeing appears on a numerical sliding scale, everyone can locate themselves *somewhere* along the Gaussian curve it describes. Whilst this seems to offer a degree of health and happiness to everyone, and thus to make good, rhetorically at least, on the promises of liberal capitalism, it also has the paradoxical effect of responsabilizing individuals who suffer when they can find no place within the contemporary cult of happiness. Why, when I have, or potentially could have, everything, am I so miserable? This is what Oliver James has referred to as ‘affluenza’ (James 2007). James draws partly on findings within Happiness Studies itself that suggest that beyond a certain level of income, happi-

ness gains tail-off quite steeply. For obvious political reasons, this so-called ‘Easterlin Paradox’ has been hotly contested (see Hagerty & Veenhoven 2003). More important, however, than the relationship between money and happiness, are the underlying assumptions not only about what makes life worth living, but also about what kinds of lives have worth.

It is no accident, then, that one can see parallel adjustments in the field of mental health specifically. The standardized psychiatric manual now used by health professionals around the world, *The Diagnostic and Statistical Manual of Mental Disorders* (DSM), was initially an American rival to the WHO’s own *International Classification of Diseases* (ICD), which included a separate section for psychiatric disorders. With worrying origins in the US military’s interest in the psychological limits of soldiers during the Cold War, and now utterly enmeshed with the globalised pharmaceutical industry, the DSM has specialized in exponentially proliferating mental disorders in its sixty year existence. The first edition in 1952 listed 106; the second in 1968 listed 182; and the massive revisions involved in the third edition of 1980 led to no less than 265 disorders. This third edition explicitly abandoned Freudian psychopathology and based the etiology of mental disorders on the catch-all notion of ‘chemical imbalance’. For each new condition, there had to be a corresponding pill. Psychiatry and increasingly clinical psychology boiled down to almost instantaneous check-list diagnoses, followed by drug prescriptions. The revision of DSM-III that appeared in 1987 once again increased the number of disorders, this time to 292. The, at the time of writing, current fourth edition published in 1994 (though revised in 2000) lists almost triple the number of disorders identified in the first edition at a whopping 297. It is likely we will see this trend toward inflation continue with the newest edition, due out in May 2013. Amidst this nosological profusion, conceptual overlaps between disorders have increased proportionally, as reflected in the rise of ‘borderline’ and ‘not otherwise specified’ conditions. Reminiscent of *One Flew Over the Cuckoo’s Nest*, the DSM even reserves a category for those who do not co-operate: it is called ‘Treatment-Resistant disorder’.

According to Lacanian psychoanalyst Paul Verhaeghe (2008), this sprawling proliferation of ‘disorders’ (a word already intended to replace ‘illness’) is an inevitable result of the DSM’s purely phenomenological approach, and the deliberate lack of any guiding metapsychological framework of the kind that Freud provided. Verhaeghe proposes an alternative psychodiagnostic framework that draws on Freud and Lacan as re-interpreted through aspects of attachment theory and even evolutionary and neuropsychology. While some of these sources may in fact be part of the problem, without a theoretical framework of this kind, normative politics – and specifically the politics of happiness I have tried to identify here – flood in to institutionalized clinical theory and practice. This is perhaps clearest in happiness’ other, depression.

Another Lacanian psychoanalyst, Darian Leader, has demonstrated the link between the transformations in the DSM and an abandonment of forms of classical psychiatry and psychology that focused on the *subjective* experience of depression (Leader 2009). After DSM-III in particular, Leader argues that the parameters of depression were fundamentally molded by the revolution in neuroleptic drug treatments, leading to a vertiginous rise in diagnoses. In other words, in the early 1980s the definition of depression was drawn into the gravitational pull of observable effects consequent upon the administration of drugs. Although the psychiatrist thereby became much more like a GP insofar as he now prescribed medicines, this came at an enormous cost. With both the patient and the therapist reduced to elements in a mechanism that merely balanced out chemicals, the notion of ‘treatment’ and indeed ‘cure’ were radically reconceptualized. This overwhelmingly pharmacological interpretation of mental distress has had major repercussions throughout popular culture (see Wurtzel 1996) as well as in mainstream mental health provision.

Though this ready recourse to pills has been acknowledged as problematic, therapies presenting themselves as alternatives often adhere to the same underlying reasoning. For example, Lacanian psychoanalysts have been among the most vociferous critics of the rapid rise in clinical funding for, and widespread adoption of, cheap and quick Cognitive Behavioural Therapy (CBT), generally based on just six to twelve sessions (Miller 2005). Just as Happiness Studies is weakened by its reliance on self-reporting, so CBT typically begins with a goal-setting meeting tailored to what the patient wants to achieve. It thereby largely eliminates any notion of unconscious desire, drawing instead on a customer-knows-best logic. Related to this, it invites extremely instrumental criteria for cure that remain at the level of superficial ‘presenting problems’ without addressing underlying structural causes. One of the reasons for the state’s willingness to fund CBT is the rapidity and relative cheapness with which it can return people to work. ‘Normal functioning’ is thus interpreted entirely functionally. Another reason is CBT’s pioneering role in the culture of evaluation and ‘evidence-based practice’. As if directly inspired by Bentham, part of CBT’s ethos from the beginning has been a focus on measurable outcomes. However, just as there is something circular in Happiness Studies research, so CBT can fall into the trap of finding exclusively what it sets out to look for. With cure defined very narrowly, short-term outcome studies can allow CBT to claim a high degree of ‘success’ whilst responding to a wider target-setting agenda.<sup>15</sup> For example, CBT treatment of an anxiety disorder might measure clinical efficacy in relation to a reduction in the number of panic attacks before and after treatment. On one level, this is obviously a relevant measure the patient would welcome. But in no way does it address the underlying meaning or cause of anxiety for such an individual. Instead, it conflates presenting problems with structural symptoms.

Though now enormously broad, the evidence-base for CBT is chronologically rather shallow. As longer-term outcome studies have started to appear, its clinical efficacy over time has been questioned.<sup>16</sup> Moreover, because it has been so adept at justifying itself on the grounds of value for money, CBT has become a victim of its own success: particularly in the United States where health insurance plays such an important role, there is an increasing pressure to push CBT even further away from a Freudian paradigm of one-to-one therapy, and towards group therapies. Despite such doubts, there remains something alluring about the simplistic, linear logic of CBT programmes, resonant as it is with wider cultural trends in self-improvement and mind training. But like the medicalized interaction (or transaction) between psychiatrist and patient, the ‘therapeutic alliance’ in CBT threatens to be reduced to both parties following such programmes to the letter. The role of the therapist then becomes mechanized to the point of redundancy – hence the wide availability of CBT through online modular courses, as well as computer-based CBT in hospitals. This is hardly accidental, given that CBT tends to view individuals as more or less functional machines.

Of course, many CBT therapists are much more nuanced and sophisticated in their application of it than this caricatured picture suggests. Many have training in other psychotherapeutic approaches and work valiantly in complex clinical settings under the constraints that exist there. Nonetheless, I would argue that there is a logic within CBT that overwhelmingly interpolates the patient through the old stimulus-response model at the heart of behavioural psychology, with its inherently de-humanizing roots in ethology.<sup>17</sup> Though CBT is heralded as an alternative to blinkered psychopharmacology, randomized clinical trials contributing to its ‘evidence-base’ still generally measure their effectiveness by comparison to a pill-popping group. Thus, in common with medicalized psychiatry, cure remains conceived along the lines of corrective re-programming.

The ‘therapeutic’ culture created by CBT’s overlaps with both managerialism and self-help explicitly disregards a rich thread within classical psychiatry that sees the symptom not as a disease to be eradicated or a glitch to be ironed out, but as a body or mind in the process of elaborating its *own* cure. From this perspective, cure becomes a singular creative elaboration that a patient can be supported in via a transference relationship to the therapist. Such transference may be fragile and take both time and money to establish and maintain. Yet it has the virtue of being very far removed from a mechanical transaction mediated by the pharmaceutical industry. Unfortunately, there is almost no room for this in the contemporary clinic.

## **The Lacanian Alternative**

In such a context, psychoanalysis presents a rare and therefore precious alternative to these dominant medicalized notions of the cure. Far from being an indication of

its mere outmodishness, the fact that, particularly in the Anglophone world, psychoanalysis now exists primarily at several removes from mainstream ‘psy’ practices, demonstrates its stubborn resistance to the biopoliticalization of health.<sup>18</sup>

Indeed, psychoanalysis was arguably born from its opposition to these trends. Freud himself frequently cautioned against aligning psychoanalysis with the fantasy of untrammelled human happiness. In his early collaborative work with Joseph Breuer, *Studies on Hysteria* of 1895, he famously addressed an imaginary patient by saying ‘much will be gained if we succeed in transforming your hysterical misery into common unhappiness’ (Freud & Breuer 1895/1991: 393). He thereby implied a base level of ‘normal’ dissatisfaction which in turn implied a different understanding of health: ‘With a mental life that has been restored to health you will be better armed against that unhappiness’ (*ibid.*). It should also be noted that Freud’s notion of the ‘pleasure principle’, with its apparent nod toward sensual enjoyment, is misleadingly named. The reverse is more accurate: the pleasure principle revolves around a thermodynamic model of the *avoidance* of discomfiting psychic excitation (by means of cathexis and repression), making it closer to an un-pleasure principle. This break with a certain reading of the eudaimonic tradition became even clearer in 1920 when Freud revised his own dualistic theory of the mind by pushing, as he put it, *Beyond the Pleasure Principle* (Freud 1920/2003). It was then that he formulated a notion that really has no place in the feel-good world of today’s positive psychology: namely, the death-drive, which postulates an inherent inclination to return to a state of absolute homeostasis. Despite its rather metaphysical resonances, the death-instinct was in fact rooted in Freud’s clinical practice and that of other psychoanalysts, many of them working with shell-shock victims staggering from the trenches of World War One. Freud went on to place the death-drive at the centre of his psychoanalytic social theory, invoking a dialectical battle, within both individuals and group formations, between Eros and Thanatos, life and death. In *Civilization and its Discontents* (Freud 1930/2002) he both acknowledged the universality of happiness as a goal of human life, and its structural impossibility in the psychic conditions of modernity. ‘What we call happiness’ he said, ‘is from its nature only possible as an episodic phenomenon’ (Freud 1930/2002: 14). Echoing his earlier sentiment in *Studies on Hysteria* regarding ‘common unhappiness’ then, he concludes: ‘Unhappiness is much less difficult to experience’ (15).

None of this, however, makes the founding father of psychoanalysis a willful miserabilist. Although there is now a widespread cultural impression of Freud that ascribes to him a dark, hubristic vision of the so-called ‘human condition’ – his legacy perhaps being read backwards through the lens of Sartrean existentialism (despite Sartre’s antipathy for psychoanalysis) – he nonetheless explicitly states in ‘Analysis Terminable and Interminable’ that ‘it is not a matter of a pessimistic or an optimistic theory of life’ (Freud 1963/1970: 261). Freud’s refusal of the shallow consolations of the promise of permanent happiness was by no means an exis-

tentialism *avant la lettre*. It was, rather, already a means of separating psychoanalysis from the normative dimensions of the psychiatry and psychology of his time.

Freud's most sophisticated, systematic and creative reader – Jacques Lacan – would go on in the mid-20<sup>th</sup> Century to clarify and concentrate exactly those aspects of psychoanalysis critical of normative models of happiness and health. Lacan is therefore a crucial theoretical source for any contemporary critique of Happiness Studies and the Wellbeing agenda, which he seemed to see coming early on. As already stated, in the seminar that took place between 1959 and 1960, Lacan recognized that happiness had become a political matter, and like Freud before him, expressed his concerns regarding its influence over notions of the cure. He refers in no uncertain terms to happiness as a 'bourgeois dream' (Lacan 1986/1997: 359) which analysts should have nothing to do with (though as a dream, we can infer that happiness still calls for interpretation). In the last few sessions of this seminar – concerned, after all, with ethics – Lacan makes it clear that happiness is a fundamentally imaginary category, having to do with ideals of reciprocity, completion and fulfillment without remainder, yet also that happiness is a master signifier increasingly ordering the social link of consumer culture. For this very reason, Lacan is keen in *Seminar VII* to show his fellow analysts 'how far we are from any formulation of a discipline of happiness' (*ibid.*). Looking beyond this seminar to Lacan's wider oeuvre, there are, I believe, at least three strands of argument pertinent to the critique of contemporary therapeutic culture: his polemics against ego-psychology, against the instinctual reading of Freud, and against the vague deployment of the concept of affect.

To briefly take each in turn, Lacan's hostility towards ego-psychology demonstrates his acute awareness of a distorted reading of Freud (promulgated in part by Freud's own daughter, Anna) that from the 1940s onwards had begun to find fertile soil in the same America that would later champion positive psychology. By emphasizing the unconscious as the problem, and the ego, conceived as a set of defense mechanisms well or poorly adapted to 'reality', as the solution, the ego-psychology that prevailed in the US until the end of the 1960s ultimately peddled a conservative, adaptationist view of psychoanalysis. In publications like *Ego Psychology and the Problem of Adaptation* (1958), Heinz Hartmann for example seemed more concerned with the ego's interactions with stimuli from the external environment than with the unconscious per se, thereby opening the door to behaviourism. For Hartmann, as opposed to Freud, the ego could be seen as a conflict-free zone that had the power to synthesise and order the subject's potentially harmonious relation to 'reality'. Although it is true that Hartmann often stressed a *mutual* interaction between the subject and their environment rather than the brute imposition of the latter on to the former, the ego remains for him the locus of an active-reactive response, somewhat on the model of a servomechanism. The Freudian unconscious becomes much less important, and for related reasons, the

ego becomes amenable to ‘training’ in a manner reminiscent of Aristotelian virtue ethics. If Hartmann and other ego-psychologists such as Ernst Kris, René Spitz and Lacan’s own analyst Rudolph Loewenstein, could seem to sympathise with the symptom over and against social norms, it was nonetheless because they viewed the symptom as one of the weapons with which the ego could defend itself from both instinctual and social pressures. From a Lacanian perspective, to emphasize the ego and thus the imaginary in this way is to throw a veil over the symbolic unconscious that Freud discovered. And although ego-psychology did fall into decline in the 1970s in the wake of the cognitivist turn, one could argue that elements of it have been inherited by contemporary positive psychology, which focuses on self-esteem and ‘resilience’. When, as early as 1953 in his ‘Rome Discourse’, Lacan called for a ‘return to Freud’, it was explicitly an attempt to recover what was being obscured in the reading championed by ego-psychologists across the pond (Lacan 2006).

An indispensable aspect of this mis-reading of Freudianism was a biological reductionism that placed the concept of ‘instinct’ at the causal root of ‘normal’ and pathological psychosexual development alike. Again presciently, Lacan recognized as early as the 1940s the ways in which this instinctual reading of the Freudian unconscious would necessarily pave the way for an animalization of the human. Such reductionism finds newly sophisticated forms today thanks to genetics, evolutionary theory and neuroscience (all fields drawn upon in happiness and wellbeing research of course), but the underlying political as well as ethical implications of turning subjects into determined objects, remain the same. Lacan regularly took issue with the translation of Freud’s *trieb* as ‘instinct’ in the Standard Edition of Freud’s work, preferring instead *pulsion* or ‘drive’, now inextricably linked, by his own turn to Ferdinand de Saussure, to the structure of language and what he called the ‘logic of the signifier’ (Lacan 2006). Thus, rather than an underlying primordial instinct that neuroscientists today might locate in the hypothalamus, sexuality became a symbolic matter peculiar to human beings by virtue of the fact that they speak. As counter-intuitive as it might seem, human sexuality is from a Lacanian perspective only secondarily and often precariously connected to biological reproduction (Morel 2011).

The third strand of critique within Lacan’s work is less obvious, but noteworthy for that very reason. I am referring to his skepticism regarding the amorphous notion of ‘affect’. This term is clearly adjacent to ‘instinct’ but implies the field of emotions and thus the ‘wellbeing’ of the patient. It has moreover been at the centre of a putative ‘affective turn’ within the human and social sciences. But as with instinct understood biologically, the term ‘affect’ substantializes the unconscious. It turns it into a reservoir of repressed, painful emotions that the therapist must facilitate an outlet for, through an emotionally ‘nourishing’ therapeutic environment. Whilst this sounds intuitively laudable, from a Lacanian perspective, any simplistic focus on ‘feelings’ alone is incompatible with the analytic setting. And

yet, as Colette Soler has argued (Soler 2011), it does not follow that Lacan's emphasis on structure and logic excludes affect or its importance in the clinic. On the contrary, one affect in particular plays a central role in his thought, and in that of psychoanalysis generally: namely, anxiety. Lacan devoted an entire year-long seminar to it (Lacan 2004), developing a theory of anxiety which could be contrasted, point by point, to the largely behavioural model dominating CBT treatments today.<sup>19</sup>

Moreover, anxiety is connected to one of Lacan's key concepts that in itself poses a significant challenge to the contemporary cult of happiness. I am referring to *jouissance*, a word that – quite possibly for cultural and political as much as for etymological reasons – has no direct equivalent in English. In contrast to enjoyment as conventionally understood, *jouissance* refers to an intensity which can be painful as well as pleasurable. Indeed, it invokes the dialectical co-implication of pain and pleasure, thereby short-circuiting the conceptual separation of these two terms at the heart of utilitarianism as Bentham had conceived of it, and as the discourses of Happiness and Wellbeing develop it. Distilling Freud's conceptual innovation in *Beyond the Pleasure Principle*, Lacan's notion of *jouissance* is surely a more salient way to understand the discontents of contemporary civilization (eating disorders, self-harming, and addiction) than any recourse to ideas of 'flourishing' or 'positive reinforcement'?

Although these three strands of critique are vital in the contestation of today's dominant therapeutic culture, I want to close by insisting that it is at the level not of theory, but of clinical practice, that Lacanian psychoanalysis has the most to offer. As a *praxis* (in the Marxist sense of the dialectical combination of theory and practice), Lacanian psychoanalysis performs a politics and an ethics more significant than even theoretically-informed polemics against the reigning eudaimonic doxa. Already with Freud, psychoanalytic *technique* was a practical answer to the problem of undertaking a form of cure that refused the facile promise of permanent contentment. Because Lacan sharpens this critical aspect of Freud's work, his understanding of clinical technique and the process of analysis are correspondingly radicalised. I will briefly mention just three concepts from the Lacanian clinic, each of which shows that while ideals of happiness absolutely cannot be haughtily dismissed, they must nevertheless be prevented from contaminating the model of cure that comes to guide its progress. Those concepts are 'the demand for analysis', 'the desire of the analyst' and 'the end of analysis'.

The demand for analysis refers simply to the request to undertake an analysis with a particular analyst, but the form, timing and conditions of this request are always worthy of interrogation. Particularly today, the demand for analysis often takes the simplistic form 'I am not happy, something is not working anymore, tell me what it is, or better, just fix it so I can get back to how I used to be'. In other words, the demand for analysis starts out with a complaint registering a failure to be happy. It also implies a plea for cure on the model of a faulty machine, or in-

creasingly, on the self-improvement model: ‘make me better’ can mean better than before. In any case, because of its omnipresence as a perceived right, happiness, even in the form of its painful absence, is bound to be an element in the form the complaint takes, and the type of ‘cure’ thought capable of rectifying it. But the demand for analysis presupposes a certain prior transference to psychoanalysis itself, and thus to a deeper question regarding subjective desire: part of ‘I’m not happy’ is also ‘*why* aren’t I happy?’. This barely formed question regarding an inability to settle for off-the-shelf versions of ‘customer satisfaction’ already implies an orientation toward truth, rather than just quick-fix, bandaid solutions. And yet the analyst cannot dismiss the role of notions of happiness in the analysand’s speech, since they are a crucial way of articulating their complaint, within which is lodged the truth of their unconscious desire. This is why in *Seminar VII* Lacan says in a deliberately ambivalent way: ‘there is no satisfaction for the individual outside the satisfaction of all’ (Lacan 1986/1997: 359). This is undoubtedly a critique of the herd-mentality within imaginary understandings of cure, but it can also be read affirmatively, to indicate the importance of social ‘semblants’ of happiness, at least at the early stages of analysis.

When Lacan writes of the ‘desire of the analyst’, he often does so as part of a polemic against the understanding of transference at work in ego-psychology, which involves the notion of a strong, healthy ego on the part of the analyst, and a weak or damaged ego on the part of the patient. Transference then becomes a process of identification and emulation that can elevate the damaged ego to the heights of the healthy ego. That the ‘desire of the analyst’ in such a framework would be entirely narcissistic is obvious, as is the passive position by which the patient would be interpolated. Donald Winnicott’s formulation of the analyst as a ‘good enough mother’ literally spells out this infantilization. For Lacan by contrast, the ‘desire of the analyst’ is not a ‘touchy feely’ quasi-avuncular concern for the patient’s happiness on the part of the caring therapist. It is a resolute fidelity to maintaining the difficult path toward truth opened up by the unconscious, which often ‘speaks’ directly against the subject’s most cherished self-images. Anxiety is unavoidably involved, and that goes for the analyst as well. Whereas CBT tends to reassure the therapist that he or she has a technical form of knowledge that the patient lacks, and that, related to this, he or she knows what cure is, the Lacanian orientation implies that, beyond a certain know-how with interpretation, there is no pre-existing ‘global’ knowledge that can be universally applied and serve as a safety-net. It follows that there is no overarching model of cure beyond what is elaborated within and through analysis itself. This is why in his *Écrits*, Lacan writes of the ‘error on the analyst’s part [...] of wanting what is good for the patient to too great an extent’ (Lacan 2006: 184). The analyst must be ‘wary of any misuse of the desire to cure’ (Lacan 2006: 270) because that sympathetic yearning for the ‘wellbeing’ of the other is also what snuffs out the unconscious. Whoever listens to the speech of a patient only in terms of dominant narratives of both hap-

piness and unhappiness will fail to hear what the unconscious has to say, which is by definition unexpected.

Finally then, Lacan did consider persistently and very seriously the problem of what he termed ‘the end of analysis’ (with ‘end’ understood both as goal or aim, and the right moment to conclude). Precisely in the era of toxic positivity, how is it possible to formulate a mode of treatment that does not conform in any way to the obligation to happiness characteristic of consumer culture? Moreover, how can such a treatment be advocated without lapsing into a kind of romanticization of suffering which itself has a weighty history, from Christian martyrdom to ideas of ‘alienation’ in Marxism and ‘authenticity’ in existentialism and phenomenology? Lacan had different formulations of the ‘end of analysis’ at various stages of his teaching, but all of them deliberately avoid referring to happiness, whether in the form of ‘traversing the fantasy’, or ‘subjective destitution’, or the ‘liquidation of the transference’. A useful definition for my purposes here, however, comes in one of Lacan’s late seminars (Lacan: 2005) when he suggests that the ‘end of analysis’ involves imparting to the patient a certain *savoir-faire* with the singularity of their symptom, so that they can live more comfortably with the mode of enjoyment they have unknowingly invented. It is this subjective singularity, not egoistic individualism, which separates us from the ‘herd’ interpolated as ‘happy’ by late neoliberal capitalism. Lacan’s emphasis on what is singular, what cannot be counted, what organizes an enjoyment that cannot be shared or exchanged in the form of a commodity, is what arguably constitutes the most important challenge posed by psychoanalysis to the reigning discourses of happiness and wellbeing.

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## Notes

- <sup>1</sup> Happiness Studies has a very skewed reading of the history of Western philosophy that reduces it to a kind of treasure trove of self-help wisdom *avant la lettre*. There is indeed a strong connection between philosophy and a kind of therapeutics of the psyche or soul. But what is largely occluded in Happiness Studies is philosophy as a challenge to reigning doxa around erroneous conceptions of the good life.
- <sup>2</sup> For a particularly egregious example, see *Foresight Mental Capital and Wellbeing Project: Final Project Report – Executive Summary*, London: The Government Office for Science,

2008. On page ten of this report, the authors assert that ‘The idea of ‘capital’ naturally sparks associations with finance capital and it is both challenging and natural to think of the mind in this way’.

3 A 2013 report by the Institution of Mechanical Engineers showed that average domestic food wastage in the UK is running at 40%. See [http://www.imeche.org/docs/default-source/reports/Global\\_Food\\_Report.pdf?sfvrsn=0](http://www.imeche.org/docs/default-source/reports/Global_Food_Report.pdf?sfvrsn=0)

4 See <http://internationalhappinessandwellbeingday.org/wp-content/uploads/2013/02/Happiness-Resolution.pdf>

5 See <http://internationalhappinessandwellbeingday.org/>

6 See <http://www.ons.gov.uk/ons/guide-method/user-guidance/well-being/index.html>

7 See <http://www.oecdbetterlifeindex.org/about/better-life-initiative/>

8 See <http://www.actionforhappiness.org/>

9 See <http://www.happyplanetindex.org/about/>

10 See <http://www.familywellbeingindex.co.uk>

11 See <http://online.wsj.com/public/resources/documents/job-happiness-index.html>

12 See <http://www.well-beingindex.com/>

13 See [http://www.foreignpolicy.com/failed\\_states\\_index\\_2012\\_interactive](http://www.foreignpolicy.com/failed_states_index_2012_interactive)

14 See <http://www.who.int/about/definition/en/print.html>

15 The target-setting culture that accompanies managerialism clearly distorts various public ‘services’. In a recent case in the UK, police admitted to discouraging rape victims from reporting the assault in order to maximise their own conviction rates.

16 See <http://www.psychminded.co.uk/news/news2009/march09/oliver-james-cbt003.htm>

17 A leading figure in the emerging field of neuropsychanalysis is Jaak Panksepp. Much of Panksepp’s research into ‘affective neuroscience’ as applied to the human brain is based on work with rats, dogs and chimpanzees.

18 This resistance was evident in the mobilisation of the psychoanalytic institutions both in France and the UK regarding the proposed extension of the culture of evidence-based regulation to all the ‘psy’ disciplines, including psychoanalysis. See Malone 2006 and China 2006.

19 Broadly speaking, CBT theorises anxiety in behavioural terms as a maladaptive fear response, and in cognitive terms, as a subsequently reinforcing negative cognitive script (‘avoidance’, ‘catastrophic thinking’ etc.). Anxiety is thus ‘a fear of fear’ that originates in an external stimuli. In the psychoanalytic tradition, however, anxiety is clearly distinguished from fear in having no external threatening source: it is all the more acute for that reason. In this sense, phobic anxiety is already a symbolic articulation of a more intense underlying anxiety, localised as it is in specific triggers (spiders, elevators, wide-open spaces etc.).

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