Is Our Worship of Consumerism and Technology Making Us Depressed?

by Bruce E. Levine via rialator - alternet *Tuesday, Nov 27 2007, 7:02pm*
international / philosophy / other press

> The following is an excerpt from Surviving America's Depression Epidemic: How to Find Morale, Energy, and Community in a World Gone Crazy (Chelsea Green, 2007) by Bruce E. Levine, and is reprinted here with permission from the publisher. In this book, Levine delves into the roots of depression and links our increasingly consumer-based culture and standard-practice psychiatric treatments to worsening depression, instead of solving it.

U-Turn from the Wisdom of the Ages

Throughout history many seekers, thinkers, and prophets have taught about overcoming despair. However, it would be difficult to top the greatness of Buddha, Spinoza, and Jesus. All three were rebels and heretics. All three rejected societal norms and religious orthodoxy. Buddha rebelled against both the caste system and religious rituals. Spinoza rebelled against hypocrisy in his community and certain aspects of accepted theology. Jesus rebelled against a materialistic society and religious authorities. Buddha gave up royalty and wealth, Spinoza was excommunicated and nearly assassinated, and Jesus sacrificed his life.

Buddha, Spinoza, and Jesus all came to a similar conclusion about despair -- quite a different one than that reached by the modern mental health establishment. Although each described it differently, Buddha, Spinoza, and Jesus concluded that the source of our misery is avarice, material attachment, and self-absorption. While each used different language, they all provided a path away from torment and toward wellbeing. Buddha taught how to release oneself from narrow self-interest and craving. Spinoza taught how to liberate oneself from greed and other irrational passions. And Jesus taught, very simply, about love.

Modern mental health culture classifies depression as quite a different matter from the despair spoken of by Buddha, Spinoza, and Jesus. However, while modernity has resulted in different sources of pain, human beings and their responses to pain can hardly have changed so dramatically. And so to believe that Buddha, Spinoza, and Jesus would have dealt only with mild and moderate unhappiness and left debilitating depression for future mental health professionals to tackle seems quite unlikely.

Buddha, Spinoza, and Jesus were not alone in their understanding of the importance of moving beyond self-absorption. In more recent times, their message has been echoed by many others, including psychoanalyst and social critic Erich Fromm (1900-1980). Fromm argued that the increase in depression in modern industrial societies is connected to their economic systems. Financial success in modern industrial societies is associated with heightened awareness of financial self-interest, resulting in greater self-absorption, which can increase the likelihood for depression; while a lack of financial self-interest in such an economic system results in deprivation and misery, which increases the likelihood for depression. Thus, escaping depression in such a system means regularly taking actions based on financial self-interest while at the same time not drowning in self-absorption -- no easy balancing act. In Fromm's culminating work, To Have or to Be? (1976), he contrasts the depressing impact of a modern consumer culture built on the having mode (greed, acquisition,

possession, aggressiveness, control, deception, and alienation from one's authentic self, others, and the natural world) versus the joyful being mode (the act of loving, sharing, and discovering, and being authentic and connected to one's self, others, and the natural world).

Fromm's penetrating social criticism of an alienating society resulting in increased depression was, during his lifetime, widely respected by many mental health professionals. Today, however, the mental health profession has come to be dominated by biopsychiatrists: those who see depression as a matter mainly of brain chemistry. Fromm, if alive today, may well have labeled this as "microscopic self-absorption." And he most certainly would be sad that mental health treatment has increasingly become a component rather than a confrontation of modern consumerism.

Technology Worship and Scientific Sham

The faith of our culture is that technology is omnipotent. On my way to getting a PhD, I learned about behavioral technologies, about cognitive technologies, and about biochemical technologies. I learned to think about depressed human beings as broken objects that needed to be fixed. After experiencing the futility of this type of approach, I learned a completely different way of thinking.

I do not oppose technology per se. I merely oppose the uncritical worship of it. My concern is not unique; it echoes that of Ralph Waldo Emerson, Lewis Mumford, and many others. Human beings have always had technology of sorts -- some sort of tools and techniques to make their lives easier. The difference today is that technology has increasingly become the supreme value of American culture.

Technology is all about control, and the more we Americans singularly worship technology, the more we singularly worship control. Our society is increasingly dominated by megatechnologies -- huge, complex technologies that most of us neither understand nor can control. Human beings pay a psychological price for any technology that controls them more than they control it; they can actually feel more powerless. And the feeling of powerlessness is highly associated with depression.

Uncritical worship of any value or belief leads to extremism and fundamentalism. Henry David Thoreau, another early critic of technology worship, lamented, "Men have become the tools of their tools." He knew that a society that worships technology would spend little energy assessing its ultimate value, resulting in what he described as "improved means to unimproved ends." Beyond its attribute of control, technology has no meaning, and if people singularly worship it, they will have meaningless lives. A meaningless life, like a powerless life, is a depressing one.

The consequences of technology fundamentalism are no less comical and tragic than the consequences of antitechnology fundamentalism. The belief that technology is the solution to all of life's problems is no less naive than to believe that technology is the source of all of life's problems.

American mental health culture has increasingly become a technology fundamentalist one. Drugs have become a first option for many doctors, electroconvulsive therapy has made a comeback, and psychosurgery is no longer frowned upon. Technology fundamentalists demand speed and efficiency. By the early 1990s, two-thirds of doctor visits were less than fifteen minutes, and a 2001 RAND Corporation survey revealed that the majority of physicians were diagnosing depression in less than three minutes. In a culture that worships speed, I suppose this is considered progress, but a culture that truly respects life would view this quite differently.

In a society that worships technology, the authority of science provides any given technology with legitimacy, and so there are great incentives to convince the public that the techniques used to

measure depression are scientific. However, the technology for assessing depression lacks the basic elements of science -- including objectivity and verifiability.

One of the most common depression measurement techniques used in researching the effectiveness of antidepressants and other biochemical treatments is the Hamilton Rating Scale for Depression (HRSD). The HRSD was the primary measure of depression in the NIMH STAR*D study, and it is routinely used in antidepressant studies evaluated by the FDA for drug approval. However, even the American Journal of Psychiatry, the American Psychiatric Association's own journal, concluded in 2004, "Evidence suggests that the Hamilton depression scale is psychometrically and conceptually flawed." And the Journal of Clinical Psychopharmacology noted in 2005, "When looking closely at the construction and content of the HRSD, it is clear that this is a flawed measure." When legitimate scientists examine the HRSD, they immediately notice its biases in how depression is defined, the arbitrariness of a point total for qualifying a person as depressed, the arbitrariness of what qualifies as remission of depression, and the subjective nature of how responses are interpreted and evaluated.

In the HRSD, clinicians and researchers rate subjects, and the higher the point total, the more one is deemed to be suffering from depression. There are three separate items about insomnia (early, middle, and late), and one can receive up to six points for difficulty either falling or remaining asleep; however, there is only one suicide item, in which one is awarded only two points for wishing to be dead. The HRSD is heavily loaded with items that are most affected by psychotropic drugs, and thus it is not surprising that pharmaceutical-company-sponsored researchers use the HRSD in their antidepressant studies. And it is therefore especially damning for antidepressants that even with such measurement dice loading, these drugs routinely fail to outperform placebos.

Even with depression measures that reflect the standard psychiatric view of depression more accurately than the HRSD, there are interpretation problems. Standard depression symptoms such as depressed mood, loss of interest and pleasure, sleep difficulties (too little or too much), activity difficulties (agitation or lethargy), lack of energy, guilt and self-reproach, poor concentration, indecisiveness, and suicidality are not objectively quantifiable in a scientific sense (and weight gain or loss, a standard symptom that can be objectively measured, is routinely assessed via interview -- without a scale or baseline weight). I have talked to people who, while eating a sandwich, report that they have no appetite, and I've talked to others claiming a good appetite who in reality have not eaten in days. People routinely deny they are suicidal when they are in fact so, and vice versa. And I've known people who had poor concentration because they were passionately in love, and people with excellent concentration who were considering suicide.

There can be some value in interviewing or polling people on their subjective experience of "unhappiness," "depression," or "number of depressive episodes" and comparing the responses of different populations. However, only someone who knows nothing about the objective nature of real science could take seriously an arbitrary point total on a subjectively interpreted questionnaire and conclude it to be a scientifically conclusive criterion for diagnosing a person as suffering from the disease of depression (or declare that another arbitrary point total is scientific evidence for remission from the disease of depression). Yet such is common practice in the mental health establishment.

A worship of technology rather than a respect for its power and limitations has also resulted in denying or ignoring phenomena that are obviously nonquantifiable. However, if one dismisses all phenomena that are not measurable, some of the most significant aspects of humanity are simply not discussed. Science cannot accurately quantify the emotional impact of a given trauma on any given person or the love required for healing that wound. And authenticity, spontaneity, compassion, and

other variables involved in morale and healing are too subjective to be captured with any scientific certitude. But rather than acknowledging the limitations of quantification, powerful nonquantifiable antidotes to depression are too often simply neglected.

The Unhappiness Taboo

There are many possible reasons for the increasing rate of depression among Americans, but I believe that one important cause is a culture that demands happiness. The pressure to be in a good mood can make people ashamed of not being in one. This "pain over pain" can then result in normal low moods becoming prolonged bouts of despair.

Why did this unhappiness taboo take hold so strongly in the United States? One possibility is a societal distortion of the right to "the pursuit of happiness," which has come to mean the expectation of being in a good mood all the time. The irony here is that the signers of the Declaration of Independence signed their death warrant had the American Revolution failed, and it is difficult to imagine Thomas Jefferson telling them, "Don't worry, be happy." It was once accepted that experiencing uncomfortable feelings was often necessary to achieve an ideal.

The unhappiness taboo has dominated the United States since it became a nation primarily of consumers rather than citizens, a gradual process that accelerated with the ascent of advertising in the beginning of the 1900s, and which dramatically spiked with the consumer boom following World War II. The belief that people should be either happy or trying to be happier is a fundamental principle of modern consumerism -- the never-ending search for products and services to bring happiness and prevent unhappiness.

In a culture of consumerism, people are forever trying to buy happiness, and sellers are expected to appear happy so as to inspire confidence in what they are offering. There are few businesses that are not in some sense selling happiness or the relief from unhappiness -- and thus there is enormous pressure to maintain the appearance of happiness.

The perversion of the pursuit of happiness to mean that it is our duty to be chronically upbeat has, according to psychologist and journalist Lesley Hazleton, resulted in the labeling of anxiety and depression first as weakness and now as illness. In 1984 she published The Right to Feel Bad, which confronts this unhappiness taboo: "Feeling good is no longer simply a right, but a social and personal duty. ... How are we to see depression as a legitimate emotion? How are we to avoid calling ourselves sick or wrong when we feel it? How are we to reclaim it from the clutches of those who claim that anything but feeling good is bad? ... Seeing depression as pathological -- that is, as illness -- is a useful way of invalidating it. ... If we were allowed to be depressed -- if we could allow ourselves to be so -- we might find it much easier to tolerate." Hazleton convincingly argues that depression is a normal human reaction, and if we cannot accept it, we become ashamed and alienated from ourselves, and this is what makes depression so lethal.

Is it the stigma of depressive illness that we need to eliminate, or rather the stigma of being depressed? Instead of viewing being depressed as weakness or illness, we Americans might better decrease depression by understanding it as a normal human reaction -- to be taken as seriously as all other dimensions of our humanity, but neither shamed nor pathologized. When people label a natural component of their existence as "sick," they run the risk of alienating themselves from a part of who they are, making that component far more problematic than it naturally is. By contrast, when we accept the whole of our humanity, we are often rewarded with greater joy -- and almost always receive increased wisdom about life.

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