



## Happiness Is a Warm Pill?

A Review of

*Happy-People-Pills for All*


by Mark Walker

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Reviewed by

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Let us suppose that we create a new pharmacological agent, which I shall call “Handwavium,” that has few side effects and is not habit forming. Handwavium increases trait levels of both affective and cognitive aspects of happiness, creating in people a condition termed *hyperthymia*. What would happen to people and society with the introduction and Food and Drug Administration approval of Handwavium?

These are interesting philosophical questions that Mark Walker addresses in his book *Happy-People-Pills for All*. He argues that daily use of his version of Handwavium would lead to greater autonomy, individual well-being, and societal well-being; people using them would still have appropriate affect and emotion, be genuinely and authentically happy, and would still be essentially themselves. Given the likely positive outcomes of the use of happy-people-pills, it is the civic duty of all democratic governments to foster research into developing them and to ensure their just and equitable distribution for the good of all humankind.

Sounds like a good story, right? Walker is a philosopher, and the parts of *Happy-People-Pills for All* that deal in philosophy and speculation are generally well written and well thought out. Walker defines *happiness* as being a psychological state and a trait of well-being. Happiness involves an affective (positive mood and pleasure) and a cognitive (being pleased or delighted by things) component. The *good life* involves happiness but also ideally involves other things, such as athleticism, autonomy, beauty, creativity, friendship, health, intelligence, knowledge, love, pleasure, positive moods and emotions, truth, and wealth. Increasing happiness, he says, may lead to downstream increases in these other aspects of the good life.

What is it like to be a hyperthymic person? Throughout the book, Walker gives one example: a brief account of a resilient woman in an article in *The New York Times* (Friedman, 2002), whom the author described as *resilient*. Walker could have commented upon the growing literature of resilience research (for example, Southwick & Charney, 2012) and perhaps tied that in to his book, but he does not. Perhaps hyperthymia and resilience are correlated, but Walker never explores this concept. This one example, one person

describing one client in a newspaper article, is the only one he gives to describe the type of person he wants to create with his Handwavium.

## Social Science

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How likely is it that Handwavium will ever exist? That is decidedly the low point of the book, the actual science. Two of the 10 chapters are devoted to science, and they are the weak links in Walker's argument. In Chapter 6 ("Happiness Promotes Perfection") he goes over the social science research on positive affect in correlational, longitudinal, and laboratory studies, as summarized in a meta-analysis by Lyubomirsky and colleagues (Lyubomirsky, King, & Diener, 2005). They evaluated a number of lines of evidence suggesting that people who regularly experience positive affect achieve more in work, relationships, and health. The effect sizes for these increases in achievement were generally small (Lyubomirsky et al., 2005):

- Happiness was correlated with more success in work ( $r = .27$ ), relationships ( $r = .27$ ), and health ( $r = .32$ ). (p. 825)
- Longitudinally, happiness precedes success in work ( $r = .24$ ), relationships ( $r = .21$ ), and health ( $r = .18$ ). (p. 834)
- In laboratory studies, experimental manipulation of happiness has led to changes in sociability ( $r = .51$ ), altruism ( $r = .43$ ), liking self and others ( $r = .36$ ), strong bodies and immune systems ( $r = .38$ ), effective conflict resolution ( $r = .33$ ), and original thinking ( $r = .25$ ). (p. 840)

Walker takes these small effects as the only evidence necessary in his argument that we should take whatever pills are available to increase our happiness. This is particularly perplexing as Walker takes a section to define small effect sizes as .2, medium effect sizes as .5, and large effect sizes as .8. Thus, after taking a page to explain what effect sizes are, he then ignores his own definition and spends the rest of the book claiming that the causal link between happiness and achievement is strong and well demonstrated in both directions, and that it is therefore our moral duty as a society to increase population levels of happiness by any means necessary. These large statements are based upon small effect sizes.

To argue on Walker's side, most of the studies reviewed in Lyubomirsky et al.'s (2005) meta-analysis examined positive affect, which is only one part of Walker's conceptualization of happiness. He also includes a cognitive component that is not usually measured in the literature. So, if Handwavium increases both affective and cognitive happiness, perhaps the small effect sizes will become medium ones.

## Pharmacology

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The other science chapter (Chapter 7: "Happy Pharmacology") is also limited. Walker starts by suggesting that trait happiness is maybe 65 percent determined by genetics (he says it's probably somewhere between 50 percent and 80 percent) and 10 percent determined by uncontrollable environmental factors. As such, clinical psychology is woefully inadequate to

create happy people because psychosocial interventions can influence only a mere 25 percent of what causes happiness. Instead of primitive psychology, he suggests modern pharmacology.

We must identify the hyperthymic people who are greater than two standard deviations above the mean on an imagined "happiness index" (Walker asserts throughout that happiness is normally distributed, without ever giving citations to this effect). Assuming that hyperthymic people exist and are readily identifiable, we should describe them in every detail, including genetic sequencing, neurotransmitter functioning, structural anomalies, and so forth. He compares this part of the project to the research on schizophrenia, a complex genetic disorder for which we have begun to identify a number of abnormalities indicative of disease. Basically, we should be optimistic that the genetic and neural correlates to hyperthymia can be characterized because schizophrenia researchers are optimistic about their ability to characterize that disorder.

This research plan may take several years to complete. In the meantime, we should all begin taking antidepressants regularly and immediately; Walker's reasoning here is based on a report of a study conducted by Healy (Healy, 2004). This is simply not a good study. Healy recruited healthy individuals (Walker does not report the number) into two treatment groups. Each group received one of two antidepressants for two weeks, followed by a two-week washout period, followed by two weeks with the other antidepressant in an open-label design. Two thirds of participants reported feeling "better than well" on one of the antidepressants, and only two participants reported suicidal ideation. Therefore, Walker concludes, we should give antidepressants to healthy people in order to induce hyperthymia until the above-mentioned complex genetic research program is completed.

There are many problems and limitations to this study and Walker's implications, not the least of which is that the study was published in Healy's (2004) book, not in a peer-reviewed medical journal, and so I could not read the study for myself to form my own opinions about it for this review. Earlier in *Happy-People-Pills for All*, Walker explains in detail how antidepressants require at least four weeks of daily use before they can be judged as efficacious. The Healy study lasted only two weeks per condition, was open label, contained no placebo arm, and the hyperthymic effects (and suicidal effects) had an unknown effect size. One small, poorly designed study published in a popular press book is not enough for Walker to use as the basis for his argument.

## Literature

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I could go on criticizing Walker's scientific method, but he is not a scientist, so that might not be fair. I want to finish by pointing out a better way to go about exploring the possibility of Handwavium that Walker hints at but explicitly chooses not to talk about in his book. Chapter 2, "What Is Living and What Is Dead in *Brave New World*," is a curious chapter. He states that Aldous Huxley's *Brave New World* is a bad example of the implications of happy-people-pills, called in the book *soma*. He then uses *Brave New World* as an example in literally every chapter of his book. He refers particularly to what he calls Huxley's dilemma: We can increase happiness at the cost of achievement, or we can increase achievement at the cost of happiness; we cannot have both. Walker spends much of his book refuting this dilemma as a false one and asserting that we can increase both happiness and achievement at the same time.

Particularly confusing is that Walker states that Huxley wrote a rebuttal to *Brave New World* in which Huxley made precisely this argument. He mentions in passing that “interestingly, Huxley’s last novel, *Island* (1962), actually offers something like this ‘sanity’ alternative. Rather than look at the details of Huxley’s *Island*, it will be more advantageous to imagine a sequel” (pp. 37–38).

The novel in question, which Walker never mentions again, describes an island utopia where every aspect of society is devoted to the pursuit of sanity. Methods used by this society include the occasional ritual use of “moksha medicine,” a type of happy-people-pill that bears significant similarities to psilocybin, a real-world pharmacological agent found in dozens of species of mushrooms.

A number of scientific reports suggest that healthy participants taking psilocybin in a supervised environment can occasion mystical-type experiences (Griffiths, Richards, McCann, & Jesse, 2006). These experiences are seen by the participants as among the most meaningful and positive experiences of their entire lives, and having these experiences may lead to positive changes in personality measures up to two years after ingestion (MacLean, Johnson, & Griffiths, 2011).

Huxley was aware of early psilocybin research when he wrote *Island* in 1962, including early results suggesting that psilocybin can positively affect a number of psychiatric conditions, as well as improve the lives of healthy people and help them feel “better than well.” For a review of this and related research, see a previous book review in *PsycCRITIQUES* (Fadiman & Addy, 2013) on the book *Psychedelic Renaissance* by Ben Sessa.

## Conclusion

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Walker is a philosopher who gives a very nice philosophical discourse on the consequences of the creation of happy-people-pills, a magical pharmacological agent that he imbues with whatever properties he sees fit in order to increase affective and cognitive happiness in healthy people. This pretend drug would have benefits to individuals and society at large, and few and generally well-tolerated side effects.

The philosophical portions of the book are good enough, and I recommend *Happy-People-Pills for All* if you are interested in a fun “what-if” discussion. Similarly, you might want to read *Island* (Huxley, 1962) for a different take on the fun “what-if” philosophical discussion. If you are looking for science, however, I suggest you read that *Psychedelic Renaissance* (Sessa, 2012) instead to learn about actual, modern, robust scientific inquiry into real-life pills with the potential to increase affective and cognitive experiences of happiness that may lead to downstream increases in the good life.

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