

Subject: RE: FWD: An old Honors Thesis  
To: scottswan42@comcast.net  
Cc: brightma@utk.edu

Scott,

We will certainly look for it, as I believe we keep all of the senior projects. I'll let you know when we find it.

Kathryn

>>===== Original Message From Scott Swan <> =====

>Hi there. I'm Scott Swan, a UTK alum and graduate of the honors program  
>from 2001. I've been going through my old records, and realized that  
>I've misplaced my copy of my honors thesis I completed back then in my  
>senior year. I remember being told that it would be kept on file and  
>was hoping someone could check it out for me. I think it was called  
>"Existential Authenticity and SSRI Drug Therapy." Could you please let  
>me know if you find it? Thanks for your time -- the honors program  
>meant a lot to me when I was there. It really added an extra edge of  
>challenge and rigor that made my experience at UTK that much more valuable.

>

>Thanks,

>Scott

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# Existential Authenticity and SSRI Drug Therapy

Scott A. Swan  
Senior Honors Project  
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## A Call for Existentialism

Orson Welles' *Citizen Kane* showed America a tragic ascension from a child of poverty to an elder of great affluence. The American dream that so many of us strive to obtain became a nightmare of pride and worthlessness. Its popularity is undeniable – many “Top 100” lists place the film at the very top. Many also hail *The Great Gatsby* as the greatest American novel. Our society loves to tell itself that our ideals of life are often empty – that there is something dreadfully wrong. Thankfully, there is always someone reminding us of the potential for personal significance and self-actualization. Whether simply the contemporary United States of America, the whole western world, or even humanity as a whole, we are asking ourselves deeply existential questions with manifest discomfort. Three recent films, which have all been welcomed by great popularity both in American circles and abroad, have asked us the existential question: “Who are you?” At the center of each of these films, questions of identity, meaning, and self are raised in front of a society that responds with thrill and excitement. Watching these films brings us – those of us bothered by the films in some way at least – to re-evaluate our significance. We say, “What is it about my own self that makes it me, and do I like that? Is this what I really am, or something that has been chosen for me?”

The most comic and unconventional of the three, *Being John Malkovich* proposes a mechanism of science fiction and fantasy – or perhaps more appropriately of Descartes. A low and uncertain puppeteer happens upon a tunnel within his office building that leads into John Malkovich's mind. The tunnel becomes a business venture, and the movie a “film of the absurd.” A semi-physical space within Malkovich's mind holds the secret to choice and will. Central to the film however, the desire for autonomy and valid identity tortures an array of emotional characters that have taken trips there. Questions about the soul and its relationship to the body and self accompany a sense that the central characters are starving for meaning.

Significance is absent from their lives until the tunnel is discovered – and the new identity liberates them. In addition, Malkovich is neither particularly attractive nor personally charming; yet being inside another person's existence is so thrilling to the main players and the dozens who line up for the ride, that they become obsessed with its otherness. The movie shows its audiences how invigorating an alternate identity must be. Further, certain existential issues such as denial of death, responsibility in life, and authenticity of self are raised though not necessarily resolved. Not only do people here take conscious control of another's body regularly, they themselves seem lost searching for a claim to their own bodies.

Role-playing is something that most children experience as a vital learning tool that contributes to social perception and behavior. It is also a common behavior among adults who gain a thrill from escaping into another existence where worries and problems of the present and past melt away. One can look at many modern phenomena as evidence of the newfound popularity of such routines. Online chat boards, virtual reality, a whole class and the majority of current video games, and even something as simple and ancient as dramatic acting all give evidence to the delight of escaping away into someone else. Is the film critical of such behavior? If this is the case, the only expression of criticism lies in the central character that eventually maintains lasting control of Malkovich. His motivations for becoming another are not indicative of a personal quest for the self. He takes control because he wants control. He fulfills desires and aspirations that would not have been possible in his previous self. He makes forceful, intrinsic changes that defy his true self. The puppeteer is the only character punished in the film. Puppets are a central theme of *Being John Malkovich* for a reason. They show us that we all are guided by an array of strings and rarely take the time to look inward at the puppeteer.

Perhaps more directly addressing existential issues of personal responsibility and individual authenticity, *Fight Club* stirs an interesting mix of Sartre and Freud beneath a frosting of violence and alienation. Important issues in the film span a variety of social criticisms; yet the core of the movie proposes to its audience that mainstream middle class America is slowly hollowing itself out. We fill ourselves with Starbucks, furniture catalogs, and sports cars. Our central protagonist, an unnamed narrator who at one point calls himself Cornelius, finds himself at the beginning of the movie depressed and sleepless. Finding comfort and sleep becomes possible only after he begins to take on phony alternate identities in order to attend group therapy sessions. Testicular cancer, tuberculosis, and sickle cell anemia: these false disorders become his sense of meaning and cause for release of all the angst that has built up through his life. His disease is not as tangible as those of the support groups – he suffers from anonymity. Cornelius becomes confronted with an inner id that resists his lifestyle with so much passion that a second personality develops: Tyler Durden. This new personality starts *Fight Club* as just that – a club for fighting among young and middle aged men – a release from the pressures of the Id. This is not evident until the end of the film (that Tyler is his alternate personality) and therefore all of the fights Cornelius has with him become solitary in retrospect. He is fighting his inner self for determination of who he should be. This symbolism is strong, yet direct admonitions of other messages litter the script: “You are not your job. You are not how much you have in the bank. You are not the contents of your wallet.” In one scene, Tyler drags a convenience store clerk to the back lot and puts a gun to his head. He asks him, what did you really want to be? After confused crying and pleas for mercy, the man finally responds, “A vet.” Tyler then threatens him, promising to come after him if he hasn’t started to become a vet in a year. Cornelius is

confused until Tyler tells him, “Tomorrow that man will have the best day of his life. His breakfast in the morning will be the best meal he’s ever had.”

More issues of authenticity and autonomy in our identities, our collective and individual responsibilities, and the existential confrontation of our deaths are raised – while the audience witnesses a painful struggle for the resolution of two selves into one. The nameless man who works for the nameless car company in a nameless town conflicts dramatically with Tyler Durden, a man whose name is known all over the country and whose occupation is terribly unconventional in comparison. Two men live in one, and the confrontation of the narrator’s internal pathos with his social ethos almost kills him.

More traditional in at least its outward appearance, *American Beauty* won five academy awards in 1999. Lester Burnham introduces and concludes the film, and it is his story that shapes it. His career is miserably indefinite, his home desperately normal, and his family depressingly distant. Lester has a revelation that that which he found important in his life is meaningless, and that his sense of personal identity has been destroyed by these motivations. Heidegger describes this process as leveling. Society’s measure of the desirable, impressing itself upon him and choosing the path of his life for him, has failed Lester. At response to this realization, Lester begins to choose. With deliberation, he begins to establish an identity and a way of life that truly appeals to his potential self. The Lester that he becomes is less what his culture has decided he should be, and so much more of what he actually is, and loves being. Passion re-enters his life, and perspective descends like a blessing upon a previously blind existence. Lester’s passion for life is short-lived, however, for he is killed at the conclusion of the film after merely hours of valid self-knowledge and absolved anxiety. Is Lester punished for his success at resolute choice? His death at the crest of enlightenment may simply be a

representation of the tragedy in modern life, yet the central point of the film remains clear: the suburban world too often hides significance and authentic life beneath concerns that are so trivial that they strangle our identities into nothingness.

Martin Heidegger, concerned with identity and authenticity issues very similar to those mentioned above, discusses them in an existential context. It is evident from the films described above that a call to existential thought is occurring in America. Whether or not this philosophical movement is currently unique to the States or even prevalent today, many American people, especially of younger generations, are asking for help and answers to important existential questions. This school of thought is therefore valid on at least some levels as a viewpoint from which to analyze contemporary social phenomenon. Several thinkers have recently declared that this process of social leveling is reducing individual authenticity through one particularly controversial drug: Prozac.

This infamous name is the commercial term for Fluoxetine – the first developed Selective Serotonin Reuptake Inhibitor. SSRI's, self explanatory in name, control levels in the human neuron of serotonin, a neurotransmitter with an experimentally proven relationship to depression, anxiety, and general affect.<sup>1</sup> Effectively, an SSRI inserts itself into a pump that functions as a conduit for neurotransmitters, limiting the capacity of serotonin sensitive neurons to reuptake the free serotonin in the synapse, thus increasing the level of serotonin available to receptors in the synapse. As a result, the number of receptors at the receiving end of a neural connection is down-regulated, and signals become prolonged. Other successful drug treatments for depression, anxiety, and obsessive-compulsive disorder (OCD) have been found to inhibit important receptors in the brain as well, causing often strong and immediate side effects. Prozac and its

relatives have become especially popular because these problems are far less prevalent and severe in Prozac users.

SSRI's are called "selective" because their design only directly affects serotonin receptors in the brain. This terminology is misleading, however, for the wide array of chemical interactions at work in the brain functions as a complex system with interactions occurring in an exceedingly complicated fashion. There is experimental evidence<sup>2</sup> suggesting that changes in synaptic serotonin levels are correlated with opposing changes in dopamine, another neurotransmitter that performs similar functions for different behaviors and biochemical states. Exact evidence of how these reactions occur is not yet clear, yet there are a number of instances of permanent and highly destructive side effects occurring as a result of other psychotropic medications<sup>3</sup> that directly affect dopamine levels.<sup>4</sup> Dopamine neurons that project from the substantia nigra to the basal ganglia have been implicated in tics resulting from Thorazine use,<sup>5</sup> and Joseph Glenmullen suggests from his findings that a similar reaction occurs indirectly through Prozac use.<sup>6</sup>

These concerns are just one kind of many that have arisen since the advent of psychotropic medicine. From an existentialist perspective, a major concern of a marketed drug that induces symptoms deemed more normal or appropriate by the current culture is that the authentic identities of the individuals within that culture may be compromised. Or worse, the introduction and phenomenal popularity of SSRI's may compromise the core of our society itself. The central argument made in most professionally published articles on this issue concerns personal authenticity, autonomy, and change. Further, they ask if Prozac use is explicitly inauthentic, or under what conditions one could describe its use as authentic. Seemingly, the concept of authenticity held by these academics is slippery and difficult to grasp

in explicit terms. A more direct analysis of authenticity and the explicit ways in which it relates to changes in personal identity would contribute substantially to an understanding either side of the authenticity argument. The purpose of this project therefore, is to establish conditions of authentic or inauthentic change, present the prevailing arguments concerning the appropriateness and authenticity of Prozac therapy, and finally to ascertain the explicit Prozac situations for which one could attribute evaluations of authenticity.

## Conditions of Authentic Personal Change

One of Heidegger's most ubiquitous contributions to philosophical argument, the notion of personal authenticity has provoked many contemporary thinkers into re-evaluating notions of self concept and self-attainment. Several have argued that Kierkegaard's writings on the same issue predate Heidegger's and are perhaps more robust in light of critical analysis. Sartre, Nietzsche, and Camus have contributed further to our culture's conception of authenticity, and psychologists such as Viktor Frankl and Rollo May have with substantial success transferred existential ideas of the self into viable methods of psychotherapy. Although there is substantial room for differentiation between these thinkers and their approach to authenticity, the concept retains a broad conceptual definition and description across Existential thought. Such a description will be attempted here, with an emphasis on what possible modes of personal change are allowed within the scope of authenticity.

An explicit definition of personal authenticity seems at first relatively simple. Three of the OED definitions of authentic do not relate specifically to objects or legal validity. "5. Real, actual, 'genuine...' 7. Belonging to himself, own, proper; 8. Acting of itself, self-originated..." The Merriam-Webster Dictionary adds "true to one's own personality, spirit, or character." The application of these concepts to individuals is not difficult to imagine. Following several theories of the self, one can conceive of an inauthentic person whose behavior defies that person's interior motivations and self-concept. However, this approach is not terribly useful in truly comprehending Heidegger's notion of authenticity.

One way of understanding authenticity requires a set of categories under which all personal approaches to the self can be classified. Heidegger's sense of authentic or inauthentic behavior manifests in the following modes of being: 'Inauthenticity' occurs when an individual

acts in the interest of fitting well with others. 'Averageness' occurs when someone who may have once embraced an authentic self no longer attempts to achieve differentiation or fulfillment. 'Everydayness' happens similarly when a person no longer changes or critically evaluates the self. 'Publicness' is a manifestation of fame, and occurs when someone loses the self in order to support a public image. Authenticity, unlike the previous four categories of self, occurs in a person who actively chooses self-differentiation, awareness, and achievement. This categorical approach to understanding authenticity facilitates an understanding of existential values, yet other approaches deal with the problematic construct in different ways.

One of these approaches attempts to deal with authenticity in a more indirect fashion. Golomb argues that a positive definition of authenticity would be self-nullifying,<sup>7</sup> and therefore prefers to define inauthenticity instead. He evokes Sartre in describing authenticity as a negative term – "something we are aware of when we flee it." Its presence is discerned in shifts of inauthenticity. Both Kierkegaard and Heidegger categorize three forms of the inauthentic that are latent in all of us as elements of human existence. Each form is also rooted in an aspect of temporality. Heidegger associates ambiguity with the past, idle talk with the present, and curiosity with the future. These are all in turn negative to the extent that they are manifestations of behavior devoid of true meaning for the potential self. Each category also has a positive counterpart that contributes to or stems from authenticity: feeling as one finds oneself, discourse, and understanding, respectively.<sup>8</sup> Later, Golomb describes authenticity in the specific context of Heidegger's concept of *Dasein*. "To be authentic *Dasein*, therefore, is to grasp that one cannot become authentic as an ontic entity among entities, as a static being, but only as the asking, searching [being]."<sup>9</sup> Authenticity here is not a property or a state, but rather more of a process.

A personal change that would risk a loss of authenticity as Golomb has described it would therefore positively define inauthenticity. Rather than describing those changes that are authentic, one can appropriately follow Sartre and Golomb's example. Inauthentic personal change becomes in this case those processes of change made in flight from one's potential authenticity. Perhaps changes related intrinsically to idle talk, curiosity, or ambiguity are also implicated under this model.<sup>10</sup> It is perhaps difficult to imagine an inauthentic and voluntaristic personal change resulting from idle talk or curiosity under this system. They are 1) founded in the ignorance and pretense of the public,<sup>11</sup> 2) result from an absence of care rather than a presence of intention,<sup>12</sup> and 3) lack a procedural nature. Ambiguity however, is more ominous when related to personal change. Whereas idle-talk and curiosity occur as specific occasions or events, ambiguity develops over time. Decisions made by the individual that create ambiguity by increasing self-avoidance at the expense of self-awareness must be considered directly inauthentic under this model. Actions or especially personal projects undertaken in order to escape from an anxiety-provoking element of personal experience, or from an awareness of that element, necessarily increase ambiguity and must damage this sense of personal authenticity.

McDonough's approach to defining personal authenticity takes an Aristotelian position and asserts, "Authenticity and inauthenticity are not... contrary states," and can be simultaneously present in an individual self.<sup>13</sup> Under this model, authenticity is represented as a mode of inauthenticity – a state described as the 'priority of inauthenticity.' Passages from *Being and Time* support the notion that authenticity seems like a modification or property of the they-self and everydayness. McDonough equates these ideas with inauthenticity, perhaps too readily, but continues only to cite passages from the same text that directly dispute this claim. They create a state in which priority lies with authenticity. His conclusion and the resolution of

this conflict is an Aristotelian approach – equating the relationship between authenticity and inauthenticity with the relationship between form and matter. The argument continues further and applies itself to Aristotelian notions of individuality. McDonough labels a new kind of self-individuality to distinguish it from organic individuality, and subsequently defines authenticity in terms of a categorical distinction, “[A]uthentic individuality consists precisely in transcending one’s natural types.”<sup>14</sup> That which makes one authentic, in other words, is that which is not derived from natural type. This type is seemingly one determined by biology and sociology. Authenticity here becomes something like traits distinguishable from those of other members of the same group; and further, these traits are chosen at will to be evoked by the authentic individual. Although accounting handily for the existential importance of freedom, this approach seems to render issues of anxiety and resolution less than important to the true distinction between authenticity and inauthenticity. Arguably, such a change in the nature of the theory removes the specifically existential nature of Heidegger’s notion of authenticity.

Despite this possible incongruence, an evident distinction between personal changes as either authentic or inauthentic can be made from McDonough’s argument. Choices made that differentiate an individual from his peers (of whatever sort) plainly contribute to that individual’s authenticity. What choices could then be distinguished as resulting in a loss of authenticity? Personal changes of the self that are made explicitly in order to remove those qualities that set an individual apart from his natural grouping can be described as inauthentic under this Aristotelian model.

Ilham Dilman approaches the Existential issue of authenticity within the context of a critique of Cartesian thought. His approach emphasizes that the series of events comprising a person’s life can be said to contribute to his authenticity to the extent that he himself participates

in his own 'intellectual and emotional learning.'<sup>15</sup> This notion as described by Dilman can be divided into three qualifications that distinguish a personal change as authentic. Primarily, the individual must be an active agent in his own development. Reasonably, outside forces can and necessarily do contribute to personal growth, yet he whose life seeks authenticity makes an assertive and crucial contribution to that life through decision-making and attitude.

Subsequently, one must maintain personal responsibility and answerability for the self. Dilman interprets Sartre in general terms by noting that an authentic person not only enters into his own development, but also claims responsibility for his actions and hesitations. One must be "answerable... for who he is, as well as for failing to be who he is."<sup>16</sup> For Sartre and others, responsibility demands awareness as well.<sup>17</sup> Without continuous self-evaluation, one cannot maintain awareness and therefore has no true capacity to answer for his own self and its nature. Finally, Dilman discloses the issue of resolution. For Dilman, decision-making and choice as described above are not as critical as Sartre insists. Important resolutions are resolved through affective processes such as assimilation or grieving – neither through a calculated verdict<sup>18</sup> nor a claim to answerability. Emotionality and psychological coping mechanisms seem to be evoked here. Resolution as a process is integral to an understanding of authentic choice in slightly different ways as well. One can conceive of this not only as an affective process designed to deal with conflict, but also as the resulting ongoing union of conflicting elements in the self. There are therefore three fundamentals of authenticity – choice, awareness, and resolution. Each will be used as a position from which to create theoretical arguments for the relationship between authenticity and personal change.

## *Choice*

The first of these three elements entails far more than a simple decision or preference. Choice and freedom are essential to existential thought in that the essence of existence is defined by choice itself. Sartre contends that freedom of choice is plainly concurrent with man's being, and definitive to its nature,<sup>19</sup> Heidegger associates individual decision making with finding the self,<sup>20</sup> Jaspers describes choice as defining the self,<sup>21</sup> and Kierkegaard's writings imply that choice is implied in the very structure of the self as finite and actualized freedom. In his *Existence and Freedom*, Shrag asserts in development of this last notion that "choice is the indispensable condition for an attainment of an authentic awareness and acceptance of one's finitude."<sup>22</sup> This concept is evidently not just fundamental to an understanding of existential authenticity, but also more universally to an understanding of the self.

Kierkegaard describes several illusions of choice, or circumstances under which one's *Dasein* perceives a choice that is either unwilled or partial. One example of such a choice would be made for aesthetic reasons:

Therewith you have chosen... not, to be sure, as you yourself will admit, the better part. But in reality you have not chosen at all, or it is in an improper sense of the word you have chosen. Your choice is an aesthetic choice.<sup>23</sup>

Aesthetic here applies not to art, but to immediacy, pleasurable preference, and perhaps even hedonism or rationalism, which all fall under Kierkegaard's description of the aesthetic existence-sphere. Life for an aestheticist is simply a succession of nows, and Kierkegaard is very critical of such a lifestyle. True, authentic choice must be a choice made with total self-possession,<sup>24</sup> genuine pathos,<sup>25</sup> and a regard for all temporal modes – past, present, and future. Choice is also more than the decisions made at critical turning points in an individual's lifestyle. It is the earnestness and resoluteness with which a choice is made that determines its validity, yet

this will be discussed in more detail later. Further, choice taken to a more metaphorical level, and pointed back at the individual making the choice creates a new dimension of this concept. Ultimately, choice here is not just decisions made at critical moments, but perhaps even a state of one having chosen himself over the *they-self*.

“Even the richest personality is nothing before he has chosen himself, and on the other hand, even what one might call the poorest personality is everything when he has chosen himself; for the great thing is not to be this or that but to be oneself.”<sup>26</sup>

In a sense, the choice of oneself over the public ethos is also critical to this notion, pointing back to McDonough’s interpretation of authenticity.

Kierkegaard refers to the public on several occasions as a “monstrous abstraction”<sup>27</sup> that can and does assume the function of making decisions for the individual. As a result, we find Heidegger describing all of those who do not take an active, assertive, and attentive role in their own personal development as becoming a “stultifying standardization and conventionalism in which everyone is undecided.”<sup>28</sup> Heidegger also discusses a process of leveling, the name he gives to the tendency of the public to remove those aspects of *Dasein* that distinguish an individual from the crowd.<sup>29</sup> Inauthenticity is portrayed in *Being and Time* as a ‘temptation’ present at the ontic level of public everydayness. Escape into distraction and equanimity, away from the anxiety that in itself calls us to acknowledge our potential for the authentic – this is the temptation offered by the public that levels members of a society towards its norms.

Are there means of personal change not yet discussed that as a result of these ideas become decidedly inauthentic? McDonough’s position on authenticity has already revealed the nature of those changes made to fit the crowd. Choice however, sheds light on how one could in fact undergo personal change not as a result of individual motivation, but from the decision made by the “monstrous abstraction” of the public. If at any time one opts not to choose his own

personal outcome, the public to which he belongs will eventually choose one for him. Without making the decision that the self is the ultimate choice of his existence, the human being loses his authenticity as the crowd takes control of personal development. This position of not choosing the self levels man, producing a “fractional, depersonalized, and irresponsible man. It reduces him to... [being] identified with his functions.”<sup>30</sup> Such a state is unquestionably inauthentic from an existential standpoint. Heidegger describes an individual subjected to such leveling such as this as “fallen” and “anonymous.”<sup>31</sup>

### *Awareness*

The second fundamental of authenticity distinguished, awareness is closely intertwined with this complex issue of choice. As stated above, true choice is made with resolve and concern, and existential choice chooses the self. Kierkegaard’s definition of self is interesting to note in this context, however. In his *Sickness unto Death* he evaluates the self as purely a reflexive relation, or perhaps duplication.<sup>32</sup> For Kierkegaard, the self is explicitly the act of self-evaluation. Further, Sartre defines authenticity by saying that it “consists of having a true and lucid consciousness of the situation, responsibility for the self, and acceptance of the self.”<sup>33</sup> Knowledge of the self – awareness of what thoughts, feelings, and motivations create one – must preface these three qualities Sartre discusses. Consciousness immediately follows from self-knowledge, true responsibility in essence requires this consciousness likewise to be realized, and self acceptance can obviously only occur in actuality if the individual understands that self which it accepts to some limited degree.

As Golomb points out, dislocation from the self is a theoretical necessity of self-evaluation. Simply put, one must step outside oneself in order to truly evaluate it beyond the signs it receives from alien sources. One can learn of his own behavior, and even determine his

motivations, strictly from observing the behaviors and reactions of those around him, yet such an evaluation of the self is doomed to inadequacy. From an existential perspective, self observation made solely through the eyes of others would be hollow. Such a viewpoint of the self roots it in societal norms and ethos, and strips the true identity and uniqueness to be found there. The leveling process described earlier becomes an even more personally directed act when self-awareness is limited to others. Authentic self-evaluation must therefore point inward and seek knowledge that independently describes and differentiates the individual. True responsibility for a self defined strictly in terms of social evaluations is impossible. What binds a man to those actions, emotions, and motivations he experiences and potentially owns, if social referencing is his only method of self-definition? True acceptance of the self likewise cannot be made if the self that is accepted is defined untenably. Direct self-evaluation from an assumed dislocated perspective is therefore crucial to a move towards authentic change.

Berthold-Bond describes the “resoluteness” of Heidegger’s authenticity as a “re-encounter [with] the self, no longer... absorbed in its unreflective fascination with the everyday,” but awakened in a dislocated “moment of vision.”<sup>34</sup> This moment of vision described by Heidegger is directly provoked by anxiety. His approach to anxiety is perhaps one of the most important elements of existentialism, and its role in authenticity is crucial. Only through accepting one’s own self and the anxiety that comes with approaching such awareness can one reach towards personal authenticity. Both Kierkegaard and Heidegger insist that anxiety is the “gateway to authentic existence,”<sup>35</sup> for only through suffering can one truly come to question and evaluate the self. Shrag further notes that experiences of anxiety reveal three aspects of *Dasein*: 1) the strange and uncanny; 2) isolation and loneliness; and 3) freedom for authentic potentiality. Without anxiety, *Dasein* would have no awareness that authenticity and

inauthenticity are potential qualities of its being.<sup>36</sup> Anxiety can therefore be described as a call to awareness, or a communication of *being-in-the-world* made to the self. This notion will be discussed in further detail later.

Several implications on intentional personal change arise here. First, a change made in avoidance of or in replacement for personal knowledge and self-awareness must be inauthentic. Acceptance of the self must be made before true change can occur towards the potential self. With no knowledge of why the previous self held its certain properties, with no understanding of why it should be changed and what consequences such a change may have on the individual *Dasein*, such a change is more accurately a shift towards a different, more desirable self. Changes made in an effort to improve and maintain the self can only occur with awareness and comprehension – without these, such a process becomes metaphorical burial and self-imposed ignorance.

The social sphere holds as much importance as the personal one, for changes motivated by self-evaluations that are fixed in judgments made strictly by the crowd are inauthentic. Few of our personal goals or accomplishments are devoid of societal motivation. Our life is inextricably bound up in interaction with others, and caring for the opinions of those around us. Heidegger himself understood and integrated this notion into his ideology.<sup>37</sup> This distinction is necessary, however, in order to point out that personal change must be primarily individual and earnest, while educated and aware, in order to escape the temptation of distraction that society has to offer. If one does not choose himself, the crowd will choose for him.

Lastly, an act made in avoidance of existential anxiety is decidedly inauthentic, especially under the circumstance that the anxious in no way seeks to understand the source of this anxiety. Such is evident, as Heidegger's descriptions of inauthenticity repeatedly evoke images of fleeing

and escape from potentiality. This anxiety calls awareness into being, and such a process is often portrayed in existential fiction as very painful and difficult, yet liberating in conclusion.<sup>38</sup> These writers, at least, have a conception of authenticity that requires painful self-analysis – and a talent to describe alienation in the most treacherous fashion. Perhaps the most tormenting element of this new *vision-in-anxiety* is the actual inauthenticity of the individual. Such a realization, coupled with significant import, would be theoretically quite devastating to a person's sense of self. Running from the anxiety that begs for the release of such knowledge is an expected response, yet it solves nothing if the resolution of this anxiety is the desired end.

### *Resolution*

From these categories of authenticity – awareness and choice – several clear situations of personal change that could be labeled as inauthentic surface. One final category of personal change through which authenticity could be evaluated is resolution.<sup>39</sup> Despite the fact that the perspective is less frequently cited among commentaries on Heidegger, resolution holds relevance to the issue in several ways. As is evident above, choice and awareness are worth little if they are held with slight resolve. Important in the degree to which one commits to oneself and takes full responsibility for those qualities, resolve solidifies identity through the perspective of motivation: strong enthusiasm implies a strong personal commitment.

Secondary to this, one should normally find difficulty resolving conflicts of the self. In the case that one has attributes or motivations that hinder one another, anxiety naturally leads to self-denial and a lapse of awareness. Resolution is important therefore, in determining the degree to which one can align disparate qualities of the self into a cohesive whole. If (despite discomfort) the capacity or level of effort put forth towards justifying such qualities is low, one has little potential to ever truly accept or embrace valid and integral aspects of his personality

and experience. Resolution here becomes the process by which internal conflict is resolved. As above, the 'easy' path that circumvents complicated conflicts indicates a self-perpetuating inauthentic route in one's personal projects.

Finally, a third perspective of authenticity in the category of resolution calls upon anxiety itself. Psychodynamic thought explains uncomfortable sensations such as depression, anxiety, or OCD not in terms of a disrupted biological balance or an inappropriate learned behavior, but rather as a symptom of the need for the ego to resolve conflict between opposing internal drives. The humanity of a person and the experiences that he or she goes through create psychological states both good and bad. Resoluteness or resolution can also be described as the counter-weight with which the desires that do not work well within us maintain equilibrium. Through symptomology, conflicts are resolved and the subconscious lets off steam – uncomfortable attributes of the self are still the self, and are not instruments of outside intervention. In addition, one must acknowledge the role that such symptoms play in our personal experience as agents of resolution, or the authentic self has been avoided.

To sum up, if one assumes that a psychodynamic perspective has at least conceptual validity, one can therefore conclude that resolution is integral to authentic change in three ways: 1 – If one is resolute in his commitment to his personal change, the process becomes more authentic. 2 – If one resolves the anxiety of personal conflict through confrontation rather than circumvention, one engages in authentic change. 3 – If one addresses uncomfortable personal behaviors as an agent of balance within the self, rather than a biological symptom of an alien disease, one has taken an authentic approach to self-understanding.

### *Transition*

Personal change occurs in all members of humanity, as a natural result of learning and the confrontation with experience that is life. Further, it is our obligation to our own experiences, and to our own sense of fulfillment, to be ourselves. One would not dare to expect perpetual authenticity of the most acetic sort from each and every individual, regardless of exclusive situations at all times. Heidegger and Kierkegaard understood and accepted the fact that social beings require social interaction, and that most of life is conducted along the lines of inauthentic experience. We learn primarily through imitation of our family, elders, and peers – not through individuation of unique qualities or motivations. One does not need to choose which value meal at McDonalds one would prefer based on the implications such a choice has on internalized childhood anxieties. It is critical to note, however, that although most of life may be inauthentic, critical times arise at which choices of the self must be made carefully, and with regard for the importance of authenticity and the role that it plays in personal development.

For example, one should evaluate one's career carefully, in order to ensure that it has personal significance – even if that significance lies only in supporting a family or one's aspirations to maintain other, less profitable pursuits. One should evaluate parenting, teaching, political ideology based on personal alignment to specific issues – not along comfortable lines delineated by Heidegger's monstrous abstraction. And why should one evaluate anything? What allows me to make the judgment that anyone *should* do anything at all? We owe it to ourselves to actualize our inner motivations, to create significance and satisfaction where it is possible. We owe it to ourselves to understand and participate actively in the emotional and internal events that occur every day. We owe it to our friends, our families, and our peers to attempt to understand the interpersonal effects of our behaviors as well. Perhaps however,

dramatically different from this idea of obligation, a much truer and less comforting truth exists. Is it possible that the one thing we *should* do is to take responsibility and ownership of those things that compose us? We should face ourselves head on, and doing so realistically requires making important and explicit choices at distinct moments. There are times in all of our lives when we realize, "The choice I make here and now will specify who I am."

A very specific example of this sort of choice has arisen over the past several years, with the advent of a drug that reportedly induces personal change of a socially desirable sort – with little physical consequence, relative monetary ease, and a small sacrifice to time. Prozac, and the family of drugs described by the acronym SSRI, have asked us, "Would you like to be more productive and content without directly resolving all of the personal problems that have developed in your life? Do you enjoy this self that you have become? What does it mean to be you?"

What are we to answer? Apparently, America has decided to answer by saying yes to Prozac. Sub-clinical prescriptions of Prozac use are shockingly common, seemingly administered regularly by medical professionals with little to no experience with anti-depressants. Many of us have come to accept that Prozac fixes a chemical imbalance in the brain that has nothing to do with our personal experience and the complex development of our personal selves. We are listening to Prozac, and believing the lies that it tells us about ourselves. This drug describes our emotional experiences as robotic reactions to ephemeral disease entities for which we have no responsibility. This drug tells us what behavior and temperaments are best for today's world, and medicalizes the rest. This drug turns our anxiety, depression, and alienation into a pest that should be exterminated without recognition for its significance or source.

Prozac treats these conditions on a clinical level with surprising efficacy and sympathetic side effects,<sup>40</sup> yet there *are* dangerous side effects that have not been addressed outside of clinical and biological research, and most practitioners (and especially the general public) are ignorant of this evidence.<sup>41</sup> The implications of Prozac use on the authenticity of individuals in our society has been debated hotly, though theoretical evidence for the inauthenticity of Prozac use is often flimsy and unelaborated – almost intuitive in nature. The following section will address the first major public release of ethical and philosophical debate over the concern with Prozac: *Listening to Prozac* by Peter D. Kramer. A discussion of newer issues of enhancement technology follows, and in conclusion the specific situations of authenticity described above will be compared with sub-clinical Prozac use in an effort to assess the validity of prevalent claims that SSRI drug therapy is an inauthentic mode of personal change.

## Listening to Alienation

*Listening to Prozac* spawned intense discussion and debate in many circles across the United States, as it confronted newly surfacing issues of prescription drug use. The book presents case studies of Prozac patients, and discusses concerns with the drug in light of these individuals. Problems that Kramer senses in the public and professional settings are raised and seemingly resolved with a warning and ultimately support for the treatment. Kramer rightly senses the dangers of biological materialism, especially when discussing the ethics of SSRI's, yet seemingly fails to heed his own warning. He seems disturbed by his own case of biological materialism, yet continues to make errors in support of his claims that spawn from such an ideology.

There are critical elements of existentialist authenticity that Kramer's *Listening to Prozac* addresses, yet fails to resolve. First, Kramer mentions and denies Sullivan's issues with mood enhancers regarding autonomy in processes of personal change. Second, he restates and disputes Nesse's argument that there exists a human utility in anxiety. Lastly, he summarizes and undermines Schwartz's claims that Prozac interferes with the appropriate resolution of anxiety. Each of these three notions provide evidence for the inauthenticity of SSRI's as isolated treatment, and although Kramer challenges them all as invalid, he fails to do so convincingly.

Social arguments against the use of Prozac are not new, and Kramer takes the opportunity to defend its use while "mood brighteners" was still the commonly used name for prescription drugs used in sub-clinical<sup>42</sup> situations. The phrase refers to any class of drugs that upsets the balance of risk and benefit by which questionable treatments can be evaluated. Such a process occurs when a drug such as Prozac arises and causes neither addiction nor adverse side effects.<sup>43</sup> Robert Aranow and Mark Sullivan wrote an article<sup>44</sup> on mood brighteners in an effort to discuss

philosophical and concrete issues that arise from such a class of drugs. They argue that the resolution of the “lost yardstick” for ethical evaluation occurs only by using a new one: autonomy. Illness compromises autonomy, and therefore valid treatment includes an addicting drug, or one with side effects. An addicting drug, without medical justification, along the same lines compromises autonomy through compulsion. The use of mood brighteners, because unjustified by an actual illness, compromises autonomy by removing an individual from valid components of personal experience – such as despair. Kramer dissolves this argument by asserting that the hypothetical sub-clinical patient used in many models such as this one does not exist, and does not respond to Prozac in a way that fits this model. He finds that in the majority of his patients their sense of personal autonomy is not compromised because many choose not to take the drug any longer after witnessing its effects on their behavior. One of his first case studies mentioned involves a young man who decides not to take the drug any longer, because its use convinced him that those aspects of his self that he was initially trying to remove were so personal that their absence made him uncomfortable. Further, the understanding of mood brighteners embraced by Aranow and Sullivan does not represent Kramer’s conception of Prozac, and the argument is therefore invalid. In addition, Kramer’s interpretation of the problems to which Prozac *should* apply justifies them as states worthy of medical treatment. He portrays his patients as “struggling, handicapped, and often socially isolated.”<sup>45</sup> Perhaps Kramer avoids the argument that Aranow and Sullivan make by addressing different issues: the nature of Prozac and its interaction with human behavior, and the diagnosis of psychological states as ‘normal’ or worthy of treatment.

Kramer brings up several other viewpoints concerning Prozac, in order to refute their claims that its widespread use is personally and socially unhealthy. The first of these in his

chapter “The Message in the Capsule,” is a protest brought by Richard Schwartz, which claims, “mood brighteners interfere with a person’s relationship with reality.”<sup>46</sup> Schwartz concedes that his argument does not suffice, and therefore turns to a central idea of psychotherapy: affect tolerance” Zetzel coined this term to convey the idea that individuals differ in their ability or tendency to resist extreme emotional states. One who could be described as having resilience and resistance to stress or grief, for example, would have a high affect tolerance. Schwartz gives an original example of culturally determined norms of pathologically classified behaviors: spousal grief. Claiming that simple mood improvement disconnects the individual from personal experience, he continues to criticize “mood brighteners” and their prescription for individuals who have been grieving for only one year. Schwartz cites rural Greece, where 5 years is the appropriate time for spousal bereavement – seemingly attributing the difference in length to cultural differences in affect tolerance.

Kramer disputes these claims with an insufficient rebuttal, contending that he sees no problem with medicating bereavement that deviates from social norms. He builds his defense of Prozac on grounds that departure from cultural norms establishes illness. First, proving one example of a phenomenon as invalid when the grounds for this proof are questionable does not render a claim impotent. Kramer has not shown that the central point is invalid: despite rural Greece and its widows, experiential recovery does lead to integration of experience and chemical mood improvement does lead to disconnection from experience. Secondly, Kramer seems to miss the point: doctors are treating normal variations of human experience as diseases. He misses it so dramatically that he uses it as grounds for dismissal. Third, the fact that anti-depressants are the method of treatment employed in bereavement cases is crucial to Schwartz’s argument. Schwartz is not making a statement about anthropology – he criticizes a specific

mode of therapy that is used in a wider range of cases than is ethically appropriate. Kramer dismisses an ethical contention against the liberal use of mood-brighteners in two pages of text, without an effective argument. It should be evident from the distinctions made here that his assessment has little validity.

The next on Kramer's list of Prozac nay sayers, Randolph Nesse utilizes the evolutionary perspective of biological psychology to bring the notion of utility in anxiety towards a commentary on mood brighteners. Mild depression can be explained in animals as a mechanism designed to reallocate energy and resources. Nesse suggests that a similar situation may be at work among mankind. It follows that individuals suffering from sub-clinical dis-ease with no clear experiential cause should recognize that evolutionary mechanisms might be at work. Further, Nesse establishes that a sense of guilt for the condition should be relieved upon recognition of this fact. These sensations of anxiety and depression that are sub-clinical and socially stimulated should be accepted as a useful evolutionary mechanism, not as an illness. In conclusion, mood brighteners may not be an appropriate response to such emotional states.

Kramer transforms these theoretical, atavistic experiences into an animal-like element of human experience that perhaps *should* be relieved through medication – as a “particularly humane intervention.”<sup>47</sup> Again, it seems that Kramer disagrees with an element of the opposing argument that was taken for granted within its line of reasoning. Nesse seems concerned with the fact that a natural, evolutionary condition that may still have validity in modern society has come to be viewed as a negative trait and treated as a disease. Prescription medications with possible serious and permanent side effects are appropriate for illnesses alone. If a naturally developed human condition that is recognizably sub-clinical should be altered, such a procedure should be made by other means. Prozac is not a vitamin or mineral with plainly positive effects.

SSRI's are a strong, serious, and poorly understood class of drugs that directly influence the brain in ways that markedly shift behavior and physiology. Nesse did not have the knowledge to argue this point, yet the issue that he does address is not effectively undermined by Kramer's opposing argument.

Kramer discusses the major objections of Schwartz & Nesse as follows: "they (unhelpfully) free the taker from struggling with reality and thus achieving affect tolerance; they act to reinforce dehumanizing social expectations; they interfere with adaptive mechanisms developed over eons of evolution; and they encourage people to understand as illness aspects of the self that are normal."<sup>48</sup> Kramer responds to each claim in turn, attempting to invalidate these general objections to Prozac. In protest to Schwartz's claims about affect tolerance, Kramer returns to Zetzel's psychotherapeutic methods. A quick comparison provides Kramer with one of his favorite analogies in defense of Prozac: "What happens to people in psychotherapy is similar to what happens when they take Prozac."<sup>49</sup> Objections to Prozac in preference of "human" therapy are dismissed as pharmacological Calvinism. The problem for Schwartz, according to Kramer, is not what Prozac aims to accomplish, but that it is a chemical agent rather than an interpersonal one. Consequently, Kramer establishes a similar argument against the contention that Prozac use reinforces the dehumanization of social expectation. By arguing that if varied emotional and interpersonal states are natural, he claims that Prozac only shifts an individual between states that already exist. As many have, he therefore likens SSRI use to plastic surgery and psychotherapy in that both medical and cosmetic applications exist. Again, if this is true, the problem with Prozac must be its means and not its end.

There are two problems with Kramer's dismissal of these claims. First, interpersonal interaction (within the context of therapy) aims at the realization of both self-understanding and

autonomy. Prozac cannot provide these, for pills do not explain their effects to each individual as they alter emotional experience. Understanding of the self plays no role in the inhibition of serotonin re-uptake at the appropriate neurons in the brain. The swallowing of a pill and its anticipated effects may be entirely intentional and voluntary, yet the chemical process is not interactive. Further, the recurrence of depression or anxiety after the cessation of SSRI monotherapy alone is far higher than recurrence rates for dual therapy or psychotherapy. Autonomy is not established through Prozac if the individual requires an indefinite prescription in order to maintain its desired outcomes. Second, analogy to previously accepted practice does not validate potentially unacceptable new ones. Several independent studies have replicated findings proving that SSRI's can cause permanent brain damage in long-term users. There have obviously been no reported cases of psychotherapy causing permanent brain damage. Beyond implications of serious side effects, Kramer makes what Erik Parens calls an *argument of precedent*.<sup>50</sup> He describes it as follows: "We've always used means A to achieve end A; means B also aims to achieve end A; therefore means B is morally unproblematic."

Two problems arise when using such an argument, and Kramer makes both mistakes. First, when treating different means as morally the same, one potentially makes the error of assuming that the means have the same object, or focus. For example, assuming that Prozac is morally acceptable and just as authentic as psychotherapy implies that altering understanding and a specific behavior set is morally equivalent to directly altering a set of chemicals in the brain that are intimately connected with that set of behaviors. In assuming that such a distinction is irrelevant, one further implies that the end results of each means are not contingent upon this difference. In fact, the ends must be unequivocally different because of this distinction. Interpersonal therapeutic processes occur along individually tailored paths, as an interaction

particular to both therapist and client. Serotonin receptors are affected in the same fashion in all human brains when an SSRI is introduced.<sup>51</sup> One cannot ignore this difference if attempting to qualify the two methods of therapy as equal. On the other hand, different means often embody or embrace different ideals. By advocating drug therapy for conditions that have proven potential for success through psychotherapy of various kinds, one embraces the mechanization of man.<sup>52</sup> Kramer himself points in his introduction to the striking trend at the turn of the twentieth century for our society to view our behaviors along a trend he describes as biological materialism. He specifically refers to the medicalization of the man he calls Sam as a disturbing phenomenon – that which he dubs “Listening to Prozac.”

*Revealing the Self and Balancing the Humors*

Kramer makes many revealing statements about his personal experiences with Prozac. One of the most radical assertions he makes about the drug asserts that Prozac has utility as a kind of yardstick of the self. “They learned something about themselves from Prozac. ...they believed Prozac revealed what in them was biologically determined and what merely experiential.”<sup>53</sup>

This statement is not only flawed, yet is also indicative of a serious problem occurring in the mainstream and how it responds to concepts of disease and medicine. SSRI’s are not instruments designed to determine which authentic elements of the self are due to genetics and which are due to experience. First, Prozac does not return the chemical state of the brain to some previous state that should be considered any more proper or healthy. Prozac makes distinct changes in brain chemistry that result in a certain set of healthier behaviors because it specifically *imbalances* the current brain chemistry towards this end. This has been shown empirically through studies exploring the long-term side effects of SSRI’s.<sup>54</sup> Generally, fluoxetine (Prozac) results in less receptivity to the chemical serotonin. All of the desired

changes associated with fluoxetine have been tied specifically to this chemical.<sup>55</sup> The brain's methods of detecting its levels of serotonin are disturbed, however. As a result, levels of dopamine – a chemical closely related to and highly interactive with serotonin – theoretically shift in response to these changes. Eventually, a far more complex set of reactions begins to occur as the brain tries desperately to achieve balance. Increasing resistance to the initial drug treatment, semi-permanent damage (tardive dyskinesia, a symptom of Parkinson's disease) due to shifting dopamine levels, and dramatic shifts in behavior result.<sup>56</sup> These changes in outward, social behavior are the designed purpose of SSRI's and the reason the drug is perceived as a normalizer. SSRI's do not restore original, natural chemical balance to the brain. SSRI's do not repair genetically determined damage to the complex system of receptors and enzymes in the human brain. They shift the manifestation of these chemicals to a level that must not be in any biological sense more normal, since brain damage is a proven long-term result. This new manifestation is apparently more normal or at least desirable in a social sense, however, for news of replicated studies proving the deteriorating effects of long term SSRI use must be unpopular and has yet to become mainstream.

Second, this erroneous supposition that changes due to a drug such as Prozac are "fixing" biologically determined states and bypassing experiential ones harbors a serious error of causality. Many studies have proven that a genetic component exists for psychological states such as depression. None have shown that major depression, generalized anxiety, or even obsessive compulsive disorder (OCD) have purely genetic roots, however. All of these disorders are treatable with both SSRI's and psychotherapy. Obviously, shifts in brain chemistry cause shifts in behavior, yet one must recognize that it also runs the other way, and shifts in behavior cause shifts in brain chemistry. Each represents and controls the other, and attributions of

strictly biological causality to psychological phenomena should be made with great care. Elements of experiential personality that can be distinguished from genetic personality (and vice versa) do not exist with any real clarity, as each are merely constructs developed for the sake of linguistic ease. Moreover, the chaotic nature of human experience and the complexity of our genetic framework are such that distinctions of this sort are inherently fallible. To retrace our steps temporarily, let me reiterate that these disorders are treatable with either drug therapy or psychotherapy. There is strong evidence that drug therapy is more likely to succeed over a shorter period of time. Permanence after use of the drug has ceased is much less likely, however, save in cases of dual therapy (implementing both drug therapy and cognitive-behavioral therapy). If the use of Prozac restores or repairs biologically damaged brain tissue, why is it that conditions of melancholy, depression, anxiety, shyness, obsession, and compulsion are more likely to relapse after the cessation of Prozac monotherapy than after the cessation of dual therapy?<sup>57</sup> Cognition, emotion, memories, or even attitudes must play some very integral role in these disorders, independent of their root in biological factors. If the objectionable elements of our personalities are purely biological and the desired elements due strictly to experience, why is it that the chances of relapse under drug therapy are so much higher? The conception that certain psychological disorders are caused by a disease – e.g. by a “chemical imbalance” – does not stand well against a realistic evaluation of these causal attributions.

There exists a third reason that Prozac could not have “revealed what in [the patients] was biologically determined and what merely experiential.” Psychopharmacological agents could cause any number of changes in human behavior. The fact that LSD may cause a person to see themselves as a Martian and behave in a strikingly Martian manner does not mean that the person taking LSD is *truly* a Martian, and only a human due to flaws in his genetic make-up. He

may well believe this to be the case under the influence of the drug, yet this does not mean that his authentic self is such. Similarly, Prozac does not release a true self from within an unfortunately determined shell just because one feels like one's true self after taking the drug. One could argue that this analogy is inappropriate since LSD is classified as a hallucinogen, and Prozac as an anti-depressant. Both change brain chemistry, however, in critical ways that alter personal experience – one should not carelessly qualify SSRI's as resulting in authentic experiences of self because they are comfortable ones that patients identify as their true selves.

Kramer himself points to the notion that scientists attend to the evidence that best supports social needs. Our society, arguably strained by alienation, loneliness and depression, wants to hear that our current state is due to a biological cause over which we have no personal control. It is easier to accept a “chemical imbalance” at work within the numinous brain. Such a problem naturally should be fixed with chemicals. In a world of prescription marketing, I presume that it is far more comfortable living spiritually addicted to derivatives of Prozac than desperately groping at signs of meaning. However, should we as individuals accept this state of affairs, we may become substance-driven robots, treating ourselves with drugs of complacency that our television offers in return for extended mindlessness.

Comfort induced by chemicals does not prove discomfort induced by chemicals. Unfortunately, the new and public biochemical model of human behavior often neglects the complex causality of the brain. Such a viewpoint supports the notion mentioned above of “chemical imbalance.” Empedocles' medicine of the four cardinal humors exemplifies a similar approach. Each of four bodily components (bile, blood, phlegm, and lymph) was said to relate causally with temperament. To make the mistake that serotonin, a chemical directly affected by SSRI's, is solely responsible for depression or OCD is a fallacy. Causation is not something

simple and discrete, a default relationship in a one-way causal attribution. Our understanding of causality must embrace the organic causality, and a more complex understanding of the human brain should be coupled with the understanding that causation does not occur in one-way paths with obvious relationships as the only valid ones. None of the arguments in the nature vs. nurture debate have ended this controversy, and a compromise is the only realistic interpretation of this issue that can be made. In addition, the justification for drug therapy over psychotherapy often makes the mistake that if a certain supplement to brain chemistry “fixes” the behavioral component of that therapy, some sort of deficiency or excess is being repaired.

### *Prozac as Enhancement*

The Hastings Center in Garrison, New York has conducted at least two major projects concerning the role that enhancement technologies play in our society. Issues at hand include, but are not confined to, the distinction between treatment and enhancement, the social consequences of large scale enhancement, the medicalization of human experience, the oppressiveness of suspect social norms, and the ethics of providing, promoting, and participating in human enhancement through technology. In 1998, the Hastings Center published a collection of essays about enhancement called *Enhancing Human Traits: Ethical and Social Implications*, as part of a larger series on bioethics. Several of the essays are directly concerned with the matter at hand: the uneasiness felt by many in response to Prozac and other similar drugs that are used in a sub-clinical setting, with the express purpose of “improving” behavior. As a follow-up and more specific response to the more controversial issues presented in this volume, the Hastings Center devoted nearly an entire issue of its *Hastings Center Report* to discussions of Prozac and the problematic ethics that surround its use as a cosmetic agent. Several of the essays

included are direct responses to other commentaries that have been reprinted in order to show an array of opinions concerning Prozac.

Most of the claims made by these thinkers stress the ethical difficulties raised by Prozac because of its implications on authenticity and consequences to society. Parens, the editor of *Enhancing Human Traits*, discusses issues of enhancement technologies in three categories of unease: unfairness, complicity, and inauthenticity. First, he discusses unfairness in a social context. Social stratification as a result of competition made through prescription medicine could result in unfairness in contemporary society. Under this assumption, money would become an even greater figure in establishing social worth when psychological functioning at sub-clinical levels is paid for. Parens cites President Clinton's "Science in the 21<sup>st</sup> Century," part of which states, "Science must not create a new line of separation between the haves and the have-nots."<sup>58</sup>

Second, Parens relates worries of complicity. Condoning this theoretical personal use of psychotropic medication implies complicity in a social phenomenon of potentially drastic proportions: avoidance of problems among the self, relatives, and peers. This implicates practitioners, patients, and those establishing mental health policy.<sup>59</sup> Arguments of autonomy in defense of SSRI therapy dissolve in this perspective, for values must be upheld by those responsible for controlling the use of medicine.

His final worry, and the one most applicable here, is one of inauthenticity. Turning away from the vulnerability, imperfection, and finitude that constitutive of life itself could have vast negative effects on our society according to Parens. Sub-clinical Prozac use risks the loss of humanity on several levels, and a reconstruction of how we conceive of ourselves. The consequences he foresees and attributes to authenticity are perhaps more tenebrous and vague

than those discussed here. They undoubtedly relate to consequences on a larger more social scale than the more personal arguments of Peter Kramer or Carl Elliott would.

Elliott contributes an article to this work entitled “The Tyranny of Happiness: Ethics and Cosmetic Psychopharmacology.” Elliott’s ‘ethics of authenticity’ can be dissected from out of his article in the following manner: We often conceive of our life as a project for which we are ultimately responsible. The significance of that project depends upon the way in which we lead it and participate in its development. Further, one must be true to oneself, and answer the question, “How should I live?” by looking inward. The unhappiness into which one’s project has developed is owned, and one is responsible for the results of their own project. An important distinction made here by Elliott’s article is that between authenticity and self-fulfillment. Each is nebulous in definition, especially when used in a conversational context. DeGrazia and Kramer argue that Prozac contributes to self-fulfillment, turning authenticity into a different and difficult construct, and their view seems popular. The two concepts undoubtedly overlap, yet self-fulfillment is different, for it implies a quest for success as opposed to a quest for the self.

Authenticity reduces to self-fulfillment when our national ideology tends to stress personal, individualized success as the primary goal of life. If each of us cannot accept that our ‘true’ selves may not be successful and wealthy, the authentic self for whom we search becomes an idealized self that succeeds. Such is the case despite qualities of the experiential self that may be truly intrinsic to self-definition. A divide arises therefore, between the idealized self that reaches for fulfillment, and the observed self that strives for expression. This potentially provides a source for the existential angst and alienation that Elliott discusses as the font of SSRI popularity. Contemporary culture, evidently stricken with a wave of identity crises, answers to these issues in one of three ways. We medicate ourselves, to bury the parts of ourselves that we

wish didn't exist. We become someone else for a time, to avoid the stress of that which we really are. We become ourselves through painful and anxious self-confrontation. How can America resolve the disparity between her ideals of individualism and freedom, and her ideals of competition and conformity?

*A Philosophical Disease*

In his rebuttal included in the same 2000 *Hastings Center Report*<sup>60</sup>, Kramer refers to a notion that Carl Elliott suggests in "Pursued by Happiness and Beaten Senseless,"<sup>61</sup> and *A Philosophical Disease*.<sup>62</sup> Elliott argues that American Capitalist culture is decidedly alienated from a meaningful sense of identity and purpose. His literary evocations strike readers with images of despair that come from a societal situation, not a chemical imbalance in the brain. Such a state, in an era fascinated by technology, medicated by multibillion-dollar industries, individualized by competition, and driven by a national pursuit of happiness, begs for Prozac. Kramer's interpretation of the text<sup>63</sup> leads the reader to believe that the popularity of this claim is supported by the notion that our culture values melancholia and alienation as the appropriate response to our current situation by suggesting that we find sadness appealing. Furthermore, he suggests that we think of someone as fake or shallow, even when not on medication, if they seem happy or extroverted. According to Kramer, we think of Prozac as inauthentic because we think of happiness as an inappropriate response to our world.

Kramer's claims are valid and truly indicative of the current situation in American society, yet these generalizations are just that, and are far from pervasive. Further, Elliott does not seem to want to prove that our society is taking Prozac in response to cultural dilemmas because he thinks that we should be sad. He expresses a philosophical argument that is illuminating: we should be sad in response to our cultural situation because we need to change

our cultural situation. The avoidance of personal anxiety in significant numbers, through drug induced complacency, could lead to the aggravation of currently destructive social issues.

Acknowledging our widespread condition of loss and alienation brings us closer to cultural changes that will create meaning and satisfaction in our lives.

## Final Argument

- ◆ *Inauthentic personal changes are made in flight from potential authenticity.*

The sub-clinical use of Prozac, when other options for self-actualization and the attainment of desired subjective states is available, even at a sacrifice, is by this premise inauthentic. In order to move towards authenticity in personal change, one should attempt all means of self-realization and awareness. The use of Prozac as a component of dual therapy is acceptably authentic here, as the most common changes to subjective experience induced by Prozac are more conducive to therapy than dysthymia,<sup>64</sup> generalized anxiety, or mild OCD.

- ◆ *Specific actions or personal projects conducted so as to escape from an anxiety-provoking element of personal experience increase ambiguity and therefore reduce personal authenticity.*

Under this premise, many forms of therapy would be deemed inauthentic. Idealistically, psychodynamic<sup>65</sup> therapy confronts anxiety and treats it as the manifestation of repressed past experiences (e.g. oedipal conflicts, child abuse) and could therefore be used in an authentic fashion here. It could be easily argued, however, that the experience of psychodynamic therapy itself brings about remission of undesired psychological states and that actual resolution of internalized conflict is a subjective illusion. Many forms of therapy such as cognitive-behavioral<sup>66</sup> therapy would be just as guilty as drug therapy of treating symptoms directly in order to avoid the confrontation of the experiential source. Clients that actively or through encouragement undergo monotherapy with psychotropic medication, again when other options are feasible, can be described as undergoing an inauthentic change by this premise.

- ◆ *A change made in avoidance of or in replacement for personal knowledge must be inauthentic.*

Again, the notion of avoidance and escape returns, telling us not to evade our selves, but rather to confront the things about ourselves that most disturb us. Resolution and awareness are of critical

importance here, for authenticity demands this confrontation. Kierkegaard's builds his philosophy of authentic action on the idea that anxiety is a necessary good that tells us that something is wrong in our lives. The only way to truly resolve such anxiety is through confrontation and internalization – which requires self-evaluation. Nesse's evolutionary approach is important here as well, for it stresses the same notions of anxiety from a biological perspective. Both humanistic and mechanistic schemas support the claim, which makes it difficult to undermine through theory. When specifically applied to SSRI use, this claim reiterates the importance of intention. If an individual chooses with determination, to resolve the self and through self-awareness change essential characteristics of the self, and a prescription drug either facilitates or contributes to this process, such a change would not necessarily reduce the authenticity of such a project. If, however, Prozac is an escape and an "easy out," the individual removes himself from his own authentic nature.

- ♦ *Confrontation of personal conflict is authentic in nature, while circumvention of personal conflict is inauthentic.*

An important, relevant, and perhaps understated notion that surrounds this issue of SSRI treatment is the escape metaphor. Escape from the self is not the only important behavior that should be addressed, however. Interpersonal relationships require commitments that often take the form of support structures. When someone close to another who is dealing with difficulties in their psychological well-being finds that the distressed has escaped them without resolving the issues that have affected the two together, it often leaves the support partner empty and without resolution. In addition, problems of depression and anxiety are often intimately connected to specific relationship situations. A pharmacological escape from such problems leaves the interpersonal situation and its problems on the shoulders of the other who has not chosen to resolve the issues chemically. Just as alcoholism provides an escape in this way and is

uncontroversially destructive for this reason, Prozac use has great potential for creating inauthentic relationships. In order for a change in an interpersonal context to be authentic, both parties should address and confront those problems precipitating the change.

- ♦ *Personal changes that are made explicitly in order to remove those qualities that set an individual apart from his natural grouping can be described as inauthentic under McDonough's Aristotelian model.*

If a patient or client who is experiencing mild social anxiety disorder, for example, asks for Prozac in order to become more sociable like the rest of her peers, her request may be described as inauthentic. Likewise, were an individual with a melancholic personality compelled by a doctor or family member to take Prozac in order to become more "normal," such behavior would be called inauthentic by this assumption. The medicalization of psychological states has driven perceptions of this kind forward since the development of the categorical model of psychopathological behavior. A distinction must be made that states that endangerment or pain in an individual may be perceived differently. The works of Heidegger and Kierkegaard may disagree, however, on the foundation that emotional suffering and anxiety must be confronted directly in order for personal change to become truly authentic. Works such as *Fear and Trembling* and *The Stranger* would suggest that sadness or despair should be dealt with head-on, and under any case avoidance of personal experience would be inauthentic.

- ♦ *Authentic choice must be made with self-possession, genuine pathos, and regard for all temporal modes.*

With this assumption, one can describe situations of sub-clinical Prozac use as inauthentic in three ways. First, if a client were to begin taking Prozac with little or no personal contemplation or self-evaluation, one could say that such was done without self-possession. Further, this implies that the choice to take Prozac must be deliberate and determined in order to meet qualifications of authenticity. Second, the client must choose Prozac with valid and authentic

grief. This is difficult to imagine. Sadness or emotional intensity may drive a person to try Prozac as a way of relieving suffering, but one can hardly imagine someone choosing to take it in order to embrace and confront the negative emotions one experiences. As above, however, this authenticity is feasible under said premise if intuitive therapy is impossible or great difficulty arises in the therapy due to the negative emotional states. Finally, one must regard all temporal modes when making an existential choice in order for it to maintain authenticity. A patient or her therapist/doctor could be theoretically ignoring all three temporal modes through the use of Prozac. If past experiences are in any way related to the negative affect Prozac is intended to treat, this sphere of experience is avoided in most cases of monotherapy. If present situations such as occupation or life style are being treated through Prozac, one avoids the current self. If the potential future of an individual is purposefully shaped into some false representation of either another person or of a society, his future has been falsely decided.

- ♦ *The choice of the private self is more authentic than the choice of the public ethos.*

To choose one's own identity over that which is generally supported by the public is almost intuitively authentic. This assumption is not necessarily valid across all situations, however. One would legitimately label a certain choice as inauthentic if it were made strictly in order to be different from that of the public. A change made specifically for the sake of being different rather than for the sake of a certain personality trait or significant experience. One could also make a valid choice that agrees with the public ethos, in harmony with the self. We do this often – even many times per day for the sake of social harmony and stability. To make a move that intrinsically shifts the personality away from its original state for the sake of the public ethos would be inauthentic, however. Taking Prozac without additional therapy would be categorically inauthentic, since one would have little need for Prozac if one were not interested in taking an active role in changing elements of his personality.

- ♦ *When choice is not made in an active process of either the self, or the public, the “monstrous abstraction” that is the public will choose for us. Passive acceptance of this exterior will, and the influence it has on our unchosen choices is inauthentic.*

Similarly to the previous premise, this idea delineates social behavior as typically authentic or inauthentic; yet here the distinction lies between the activity and passivity of a choice made in a social setting. Again, there is little reason to look at the large array of related inauthentic behavior (that would be called such as a result of this assumption) as good or bad, right or wrong. Central to the point, however, is the notion that if very important, questionable changes are made for this reason, the compromise to authenticity will be significant.

- ♦ *Any process of personal change necessitates personal knowledge before it can be described as authentic.*

Those claims discussed above contribute to this qualification of authenticity. It has been stated that changes made in avoidance of personal awareness are inauthentic, yet this is also distinctly important to an understanding of authentic personal change. The act of avoidance in itself does not solely contribute to the inauthenticity of personal changes. More generally, personal changes that do not account for this self-awareness – though they may not represent escape – likewise make a move to undermine authenticity. Heidegger’s notion of everydayness embodies the idea behind this qualification of authenticity.<sup>67</sup> Personal changes that do not account for self-awareness occur on a regular, if not daily basis in each of us. In the context of SSRI drug therapy, one could argue that most individuals lead an inauthentic lifestyle by definitions such as the one listed above. How then, can one justify changes to current practices concerning drug therapy with this assumption as support? The possibility that many members of our society are relying on yet another escape from self-recognition is great. One can compare Prozac use to beer or marijuana, and the argument seemingly melts away. There is an essentially problematic reason that Prozac use should be evaluated on a different level. Doctors and mental health

practitioners maintain a healer's role. It is not a medical responsibility to administer beer to patients who are having a difficult time with work or lifestyle. SSRI's, unlike beer, would be a serious and drastic method of absolving woes and discomforts – the class of drugs is monitored by the FDA as a prescription medication because of side-effects and an evident need for responsible administration of the drug. Social and individual consequences of widespread Prozac use are discussed throughout medical literature on the subject, yet at the core Prozac is different from beer because it is the responsibility of medical professionals to carefully administer the drug professionally. If someone comes to a doctor seeking therapy or healing of the self, it is the doctor's responsibility to provide this end. Further, if that patient believes their condition to be strictly biological without biological evidence, they may not accurately interpret this condition and should not be held responsible for its diagnosis. It therefore falls upon the doctor's shoulders to conscientiously determine the most appropriate means of treatment for such a hypothetical patient. Because the suitable treatment potentially includes personal therapy, medical professionals should be held responsible for acknowledging the importance of this distinction.

- ♦ *Authentic self-evaluation must point inward and seek knowledge that independently differentiates the individual.*

Just as the former claim asserts that authenticity requires self-knowledge through the existentialist construct of everydayness, this claim builds a plea for self-knowledge upon Heidegger's notion of averageness. Differentiation is as important to authenticity as self-evaluation. One leaves behind the same qualities of the self that potentially contribute to authentic change if one ignores or denies individuality. We are all the product of our experiences to some degree. Setting aside strictly biological approaches to the self, one must accept that this self, for whom an authentic individual strives, is unique because each of us has a

unique set of experiences. Therefore, differentiation of the products of those experiences is a necessary property of valid self-evaluation.

- ♦ *Only through accepting one's own self and experiencing its owned anxiety can one approach personal authenticity.*

Self-acceptance works its way into a discussion of authenticity and self-awareness because if one denies the attributes of the self that one attempts to change, one cannot truly understand why one has become the person that he is. Understanding is crucial to authentic change because a person may become a distinct though desirable person through a change without understanding, yet an authentic change of self would be one of transition and evolution rather than one of replacement. Changes induced by Prozac are not understood on an internal level unless a process including self-evaluation occurs. If one prescribes Prozac to remove unaccepted attributes of a patient that has not attempted to understand these attributes, this practitioner contributes to a change in his patient that undermines that individual's authentic self. Psychotherapy proposes a method by which the patient takes on those traits that are undesirable and owns them in order to attain control of them. Such a change is authentic, for it confronts and accepts the self both before and after rather than removing one for the preferable other.

- ♦ *The perception of anxiety as an element of imbalance due to a foreign agent is far less authentic than the perception of anxiety as an element of balance owned by the essentially experiential self.*

Our conception of depression and anxiety often contributes to our understanding of authentic development. A medicalized self, with any undesirable traits explained away by chemical imbalances, does not support experience and personal differentiation as the assertions above would require of the authentic self. Ownership, acceptance, awareness, understanding, and resolution are all denied when conditions of valid human experience are washed away by medical terminology and diagnoses. This destructive biological materialism that pervades

American society reduces our interior selves to alien attributes that should be monitored and maintained rather than behaviors and emotions that are the results of our own experiences and choices.

### *Conclusion*

I do not deign to assert that everyone should seek authenticity. Heidegger himself never explicitly states that authenticity is a manifest good. Each of the categories through which he describes human modes of behavior can be used as a means of evaluating an individual's approach to the self. Nevertheless, the description of one particular category in his list as necessarily good becomes problematic and paternalistic. The purpose of this analysis is to clarify the authentic or inauthentic nature of drug therapy in the specific context so frequently debated upon in professional journals. By the evaluations established here, arguments describing Prozac use as inauthentic and likewise those describing it as inauthentic are supported or undermined depending on specific contextual elements of each theoretical situation. It becomes essential, therefore, to stress the importance of medical professionals who act in an educated and conscientious manner, effectively and appropriately approaching each case with ethical and critical scrutiny. Doctors, just as any other person, will make mistakes; and likewise just as there are people who act without ethical consideration, there will be doctors who do the same.

There is not an inherent assumption in the arguments presented here that members of the medical profession act whole or in part unethically, and as a result require philosophical valuations to correct this behavior. The point, on the other hand, is to emphasize the degree to which the construct of authenticity plays a critical role in psychological and psychiatric treatment of these sub-clinical disorders. If a patient or client requests a specific treatment such as Prozac, it is ultimately the practitioner's responsibility to determine the nature of the request and

diagnose the potential problems at the root of the request. Authenticity has been used in vague and indeterminate ways in order to defend or criticize drug therapy since the release of Prozac. Through the clarifications of this analysis of authenticity, a more methodological and logical approach to the issues at hand arises, and a more critical interpretation of these arguments is possible. However, such clarification of academic issues is not the only benefit of understanding authenticity in the context of drug therapy.

Arguments made based on existential ideals such as authenticity are important to an evaluation of our culture, at least part of which has an evident respect for existentialism, and currently struggles with identity and authenticity on a level that is indicative of a social unease. Although practitioners are ultimately responsible for the administration of these drugs, we must acknowledge our own role in establishing our lives and identities. We want to succeed, but evidence of the condition of our ethos lies in our popular culture, and it is telling us that we do not accept success-fulfillment at any cost as an acceptable approach to life. If we value personal authenticity and self-resolution, we are responsible for monitoring the effects that phenomena such as Prozac have on our society as a whole. Complacent emptiness is not an attribute that many Americans would be proud to call our own – and we should therefore express and confront our discontent, rather than hiding behind the comfort of a cosmetic drug.

## Notes

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- 1 Stahl, Stephen M. (1996) *Essential Psychopharmacology: Neuroscientific Basis and Clinical Applications*. Cambridge University Press: New York. pp. 144-9.
- 2 Glenmullen, Joseph. (2000) *Prozac Backlash*. Simon and Schuster: New York. pp. 16-20.
- 3 *ibid.* pp. 51-4.
- 4 e.g. Thorazine, originally discovered as a highly effective treatment for depression. Its highly dangerous side effects were not discovered and reported until 20 years after major circulation had begun.
- 5 Stahl. pp. 219-22
- 6 Glenmullen. p. 52.
- 7 Golomb, Jacob. (1995) *In Search of Authenticity*. Routledge Press: London and New York. p.7
- 8 Hall, Harrison. (1984) "Love and Death: Kierkegaard and Heidegger on Authentic and Inauthentic Human Existence." *Inquiry* 27, 179-97. p.179-197
- 9 Golomb. p.89
- 10 I am almost certain that they are, in fact. Unfortunately, there is not enough available time or space to explore these issues here.
- 11 Hall. p.188-191
- 12 Berthold-Bond. p.133
- 13 McDonough, Richard. (1998) "Heidegger on Authenticity, Freedom, and Individual Agency: An Aristotelian Model." *International Studies in Philosophy* 30, no. 2, 69-91.
- 14 *ibid.* p.85
- 15 Dilman, Ilman. (1993) *Existentialist Critiques of Cartesianism*. Barnes & Noble Books: Great Britain. p.158
- 16 *ibid.* p.159
- 17 Golomb. p.12
- 18 Dilman. p.173
- 19 Schrag, Calvin O. (1987) *Existence and Freedom: Towards an Ontology of Human Finitude*. Northwestern University Press: Evanston, IL. p. 178
- 20 Philipse, Herman. (1999) "Heidegger and Ethics." *Inquiry* 42, 439-74. p.454
- 21 Shrag. p.177
- 22 *ibid.* p.175-6
- 23 Shrag. p.182
- 24 Golomb. p.102
- 25 Shrag. p.191
- 26 *ibid.* p.189
- 27 *ibid.* p.183
- 28 *ibid.* p.185
- 29 Golomb. p.103
- 30 Shrag. p.185 (my gloss)
- 31 *ibid.* p.187
- 32 *ibid.* p.50-3
- 33 Golomb. p.12

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- 34 Berthold-Bond. p.128
- 35 Shrag. p.80
- 36 Golomb. p.104
- 37 *ibid.*
- 38 e.g. Camus' *The Outsider, The Plague*; Kafka's *The Castle, The Metamorphosis* – all of which portray alienated and unactualized individuals seeking identity and significance in a stark and meaningless experience of life.
- 39 Berthold-Bond p. 128.
- 40 Seemingly, at least. Research into the long-term side effects of Prozac use will be discussed in more detail later. Regardless of such evidence, however, SSRI's are the most humane and effective drug available for the treatment of extreme cases of depression, anxiety, and OCD. I do not wish to diminish the clinical efficacy of this new class of drugs – I rather question its appropriateness and social significance in the sub-clinical setting.
- 41 Glenmullen, Joseph. (2000) *Prozac Backlash*. Simon and Schuster: New York.
- 42 The term 'sub-clinical' is perhaps a loaded or value-laden term, used both in contexts that reduce the described condition to something slightly less than worthy of treatment, and in those that seem to qualify a condition as 'almost clinical' and therefore worthy of treatment. Its use here does not represent value judgments of conditions as either significant or not – it rather represents conditions that are similar to professional, clinical descriptions of clinical states yet fall short of the requirements for technical diagnosis. There is no inherent assumption that current methods for classifying these states are uncontroversial or definitive – yet the theoretical condition of 'sub-clinical' must be applied in order to address this contentious subject aside from other ancillary issues.
- 43 Because the evidence presented in Glenmullen (2000) was not yet available, it will be assumed for the sake of this argument that there are no substantial negative side effects to speak of.
- 44 Aranow, Schwartz, and Sullivan, "Mood Brighteners" (referenced and summarized in *Listening to Prozac* p. 256)
- 45 p. 257
- 46 p. 253
- 47 *Listening to Prozac*. p. 251
- 48 *ibid.* p. 255
- 49 *ibid.* p. 260
- 50 Parens, Erik (Ed.). (1998) *Enhancing Human Traits: Ethical and Social Implications*. Georgetown University Press: Washington, D.C.
- 51 This is actually debatable, as not all people suffering from depression or OCD find relief from Prozac. There is evidence, however, that this is not a result of different chemical interactions in the brain, but rather different responses to the same chemical interactions (Stahl, Glenmullen.) Side effects that occur in only part of the population are not justification for particular effects, either.
- 52 Freedman, Carol. "Aspirin for the Mind?" pp. 135-150 in Parens, Erik. *Enhancing Human Traits*.
- 53 *ibid.* p. xiv
- 54 Glenmullen p. 20, Hyman & Nestler
- 55 Stahl pp. 144-9
- 56 Glenmullen, Introduction
- 57 *ibid.* "The Awakened Giant's Wrath," Chapter 1. & "Unraveling Depression," Chapter 5.

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- 58 Parens p. 15
- 59 Susan Bordo's contribution to this volume includes a scathing criticism of corporate influence in personal lives. She cites psychiatric drug companies marketing to potential patients as if the chemicals were Nikes or Barbies.
- 60 Kramer, Peter D. (2000) "The Valorization of Sadness: Alienation and the Melancholic Temperament." *The Hastings Center Report* 30, no. 2, 13-18.
- 61 Elliott, Carl. (2000) "Pursued by Happiness and Beaten Senseless: Prozac and the American Dream." *The Hastings Center Report* 30, no. 2, 7-12.
- 62 Elliott, Carl. (1999) *A Philosophical Disease: Bioethics, Culture, and Identity*. Routledge Press: New York.
- 63 present in both *Listening to Prozac* and "The Valorization of Sadness" as if he predicted its significance as evidence for a protest against Prozac use. He is far more specific and critical in "The Valorization of Sadness."
- 64 A mild form of depression that is typically more lengthy and pervasive across varied contextual situations – perhaps well described as a melancholic temperament
- 65 e.g. Freudian, Neo-Freudian, or Jungian therapy.
- 66 Cognitive-behavioral therapy is designed to manipulate dysfunctional thought processes or learned reactions in order to remove undesired consequences. Insight and self-learning are stressed in many models of this therapy; yet theoretically, curative properties lie only in reprogramming thought patterns.
- 67 See p. 9 for the initial discussion of this construct.

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