

The quality of life

An elusive concept?

John Ashton

"Happiness is a warm gun" wrote John Lennon many years ago, and millions of us still wish he hadn't, for it may have been the seed that was planted in Mark Chapman's disturbed mind to surface sometime later as an assassin's hand on the trigger outside the Dakota buildings in New York.

Yet happiness is an elusive concept, rather like love. As a young psychiatric registrar struggling to make sense of extreme mental states including mania and acute schizophrenia, I suggested to my consultant that if we were to understand the processes involved in hypomanic states we might do well to study acute infatuation and romantic love. Not for the first time I was thought to be off the wall. Years later, however, a Scandinavian colleague lent validity to my musings when he claimed that being in the delusional state of love lasts seven months, after which you wonder what all the fuss was about. Seven months is long enough to bond and for impregnation to occur and is somewhat analogous to the four to five months that psychotic depression lasts; it is long enough to withdraw, detach, and move on. This was the same Scandinavian who explained his law of quantum mechanics as applied to sin—namely, that everybody has the same amount of sin; it's just a question of finding out what they are up to. This reassuring concept becomes even more reassuring if it is considered that those who claim to have no sins probably sin the most through the misery they cause to those around them.

Some years ago Richard Bentall put forward an apparently serious proposal that happiness itself should be classified as a psychiatric disorder complete with ICD code.¹ The basis for this novel idea was that happiness is statistically abnormal, consists of a discrete cluster of symptoms, is associated with a range of cognitive abnormalities, and probably reflects the abnormal functioning of the central nervous system. The author dismissed the one objection to this proposal—that happiness is not negatively valued as scientifically irrelevant.

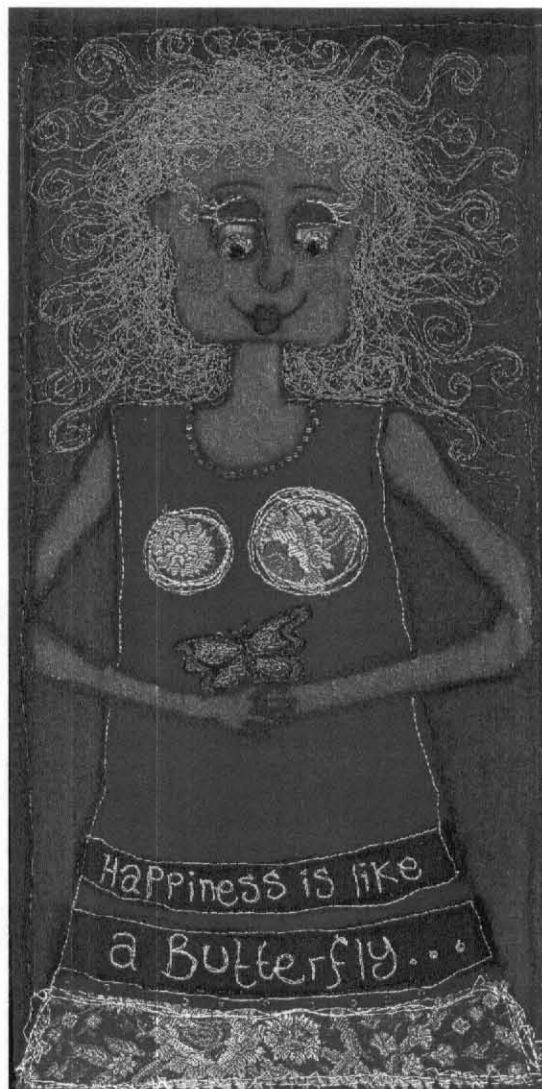
So what does all this mean for public health, with its focus on the health of whole populations together with risk factors, risk conditions, and disease (not to mention indicators, targets, and population health improvement through the district health improvement plan, modernisation, and the like)?

If we are to accept the pathological view we will need a strategy for prevention at a whole population level which minimises the environments that cause happiness and mirth—for example, Everton football club losing on a Saturday afternoon, comedy clubs,

bars, and clubs. We will need a programme to "dumb down" self esteem and prevent people from falling in love, going on holiday, or having parties, and we will need to screen out and treat the people who are at a high risk of being happy.

To some this may seem to be a normal thing to do and an extension of particular cultural norms prevailing—for example, in some fundamentalist coun-

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"Happiness is like a butterfly which, when pursued, is always beyond our grasp, but, if you will sit down quietly, may alight upon you."—Nathaniel Hawthorne

tries or among the Wee Frees in Scotland. We will need to be prepared for the ensuing increase in misery, overdoses, suicides, etc, so we will probably need to increase the training numbers of psychiatrists and social workers now. But we can draw some reassurance from the inevitable homeostatic mechanisms that will kick in. A colleague who worked in the midwest of the United States described how the mission tents would periodically come to town, resulting in wholesale religious conversion and signing of the pledge for

abstinence from alcohol. Before long the wives would find it intolerable to live with their boring and bad tempered husbands, go down with depression, and be admitted for psychiatric treatment. The men, on their own, inadequate, and unable to feed themselves or do the laundry, would start to drink again, and their wives were able to be discharged home!

1 Bentall RP. A proposal to classify happiness as a psychiatric disorder. *J Med Ethics* 1992;18:94-8.

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