

Chapter 18. Closing Thoughts

Major Points

- **If The Adjustment works with the existing drugs, we could now have an enthusiastic revolution in which a large fraction of the population gives it a try, and the overtly mentally ill get much more effective treatment.**
- **The treatment of expanded dysthymia via The Adjustment may not only enrich people's lives but also make society function better, possibly much better.**
- **Whereas evolution may have created expanded dysthymia and the overt mental illnesses, it also rendered the brain, and life itself, potentially glorious, when there are mid-range Big Three strengths.**

Psychiatry is poised to have a lasting and profound effect on a large fraction of the population not previously considered for drug treatment—who have expanded dysthymia—while also providing much more effective treatment for the overtly mentally ill. If The Adjustment indeed works with the existing drugs, we could now have an enthusiastic revolution like the California gold rush, the race to the moon, the 1960s experimentation with illegal drugs, the dot.com boom, or, on a more cynical note, an arms race (to enhance various types of performance, as Peter Kramer has pointed out). In the least, psychiatry may become even more mainstream and destigmatized than it already is—not that psychiatric treatment has to be medicinal to be destigmatized, but rather that improvement of that treatment gives the field more credibility. Moreover, a greater understanding and recognition of the variants of mental illness, particularly the nearly ubiquitous mild forms, destigmatizes their treatment. On the research side of things, perhaps there should now be a race to map out the pharmacology of mental health and happiness. One could say this about all fields of medicine, but perhaps the Big Three drugs are more important for quality of life than most other non-psychiatric drugs. The bottom line is that the use of psychiatric drugs may become destigmatized to the level of vitamin use or, like my earlier analogy, eyeglasses. And perhaps acknowledging that mental illnesses, including expanded dysthymia, are biochemical disorders amenable to Big Three drug intervention further destigmatizes psychiatric treatment.

Do psychiatrists and researchers dislike the 'chemical imbalance' theories of mental illness, or variants of those theories, because they don't believe them, or because if such theories are true, they fear that this may in some ways trivialize what they do? After all, the current theory can be thought of as a variant of the chemical imbalance theories of mental illness from the 1960s and 1970s. However, it is not just balance of the strengths of ser and nore that is important, because the two cases of both ser and nore being weak or both ser and nore being strong each represent balance that is simultaneously pathological. Rather, the current theory hypothesizes that only when ser and nore have similar, mid-range strengths do they produce high quality of life. Moreover, dop can deviate significantly from a mid-range strength and perhaps be non-pathological.

It's actually still unclear to me whether all people with overt mental illness would benefit from The Adjustment—perhaps in some cases their ser and nore strengths are normal but dysfunctional. And perhaps the effects of The Adjustment, in addition to the potential brain freeze, are not always safe. Perhaps for some people The Adjustment could have a catastrophic effect, analogous to the stress overload that causes some congenitally blind people to kill themselves when they gain sight later in life. However, I have trouble believing that many people would find The Adjustment so negatively disruptive, or even negative at all.

Effects of The Adjustment on Society

What about the effects of The Adjustment on society? For example, if everyone with expanded dysthymia was medicated and no longer sensed injustice in the world—and they were the only ones who previously sensed injustice, a premise that is almost certainly false—would injustice still exist, and what would this do to society? Arguing that we shouldn't adjust anyone with a severe mental illness because doing so may harm society is like arguing that we shouldn't treat toothaches for the same reason. However, the benefits of treating mild mental illness, and especially expanded dysthymia, are more debatable—doing so may clearly benefit the individual, but might it also harm society? I believe that society would actually function better—possibly much better—without mild mental illness or expanded dysthymia, though this may depend on how one defines societal functioning. For example, without expanded dysthymia there may be less of a collective effort to reform the world, since such adjusted individuals might lose other virtuous traits. However, perhaps a line should be drawn when functioning stops—then the individual should definitely be treated—though I suppose it could be argued that society could still function even if a substantial fraction of its individuals don't; but it seems ridiculous to argue that we should therefore deny them treatment. Moreover, perhaps the existing society is actually a direct reflection of widespread mental pathology, and if most of that pathology were eliminated, the world, including most human interactions, would be far healthier.

Nonetheless, given the potentially diverse experiences of The Adjustment among different people—some may like it and some may not—one could make the following two arguments for the benefit of society: 1) Maybe some people should be forced to be adjusted when they don't want to be for the betterment of society and possibly for their benefit as well, since they may later be jailed. For example, this might be done if there was a biological—perhaps a Big Three—abnormality that 100% of the time predicted violent criminal behavior and could be pre-emptively treated. 2) On the other hand, maybe some people should be denied The Adjustment if it was known that doing so would, on the whole, eliminate more traits that benefit society than enhance traits that do—a net decrease in societal benefit. Both 1) and especially 2), if enforced, may decrease quality of life for the individual, though if The Adjustment was performed in 1) it should almost always improve quality of life. In either case, an individual's right to be medicated—though this requires a professional health care provider's approval—and right *not* to be medicated, are both, to my knowledge, currently intact in nearly all cases in the United States.

Maybe the human race actually can't handle the society/environment it has created without changing itself, possibly pharmacologically. Moreover, with The

Adjustment, it's a lot easier to pharmacologically change one's perception of the world than it is to change the world itself. People who want to change the world and don't think they can be content unless it's changed might first want to try changing themselves. I'm not suggesting that there aren't important aspects of the world that should be changed, but rather that a powerful component in one's perception of the state of the world lies in the functional chemistry of one's own brain.

Final Thoughts

The Big Three drugs aren't soma from *Brave New World*, which was the 'opiate for the masses' in Aldous Huxley's famous novel. Soma controlled people, whereas these drugs stop one from being controlled by expanded dysthymia, which evolution created. Moreover, soma was intoxicating and these drugs are not. On the other hand, soma may be similar to these drugs in that it likewise simply relieved unhappiness. In addition, because expanded dysthymia affects so many people and is probably readily treatable in most, the Big Three drugs could potentially be used to control people by limiting their supply. Nonetheless, the treatment of expanded dysthymia and the overt mental illnesses represents, in my opinion, one of the few breakthroughs or innovations of civilization that has unequivocally improved quality of life. Contrarily, one could argue that eliminating expanded dysthymia could represent a fad, the novelty of which would wear off—something that could be tasted once, rather like visiting Paris in the spring or perhaps even having a single episode of major depression, to make a more well rounded person, to make life fuller. I don't think so, however—I believe it really does represent a sustained higher quality of life that is much more fundamental than a 'cosmetic' change, and therefore it won't be a passing fad.

The effectiveness of The Adjustment in treating nearly all types of overt mental illness, as well as improving the quality of life of expanded dysthymics, can be thought of as analogous to the central limit theorem of mathematical statistics, in that a wide variety of conditions converge on a single solution.

There are several stages of recovery from a mental illness (and perhaps any illness): 1) survival—the will to live, 2) functioning—taking care of oneself and providing for oneself if appropriate, and 3) contentment. With standard psychiatric drug treatment that does not employ the current theory, many people only reach stage 2, and some remain in stage 1. So there's a huge range of experience between being suicidal and being truly content, between death and being fully alive, and even between functioning and being fully alive; one might say 'as the brain was intended to be'. Evolution may have created expanded dysthymia, but it also rendered the brain, and life itself, potentially glorious, when there are mid-range Big Three strengths.

If expanded dysthymia is both as common and as treatable—with the existing drugs—as I think it is, and if we indeed pursue treatment of it on an international scale, then it's the end of the world as we know it, and I feel fine.