**Brave New World**

Literary Response Journal Prompts

*Each response should be thoughtful and well-developed. 2-3 pages in your LRJ per response is the proper range. Remember: Your LRJ will be collected and the day of the BNW in-class essay – for completeness, thoughtfulness, neatness (legibility!), and overall effort.*

1. **Mood-Altering Drugs and Happiness**
Consider this quotation from *Brave New World*: "Christianity without the tears - that's what soma is." In *Brave New World* Aldous Huxley warns of the dangers of mood-altering drugs, but our society in recent decades has failed to heed the warning because antidepressants and similar mood-altering drugs are being used today, much like Soma, to make people less of a "burden" on society. Research some of the commonly prescribed mood-altering drugs of the day, e.g., Prozac, Xanax, etc. and read the article “Forced Smiles” from *The New Criterion* (see article below). Note the positive effects as well as the negative side effects and other unintended consequences of using various prescription mood-altering drugs. Then answer this question: Do you support the prescription and use of mood-altering drugs? (Feel free to “qualify” your answer; it does not have to be a black-and-white "yes" or “no” response.) In general, are these soma-style drugs good for the individual? For society? Explain your response with facts, details, and examples from your research.

2. **Mindless Entertainment: Amusing Ourselves to Death**
The following quotation comes from the foreword to Neil Postman’s 1985 book *Amusing Ourselves to Death*, comparing George Orwell’s 1984 to Huxley's *Brave New World*:

Contrary to common belief even among the educated, Huxley and Orwell [author of 1984] did not prophesy the same thing. Orwell warns that we will be overcome by an externally imposed oppression. But in Huxley’s vision, no Big Brother is required to deprive people of their autonomy, maturity, and history. As he saw it, people will come to love their oppression, to adore the technologies that undo their capacities to think.

What Orwell feared were those who would ban books. What Huxley feared was that there would be no reason to ban a book, for there would be no one who wanted to read one. Orwell feared those who would deprive us of information. Huxley feared those who would give us so much that we would be reduced to passivity and egoism. Orwell feared that the truth would be concealed from us. Huxley feared the truth would be drowned in a sea of irrelevance. Orwell feared we would become a captive culture. Huxley feared we would become a trivial culture, preoccupied with some equivalent of the *feelies*, the *orgy porgy*, and the *centrifugal bumblepuppy*. As Huxley remarked in *Brave New World Revisited*, the civil libertarians and rationalists who are ever on the alert to oppose tyranny “failed to take into account man’s almost infinite appetite for distractions.” In 1984, Huxley added, people are controlled by inflicting pain. In *Brave New World*, they are controlled by inflicting pleasure. In short, Orwell feared that what we hate will ruin us. Huxley feared that what we love will ruin us.

None of what they feared is mutually exclusive. All sides are present today. We are a captive culture (Madison Avenue). We are a trivial culture (the television programs the public prefers). So on for the other fears. In short, Orwell feared that what we hate will ruin us. Huxley feared that what we love will ruin us.

According to Postman, what is a Huxleyan future? In your educated opinion, in what ways does our country and culture resemble Huxley’s “prophecy” in *Brave New World* as Postman articulates it? Be specific. Use details and examples. Consider the various ways we amuse ourselves these days – cable television, internet, video games, virtual realities, etc. How might these forms of amusement be having a negative impact on us and our society?
3. The Myth of Malthus & Human Poverty

One issue dealt with by Aldous Huxley in *Brave New World* is strict control of world population. The one world government of Huxley’s dystopia has complete control over every “birth” and every “death.” Huxley, more or less, predicted the Nazi eugenics campaign, forced sterilizations, government-funded contraception, and China’s one child policy as ways of limiting population growth. Moreover, a mainstream contemporary mindset supports many of these measures, assuming that surging human population is the real root of the world’s evils, from global warming to poverty, from starvation to habitat loss. “Not so fast. Three recent books by renowned experts on the subject paint a far more complex portrait of the world’s population and what it portends” (*Salon.com*, Sept. 17, 2008). Read S. Michael Craven’s “The Myth of Overpopulation” (see article below) and watch the five POP101 animations episodes at overpopulationisamyth.com, and then respond to the following questions: Is population control a solution to global human poverty? Does a higher population increase poverty levels? Explain why or why not. Who are Thomas Malthus and Charles Darwin? What do they have to do with the “myth of overpopulation”? What, in your educated opinion, is the solution to ending global human poverty?

4. “Action T4” Euthanasia Project

Research the Nazi T4 program and then respond to the following prompts in your LRJ entry: What is euthanasia as defined by the Nazis? What was the purpose of the T4 program? What were the results? What role did propaganda play in carrying out the goals of the T4 program? And finally, what similarities do you see in our 21st century culture? You may find the following links helpful in completing this response:

Introduction to Nazi Euthanasia:
http://www.holocaustresearchproject.org/euthan/index.html

Nazi Propaganda Against the Disabled:
http://www.fold3.com/page/286019384_nazi_propaganda_against_the_disabled/

Nazi Euthanasia Program:

Accompanying Articles:

**Forced Smiles:** A review of *Artificial Happiness: The Dark Side of the New Happy Class* by Ronald W. Dworkin by Theodore Dalrymple
http://www.newcriterion.com/articles.cfm/forced-smiles-2475

The word “unhappy” has almost been banished from our vocabulary. It has been replaced by the word “depressed.” For every patient who confesses to unhappiness, a thousand now claim to be depressed. What was once considered to be an inescapable part of the human condition has been elevated (or is it reduced?), by a semantic change, to an illness. And since good health care is now regarded as a right, the corollary of unhappiness being an illness is that people believe themselves to be entitled not merely to the pursuit of happiness, but to the thing itself.

A right being unconditional (or else it would not be a right), the pursuit of happiness must therefore always end in success, rather as the bear-hunting of such leaders as Brezhnev and Ceausescu had always to end in ursine slaughter, thanks to the minions who drove tranquilized bears to be mown down at point-blank range by the leaders. The pride of Brezhnev and Ceausescu in their hunting prowess was ersatz, of course, and the author of this book contends that much of our contemporary happiness is likewise ersatz.
It is Dr. Dworkin’s argument that doctors have been complicit, or at least instrumental, in bringing about this widespread state of ersatz happiness. His analysis does not always make it clear whether he believes that doctors have been the conscious originators of, or mere blind participants in, this development, which he says is pregnant with problems for society. He foresees a time when the population will consist entirely of blandly contented people who have no concern for one another, or indeed for anything other than the continuation of their own vacuous, artificial happiness. A society composed of such people would not only be decadent and defenseless, but scarcely worth defending.

According to Dr. Dworkin, doctors have helped to spread a state of artificial happiness in three connected ways. First, they have responded to the public’s dissatisfaction with the decline of personal doctoring (the result of the ever-increasing technological sophistication of medical practice) by accepting that unhappiness is a medical condition brought about by chemical imbalance in the brain, to be righted by drugs such as Prozac, which they then prescribed in vast quantities. Second, they neutralized the threat posed to orthodox medicine by alternative medicine, whose very irrationalism appealed to a population avid for a spiritual dimension to life, but unwilling to submit to the discipline of genuine religious belief, by cynically accepting it into the hospital fold and thereby co-opting and taming it. Alternative medicine works, to the extent that it does work, by inducing a state of anodyne, complacent, and almost decerebrate contentment in its clientele: a state of mind, or of no mind, much less threatening, and more lucrative, to doctors than that of critical intelligence.

Third, and finally, doctors came to accept that prevention and not just cure was part of their duty towards their patients, and that therefore the management of lifestyle—for example, by recommendation of strenuous exercise—was an essential component of medical practice. People who carried out or even over-fulfilled doctors’ orders began to see themselves as not merely prudent with regard to their health, but virtuous in the moral sense, and with their virtue went another form of artificial happiness, the beatific knowledge that they were doing the right thing no matter how painful.

The medical profession has thus promoted and benefited from the notion that the attainment of happiness can, and indeed ought to be, detached from the way life is lived, apart from taking tablets and exercise under its direction. It has thereby achieved an unassailable position as the arbiter—the sole arbiter—of how life should be lived, only a few short decades after its wisdom and achievements were coming under sustained attack from skeptics, sociologists, historians, philosophers, and the like. The medical profession alone knows the meaning of life: to live as long and as happily as possible. If religion conduces to this end (and empirical evidence so far suggests that it does), religious belief should be encouraged; if not, it’s too bad for God. Health, longevity, and happiness (however achieved) are the only ends in themselves.

While I have sympathy with Dr. Dworkin’s argument, he uses both evidence and logic somewhat loosely. His book is suggestive rather than demonstrative; he is on to something, without quite defining what it is that he is on to.

For example, he appears to think that the new generation of antidepressants, of which Prozac was the first, was much more effective as antidepressants than the old, such as imipramine and amitriptyline. This is not so; their discovery was much less of a therapeutic breakthrough than is often supposed, and they owe their widespread use not to their superior effectiveness (if anything, they are less effective), but to their less serious side effects, which makes doctors more cavalier about prescribing them to the unhappy. In any case, very nearly half their efficacy in cases of severe depression is attributable to the placebo effect, and it is this placebo effect, rather than any true pharmacological action, that causes them to effect change in the lives of those who are dissatisfied with their situation.

Dr. Dworkin half-accepts the view of one of the silliest books of the past decade, Dr. Peter Kramer’s Listening to Prozac, that we are at a stage when we know so much about neurochemistry that we will soon be able, with the help of a few drugs, to design our own character. Take but a little of drug x, and you will change from an introvert into an extrovert; take but a little of drug y, and you change from impulsive to extremely cautious. Whereas Dr. Kramer welcomed this possibility, Dr. Dworkin is horrified by it, but both assume it is, or could be, an imminent
(and thereafter immanent) reality. Compared with this view, Alice in Wonderland, with its bottles of DRINK ME, is a work of social realism.

Dr. Dworkin implies almost Machiavellian motives to the medical profession in its use of antidepressants. I think something rather more banal has been at work: Most doctors would think that it is worse to withhold antidepressants from a single real case of depression than to give relatively minor side effects to ninety-nine people who do not need antidepressants. Since it is not always easy to distinguish real melancholia from dissatisfaction with spouses or bosses at work, especially in the few minutes that a medical consultation these days is allowed to take, it is better to prescribe than not to prescribe. There is more rejoicing in the medical firmament over one true cure than over ninety-nine unnecessary treatments; though of course the class-action lawyers may soon change all that.

The doctors’ acceptance of the hocus-pocus of alternative medicine is perhaps new, though they have rarely in the past eschewed hocus-pocus of their own, and indeed it is possible, though in my view unfair, to see the whole history of western medicine up to quite late in the day as the triumph of hocus-pocus over common sense. (The Oxford University Press has just published a history of medicine of which this is the central insight or master thought.)

Moreover, it is not accurate to say that doctors’ involvement in their patients’ way of life is a new phenomenon. There are works on regimen in the Hippocratic corpus, and in the first half of the eighteenth century, for example, the most celebrated British doctor, George Cheyne, wrote books such as An Essay on Long Life and The English Malady in which he recommended such well-known preventatives as moderation in eating and exercise. This was advice that he was not always able or willing to follow himself, since at some time in his career he weighed over five hundred pounds and was hardly able to move without the help of others.

But perhaps the key defect of Dr. Dworkin’s book is that it fails to tell us how to distinguish artificial, and therefore false, from natural, and therefore true, happiness. I feel instinctively that there is a real distinction to be made here, but Dr. Dworkin does not make it, much less define it. His book is thus a sketch for an important work, rather than an important work itself.

As it stands, such distinction as he makes has an aura of intellectual and social snobbery about it. One can almost hear him sighing as he recounts to someone of like mind (to me, for example) the absurdity of what some people find satisfying in life. When I see the extreme joy of football supporters at the triumph of their team, I think, “Lord, what fools these mortals be!” But then I recall the words of Somerset Maugham at the beginning of his short story “The Book Bag”: By the standards of what eternity, Maugham asks, is it better to have read a thousand books than to have ploughed a thousand furrows? No doubt football supporters would find my joy—admittedly expressed with less exuberance, and considerably less likely to cause a public nuisance—at the discovery of some obscure and dusty volume in an antiquarian bookseller at least as mystifying as I find theirs at the winning of a championship by a collection of men of doubtful character with whom they have absolutely no personal connection. But who am I, and who are they, to say that their and my happiness are not real? What is the test by which various types of happiness may be adjudicated?

I think—or perhaps I should say that I hope—that this question is susceptible to an answer, but if so it requires very considerable philosophical thought. It requires nothing less than an examination of the proper end of a man’s life. It is no criticism of Dr. Dworkin that he fails to answer this question once and for all, but if you are going to say that millions of your fellow citizens are in a state of artificial happiness because they have contented themselves with the achievement of unworthy goals, such as those attained by the consumption of Prozac or obsessive exercise, it is question that needs to be asked. I hope that Dr. Dworkin will turn his attention to it in his next book. After all, doctors do know best.
The Myth of Overpopulation
By S. Michael Craven

Perhaps one of the most persistent and pervasive myths that have shaped the thinking of many people and, subsequently, public policy is the myth that the world’s population is spiraling out of control and that it will ultimately lead to catastrophic shortages of the essential resources necessary to sustain life.

This whole concept of “overpopulation” can be traced to Thomas Malthus, the British scholar and Anglican clergyman (albeit a very misguided one) who, without any specific knowledge other than his own speculations, predicted in 1789 that the planet’s rapid increase in population would soon outstrip the planet’s ability to produce food, resulting in massive worldwide starvation. Malthus’s predicted famine never materialized, of course; he could not have predicted the industrial revolution or the enormous impact subsequent technological innovations would have on our ability to produce food. Recall that today our federal government actually pays farmers not to grow crops due to the abundance of food produced on considerably less farmland than existed just a century ago.

Even the United Nations, historically a rabid advocate of population control, has conceded that the world’s current infrastructure is capable of supporting a worldwide population of more than 9 billion people. Furthermore, according to the most recent estimates, the planet’s population will most likely continue to climb from its current level until 2050, when it will peak at 9 billion; other predictions have the world’s population peaking at 7.5 billion in 2040. In either case, global population levels will begin a sharp decline sometime during the middle of the twenty-first century. Present fertility rates actually indicate a massive underpopulation crisis is coming, particularly among Western nations.

The question of overpopulation is not merely a topic for conversation; it is a burning matter of policy and action at the local, national, and international levels. Our national government is actually committed by law and by international agreement to reducing the worldwide rate of population growth.

Government officials, such as former Assistant Secretary of State for Global Affairs in the Clinton administration, Timothy Wirth, insist that this effort must also apply to the population of the United States. Wirth, as you may recall, was at the center of controversy when the Clinton administration decided to deport 13 Chinese women who sought asylum in the United States to avoid forced abortion under communist China’s notorious one-child policy. By offering asylum to these women, Wirth explained, “we could potentially open ourselves up to just about everybody in the world saying ‘I don’t want to plan my family, therefore I deserve political asylum.’” Apparently, Wirth believes government-forced abortions and sterilization constitutes “family planning.”

Today, there are governments that compel their citizens to undergo sterilization and abortions, often with financial help from the United Nations and U.S. government-supported private agencies such as Planned Parenthood.

Motivated in part by the overpopulation myth coupled with Darwinism, Margaret Sanger, who in 1934 was the founder of the American Birth Control League (which later became Planned Parenthood), advocated contraception and abortion as means of “negative eugenics” in order to limit the population of what she termed “the lower races.” (Positive eugenics was the form employed by the Nazis in their attempt to eradicate the Jewish people.)

For this reason Sanger opposed helping the poor. Humanitarianism and philanthropy, she wrote merely “perpetuate constantly increasing numbers of defectives, delinquents, and dependents…. These dangers are inherent in the very idea of humanitarianism and altruism, dangers which have today produced their full harvest of human waste.” This same sentiment was common to Darwin and his early advocates, who saw Christian compassion as counterproductive to “natural selection” and human evolution. Recall the original full title of Darwin’s now-famous work, On the Origin of the Species by Means of Natural Selection, or the Preservation of Favoured Races in the Struggle for Life.
Frankly, if one wants to be consistent with evolutionary theory, one is compelled to think this same way and not borrow from Christian morality and ethics, as these have no logical place in the naturalistic worldview. Darwin very clearly understood this fact.

Ironically, it was Thomas Malthus’s “An Essay on the Principle of Population” that had a profound impact on Charles Darwin and proved instrumental in the development of his theory of evolution. Darwin attests to this in his autobiography:

In October 1838, that is, fifteen months after I had begun my systematic inquiry, I happened to read for amusement Malthus on Population, and being well prepared to appreciate the struggle for existence which everywhere goes on from long-continued observation of the habits of animals and plants, it at once struck me that under these circumstances favourable variations would tend to be preserved, and unfavourable ones to be destroyed. The results of this would be the formation of a new species. Here, then I had at last got a theory by which to work.

The myth of overpopulation first put forth by Malthus, coupled with Darwinian theories that promote propagation of the “fit” and reduction of the “unfit,” has been instrumental in legitimizing abortion, forced sterilization, government subsidized contraception, and, in the most extreme cases, eugenics as practiced by the Nazis and others. (The term eugenics—meaning “good births”—was coined by Francis Galton, a cousin of Charles Darwin. Eugenics, he believed, would encourage more children from the fit, and fewer or no children from the unfit, with the ultimate goal of engineering the evolutionary ascent of man.)

In every case these false notions undermine God’s commandment to “multiply” and further serve to undermine the intrinsic value of every human as being made in the image of God.