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LOST CONNECTIONS

UNCOVERING
THE REAL
CAUSES OF
DEPRESSION –
AND THE
UNEXPECTED
SOLUTIONS



B L O O M S B U R Y

of my own deepest feelings.

CHAPTER 6

Cause One: Disconnection from Meaningful

Work

Joe [Phillips1](#) was waiting for the day to end. If you had walked into the paint shop in Philadelphia where he worked, and you asked for a gallon of paint in a particular shade, he would ask you to pick it from a chart, and he would prepare it for you. It was always the same. He would put a dash of pigment into the can, and put the can into a machine that looked a bit like a microwave, and the machine would shake it vigorously. This made the color of the paint even. Then he would take your money and say “Thank you, sir.” Then he’d wait for the next customer, and do the same thing. Then he would wait for the next customer, and do the same thing. All day. Every day.

Take an order.

Shake paint.

Say “Thank you, sir.”

Wait.

Take an order.

Shake paint.

Say “Thank you, sir.”

Wait.

And on. And on.

Nobody ever noticed whether Joe did it well or badly. The only thing his boss ever commented on was if he was late, and then he’d get bawled out.

As Joe left work, he would always think: “I don’t feel like I made a difference in anyone’s life.” The attitude of his employers, he told me, was:

“You’re going to do it this way. And you’re going to show up at this time.

And as long as you do that, you’re fine.” But he found himself thinking, as

he put it to me, “Where’s the ability to change? Where’s the ability to grow?

Where’s the ability to really make an impact on this company that I’m

working for? Because anyone can just show up on time, do what they tell

you to do.”

Joe felt like his human thoughts and insights and feelings were almost a

defect. But whenever he told me about how his work made him feel, as we

ate dinner in a Chinese restaurant, Joe would chastise himself soon

afterward. “There’s people out there who would die for this job, and I

understand that. I’m grateful for that.” It was reasonably paid; he could live

with his girlfriend in an okay place; he knew plenty of people who didn’t

have any of that. He felt guilty for feeling this way. But then the feelings

kept coming back.

And he shook more paint.

And he shook more paint.

And he shook more paint.

“So the monotony is lying in that fact that you constantly feel like you’re doing things you don’t want to do,” he told me. “Where’s the joy at? I’m not intellectual enough to be able to explain it, but there was just an overall feeling ... [that] you needed something to fill that void. Although you couldn’t ever put your finger on what that void really was.”

He would leave home at seven in the morning, work all through the day, and get home at seven at night. He began to wonder—you “go through this forty- to fifty-hour workweek, and if you don’t really like it, you’re just setting yourself up for depression, and anxiety. And questioning—why am I doing this? There’s got to be something better than this.” He started to feel, he said, that there was “no hope. What’s the point?”

“You have to be challenged in a healthy way,” he told me, shrugging a little; I think he felt embarrassed to say it. “You have to know that your voice counts. You have to know that if you have a good idea, you can speak up, and change something.” He had never had a job like that, and he feared he never would.

If you spend so many of your waking hours deadening yourself to get through the day, it's hard—he explained—to turn that off and be engaged with the people you love when you get home. Joe would have five hours to himself before he had to sleep and then shake paint again. He wanted to just collapse in front of the television, or to be alone. On weekends, all he wanted to do was drink a lot and watch a game.

Joe contacted me one day because he'd listened to some of my speeches online, and he wanted to talk about the subject of my last book, which was (in part) addiction. We arranged to meet and walked through the streets of Philadelphia before we ate. There he told me a story. After years of shaking paint, Joe went one night to a casino with one of his friends, and he was offered a little blue pill by one of them. It was 30 milligrams of the opiate-based painkiller Oxycontin. Joe took it and felt pleasantly numbed. And a few days later, he thought—maybe this would help me at work. When he took it, he felt the fading of those feelings that had been flooding his head. Before long, “I made sure I had them before I went to work, made sure I had enough with me at work to get through work, rationing them out,” he says. He would take some more when he got home with some beers, thinking: “I can deal with that bullshit at work knowing that when I come home, I get to do this.”

And he shook more paint.

And he shook more paint.

And he shook more paint.

I wondered if this was because the Oxy made him as blank and empty as the job itself. It seemed to dissolve the conflict between his desire to make a difference and the reality of his life. When I started talking to Joe, he thought at first he was telling me a story about addiction. He had been told by the people he went to for help kicking the Oxy that he was “born an addict,” and that’s the story he told me at first. But when we talked about it some more, he said he’d had periods of pretty heavy drinking, weed smoking, and the odd line of cocaine as a college student, and he’d never felt any urge to use them more than at occasional parties. It was only when he entered a deadening job—and saw it as a dead end—that he started to numb himself.



And when he did kick the Oxy, after a few rough months, his sense that his life was unbearable came back. All the thoughts he had been trying to get away from recurred as he shook the paint again and again.

He knew people need paint, he told me. He added—once again—that he knew he should be grateful. But he said he couldn’t stand the thought that

his life would be like this for another thirty-five years until he retired. “Like—you like what you do, right?” he said to me. I stopped writing in my notebook for a moment. “When you wake up in the morning, you look forward to your day. When I wake up, I don’t look forward to work ... It’s just something I have to do.”

Between 2011 and 2012, [2](#) the polling company Gallup conducted the most detailed study ever carried out of how people across the world feel about their work. They studied millions of workers across 142 countries. They found that 13 percent of people say they are “engaged” in their jobs—which means they are “enthusiastic about, and committed to their work and contribute to their organization in a positive manner.”

Against them, 63 percent say they are “not engaged,” which is defined as “sleepwalking through their workday, putting time—but not energy or passion—into their work.”

And a further 24 [percent3](#) are “actively disengaged.” They, Gallup explained, “aren’t just unhappy at work; they’re busy acting out their unhappiness. Every day, these workers undermine what their engaged co-workers accomplish ... Actively disengaged employees are more or less out to damage their company.”

That means, taking the Gallup study, that 87 percent of people, if they

read Joe’s story, could recognize at least a little of themselves in it. Nearly twice as many people hate their jobs as love their jobs.

And this thing that most of us don’t like doing—that feels like sleepwalking, or worse—now takes up most of our waking lives. One professor who has studied this⁴ in detail writes: “A recent survey has confirmed that nine to five is indeed a relic of the past. Today the average worker checks their work e-mail at 7.42 am, gets to the office at 8.18 am and leaves at 7.19 pm ... The recent survey found that one in three British



workers check their e-mails before 6.30 am, while 80% of British employers consider it acceptable to phone employees out of hours.” The concept of “work hours” is vanishing for most people—so this thing that 87 percent of us don’t enjoy is spreading over more and more of our lives.

I began to wonder, after my meal with Joe, if all this might be playing a role in the rise of depression and anxiety. A common symptom of depression is something called “derealization”⁵—which is where you feel like nothing you are doing is authentic or real. That seems to me, as I read it, to describe Joe—and it didn’t sound irrational. It sounds like a normal human reaction to working at a job like Joe’s for your whole life. ⁶So I started to search for scientific evidence about how this makes people feel, to

see if there was a link to depression and anxiety. I was able to figure it out only when I went to meet a remarkable scientist.

One day in the late [1960s](#),⁷ a little Greek woman shuffled into a small outpatient clinic in the suburbs of Sydney, Australia. It was part of a hospital in one of the poorest parts of the city, looking after mostly immigrants from Greece. She explained to the doctor on duty that she was crying all the time. “I feel life is not worth living,” she explained. Sitting in front of her were two men—a European psychiatrist with a thick accent, and a trainee who turned out to be a tall young Aussie named Michael Marmot. “When were you last completely well?” the older man asked. She replied: “Oh, doctor. My husband is drinking again and beating me. My son is back in prison. My teenage daughter is pregnant. And I cry most days. Have no energy. Difficulty sleeping.”

Michael was seeing a lot of patients like her coming into the ward asking for help. Immigrants to Australia were subjected to a lot of racism, and that first generation in particular had tough, degrading lives. When they became as broken-down as this woman standing before them, they were usually described as having a medical problem. Sometimes they were just given mild white mixtures, as a kind of placebo; sometimes they were drugged more seriously.

To Michael, as a young trainee doctor, that seemed like a weird way to respond. “It seemed startlingly obvious,” he wrote years later, “that her



depression was related to her life circumstances.” Yet “people would come in with problems in their lives, [8](#) and we would treat them with a bottle of white mixture.” He suspected that a lot more of the problems they were seeing—like the men who complained of mysterious stomach pains that appeared to have no cause—were similarly caused by the stress of the lives they were forced to live.

Michael would walk around the hospital wards and think—all this sickness and distress must tell us something about our society, and what we’re doing wrong. He tried to discuss this with the other doctors, explaining that he believed that with a woman like this patient, we “should be paying attention to the causes of her depression.” The doctors were incredulous. They told him he was talking rubbish. It’s not possible for psychological distress to cause physical illnesses, they explained. This was the belief of most medical practitioners across the world at that time.

Michael suspected they were wrong—but what did he know? He had no evidence, and it didn’t seem like anyone was researching this. He had a hunch; that was all.

One of the doctors gently suggested to him that if that's what he cared about, he should consider going into research rather than practical psychiatry.

That's how—a few years later—Michael found himself in London in the chaos of the 1970s. These were the last days when Englishmen went to work in bowler hats, although they passed young women in miniskirts on the streets, as two eras awkwardly evaded each other's gaze. He arrived, in the middle of a freezing winter, in a country that seemed to be falling apart. The electricity had recently been shut off for four days a week in a protracted strike.

Yet at the heart of this fracturing British society, there was a slick, purring machine. The British civil service—with its offices along Whitehall, running from Trafalgar Square down to the Houses of Parliament—likes to regard itself as the Rolls-Royce of government bureaucracies. It consists of a vast stream of bureaucrats administering every aspect of the British state, and it is organized as tightly as an army. That meant that every day, thousands of men—they were almost all men when Michael first went there—arrived by tube to work in neatly ordered desks, from which they would administer the British Isles.

For Michael, it seemed like a perfect laboratory to test something he was

intensely curious about: How does your work affect your health? You can't really investigate this by comparing very different jobs. If you compare (say) a construction worker, a nurse, and an accountant, there's so much variation that it's hard to figure out what's really going on. Construction workers have more accidents, nurses are exposed to more diseases, accountants sit down more (which is bad for you); you can't disentangle what's really causing anything.

But in the British civil service, nobody is poor; nobody is going home to a damp house; nobody is in physical danger. Everybody does a desk job. But there are real differences in status, and in how much freedom you get at work. British civil servants were divided into grades—strict levels that determined how much they were paid, and how much responsibility they were given at work. Michael wanted to study whether those differences affect your health. He suspected it might tell us something about why so many people in our society were depressed or anxious—the mystery that had been troubling him since Sydney.

At this time, most people thought they already knew the answer, and so this study was pointless. Picture a man running a big government department, and a guy whose job—eleven steps down the pay scale—is to file his papers and type up his notes. Who's more likely to have a heart

attack? Who's more likely to be overwhelmed? Who's more likely to become depressed? Almost everyone believed the answer was clear: it was the boss. He has a more stressful job. He has to take really tough decisions, with big consequences. The guy doing his filing has a lot less responsibility; it will weigh on him less; his life will be easier.

Michael and the team he belonged to began the work of interviewing civil servants to gather data about their physical and mental health. It would take them years, and would be broken into two major studies. The civil servants would come in and Michael would talk with each of them for an hour, one on one, about what their jobs involved. The team worked through eighteen thousand civil servants in this way. Michael noticed right away a difference between the different rungs on this social ladder. When he talked



with the top-level civil servants, they would lean back and take charge of the conversation, demanding to know what Michael wanted. When he talked with the lower-grade civil servants, they would lean forward and wait for him to tell them what to do.

After years of intensive interviewing, Michael and the team added up the results. It turned out the people at the top of the civil service were *four times less [likely](#)* to have a heart attack than the people at the bottom of the

Whitehall ladder. The truth was the opposite of what everyone had expected. But then there was a finding that was weirder still.

If you plotted it on a graph, as your position in the civil service rose, your chances of developing depression fell, step by step. There was a very close relationship between becoming depressed and where you stood in the hierarchy. This is what social scientists call a “gradient.” “This is really astonishing,” Michael wrote. “Why should educated people with good stable jobs have a higher risk of dropping dead [or becoming depressed] than people with a bit more education or slightly higher-status jobs?”

Something about work was making people depressed. But what could it be?

When Michael and his team returned to Whitehall to investigate further, they wanted to know: As you rise up the civil service, what actually changes in your work that could explain this shift?

They had one early hypothesis, based on everything they’d seen. Could it be, they wondered, that top civil servants have more control over their work than lower civil servants, and that’s why they’re less depressed? It seemed like a reasonable guess: “Think about your own life,” Michael said to me, when we met in his office in central London. “Just examine your own feelings. Where you feel worst about jobs—and probably life—is when you feel out of control.”

There was a way to find out. This time, instead of comparing people at the top, middle, and bottom, they compared people within the same civil service band—but whose jobs differed in how much control they had. They wanted to know—Is someone on the middle band more likely to get depressed, or have a heart attack, than another person on the same middle band who has more control? They returned to conduct more interviews and gather more detailed data.

What Michael found when he did this was even more striking than the first results. It's worth spelling it out.

If you worked in the civil service and you had a higher degree of [control](#)¹⁰ over your work, you were a lot less likely to become depressed or develop severe emotional distress than people *working at the same pay level, with the same status, in the same office*, as people with a lower degree of control over their work.

Michael remembers a woman named Marjorie. She worked as a secretary in the typing pool, where she had to type documents all day, every day. It was “heaven,” she said, to be allowed to smoke and eat sweets at your desk, but it was “absolutely soul-destroying,” she told him, to sit there doing work that was shoveled to you and that you didn't understand. “We were not allowed to talk,” [11](#) she said, so they had to sit in silence, typing up

documents that might as well have been in Swedish for all they were told about them, to go to people they did not know, surrounded by people they couldn't talk to. Michael writes: "The thing that characterizes Marjorie's work is not how much demand there is on her, but that she has no discretion to decide anything at all."

By contrast, if you were a top civil servant and you had an idea, you had a good chance of making it happen. That carried through to your whole existence. It informed how you saw the world. If you were a lower-rank civil servant, though, you had to learn to be passive. "Imagine a typical Tuesday [morning 12](#) in a large government department," Michael wrote years

later. "Marjorie from the typing pool comes to Nigel, who is eleven levels higher than her in the hierarchy, and says: 'I've been thinking, Nige. We could save a lot of money if we ordered our supplies over the Internet. What do you think?' I've been trying to imagine such a conversation, but my imagination fails me."

You have to shut yourself down inside yourself to get through this—and Michael uncovered evidence that this affected your whole life. The higher up you went in the civil service, he found, the more friends and social activity you had after work. The lower you went, the more that tapered off—the people with boring, low-status jobs just wanted to collapse in front of

the television when they got home. Why would that be? “When work is



enriching, life is fuller, and that spills over into the things you do outside work,” he said to me. But “when it’s deadening,” you feel “shattered at the end of the day, just shattered.”

As a result of this research, and the science it opened up, “the notion of what constitutes stress at work has undergone a revolution,” Michael explains. The worst stress for people isn’t having to bear a lot of responsibility. It is, he told me, having to endure “work [that] is monotonous, boring, soul-destroying; [where] they die a little when they come to work each day, because their work touches no part of them that is them.” Joe, then, in his paint shop, by this real standard, had one of the most stressful jobs there is. “Disempowerment,” Michael told me, “is at the heart¹³ of poor health”—physical, mental, and emotional.

A few years ago, long after these Whitehall studies, the British government’s tax office had a problem, and they called Michael back to the civil service to ask him to help them—urgently—to find a solution. The staff investigating tax returns kept killing themselves. So Michael spent time in their offices to find out why this was happening.

The staff explained to him that when they got to work, they felt immediately attacked by their in-trays. It felt like it would “engulf them. The greater the height of the in-tray, the greater the threat of feeling like you would never get your head above water.” They would work super hard for a whole day—and at the end of it, the pile in the in-tray would be higher than it was at the start. “Holidays made them unhappy,”¹⁴ Michael noted, “because the tidal wave of paper would build up so that, on return, they would be engulfed. It wasn’t just the ineluctable flow of work that did them in, but the lack of control. No matter how steadily, how hard they worked, they fell further and further behind.” And nobody ever thanked them for it—people weren’t thrilled to have their tax dodges pointed out.

During the Whitehall studies, Michael had discovered one other factor that turns work into a generator of depression—and he could see it here,



too. If these tax inspectors worked really hard and gave it their best, nobody noticed. And if they did a lousy job, nobody noticed, either. Despair often happens, he had learned, when there is a “lack of balance between efforts and rewards.”¹⁵ It was the same for Joe in his paint shop. Nobody ever

noticed how much effort he put in. The signal you get from the world, in that situation, is—you're irrelevant. Nobody cares what you do.

So Michael explained to the tax office bosses that a lack of control and a lack of balance between efforts and rewards were causing such severe depression that it was leading their staff to suicide.

When Michael first suggested—forty years before, in a hospital in the suburbs of Sydney—that how we live can make us depressed, the doctors around him scoffed. Today, nobody seriously disputes the core of the evidence he has uncovered, although we rarely talk about it. He has become one of the leading public health scientists in the world. Yet we are still, it occurred to me, making the mistake those doctors made back then. The Greek woman who came to Michael saying she was crying all day and didn't know how to stop didn't have a problem with her brain; she had a problem with her life. But the hospital gave her a few tablets they knew were just a placebo, and sent her on her way.

Back in Philly, I started to tell Joe about the Whitehall studies and the other scientific evidence I had learned about. He was interested at first, but after a while, he said, a little impatiently: “You can get real in-depth and intellectual with all that stuff, but when it comes down to it—doing anything, and not having a purpose behind it, and then feeling like you

don't have any other option except to continue: it's terrible. At least for me, it turns into—well, what's the point?"

There was one last thing about Joe that puzzled me. He hated working in paint, but unlike a lot of people, Joe wasn't trapped: he didn't have kids or any responsibilities; he was still young, and he had an alternative. "I love to fish," he told me. "My goal is to fish all fifty states before I die. I have [done] twenty-seven of them, at [the age of] thirty-two." He's looked into being a fishing guide down in Florida. It pays a lot less than he earns now, but he would love it. He would look forward to work every day. He thought out loud about what that would be like. He asked: "Do you sacrifice your monetary stability to do something you thoroughly enjoy, but, at the same time—the cost of living ..."

Joe has been thinking about quitting and going to Florida for years. "I can only speak for myself," he said, "that when I leave work every day, I have this overwhelming feeling like—there no way this is all that's on the horizon for me. There's times when I say to myself—dude, quit your job ... Move to Florida, and be a fishing guide on a boat, and you'll be happy." So I asked—why don't you do it, Joe? Why don't you leave? "Right," he said. And he looked hopeful. And then he looked afraid. Later in our conversation, I came back to it. "You could do it tomorrow," I said. "What's

stopping you?” There’s a part of all of us, he says, that thinks “if I keep buying more stuff, and I get the Mercedes, and I buy the house with the four garages, people on the outside [will] think I’m doing good, and then I can will myself into being happy.” He wanted to go. Yet he was being blocked by something neither he nor I fully understood. Ever since then, I’ve been trying to understand why Joe probably won’t go. Something keeps many of us trapped in those situations that’s more than just needing to pay the bills. I was going to investigate it soon.

As I said goodbye to Joe, and he began to walk away, I called after him:

“Go to Florida!” The moment I said it, I felt foolish. He didn’t look back.

[CHAPTER 7](#)

[Cause Two: Disconnection from Other](#)

[People](#)

When I was a child, something unexpected happened to my parents. My father grew up in a tiny village in the Swiss mountains called Kandersteg where he could have named every other inhabitant, and my mother grew up in the working-class Scottish tenements where if you raised your voice, all your neighbors heard every word you said. Then, when I was a baby, they moved to a place called Edgware. It is the last tube stop on the Northern Line—a suburban sprawl of detached and semidetached houses, built on