# 1NC

## OFF

### 1NC---Framework

#### TOPICALITY:

#### Interpretation: the 1AC must propose and defend an instance of resolutional action.

#### The “federal government” means the legislative, executive, and judicial branches.

US Legal No Date (United States Federal Government Law and Legal Definition <https://definitions.uslegal.com/u/united-states-federal-government/)\>

The United States Federal Government is established by the US Constitution. The Federal Government shares sovereignty over the United Sates with the individual governments of the States of US. The Federal government has three branches: i) the legislature, which is the US Congress, ii) Executive, comprised of the President and Vice president of the US and iii) Judiciary. The US Constitution prescribes a system of separation of powers and ‘checks and balances’ for the smooth functioning of all the three branches of the Federal Government. The US Constitution limits the powers of the Federal Government to the powers assigned to it; all powers not expressly assigned to the Federal Government are reserved to the States or to the people.

#### “Core antitrust laws” are the Sherman, Clayton, and FTC Acts.

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U.S. antitrust law is defined by federal and state statutes, as interpreted by the courts. The core federal statutes are the Sherman Act,1 passed by Congress in 1890, and the Federal Trade Commission2 and Clayton Acts,3 both passed in 1914. The United States Department of Justice (“DOJ”) and the Federal Trade Commission (“FTC” or “Commission”) (together the “agencies”) share enforcement of most areas of federal antitrust law but with some differences in the scope of their authority. The FTC has sole authority to enforce Section 5 of FTC Act, which prohibits (1) unfair methods of competition and (2) unfair or deceptive acts or practices. The FTC almost always pursues claims for anticompetitive conduct as unfair methods of competition and reserves charges of unfair or deceptive acts or practices for consumer protection violations. Though the FTC's authority to challenge unfair methods of competition goes beyond conduct prohibited by the Sherman and Clayton Acts, in practice the FTC brings most unfair methods of competition cases under the same standards that courts apply to Sherman Act claims. The most prominent exception is the invitation to collude offense, which falls outside the scope of the Sherman Act (if the invitation is not accepted, there is no agreement). The FTC challenges invitations to collude as so-called “standalone” violations of Section 5.4 The DOJ has sole authority to pursue criminal violations of the antitrust laws. Most states have their own state antitrust and unfair competition statutes. State law follows federal law to some extent, though as discussed below, may differ from federal law in meaningful ways that vary state to state. State attorneys general and private parties can also typically file suit to enforce both federal and state antitrust law.

#### They violate each of the above words’ requirements of state action.

#### Two impacts:

#### First---FAIRNESS. Non-topical advocacies allow the aff to unilaterally determine negative positions and create an incentive to minimize viable contestation. Debate’s a game---competition precedes pedagogy because it’s a procedural question.

#### Second---CLASH. Open-ended topics make focused research, testing, and innovation impossible. Non-topical advocacies are impossible to predict, which is the foundation of argument interaction. The repetition of limited arguments over the course of a season fosters iterative education and teaches debaters how to anatomize power. Prioritize debate’s potential to forge a techne of argumentative refinement because that’s its only unique benefit.

### 1NC---K

#### In the era of Post-Fordist capitalism neoliberalism has changed the operation of power, The 1AC’s project maintains complicitity in a logic of neoliberal recovery that increasingly produces resilient subjects able to bounce back from institutional violence. In this new mode resistance becomes a somatic exercise in harnessing the health of the subject.

Howell and Voronka 2012. Alison Howell is Assistant Professor of Political Science at Rutgers University, Newark, where she is also an affiliate member of the Department of Women's and Gender Studies. “Introduction: The Politics of Resilience and Recovery in Mental Health Care”. Jijan Voronka is SJE PhD Graduate @ University of Toronto Ontario Institute For Studies In Education. Studies in Social Justice Volume 6, Issue 1, 1-7, 2012] VR //~~rhetoric~~ [modified]

Recovery and resilience are now two of the central frameworks for organizing mental health care in the Western world. These frameworks posit that mental health “patients” can recover from their illnesses, and that resilience may be developed as a strength in order to avert or prevent so-called mental illness from the outset. The turn to “recovery” and to “resilience” has occurred in a context wherein mental health governance models based centrally on institutionalization had been the subject of much political resistance from those who have been psychiatrized, and also in a context of the retrenchment of state services through neo-liberal restructuring and cost-cutting measures. Large-scale deinstitutionalization in the second half of the 20th Century was met with the development of “Community-based” care as an alternative. Currently, those negotiating mental health services often find themselves subject to a mixture of institutional and community based mental health services, as well as other secondary institutional systems that offer mental health interventions (universities, work places, primary education, etc). Although such shifts apparently respond to the concerns expressed in the political resistance directed at total institutions (see Goffman, 1961), these new models of community care have arisen within a neo-liberal context, wherein social services are increasingly subject to prove their effectiveness through efficiency models that require community agencies to meet targets, ensure flow-through, and collect evidence-based data on their effectiveness. Simultaneously Western states are downloading their social responsibilities to the voluntary sector and to citizens themselves. Whilst the concepts of resilience and recovery, then, originated in antiinstitutionalization movements, they have increasingly been incorporated into, and some would say co-opted by, medical reason and mental health policy. They have thus been re-figured: psychiatric experts now iterate that through recovery and resilience those who are deemed to have disordered minds can live “meaningful lives” despite the ostensible permanence of their “illness.” This understanding works to deny the possibility of a kind of recovery that would place patients or “clients” outside the remit of medical authority. Whereas twenty years ago resilience and recovery were harnessed as organized frameworks for psychiatric survivors to avert the medical system through alternate means (including peer knowledge and support), they are now harnessed to incorporate psychiatric survivors into medical systems. They now work in ways that attempt to make psychiatric survivors responsible for their own adherence to prescribed ways of governing their interior lives, while at the same time leaving medical authority intact, since psychologists and psychiatrists have become experts in recovery and resilience. This raises serious questions about the social justice implications of these ostensibly humane approaches to mental health. Approaching mental health through a social justice lens can reveal rich connections that highlight some of the most important themes in social justice research: inclusion, power, recognition, political economy, difference, equity and rights. And yet, the richness of this area of research has not been fully explored by social justice studies. This relates, in part, to the questionable notions of progress that surround psychology and psychiatry. With the march of time, we are told, these professions have become humane, liberal, and scientifically advanced. The sporadic attention to mental health in social justice studies also relates to the inadequacy of predominant approaches in the field. To be sure, any number of connections could be drawn between social justice and systems of mental health governance, but a limited number of approaches have been explored. For instance, connections have been drawn between social justice and mental health through the analysis of the psychological consequences of injustices. Scholars working in this vein (see Shephard, 2002) argue that high rates of, for example, depression in women or schizophrenia in AfroCaribbean men, are the result of, or exacerbated by, societal unfairness. Mental illness, in this approach, is essentially figured as the result of social injustice. While laudable in attempting to raise social questions to the overarchingly individualistic disciplines of psychology and psychiatry, this approach, however, fails to question psychiatric authority and its diagnoses, including “depression” and “schizophrenia.” The result is that this approach merely supplements a medical or biological model by providing complementary social explanations. It fails, however, to account for how marginalized people (such as the poor, colonial subjects, racialized people, ~~queers~~ [queer people] and gender variant people, the disabled) tend to get disproportionately diagnosed or pathologized by the psychiatric profession, and how the psychiatric profession has been implicated in processes of colonialism, racism, sexism and heterosexism, as well as in disability and war-making (Howell, 2011; Metzl, 2010). A second line of inquiry into the connections between mental health and social justice focuses on fair and equal access to health services and welfare provision. Here, concerns over the decline of the welfare state and in particular of public health care provision are transposed onto questions of mental health, though again, without adequately questioning the authority of psychiatric practice. As such, questions about how “stigma” prevents the mentally ill from accessing services, or how socio-economic status, race and/or gender can impede or accelerate access to diagnoses and treatments are explored (Corrigan, Watson, Byrne, & Davis, 2005; Cook & Ngwena, 2007; Kronenfeld, 2008; WHO, 2008), but the authority of such diagnoses and treatments, and the psychiatric professions more generally, go largely unquestioned. More recently scholarship located broadly in the field of critical disability studies has opened up new ways of thinking through the connections between social justice and mental health, precisely by challenging the norms that underpin the very value of “mental health” or “mental illness” as useful categories or ways of thinking about people. This scholarship takes inspiration, in particular, from re-invigorated activism that has developed out of anti-institutionalization and the service user/ consumer/survivor/expatient movements (Church, 1995; Crossley, 2006; Everett, 2000), as well as the mad movement (Morrison, 2005; Fabris, 2011), which is exploring the positive valuing of madness as a form of difference, particularly through activism carried out under the banner of Mad Pride. This coincides with developments in critical disability studies, where scholarship on the human rights of people living with disabilities is complemented by scholarship illustrating that disability is a matter not of deficit, but of difference in embodiment. It may further take inspiration from studies in the history and sociology of medicine that trace the very contingent rise of psychiatric and psychological authority (Hacking, 1995; Rose, 1998; Young, 1997), and also highlights a broader unease with bio-medicalism. At the same time, methods for peer/survivor research are increasingly being pursued, wherein survivors themselves contribute to knowledge production through user-controlled research (Beresford, 2002; Faulkner, 2004; Faulkner & Nicholls, 1999; Godfrey, 2004; Sweeney, Beresford, Rose, Faulkner, & Nettle, 2009). Readers might best approach the articles in this special issue by suspending any belief in the authority of psychology and psychiatry, and questioning the bio-medicalism that deems some people normal, and others abnormal. Indeed, the articles included here help those interested in social justice to pose questions about sanism, which, for Perlin and Dorfman, “is inspired by (and reflects) the same kinds of irrational, unconscious, bias-driven stereotypes and prejudices that are exhibited in racist, sexist, homophobic and religiously- and ethnically-bigoted decision making” (Perlin & Dorfman, 1993, p. 49). Further, we must query how and why it is that we are able to continue to approach the “thinking differently” of thoughts, experiences, behaviours and knowledge that is evoked through madness as inherently a problem that needs to be eradicated. Thus, the articles included here can be approached with an eye to viewing madness not as a deficit, but as a matter of difference, so as to view those who are subject to diagnosis as rightfully able to make choices about their engagements—or disengagements—with systems of mental health care, as well as medical and other authorities. This is not only a political stance: it can open up rich avenues for re-thinking the connections between mental health and social justice, and furthermore, for re-thinking social justice itself. Indeed, the articles included here do just that, in particular by examining how the concepts of resilience and recovery are put to work in contemporary systems of mental health governance. Why resilience and recovery? The answer: precisely because these concepts appear so benign at first glance. Unpacking these notions can reveal the ways in which they are powerful tools in the governance of those deemed mentally ill, and also by extension, all citizens. In the case of recovery, what was once a term that was generated from the survivor movement, the focus was on “recovery in,” whereas its current reiteration has transformed into “recovery from.” To distinguish, the idea of “recovery in” presumes “that recovery must be grounded in a focus on survivor rights, peer support and recovering from the oppressive effects of being a mental patient” (Poole, 2011, p.15). However, as mental health systems have yielded to demands that they be more recovery-oriented, the social justice-orientation of “recovery in” has shifted into a model that has become “recovery from.” Focusing on problematic neoliberal individualist principles including hope, empowerment, self-determination and responsibility, and the offering that with client-centred intervention and support, some can find cure, others “resume normalcy” while still others can build meaningful lives while living with mental illness (Poole, 2011), thus reinstating the expertise and authority of psychiatry and psychology. Importantly, “recovery from” has become a quantifiable measurable concept, model, and framework that practitioners are now busily receiving grants for and providing evidencebased research on, and through which they have found a place where they can remain central professionally. As for resilience, the concept parallels the notion of recovery. Where recovery posits the ability of subjects to recover from an illness, the notion of resilience ostensibly recognizes the innate capacities of people to “bounce back” in the face of challenges or sources of distress. The capacity to be resilient is not, however, left to chance: psychologists have become authorities in instilling resilience, especially through the increasingly authoritative techniques such as cognitive behavioural therapy, or “positive psychology.” These changes are deeply tied to broader austerity measures: getting citizens to be resilient in the face of challenges is not only cheap (in that it diverts patients out of public health care systems, in favour of self-help and positive thinking), it is also about aspiring to create a resilient citizenry, able to cope with uncertainty. This is a technology of looking inward: rather than confronting austerity measures or other matters of social justice through political action, citizens are enjoined to look inward, gather their strengths, and be resilient. Recovery and resilience, then, are notions deeply embedded with both the economic and the social imperatives of contemporary neoliberalism

#### The affirmatives form of self-care is a neoliberal technique of power that reinforces a Eurocentric belief in the unitary self through which neoliberal subjectivity is cultivated and specifically used to depoliticize collective movements for mental health care

Manion 2016. Emma Manion is a MSC in Human Geography, Society and Space @ Bristol University. “Self-care as a form of resistance”. Bristol Society and Space Blog of the University of Bristol's MSc in Human Geography] VR

Self-care is posited as activities which a person does to improve or maintain their physical and mental health and well-being. It involves the cultivation of habits and behaviours which are percieved to be good rather than destructive, and empahasises the importance of personal responsibility. However, self-care as a concept and as a performed activity is vague and contradictory. It is at once empowering, radical and conservative. Audre Lorde, in her collection of writings on her experience of cancer, declared caring for herself to be ‘an act of political warfare’. Lorde’s caring for herself is radical in the sense she is ensuring her survival in world in which she is not cared for or supported (Ahmed, 2014). This not just the survival of her physical body, but her identity as a black lesbian in a system which is difficult to endure with such an identity. Here self-care is not directed at flourishing or happiness, values which so easily leave themselves open to quanitifcation or commodification, but “finding ways to exist in a world that” diminishes Lorde, her identity and her body (Ahmed, 2014). Self-care in this sense is practical, yes, but it is also a political statement. It says my body and bodies like mine are worthy of support and should be allowed to exist. So in this sense it is individualistic, but also extends beyond the individual. Furthermore, beyond identity politics, self-care as resistance is our ability to remain fluid and create new ‘lines of escape’ (Seem, 1997, p.xvii) – it can produce ways to be other than the neoliberal subject. However, self-care can also be understood as a technique of power (Ball & Olmedo, 2012) which operates through the subject. The subject here is defined as “a constant beginning but also a constant end” (Ball & Olmedo, 2012, p.87). The subject is in a constant state of flux, caught up in a series of power relations. In this sense the subject becomes the site of struggle, resistance and dominance. The rhetoric of self-care has been utilised for the purpose of saving money for the NHS (Self Care Forum, 2016), as well as a method of producing subjects who internalize the desires of neoliberalism. Self-care is a technique of power though which a neoliberal subjectivity is produced, in which all relations of the subject are commodified. Self-care becomes a duty for one’s flourishing and this flourishing is cased in terms of being a productive subject in the neoliberal system. Furthermore, the practice of self-care can be criticized for being a performance of normativity and the continued reinforcement of westernised ideas on agency and selfhood, as it places responsibility on the individual for their behavior. Conservative forms of self-care tend to present the subject as a static entity to be controlled and protected. For example relaxation techniques are promoted as a form self-care. Undoubtedly relaxation techniques can have their benefit for our well-being, but equally they can serve as a distraction from or obscure the reasons for our pain, as well as repressing the tensions of the self. The focus of my dissertation is self-care in the context of mental health. The geographies of mental health emerged out of a movement in social and cultural geography to be more socially active and radical; to challenge the political status quo and reveal how ‘oppressive relations’ are ‘expressed spatially’ (Philo, 2005, p.585). As a field that embraces working in an interdisciplinary fashion the geographies of mental health are intimately connected to psychology, psychiatry and neuroscience, whether through utilizing the medical language and terminology of psychiatry (particularly in the quantitative analysis of the spatial distribution of mental health disorders) or criticizing the medical models of psychiatry (connected to the anti-psychiatry movement). Geographies of mental health aim to show the relationship between space and experience, understanding that space is not merely the back drop for experience but that experience ‘is constituted as space’ (Tucker, 2010, p.3). Our experiences do not just belong to us but are in a complex series of relations with other bodies and objects in that space. How and what sort of subjectivities are being produced in such spaces? In the context of mental health, geographers have been keenly interested in spaces of enclosure and exclusion such as the asylum or the mental hospital (Philo, 2005. More recently the focus has been on the movement towards the more dispersed spaces of community care, such as drop-in centers and workshops, as well as the activity of place-making and certain spaces become significant to individuals in their recovery from mental illness (Tucker, 2009. Duff, 2012. McGrath, Reavey and Brown 2008). Recent work on the geographies of mental health have utilized an understanding of experience which works to decentralize a humanist approach, by defining experience as something broader and less precise. McGrath, Reavey and Brown describe experience as ‘the myriad ways in which actions, sensations and thinking entangle organic (and to some extent inorganic) processes together’ (2008, p.58). In this way experience is the process of relations between different types of bodies. An individual’s experience can be understood as how they relate to and become entangled with different bodies. They call this a process of engagement (McGrath, Reavey and Brown, 2008, p.58). Experience reimagined as process means it is ever unfolding. The problematic individualized status of self-care is challenged through the application of affect theory to our understanding of space and bodies. Cameron Duff uses Deleuze’s ideas on fluidity, relationality and the body to recast recovery as an ‘always-unfinished event’ or a form of becoming (2015, p.59). Mental health is not typified as static states of wellness or un-wellness but a process of ‘becoming-well’ which ebbs and flows and modulates dependent on a body’s capacity to form new affective relations with other bodies. He adopts the term ‘assemblages of health’ to describe how different bodies and forces come into relation in the project of recovery. This is a movement away from understanding mental health as belonging to, defining or being the product of a particular individual. Duff argues that an understanding of agency as dispersed, no longer the privilege of the individual being human, could be ‘radically destigmatising’ (2015, p.64) as it avoids the conflation of mental health and identity. Understanding mental health as not belonging to individuals could allow for more holistic approaches to mental health care, as well as helping individuals construct less damaging relationships with their experience of mental health.

#### The alternative is to reject the 1AC in an act of hospicing modernity- excavating the liminal spaces in which liberal subject formation is created and interrupting debate at the level of colonial desires for competition and academia creates a schism necessary to problematize the 1AC’s imaginary for subject formation complicit in colonial violence

Stein and Andreotti 2016 . Vanessa de Oliveira Andreotti, Associate Professor and Canada Research Chair in Race, Inequalities and Global Change, Department of Educational Studies, the University of British Columbia. Stein is a PhD candidate in Educational Studies. Her work emphasizes critical approaches to the social foundations and political economy of higher education, with an emphasis on US and Canadian contexts @ UBC. Cultural Studies ↔ Critical Methodologies 1–9 © 2016 SAGE Publications “Higher Education and the Modern/Colonial Global Imaginary”] VR

Kamola (2014) suggests that recognizing how social imaginaries are produced and contested “makes it possible to ask: How might the world be imagined differently?” (p. 529). Although envisaging predetermined alternatives from where we are currently situated may be a circular exercise that reproduces more of the same, we might interrupt these patterns by inhabiting the interstitial spaces between, on the one hand, the modern promises of security, control, and affluence, whose fulfillment has always been and will continue to be dependent on the racial/colonial violences of separation, dispossession, and containment; and on the other hand, the unknown and unforeseeable possibilities that might come from unlearning, unmaking, and unowning these promises and creating alternatives. Elsewhere, we have described this as part of “hospicing” modernity, that is, providing palliative care instead of trying to extend it through life support (Andreotti, Stein, Ahenakew, & Hunt, 2015). Hospicing would be messy and contradictory process that balances efforts to minimize harm within a violent and unsustainable system in decline, learn from and clean up after old mistakes so as not to reproduce them, and experiment responsibly and reflexively with alternatives to prepare for the emergence of something new. Hospicing modernity in the context of higher education may include enacting immediate interventions with specific demands that contest the gravest harms of privatization and financialization; to be effective, these interventions may need to strategically bracket the full complexity and historicity of an issue, or minimize our complicity in the very things we are contesting. For instance, King (2015) argues, “temporarily resuscitating the subject, specifically within the context of the neoliberal university, may be necessary even to those interrogating the very terms and existence of the subject” (p. 134). Yet we need to also keep visible “the extent to which we are made by that which we seek to oppose” (Mitchell, 2015, p. 91). That is, we need spaces to collectively step back and ask questions about the limits of resistance that is produced within the same modern/colonial imaginary we seek to contest: What kinds of futurities do we want from universities, and for ourselves within them? To what extent has the dominant global imaginary shaped these desired futurities, and what kinds of harms would be required to achieve them? Furthermore, what if it is not possible for universities (in their modern institutional form) to fulfill these desires? Alternatively, if we let go of these desires or at least loosened our grip on them, without necessary exiting the university, what else might become possible? To engage in all of these kinds of work—that is, to work strategically with existing referents and possibilities and to examine the limits of those references and possibilities and to experiment with new referents at the edges of what is currently possible—would preclude the comforts of coherence, innocence, and immunity from critique that many of us are accustomed to pursuing. However, it is in suspending these pursuits and interrupting these desires that we might problematize our own positions as unevenly situated objects and agents of a violent and unsustainable imaginary, and collectively lay the path for futures that cannot be contained within it.

## CASE

### 1NC---Case

#### Niksen is pretty neoliberal, isn’t refreshing, and just means we get enough sleep to go back to work and be productive.

Gottfried 19 (Sophia, journalist, social media editor and communications strategist, “Niksen Is the Dutch Lifestyle Concept of Doing Nothing—And You're About to See It Everywhere,” 12 July 2019, <https://time.com/5622094/what-is-niksen/>, DOA: 4-1-2022) //Snowball

First there was hygge, the Danish concept that made staying in and getting cozy cool. Then there was lagom, the Swedish mindset of approaching life with an “everything in moderation” mindset. Now there’s another Northern European trend that’s being embraced as a way to combat our increasingly busy and often stressful lives: niksen. The Dutch concept is as simple as, well, doing nothing.

What is niksen?

Niksen “literally means to do nothing, to be idle or doing something without any use,” says Carolien Hamming, managing director of CSR Centrum, a coaching center in the Netherlands that helps clients manage stress and recover from burnout. Practicing niksen could be as simple as just hanging around, looking at your surroundings or listening to music — “as long as it’s without purpose,” she says, and not done in order to achieve something or be productive.

Think “simply sitting in a chair or looking out of the window,” says Ruut Veenhoven, a sociologist and professor at Erasmus University Rotterdam in the Netherlands who studies happiness. Whereas mindfulness is about being present in the moment, niksen is more about carving out time to just be, even letting your mind wander rather than focusing on the details of an action.

“We should have moments of relaxation, and relaxation can be combined with easy, semi-automatic activity, such as knitting,” Veenhoven says. “One aspect of the ‘art of living’ is to find out what ways of relaxing fit you best.” There’s not necessarily a one-size-fits-all approach; rather, you’ll discover which behaviors are most effective for you though trial and error, he adds.

What are the potential benefits of niksen?

In the Netherlands, niksen has historically been dismissed as laziness or as the opposite of being productive, Hamming says. But as stress levels climb in the U.S. and globally and their crushing health impacts, like burnout, are getting more recognition from the medical community, doing nothing is increasingly being framed as a positive, stress-fighting tactic.

“Everyone is looking for some way back to ease and connection,” says Eve Ekman, director of training at the Greater Good Science Center at the University of California, Berkeley, who calls the national levels of stress among adults and teens in the U.S. “daunting.”

But Ekman, who studies stress and burnout, says the research is strong when it comes to the benefits of slowing down, from emotional perks — like reducing anxiety — to physical advantages — like curtailing the aging process and strengthening the body’s ability to fight off a common cold. These potential health effects might be enough to encourage even the most hectic and overburdened among us to consider carving out time to practice niksen.

Another benefit of niksen is that it can help people come up with new ideas, according to Veenhoven, who is also the director of the World Database of Happiness, an archive of research related to life enjoyment. “Even when we ‘niks,’” or do nothing, “our brain is still processing information and can use the available processing power to solve pending problems,” he says, which in turn can boost one’s creativity. This could manifest in having a breakthrough solution to a problem on a walk or a great business idea reveal itself while daydreaming.

Research also supports the idea that doing simple tasks that allow your mind to wander can foster creative problem solving, even improving your ability to work through a problem you might have been stuck on earlier. A 2013 study published in Frontiers in Psychology, on the pros and cons of a wandering mind, showed that this process can help an individual get inspired about achieving his or her goals and gain clarity about the actions to take in order to meet those goals in the future.

How do people practice niksen?

For many, doing nothing isn’t as simple as it sounds. In fact, it can be somewhat challenging to sit still and stare out a window, for instance. Hamming says it can even feel “quite creepy” at first, when people are used to doing something at all times. She encourages her clients to push through the discomfort, taking a few minutes each day to practice niksen (she recommends using this resource for accountability) and to work up to longer stretches, ideally reserving one evening a week without appointments and obligations. “Dare to be idle,” she says. “It is all about allowing life to run its course, and to free us from obligations for just a moment.”

What are the possible downsides of niksen?

Scientific literature suggests that a drawback of letting the mind wander for too long could be getting “caught up in ruminations” rather than feeling refreshed, Ekman says, which may have some physiological effects. In the 2013 study, Pros and Cons of a Wandering Mind, researchers observed participants had an increased heart rate for a 24-hour period after the mind wandering exercise and had trouble falling asleep the next night. (The researchers noted, however, that these consequences in the immediate aftermath were not predictive of people’s emotional states in the long-term and that daydreaming — especially about family and friends — is associated with higher life satisfaction.)

“We need to train our minds to wander in a way that’s imaginative and creative,” Ekman says. Some “gateway” practices to niksen could be taking a walk in nature or writing a letter of gratitude, she suggests, as a way of easing into what true downtime feels like.

And of course, it’s not practical to practice niksen constantly — we can’t do nothing all the time. Rather, carving out time to be idle balanced with an active lifestyle can maximize the benefits of niksen, according to Veenhoven. “Though rest is functional and may make one feel better after activity, it is not a main way to happiness in the sense of life satisfaction,” he says. In fact, people who participate in more productive activities tend to be happier due to more robust social connections and a stronger sense of self-efficacy, according to a 2016 study of older adults. Research has also shown that happiness begets productivity, meaning there’s a correlation between relaxation, happiness and productivity.

What it all comes down to is finding out what ways of relaxing fit you best, says Veenhoven, whether that’s something actively passive and somewhat second nature, like knitting or taking a walk — as long as you’re giving yourself permission to niks regularly and without an intention.

# Block

We did not read any cards past the 1NC