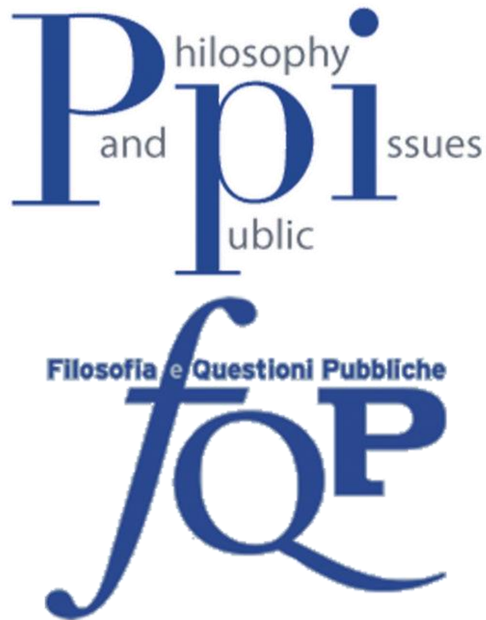
SYMPOSIUM

ENHANCING LOVE?



PSYCHEDELIC RELATIONSHIP ENHANCEMENT

LOVE DRUGS

A PRÉCIS

BY

BRIAN D. EARP AND JULIAN SAVULESCU

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Psychedelic Relationship Enhancement Précis of *Love Drugs*

Brian D. Earp and Julian Savulescu

> [Many people have] reached the normative conclusion that they do not want to live in a world where increasing swaths of human experience are under the logic of medicine. There are, or should be, experiences that use an older logic, which are under the jurisdiction of another profession or under no jurisdiction at all. We can all fear the medicalization of love.
>
> John H. Evans[1]

> There is something about seeing the same thing – the face of your beloved, for instance – over and over again, which creates a kind of automatic pilot of the mind. It seems that often the more we see something, the less we *see* it. Consciously grounding oneself in the moment can help [and if a 'love drug' could allow us to] see our partners with fresh eyes [this] could indeed have a revitalizing effect on stalled relationships.
>
> Tai Woodville[2]

[1] Quoted (from an unpublished essay, with permission) in Parens 2013.
[2] See Woodville 2012. The opening quote of the essay is from the same source.

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In a 2012 article entitled "The Love Pill: Brave New Drug of the Masses?" author Tai Woodville writes that "people have been hawking love potions for time immemorial, and it hasn't worked yet. But with science on their side, today's researchers might be the first to create a true love drug." This way of framing things might be taken to imply an equivalence between love potions and love drugs, where the latter are simply real-life, high-tech versions of the former. In our book *Love Drugs: The Chemical Future of Relationships*,[3] however, we draw a distinction between the two concepts. We are not concerned with substances that work like magical spells to override people's free will and turn them into lovestruck automata. Such substances do not exist. Rather, we consider current medications and near-future neurotechnologies that can indeed affect romantic feelings, but in more subtle and nuanced ways. Not through witchcraft or wizardry, or by bypassing a person's will completely, but by acting as a chemical nudge on the ancient brain systems involved in human love and pair-bonding, including libido, sexual attraction, and attachment.[4] A love drug, on this conception, is simply any chemical substance that, at least in part through its effects on the brain (yet working in concert with other factors, including the mindset and motivations of the users and their background relationship dynamics),[5] significantly alters the chances that love will come about or last, or alters the quality of love that exists between a couple.

[3] See Earp and Savulescu 2020.

[4] For an overview, see Fisher, Aron, and Brown 2006.

[5] On the importance of such extra-drug factors working in concert with the drug to influence love, in order for the latter to be authentic or desirable, see Naar 2016; Spreeuwenberg 2019.

One of the big takeaways from the book is that many of us are already consuming love drugs in this sense, in the form of common medications like selective serotonin reuptake inhibitors (SSRIs), often used to treat depression (see below). In brief, there is mounting evidence that pills we are prescribed for other purposes can have profound effects on our relationships and romantic neurochemistry, only in ways that are not yet widely appreciated nor fully understood. This is because Western medicine tends to measure the effects of drugs on individuals and their personal symptoms, without paying as much attention to potential interpersonal effects. We think this is a big mistake with potentially far-reaching consequences. Accordingly, we call for a comprehensive shift in scientific research norms toward a more relational focus, whereby effects on relationships should be more regularly included among the primary outcome measures in clinical trials and other studies.[6]

With respect to SSRIs, it is by now well-known that these drugs carry a high risk of dampening libido – a point we emphasize throughout the book[7] – and where sex is an important part of a romantic relationship, this can have major (likely negative) implications. But there is also some evidence that SSRIs can interfere with 'higher level' emotional processes, like the ability to care about a partner's feelings.[8] That, too, will often be bad for relationships. Conversely, when SSRIs work as intended and help a person function more effectively and engage with others,

[6] For a short summary of these arguments, see Earp and Savulescu 2018. For further discussion of the need to center social relationships in scientific research, see Earp et al. 2020.

[7] Contrary to the assertion of David Healy in his polemical review of our book: Healy 2020.

[8] Opbroek et al. 2002; Bolling and Kohlenberg 2004; see also Fisher and Anderson Thomson, Jr. 2007.

including their romantic partner(s), such drugs can be beneficial within a relationship, all things considered.[9]

One immediate lesson to draw from this example is that one and the same chemical substance might work as a pro-love drug or an anti-love drug depending on the couple, their dynamic, their circumstances, what they are dealing with, and their psychological profiles (among other factors, such as the dose of the drug). Importantly, however, it also depends on how the couple consciously engages with, and responds to, the various effects of the drug on their thoughts, fantasies, motivations, and emotions.[10] Other drugs that have under-studied effects, both positive and negative, on sexual desire, attraction, and/or attachment include methylphenidate (commonly marketed as Ritalin),[11] hormonal birth control, the hair-loss drug finasteride, certain blood pressure medications, and so-called recreational drugs like cocaine and alcohol.[12] As we argue, we should study the impact of these drugs on relationships more systematically, so that we can aim to avoid whatever harms they might be bringing to our love lives, while also exploring any potential benefits.

What about intentionally intervening in relationships, then? There are now some studies looking at the effects of intranasally administered oxytocin – a brain chemical that plays an important role in mammalian pair-bonding – on outcomes like trust,

[9] For a popular account with examples, see Kamps 2012.

[10] These points apply to debates about pharmacological enhancement more generally. This shows the limits of analyses which assume or stipulate one-dimensional, deterministic effects of a drug on some desired outcome. See Bostrom et al. 2020.

[11] See Schmid et al. 2015.

[12] See Earp et al. 2013. For a popular discussion of the relational effects of some of these drugs, including cocaine, see Kale 2016.

empathy, and even conflict resolution in bickering dyads.[13] We take a close look at the science and ethics of using oxytocin to 'enhance' relationships in Chapter 8 of our book, adopting a skeptical stance and calling into question standard narratives. But perhaps the biggest area of research right now is on chemicals like MDMA (the key ingredient in in the street drug ecstasy), lysergic acid diethylamide (LSD or acid), or psilocybin (from so-called magic mushrooms) being used as adjuncts to psychotherapy. The clinical trials that are currently testing these drugs[14] are focused on serious mental health conditions like post-traumatic stress disorder (PTSD) or major depression, and both short- and long-term treatment effects, where assessed, have so far been promising.[15]

But for our purposes, these studies have two main limitations. First, the primary focus is, once again, on individuals and their symptoms, rather than on robustly assessing the implications for couples or other close relationships.[16] And second, the overarching aim is to treat debilitating medical conditions, with far less consideration given to the ways in which these drugs might be used for enhancement purposes in healthy people – understandably,

[13] For a review, see Wudarczyk et al. 2013.

[14] See, for example: Carhart-Harris, Bolstridge, Rucker, et al. 2016; Griffiths et al. 2016; Ross et al. 2016; Mithoefer et al. 2019. See also Schmid et al. 2020.

[15] See, for example: Jerome et al. 2020; Wheeler and Dyer 2020; Carhart-Harris, Bolstridge, Day et al. 2018.

[16] This is not to say that the trials have not assessed interpersonal outcomes at all – that is not the case. Research out of Johns Hopkins by Griffiths et al., for example, regularly includes measures of what they term 'social effects' using broadly-phrased items such as "You have a more positive relationship with others" or "Your social concern/compassion has increased" (see following references). Our suggestion is that more fine-grained, robust measures drawn from the relationship science literature focused on different types of close relationships are needed. See: Griffiths et al. 2006; 2011; 2018.

given current research and funding paradigms.[17] That said, qualitative accounts of improved relationship functioning have been reported in some of the studies,[18] and leading investigators are now beginning to evaluate the effects of such drugs on romantic connections more directly. One example is a recent pilot study on MDMA-assisted 'conjoint' therapy for couples where one of the partners has PTSD.[19] This study, which has not yet been published as of the time of writing, marks an important step in the right direction. In the book, however, we go further, and call for research into drug-assisted couples counseling in cases where neither partner has PTSD, nor, indeed, any other diagnosable health condition for which said counseling is supposed to be a treatment. In other words, we ask if some couples who are dealing with so-called 'ordinary' relationship troubles might (also) benefit from drug-assisted psychotherapy, and we propose that significant resources be devoted to answering this question.

In this context, there are at least two ethical advantages to exploring an enhancement framework, according to which drugs or other medical interventions should be made available – all else equal – to the extent that they are reasonably expected to improve personal and interpersonal well-being.[20] This is in contrast to a treatment-only framework, according to which such biotechnologies should only be made available if they are regarded as an acceptable (i.e., sufficiently safe and effective) therapy for a recognized disease or disorder. The first advantage of the enhancement framework is consequentialist in nature: if drug-assisted counseling can genuinely improve relationships, not only

[17] See Elsey 2017. For exceptions, see the references above by Griffiths et al. See also, e.g., Schmid et al. 2015.
[18] See, for example: Barone et al. 2019.
[19] See Mithoefer, Monson, and Holland 2018.
[20] For more on this conception of enhancement, see Earp et al. 2014. See also Earp, Douglas and Savulescu 2017.

among those couples where one or more partners has a serious mental health condition, but among the larger set of couples dealing with a wider range of issues, then more good will be done overall.

The second advantage has to do with avoiding needless pathologization of love and relationships.[21] Under treatment-only norms, drugs are typically only legitimized as medicine when they can be used to address an extant pathology. If there is no pathology, but it is apparent that a drug could improve people's lives if used in the right way, a motive may exist to 'invent' a pathology (for example, by beginning to conceive as a disease state something that had formerly, and perhaps appropriately, been considered a normal part of life – as some critics argue happened in the case of so-called "Hypoactive Sexual Desire Disorder").[22] Yet when it comes to matters of the heart, it might be thought, the last thing we need is an additional incentive for pharmaceutical companies and/or psychiatrists to come up with an expanded raft of diagnosable 'relationship disorders' so as to explain why certain drugs should be made available to those couples who would benefit from their (appropriate) use. If such drugs could be legitimized as enhancements, by contrast, there would be no need to engage in such harmful and/or disrespectful pathologization.[23]

[21] The pathologization of love is just one worry that falls under broader banner of 'medicalizing' love, as we explore in detail in a pair of papers: Earp, Sandberg, and Savulescu 2015; Earp, Sandberg, and Savulescu 2016.
[22] See, for example: Meixel, Yanchar, and Fugh-Berman 2015; Chańska and Grunt-Mejer 2016.
[23] We do not suggest that are no reasons to maintain a treatment/enhancement distinction in some cases or toward some ends, for example, in deciding which interventions should be a priority for coverage by health insurance. We have also defended the treatment/enhancement distinction in deciding about contested interventions in minors: Maslen et al. 2014. Alternatively, one could

So much for drugs and medicine. What does all of this have to do with love? We cannot hope to give a comprehensive account of the concept here. However, in our book, we broadly characterize love as a 'dual nature' phenomenon, drawing on the recent work of Carrie Jenkins (Jenkins 2017). Jenkins points out that love is neither simply a psychosocial construct – a label we might give to certain subjective experiences that can only be had within a given cultural and historical context – nor is it reducible to an animalistic drive to reproduce, nor to bunch of molecules swirling around in our skulls. Instead, it is both a biological and psychosocial phenomenon, and we can make progress on understanding it – and even influencing it – along both of those dimensions.

On the biological side, we know that our ability to feel love at all depends on certain brain systems that evolved to suit the reproductive needs of our ancestors: libido to draw us toward a range of potential mating partners, attraction to focus our attention on a smaller number of partners, perhaps one in particular, and attachment to help us form long-term pair bonds (often in the context of parenting).[24] How exactly those underlying systems relate to 'love' depends on which philosophical theory of love you find most convincing, and we discuss some of those theories in the book. But on a common-sense understanding of what love is, those biological systems must play an important role.

The thought, then, is simply this: if we want to improve our love, either because we think it is deficient or floundering, or it seems 'okay' but we would like to make it better, we may have reason to intervene in one or both of its constituent dimensions.

conceive of health itself in welfarist terms, such that treatment or medicine becomes a subtype of enhancement. For a recent discussion and explanation, see Notini et al. 2020.

[24] See Fisher et al. 2002.

We are already (mostly) comfortable, as a society, with interventions into the psychosocial side. People go on romantic vacations, try to spice up their sex life, and so on, all in an effort to coax their love in a positive direction. Of course, those activities also have 'biological' effects that are relevant to love: having sex with your partner, for example, causes the release of serotonin, dopamine, oxytocin and other brain chemicals that may reinforce attachment directly. The point is that, if you believe it is okay to *work on* love – to try to bring it back into a tired marriage, or help it last in a committed relationship, or improve its quality through talk therapy or other means – then the sheer idea of taking deliberate steps to influence love's course in your life should not be controversial.[25]

The idea here is not to replace existing means of 'working on' love psychosocially, but rather, to identify those cases where supplementing such well-worn measures with biological interventions – as might be exemplified by drug-assisted couples counselling – could enhance the effects of traditional approaches, so as to help people meet their relationship goals and promote their mutual flourishing.

Nevertheless, there may be ethical concerns. At the beginning of this essay, we quoted the writer and poet Tai Woodville. Woodville acknowledges that love drugs could conceivably be used in beneficial ways, but also worries about the darker possibilities. In particular, she sees "Huxlian implications" – alluding to Aldous Huxley's *Brave New World* with its soma and pervasive inauthenticity – wondering "what kind of pain could be repressed, what kind of problems ignored, with the help of such a pill." In a powerful passage, she expands upon this theme:

[25] For a classic take, see Fromm 1956.

> Pain is our body's natural warning mechanism, telling us that something is wrong, indicating a need for change. If we simply synthetically engineer our chemicals to send us messages that everything is wonderful when, in reality, it is not, the danger of losing touch with one's natural sense of truth – for choosing self-deception over needed change – seems great. And if a feeling of connection can be artificially induced, what *true* breakthroughs – which would require, perhaps, facing unpleasant truths – could remain unplumbed in a relationship? To me, it seems like a recipe for arresting growth, both in the individual and the relationship.[26]

The devil is in the details. Some currently used drugs, like SSRIs for depression, do indeed seem to 'patch over' underlying problems in many cases, numbing negative emotions and blocking whatever lessons might be learned from hashing things out. As we review in the book, however, MDMA and psychedelic drugs like psilocybin – used as adjuncts to psychotherapy – do not seem to work that way.[27] Instead, they may help a person clear away the patchwork of defense mechanisms, trauma, and other impediments to a healthy mind or relationship, allowing them to address the deeper issues in a more thoroughgoing and durable way. In other words, they may in some cases *enable* a more authentic connection to oneself and one's partner[28] allowing a couple to see themselves and each other, as Woodville puts it, "with fresh eyes."

Crucially, however, it is what a couple *does* with what they 'see' that will furnish the outcome of such an intervention for their love. This has been a major lesson in the recent research on psychedelics

[26] From Woodville 2012.
[27] See Watts et al. 2017.
[28] See Carhart-Harris et al. 2018.

as applied to individual-level problems. In other words, it isn't enough to focus on what happens 'in our brains' when we are under the influence of such drugs if we are going to understand their full effects on complicated, meaning-ridden, high-level phenomena like PTSD, depression, or indeed love. In the case of PTSD, for example, much of the observed treatment effect from drug-assisted psychotherapy seems to be rooted in the subjective experiences people have in the context of such therapy, and how they subsequently reflect on those experiences and try to make sense of, and implement, whatever life-insights they have gained from the 'trip.'[29] Take MDMA-assisted therapy as an example. Undoubtedly, there are numerous 'direct' effects on the brain, including the release of serotonin and other neurotransmitters, which seems to cause a temporary override of hair-trigger fear responses (among other relatively low-level effects);[30] but it is largely what the person makes of the altered states of mind induced by these effects that appears to drive the reported healing.

In the case of couples, a similar lesson applies. In fact, there is some historical evidence to support this claim from the early use of MDMA in couples counseling during the 1970s and 1980s, before such use was (questionably) made illegal.[31] According to two prominent psychiatrists who oversaw such counseling, it wasn't that the drug, all by itself, directly 'cured' any of the relationship problems their clients hoped to address. Rather, they suggest, the drug facilitated a less-defensive posture between couples, motivated them to adopt each other's perspective more willingly than they normally would, and so on, so that they could actively,

[29] See Mithoefer, Grob, and Brewerton 2016.
[30] See Feduccia and Mithoefer 2018.
[31] For an overview, see Passie 2018.

and more productively, address the underlying issues that were hampering their romantic connection.[32]

Of course, some relationships should not be pursued or maintained, especially if they involve abuse, whether physical or emotional, or other forms of disrespect or dysfunction. In Chapters 9 and 10 of the book we discuss the potential use of *anti*-love drugs for ending certain bad relationships and/or recovering from fruitless heartbreak, while in Chapter 11 we raise a number of red flags about the ways in which such drugs could be seriously misused (for example, to interfere with the love lives of sexual orientation minorities or other vulnerable populations).[33] Even where abuse is not an issue, however, some relationships will have simply run their course, and we should not suppose that the only 'successful' relationships are the ones that last until somebody dies.

That being said, in the case of couples that do have enough in common, shared values, and a reasonable desire to try to work on their relationship despite difficulties – perhaps especially if there are children involved who depend on them for love and care – we think society should support them in their efforts. And while this may include making drug-assisted couples counseling available, pending further scientific and ethical research, we do not suggest this will be a simple panacea. On the contrary. In the epilogue to our book, we put it like this:

"Do we really need more drugs? We actually think the answer is no. What we need are changes to society: political action that puts human welfare ahead of special interests; resources to help people make good choices about forming and maintaining close relationships; less stress, and more time with friends and family.

[32] See Greer and Tolbert 1998. For further discussion, see Earp 2018.
[33] For an extended discussion, see Earp and Vierra 2018. See also Delmas and Aas 2018.

But so long as we use drugs for medicine – as societies have always done and will continue to do indefinitely – we will need better drugs. More effective drugs. Drugs with milder side effects, with less risk of dependency and abuse, and with the capacity to encourage more serious engagement with the underlying problems that plague our minds and relationships."[34]

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Appendix

Chapter Abstracts

Chapter 1: *Revolution*. This chapter highlights the recent burst of controlled, scientific research on medical and non-medical uses of psychedelic drugs and MDMA to improve individual welfare, and argues that this research should be extended to couples in romantic relationships. It questions the line between 'drugs' and 'medicine' and argues that such distinctions often reflect dubious social and historical factors, rather than a clear-eyed assessment of actual benefits and harms. It introduces the idea that love drugs might help strengthen certain relationships, and that anti-love drugs might help other relationships end. But there are serious risks that might be associated with such drugs, and the wider social implications will be hard to predict. To minimize this risk and

[34] From Earp and Savulescu 2020. Much of this précis was adapted from an interview of one of us by Kashmira Gander for *Newsweek* online magazine: Earp and Gander 2020. Additional material was adapted from Earp and Savulescu 2020b. Thank you to Mirko Garasic for arranging this symposium, and to David Yaden for helpful feedback on an earlier draft.

uncertainty, careful ethical deliberation and nuanced policy measures will be key.

Chapter 2: *Love's Dimensions*. What are love drugs? Basically, drugs that affect love – or romantic relationships more broadly. This chapter begins with an account of *drugs*, explaining that they are essentially just chemicals – clusters of molecules that work on the brain to produce certain effects – and that our choice to regard them as medicine versus recreation, or as a means to personal or spiritual development, is up to us. It is a question of values. The chapter then gives an account of *love*, explaining that it has both biological and psychosocial dimensions. When there is a tension between love and well-being, it may make sense in certain cases to intervene in either or both of those dimensions to improve our relationships and our lives.

Chapter 3: *Human Natures*. Why might tensions arise between love and well-being? Sometimes, there can be painful inconsistencies between our conscious values surrounding love, the prevailing cultural norms or social scripts for romantic partnerships in our environment, our subjective experiences of attachment and desire, and our underlying biological natures. Which of these dimensions can be altered? Which of them *should* be altered, and under what conditions? Many societies hold up monogamous marriage as the ideal for committed relationships. Is this ideal consistent with human nature? This chapter argues that there is no single answer to that question: natural variation among individuals and at the level of the species confounds such one-size-fits-all thinking. Accordingly, if biological interventions – In addition to psychosocial ones – will ever help love and happiness coincide, it will depend on the specific issues facing a given couple.

Chapter 4: *Little Heart Shaped Pills*. This chapter gets specific about the kinds of biological interventions into love that are currently possible—and those that may exist in the future. It shows

how love can be affected by certain chemicals through a variety of different pathways, depending on the psychosocial context. It also discusses common medications that may already be influencing love and relationships, such as hormonal birth control and anti-depressant pills, and argues for a shift in scientific research norms: away from an exclusive focus on individuals and clinical symptoms, toward a more inclusive, relationship-oriented paradigm that considers the interpersonal and social implications of drug-based medical treatments.

Chapter 5: *Good Enough Marriages.* If love drugs become more widely available, who should use them? This chapter introduces Stella and Mario, a married couple with dependent children who are in a 'gray' relationship – that is, a relationship that is not violent, abusive, or otherwise clearly dysfunctional, but which has lost its romantic spirit, despite many earnest attempts to keep it alive. The couple are unhappy. They are considering a divorce. They worry about how this might affect the children. They do still care about each other and value what they have built together. But they've run out of places to look for a shared sense of joy. The chapter argues that this is a very common situation for long-term partners, and that love drugs may soon be a viable option for supporting couples' mutual well-being within such relationships.

Chapter 6: *Ecstasy as Therapy*. Drug-supported couples therapy is not a new phenomenon. In fact, MDMA was widely used for this purpose, to good effect in many cases, into the 1980s – before it was banned for largely political reasons. This chapter discusses the history of MDMA-assisted psychotherapy, making clear that MDMA is not just 'emotional glue' that holds romantic partners together, no matter how incompatible. Rather, professionally guided, drug-enhanced counseling may help some individuals or couples realize that they need to end their relationship, and may allow them to do so in a more loving and healthy way. The chapter

asks whether MDMA poses a threat to authenticity or personal identity and raises other risks that may be associated with its use under certain conditions. It concludes with a call for careful, controlled scientific research into the potential of MDMA as an aid to couples counseling.

Chapter 7: *Evolved Fragility*. Why are there are so many couples looking for help with their relationships in the first place? Why is it so hard to make long-term, romantic partnerships work, much less flourish, in the modern world? This chapter argues that at least part of the explanation may lie in a disconnect between our ancient, evolved dispositions for mating and attachment and the social and physical environment we have created for ourselves through culture and technology. In short, our capacity for love did not evolve to support life-long relationships in contemporary societies. Rather, it evolved to support the reproductive success of our ancestors under social conditions that, for the most part, no longer exist. In addition, the place of love in marriage – and the institution of marriage itself – has undergone a whiplash-inducing transformation over the past 200 years, leaving us ill-equipped to fit the pieces all together. Might there be a role for chemical treatments in strengthening the bonds of attachment directly?

Chapter 8: *Wonder Hormone*. One of the most hyped possibilities for chemically strengthening love and attachment is the hormone oxytocin. This chapter surveys the evidence on oxytocin-enhanced relationships and identifies a number of gaps in the literature that would need to be filled before oxytocin could be used as a love drug. If stronger evidence comes out supporting real-world effectiveness of oxytocin in a relationship context, clear guidelines would need to be put in place to ensure that it was used responsibly and ethically. Building on this insight, the chapter concludes with an outline of key ethical constraints that should apply to any drug-assisted mode of couples therapy.

Chapter 9: *Anti-love Drugs*. Instead of trying to strengthen a relationship, what if the relationship needs to end? This chapter discusses existing drugs that may be capable of diminishing love, lust, attraction, or attachment to a current romantic partner. It also raises concerns about possible negative outcomes and points to the limits of what is likely to be possible. Given that drugs or medications used for other purposes may have anti-love side-effects, what would be the ethics of prescribing them off-label as a way of assisting with a difficult breakup or healing a broken heart? The chapter concludes by acknowledging the risk of 'pathologizing' love and romantic relationships by intervening in them with medical substances, and suggests a way to avoid this particular worry.

Chapter 10: *Chemical Breakups*. Who could benefit from using anti-love drugs, and what are the most serious ethical concerns raised by the prospect of a chemical breakup? This chapter identifies several cases where the use of a drug – in combination with appropriate psychosocial measures – might be justified as a way of blocking or degrading love, lust, attraction, or attachment: for example, victims of intimate partner violence who want to sever a feeling of addiction to their abuser; individuals with pedophilia who risk causing harm to children and who need help to control their urges; people suffering from unrequited love leading to suicidal thoughts or tendencies. By working through these and other case studies, the chapter develops a set of ethical conditions for the responsible use of anti-love biotechnology.

Chapter 11: *Avoiding Disaster*. Anti-love drugs could easily be misused. They bring to mind disturbing parallels with sexual orientation conversion therapies and other attempts to coercively intervene in the biology of vulnerable minorities, such as LGBTQ children and adolescents. This chapter explores the dangers of making certain biotechnologies available under oppressive

conditions or in societies characterized by widespread intolerance or injustice. It also questions the logic of the 'born this way' movement for LGBTQ rights, which is premised on the idea that sexual orientation is not a choice. If high-tech conversion therapies are ever developed that can in fact change sexual orientation, the intellectual foundation for the movement would collapse. The chapter therefore argues for the movement to be placed on stronger footing, and suggests how this might be done.

Chapter 12: *Choosing Love*. This final chapter has two main goals: to address lingering worries about the medicalization of love – that is, bringing love and relationships into the domain of medicine in a way that threatens to undermine their value – and to put forward a positive vision of love as something we can partially choose, or improve, through science and technology. Will knowing how love works, and even shaping it through hormones and chemistry, rob it of its importance in our lives? Or will it empower us to make our most intimate relationships more reliably consistent with real human flourishing?

Epilogue: *Pharmacopeia*. So much of our lives has been subsumed by drugs and medicine – do we really need another 'pill' to add to the mix? This brief epilogue argues that the answer is, actually, no. We need fewer, but better drugs – drugs with less severe side-effects, and more power to genuinely improve our well-being. The potential of MDMA and some psychedelics to replace a range of harmful medications is discussed, with a renewed call for high-quality research into this possibility as applied to relationships.

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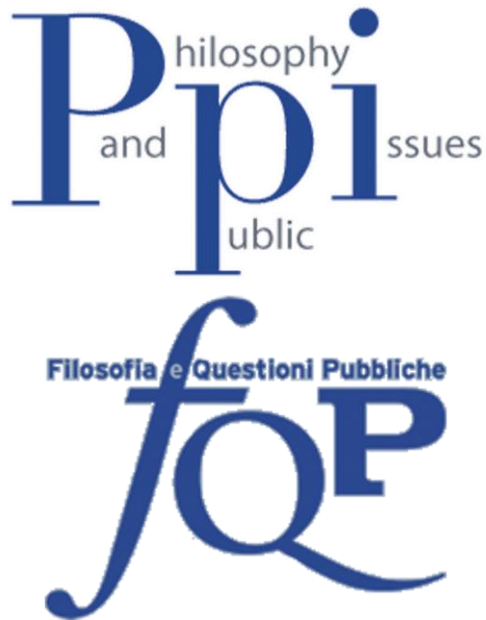
SYMPOSIUM

ENHANCING LOVE?



LOVE IN THE POSTHUMAN WORLD

HOW NEUROINTERVENTIONS COULD IMPACT ON OUR SOCIETAL VALUES

BY

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Love in the Posthuman World: How Neurointerventions Could Impact on Our Societal Values

Mirko D. Garasic

> Love and its effects touches all of us. So each of us must decide where we stand in this debate. The goal of this book is to arm you with the latest knowledge and a set of ethical tools you can use to decide for yourself whether love drugs –or anti-love drugs– should be part of our society. Or whether a chemical romance might be right for you (Earp and Savulescu 2020, 15).

Introduction

I completely agree with the first part of the quote from Brian Earp and Julian Savulescu's book *Love Drugs. The Chemical Future of Relationships*, but I am not sure that the second part can be dismissed so easily as something up to each single individual in society. The pandemic drama we

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lived this year (and are still living as I write this paper) has shown that relying too much in autonomous, individual choices might not be the best way to go for both individuals and society. However, aside from other compelling ethical arguments reinvigorated by the recent global lockdown resulted from the COVID-19 outbreak, one that might not have been considered as deeply is the strictly connected analysis brought to us by the author's work is the following: would it not have been useful to have an anti-love drug available during the many weeks forcibly apart from our lovers living in a different city for example? Or, on the contrary: would it not have been better to have some love drugs easing up living under the same roof for weeks instead of having couples physically and psychologically abuse each other? Perhaps. Yet, the intention of this contribution to the debate on love drugs is to highlight two contexts in which such option seems particularly troubling.

First, some of the egalitarian axioms of current liberal societies might be put at risk, as the suggested tool appears to create a context in which people – especially wealthy ones- might have a tendency to restrict their spectrum of possible love partners to only those at their socio-economic level or above. This probable outcome will exacerbate dynamics that are already in place, but with a huge increase in the "bargaining power" of those on top of the social ladder – putting more than one doubt over the actual level of increment in the individual freedom to choose who to love. Second, this idea of embracing love drugs that could help us choose to love anyone, combined with the possibility to use other advancements in medicine such as Preimplantation Genetics Diagnosis (PGD), could even "tempt" us to break one the most shared global taboos: incest. Having lost its structural threat related to the reproductive aspect of having sex with a close relative, why not allow people to "free" themselves fully in their own, individual, sexuality? After all, as the authors write, "love has a dual nature. It is *both* biological and psycho-social, and it can be modified along

either dimension." So if we could redirect the biological, why not be ready to do the same also with the psycho-social? I will attempt to answer such questions in what follows.

I

Decomposing love

In line with the – very effective – technique used by the authors in their book, I will bring in an example to support my argument – albeit a borrowed one.

> Julie and Mark are brother and sister. They are traveling together in France on summer vacation from college. One night they are staying alone in a cabin near the beach. They decide that it would be interesting and fun if they tried making **love**. At the very least it would be a new experience for each of them. Julie was already taking birth control pills, but Mark uses a condom too, just to be safe. They both enjoy making **love**, but they decide not to do it again. They keep that night as a special secret, which makes them feel even closer to each other. What do you think about that? Was it OK for them to make **love**? (Haidt 2001, my emphasis).

Attempting to define love is something that poets, literate and cultures have tried since the beginning of civilization -and it is certainly something beyond the scope of this paper, but, as Jonathan Haidt openly stated in his famous article, most people would find it hard to see the scene quoted above as an untroubling version of love. It would be deeply disturbing if we were to see it as a version of brotherly love (where the sexual component is defined in most traditions as immoral between siblings), but we should see it as problematic also if we were to think of it as a

version of romantic love (as they enter and depart from the sexual intercourse with the -apparently successful- intention of not "getting involved"). In line with what brought forward by the authors in their book (Earp and Savulescu 2020, 21-22), when I refer to romantic love, I mean the definition used in the literature in recent years, put forward by Helen Fisher[1] and expanded by Earp, Savulescu and colleagues in a vast collection of works,[2] that sees love as a combination of attraction, lust and attachment. Though aware of the limits of such a definition, the authors want to stress the importance that substances such as dopamine, testosterone, serotonin, oxytocin and more play in the various phases of our love life -tackling from close the sensitive issue that, due to the rapid developments in neuroscientific research, we might soon be able to "direct" love once understood the exact dose of each component of the equation. This categorization of love has helped researchers conceptualize ways in which to quantify our emotions and I have discussed elsewhere why that categorization might be problematic.[3]

My contention here is that the case of Julie and Mark shows us that one (or a couple rather) could be expected to engage in a sexual/relational activity for the sake of it -for fun as it were- under the right conditions. In the scenario put forward by Haidt, it would appear as if those conditions are *not putting at risk* anything: not the social order, not the potential offspring's genetic make-up, not falling in love with the "wrong" person. In fact, going back to the description we have been using when talking about love, we see that, at best, only the first two conditions were present (attraction and lust) as they want to engage in a "no strings attached"

[1] Fisher, Aron and Brown 2006.

[2] Earp, Sandberg, Savulescu 2014b; Earp, Sandberg, Savulescu 2015; Earp 2012; Earp, Sandberg, Savulescu 2012.

[3] Garasic 2019 and 2013.

experience, so we are *not* talking about romantic love in the fullest sense but sex between two free, competent individuals. Following on from the premise of rational, competent adults engaging in sexual activity, this paper wants to pay attention to the importance of those recent studies for the way they could lead us to accept one of the most globally accepted taboos in human history -incest- and why that is troubling. As the findings of these studies have been given ample space in Earp and Savulescu's book (as well as many previous publications), here I will not dwell into them, but I will assume that the readers will be already familiar with those -and that there is agreement on the scientific evidence of some recent developments in understanding how love drugs do (e. g. synthetic oxytocin), or could, work.

II

Royal love

We have been talking about romantic love till here, but different types of love have also been – and are – present in human relationships. One version of these alternative ways of experiencing and expressing one's love is when an individual puts the country of origin -or choice- at its center. One's action are shaped by this love for an ideal. As a result, the love for the country, or family, or power itself made the "romantic relationship" secondary -and (as highlighted by the authors as well: "until very recently, marriage was not primarily based on love"[4]) marriages were often compromises aimed at satisfying the first level of love (for the nation or family) with very sporadic instances where the second level of love (that for the spouse) was fulfilled as well. When the world was still waiting for the French Revolution

[4] Earp and Savulescu 2020, 107.

to take place, royal families across Europe kept on marrying each other so to 1) increase their wealth 2) ensure not to decrease it 3) avoid war 4) expand the prestige of the Kingdom.

As we know, the practice of royal inbreeding produced a number of typical deformations in more than a generation (perhaps the most know example is the so-called Habsburg Jaw), as the resulting children came from a rather limited genetic pool. In time, evidence of this kind of risk discouraged incest among the general population even more than it already did religion and pushed the European nobility to reconsider inbreeding. Yet, an approach that we consider outdated might well find again its place in modern society if neurointerventions related to our inclination towards other romantic partners prove to be as effective as data seem to be increasingly suggest.

III

Instating the inbreeding of the wealthy

Though with some differences from the past – relevance is now given to the bank account rather than the degree of blue blood in the family – the rational choice of an individual (very much alike the siblings Julie and Mark) from a wealthy family could be that of deciding to engage in romantic relationships – marriages even – only with partners belonging to their same, exclusive, segment of society. In fact, if all things could be equal in terms of romance (love drugs could help guaranteeing that as we have gathered from the book), why should a rich risk to lose his or her competitive advantage in society? From a certain point of view, the preservation and increase of power (as with royal families in the past) should be understood as a rational choice made by individuals to increase the chances of a higher quality of life for the offspring. This rationale could push us to think that such a choice – even if

far from being romantic – should be accepted as a free, autonomous choice of a competent agent. Hence, a liberal society such as ours should tolerate it. In relation to this, Earp and Savulescu write:

> If we want a society where everyone, or even just most people, can really flourish in their romantic lives, we should push for a dominant social script that recognizes and allows for a range of relationship norms, so long as these are based on mutual consent and *respect for others*. That way, people can figure out what works for them, and be socially supported in their decision (Earp and Savulescu 2020, 43).

I assume that "respect for others" cannot imply sticking to the old fashion (often religious based) norms in the sexual sphere of one's own private life – otherwise the all argument in support of a liberating and liberal approach to sexuality (be it heterosexual, homosexual, polyamorous or else) would not have been put forward by the authors. If that is the case then, we could also say that incest among consenting adults could not be discriminated either. Yet, caution should abound and here I share some of the concerns of Sean Aas and Candice Delmas (2016) – though from a different angle- highlighted by the authors, namely that "what is rational for the individual within a group can still be socially harmful if it promotes greater intolerance or injustice toward the group at large" (Earp and Savulescu 2020, 165-166).

If on the one hand, we could wave the flag of liberal eugenics (Agar 2004) as something different from eugenic programs of the past for its individualistic nature that does not impose anything on anyone, on the other hand it would become very difficult for the supporters of this view to defend that the implementation of this approach does not, structurally, mark and reinforce the gap

between *have* and *have nots* – as this would be the very essence of the choice made by the rich. That seems to suggest that the risk for a neater categorization of individuals into predefined classes will be very high – not sounding very liberal at all. If nothing else, for not truly giving a fair shot at everyone to, not only to love who they want, but also, in the case of *have nots*, to have a shot at entering the "circle of the rich" also through the door of marriage. The suggestion here, is not that poor people should marry rich to improve their lives, but – as subtle as this difference might be – that structurally depriving society of this possibility is problematic and needs to be addressed, because pretending that this would not represent a drawback could only lead us to a very dysfunctional (or extremely classist) society. Surely, these considerations are strictly connected to the possibility of rendering ineffective the biological reasons that have led us to consider incest a taboo of the worst kind. So, how far are we from this incest neutral future?

IV

Assisted reproductive technology and incest

An opening towards a wider acceptance of incest in our society (even if less direct than the versions pictured here) is far from being a trivial speculation. It is a reality that has already entered the public debate in bioethical contexts. For example, the American Society for Reproductive Medicine has warned us[5] against the use of assisted reproductive technology (ART) programs aimed at creating the conditions for incestuous offspring resulting from the use of such technologies. In the specific, in the report it is written

[5] Ethics Committee of the American Society for Reproductive Medicine. *Consideration of the gestational carrier: a committee opinion*, *Fertil Steril* 2013; 99:1838-41.

that "the use of adult intrafamilial gamete donors and gestational surrogates is generally ethically acceptable except when such arrangements are consanguineous or simulate incestuous unions."[6]

Part of the reticence of the Ethics Committee to accept the possibility of incestuous offspring was based on the doubts over the efficiency of the very technology involved. However, this is a standard worry for any technology we consider in relation to human beings coming to the world in the last decades – beginning with the first IVF girl Louise Brown back in 1978. More relevant for our discussion here, is the fact that the resistance against this potential way of using ART is based on medical evidence such as the high percentage of risks to have malformation in children resulting from first degree cousins' relationships. Although true, focusing only on this kind of medical data could open the door to a situation in which – once able to readdress these risks through genetically editing babies with clustered regularly interspaced short palindromic repeats (CRISPR) or other techniques – we will not have any good arguments to affirm that the taboo has medical reasons to remain such, and that is possibly why the relevance of the impact that such a cultural change would have on society is even more important.

V

Incestuous children 4.0

In a provocative paper Andrew March (2009) addresses delicate issues related to sex and marriage, namely that of incest, polygamy and reproductive freedom. Specifically concerning incest, he convincingly lists three main reasons for banning and abhorring incest: 1) child abuse; 2) the unfair burdening of society; and 3) the

[6] *Ibid.*, 1838.

creation of bad lives. Leaving aside the first condition as irrelevant for this paper is focused on competent adults, we should build on the other two conditions that tend to make us perceive incest as unacceptable -and that advancements in biomedicine might have changed in ways that are still not sufficiently considered. The creation of bad lives is a definition that needs clarification of course, as there is no intention to reinforce or re-propose eugenic tendencies of the past. "Bad" is not to be associated with skin color, ethnicity, religion or any discriminating variable but health. Of course, the definition of the bearable risks of health is something in itself open to criticisms[7] (let us think for example of the anti-ableism movement that does not want the conceptualization of deafness or dwarfism as illnesses), but the focus here should be another: it is nowadays possible to foresee and avoid most threats to the health of the fetus through the screening and -most of all- the use of new techniques (from PGD to CRISPR) during pregnancy. This means, that if one *wants* to take advantage of this option, she can. In other words, she can increase the chances to have a "normal" baby, which could, in a way, solve the second and third conditions at once. In a way because, although the unfair burdening of society would not increase from having an incestuous child (in comparison to a non-incestuous one of comparable levels of "normality"), there is room to argue that the burden for society remains in an indirect form.

Going back to Haidt's example, we could say that – differently from past examples where the choice of such inbreeding marriages had implications for a) the offspring b) the wide population as sometimes they were subject to suddenly change language or religion in the blink of an eye, – the potential use of neuromodulation to allow to sexually engage with rich family members should be tolerated by our society. However, that initial

[7] Garasic 2014.

temptation should not go unchecked. For instance, some studies have been trying to argue that richness might be inversely related to our inclination to generosity and empathy.[8] Considering that one of the authors[9] (and so do others[10]) expressly suggest that we should improve our empathy through other forms of neuromodulation, so to reach moral enhancement, one is left to wonder: are we sure it would be an improvement -for individuals and society to promote an implementation of "artificial relationships" if we see them structurally in need to be redirected again in other spheres of human interaction and social life?

Conclusion

Developments in the understanding of how our brain works are gradually allowing us to read more and more our emotions and increase of our power to interfere with the biochemical reactions in our head can be seen as a tempting option in certain instances. It might have to be portrayed as an increase in our power to express our liberty or approach to life. In a not too distant future, we might have the possibility to switch on and off our predisposition to love a certain someone that we would rationally choose a priori. Though tempting and "fun", a full-scale acceptance of breaking certain taboos will have repercussions on society through one specific version of "sexual liberation": incest. Even if not suffering from dogmatic censorship or able to overcome historical and scientific limitations through the use of techniques such as PGD and CRISPR, incest should still be seen as condemnable for at least two reasons.

[8] Osman, Jie-Yu and Proulx 2018; Watts, Duncan and Quan 2018.
[9] Persson and Savulescu 2012.
[10] Buchanan and Powell 2018; Douglas 2008.

On the one hand, embracing it would open the door to an even more segregated society, where rich people will go back to have sex (and marry) *only* rich people. On the other hand, it will push our society to conceptualize even more each individual as a single, distinct entity that needs to follow his or her desires blindly (no matter how ephemerals). We do not need to use the slipper slop argument (if we allow this "degree" of incest, why not other, even more problematic versions). Suffice to think that this approach to life not only will affect romantic relationships (I only fall in love with whom I want, when I want), but relationships more broadly – creating worries on how dysfunctional our society could become if led by individuals unable to empathize with others due to their lack of training in not experiencing one's emotions, but rather choosing to live them only when safe and convenient. In their book Earp and Savulescu make a huge effort in stressing how the justification for the use of love drugs in certain instances derives from the willingness to help some individuals to suffer less. The intention is noble, but it has perhaps not taken into consideration some troubling aspects that I have tried to highlight here.

> Choosing *not* to make a change is still a choice, so choose with care. The status quo cannot relieve you of this burden. Once we have the power to alter a situation, we are morally responsible for the decisions we make -including the decisions to leave things to chance, or to keep things as they are" (Earp and Savulescu 2020, 51).

Out of all the many interesting verses of the book, I would like to conclude with this quote because I think it represents perfectly the underlining tone of the book: a hymn that revolution is good and could be embraced. Even – or perhaps, evermore so – when it comes to emotions and love. Even if sympathetic to the idea in

theory, my concern is related to the reactionary impact that such drugs might have on our society. So, perhaps, choosing not to drug our love lives might be the most revolutionary thing to do after all.

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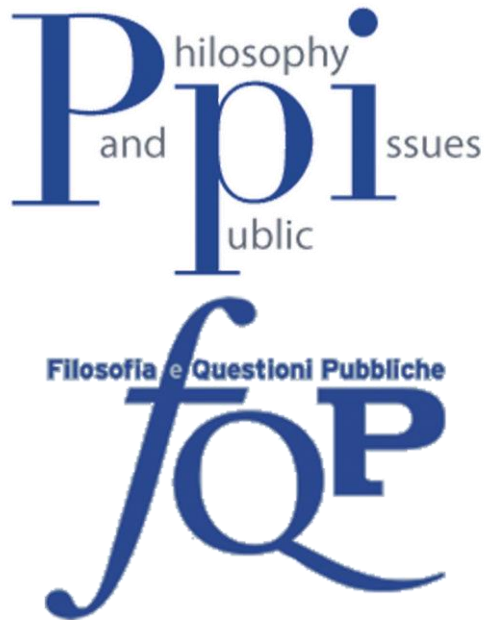
SYMPOSIUM

PSYCHEDELIC RELATIONSHIP ENHANCEMENT



NO LOVE DRUGS TODAY

BY

ROBBIE ARRELL

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No Love Drugs Today

Robbie Arrell

L*ove is the Drug: The Chemical Future of Our Relationships* by Brian D. Earp and Julian Savulescu feels, in some ways, like the culmination of a fascinating philosophical debate the authors set in motion more than a decade ago about the prospects of using biotechnology to enhance love. In other ways, though, the book marks a new beginning, which will hopefully see their work break new ground and bring these ideas to wider audiences than ever before. In particular, what Earp and Savulescu have to say about MDMA-enhanced relationship counselling, the prospect of which takes centre stage in the book, strikes me as deserving of the widest audience there is. In that respect, I found the authors' arguments to be utterly compelling and was left quite convinced of the sensibleness and necessity of tearing down barriers to research that might one day enable the reintroduction of MDMA and psychedelics as legitimate therapeutic tools.

Unfortunately, however, incorporating MDMA into therapy regimes as an adjunct to relationship counselling is not a potential option likely to be made available to the masses anytime soon. So, as compelling as this aspect of Earp and Savulescu's project is, it is still necessarily speculative for the most part. But as Earp and Savulescu stress throughout the book, it would be a mistake to

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think that the prospect of love drugs in general is just some far flung possibility best left to the pages of science fiction. In fact, as they point out, "love-altering drugs are already here, partly in the form of understudied side effects of widely used prescription medications" (Earp and Savulescu 2020, 71). In other words, many already-existing prescription drugs being taken for the purposes of treating symptoms of acknowledged diseases or disorders rooted in individual biology are already affecting not just those individuals themselves, but also their relationships with their romantic partners. In this respect, at least, "existing biotechnologies are already capable of altering love, whether positively or negatively, through a variety of more- or less-direct routes" (*ibid.*, 64). Thus,

> love drugs and anti-love drugs are not some made-up possibility for the future: biotechnologies are currently available that can have an enhancing or degrading effect on the neurochemical bonds that underlie romantic love, and these could possibly be used to help maintain some good relationships and end some bad ones (*ibid.*, 149).

In this paper, I deny Earp and Savulescu's claim that "love-altering drugs are already available and some are in widespread use" (*ibid.*, 149-150). In doing so, I don't mean to deny their point that it is "a scandal that we don't know more about the effects of these drugs (good or bad) on our romantic partnerships, due to an exclusive focus on individuals and their private symptoms in clinical studies" (*ibid.*, 14). A lot of the prescription medications people take affect their relationships in various ways, both good and bad. We should be studying this. What I do deny, though, is that what these drugs affect is love.

In the first section, I spell out the claim that, in order for your beloved to enjoy your love, you must provide them with care. In section two, I reconstruct an example of Earp and Savulescu's in which you are prescribed an SSRI that has the effect of making it

so that you are unable to provide your beloved with your care. As I argue in section three, however, the denouement of the authors' SSRI example – "Change in biology, change in love: proof of principle" (Earp and Savulescu 2020, 60) – relies on a *non sequitur*, the result being that their example falls short of proving what it claims to. The upshot, as I explain in the final section, then, is this: if one assumes that love drugs, in order to qualify as such, must affect the love partners have for one another, then no existing medications commonly prescribed to treat individualized conditions of the kind Earp and Savulescu focus on can properly be called love drugs.

I

Love Actually

So, what is love? That is, of course, an enduringly contested philosophical question, and one Earp and Savulescu are understandably reluctant to commit themselves on, mainly, as they write, "because we don't want our analysis of particular cases to depend on which theory of love you happen to agree with" (2020, 19). That being said, they do appear willing to endorse two minimal features of love. The first is that "any plausible theory of love would recognize that it has, at minimum, a dual nature" (*ibid.*), comprising both a psychosocial dimension and a biological dimension. The second is that "true love, whatever else it is, is something that requires genuinely caring about (and trying to promote) the other person's well-being" (*ibid.*, 59) out of a non-instrumental special concern for them (see also Earp 2019). As interesting as theories of love's dual nature are (see, e.g., Jenkins 2017), I do not wish to comment on the plausibility of them here. Instead, I want to think through some of the implications of the second of these claims.

This claim, to reiterate, says that, in order for you to enjoy the good of my love, I must provide you with the good of my care. This good of care plays out, I will assume, as a special concern for your well-being over and beyond the care I have for that of all persons generally, typically finding its expression in my partial treatment towards you. But my care for you must not be motivated by any old contingent reason. If, for example, I provide you with the good of my care, but only because you are super wealthy (such that, were you to lose all your riches, I'd be out the door in a flash), then I doubt we would want to say that you genuinely enjoy my love at all. And, crucially, I suspect many would think this, even despite the fact that you actually do enjoy my care, and foreseeably will continue to, so long as you remain rich and I a shameless gold-digger.

All of which is just to say that love belongs to the class of goods which Philip Pettit (2015) describes as robustly demanding; i.e., goods that require not only that things be thus and so as things actually are in the here and now, but also that they be thus and so robustly, across a range of non-actual scenarios in which you/I/circumstances are somewhat altered. More precisely, a particular good is robustly demanding or "rich" (Pettit's shorthand for robustly demanding, which I shall adopt henceforth) if its realisation requires robust provision of corresponding robustly undemanding "thin" goods, where the provision of which is indispensably explained by considerations of the goods-recipient (Pettit 2015, 11-14). With respect to love in particular, then (there are many other rich goods besides love), the basic idea is this: Your enjoying (the rich good of) my love requires that I provide you with (the corresponding thin good of) my care. Crucially, however, in order for you truly to enjoy (the rich good of) my love, it will not be enough that I provide you with (the corresponding thin good of) my care merely actually, as things stand. For you to genuinely enjoy (the rich good of) my love, it must also be the case that (i)

you would enjoy (the thin good of) my care even were you/I/circumstances somewhat altered; and (ii) considerations of you play a uniquely indispensable role in explaining my robust provision of (the thin good of) the care you enjoy from me (Pettit 2015; Arrell 2017, 409).

This account of love as robustly demanding may seem philosophically obtuse at first blush. And yet, the intuition it is channelling is one that I think many of us share, whether we realise it or not, at least if poetry and song are any indication of popular sentiment. Consider, for example, William Butler Yeats's poem *For Anne Gregory*:

> Never shall a young man,
> Thrown into despair
> By those great honey-coloured
> Ramparts at your ear,
> Love you for yourself alone
> And not your yellow hair.
>
> But I can get a hair-dye
> And set such colour there,
> Brown, or black, or carrot,
> That young men in despair
> May love me for myself alone
> And not my yellow hair.
>
> I heard an old religious man
> But yesternight declare
> That he had found a text to prove
> That only God, my dear,
> Could love you for yourself alone
> And not your yellow hair.
> *For Anne Gregory*, by William Butler Yeats

Translated into the somewhat less poetic terms set out above, it seems that, in order for Anne to truly enjoy the love she yearns for from you (assuming you are one of her young suitors thrown into despair by those great honey-coloured ramparts at her ear), she desperately requires that (i) she would enjoy (the thin good of) your care even were she/you/circumstances somewhat altered (e.g., if her hair were not yellow, but brown, or black, or carrot). And, also, that (ii) considerations of her – Anne – play a uniquely indispensable role in explaining your robust provision of (the thin good of) the care she enjoys from you (i.e., that you may love her for herself alone, and not her yellow hair). And poor Anne, it seems, is far from alone in wrestling with these sorts of questions. The Beatles similarly wanted to know: "What would you do if I sang out of tune? Would you stand up and walk out on me?" as well as wondering "Will you still need me, will you still feed me / When I'm 64?" More recently, Lana Del Rey felt compelled to ask: "Will you still love me / When I'm no longer young and beautiful? Will you still love me / When I've got nothing but my aching soul?" while Brian Nhira asked "Would you love me when it's hard / And our life's fallen apart? If the things that we once knew are long gone?" And perhaps the forerunner of them all—Carol King – once pondered: "Will you still love me tomorrow?" or "will my heart be broken / When the night meets the morning sun"

The underlying thought that these literary and popular culture musings are all gesturing towards is hopefully clear enough. If the sun coming up, or my losing the ability to sing in tune, or perhaps my youthful good looks, or my hair, my fame, my fortune, etc., is sufficient to cause your love for me to lapse, then on most accounts of what love is, we are inclined to think it never deserved the name to begin with. Which suggests, perhaps surprisingly, that whether or not I enjoy your love actually – in this, "the real world," so to speak – depends, in a very real sense, on how things are in non-actual scenarios, or "other possible worlds." For, should it

turn out to be true, say, that you would stand up and walk out on me if, counterfactually, I couldn't sing in tune, the conclusion to be drawn is not just that you wouldn't love me *then* (in the non-actual scenario in which I have lost the ability to sing in tune), but crucially, rather, that you don't love me *now*; that, indeed, you don't, and perhaps never really did, love me at all. As such, even though I may actually enjoy the thin good of your care, that is not sufficient to make it the case that I enjoy the rich good of your love actually.

Hopefully, this account of love should be broadly acceptable to Earp and Savulescu, who describe themselves as being "somewhat less concerned about whether a given state of desire, attraction, etc., is deserving of the label "love," than with whether it is causing net [benefit or] harm to oneself or someone else" (2016, 94). Because, for me to enjoy from you the rich good of your love just is for me to realise a net gain in the amount of good I enjoy relative to what it would be if your provision of care were motivated, not by uniquely indispensable considerations of me/my welfare, but, by merely contingent considerations. Thus, whilst there is a straightforward sense in which your being appropriately disposed towards me may make you more likely to provide me with the good of your care, and may even enable you better to know and recognise the kind of care I need of you, there is something more at stake here. For, on Pettit's line, your being thus disposed serves a further distinct function, which is ontological as opposed to practical or epistemological. On this view, acting from an appropriate disposition enables the creation of a whole other layer of goods – i.e., robustly demanding goods – that are otherwise unrealisable (Pettit 2012, 10). Thus, it is in fact only as a result of your being appropriately disposed that the rich good of your love I rely upon exists.

Of course, even if you are not appropriately disposed towards me – e.g., it is not considerations of me that play the uniquely

indispensable role in explaining your provision of care for me, but considerations of the wealth you hope to inherit from me when I die – I may still on balance prefer that situation to one in which you aren't around at all. I still enjoy the thin good of your care actually, after all, which is perhaps better than nothing. But if it is considerations of me and not merely my money that move you to care for me, then I enjoy all of these same goods and more. For then, as well as the thin goods of care you provide me with, I also enjoy, as a constitutive consequence of your being appropriately disposed to provide me with your care robustly, the rich good of your love. This being so, placing a premium on the desirability of rich love understood as a robustly demanding good should hopefully be acceptable to even the purest of "welfare-oriented enhancement theorists" (2020, 181) like Earp and Savulescu.

II

"Change in biology, change in love: proof of principle"

Let's suppose then that for it to be true that you love someone, you must care about them and have a special concern for their well-being in the sorts of ways just described. Now imagine, as Earp and Savulescu do at one point:

> that you take a drug that makes it so you *don't* care about your partner's feelings in some or all of those senses, much less their overall well-being. Or perhaps you do care, but only in some abstract, cognitive sense that doesn't correspond to the appropriate motivations or behavior. Suppose you can see that your partner is very upset about something, for example, but their being upset doesn't strike you as all that important (as long as you are taking this drug) (Earp and Savulescu 2020, 59-60, original emphasis).

Does such an awful-sounding drug really exist? "Yes, it does," according to Earp and Savulescu: "It's called a selective serotonin reuptake inhibitor, or SSRI, and it's the most commonly used drug to treat depression" (*ibid.*, 60). Not everyone who takes SSRIs experiences this kind of diminished emotional responsiveness. But, as Earp and Savulescu point out, given that part of the point of SSRIs – at least when prescribed for depression—is precisely to "blunt" one's emotions and maladaptive feelings of sadness, it is not surprising that they sometimes simultaneously diminish one's ability to care about other people's feelings as well (*ibid.*).

This brings us back, then, to the crux of the point Earp and Savulescu set out to establish with this example:

> What if one of those other people is your romantic partner? Remember that we are assuming that caring about your partner's feelings is one of the bare-bones necessary ingredients of true love. If your very capacity to do this is sufficiently degraded by an SSRI, over a long-enough period of time, then the drug will by definition change your love for your partner—potentially to the point that it no longer counts as love at all. Change in biology, change in love: proof of principle (*ibid.*, 59-60).

Assuming that "true love, whatever else it is, is something that requires genuinely caring about (and trying to promote) the other person's well-being" (2020, 59), and that being on SSRIs does indeed make it the case that you don't care about your partner's feelings, Earp and Savulescu's argument looks about as watertight as they come. And, if anything, the account of the rich good of love fleshed out in the last section would seem only to add yet more grist to their mill. For, if your partner's enjoyment of the rich good of your love requires minimally that you care about them and their feelings robustly, then a drug-induced change in your biology that makes you less likely to care about them does indeed seem suggestive of the denouement of the authors' SSRI example:

"Change in biology, change in love: proof of principle" (Earp and Savulescu 2020, 60). And yet, as it turns out, the argument proves nothing of the sort.

III

Love is not love which alters as it ill health finds

Suppose you take an afternoon power nap to try to help improve your mood and functioning. And suppose also that sleeping changes your biology, and one effect of this change in your biology is that your partner doesn't enjoy from you the same quality of care while you are sleeping as they otherwise do (i.e., when you are awake). Should we conclude from this that your being asleep will by definition change your love for your partner? I think we should not. Being asleep, it is true, will make it the case that your partner doesn't enjoy from you the same quality of care as they do when you are awake, but it wouldn't seem to follow from this that being asleep changes your love for your partner. And the reason why, is simply because the scenario in which you are asleep is not one across which it would be reasonable for your partner to require your provision of the thin good of your care to be robust, in order that they may enjoy the rich good of your love. To see this, imagine you and your partner find yourselves having a conversation that unfolds thus:

> Your partner: "Would you still give me the same quality of care that you do now, if you were not awake (as you are actually), but sleeping?"
> You: "Errrr, no!?".
> Your partner: "I knew it! You awful swine! You don't love me at all!"

If your partner were to react this way, you would I think be well within your rights to wonder whether they have gone temporarily insane. For you see, or at least intuit, the *non sequitur*.

Taking a nap and taking SSRIs for clinical depression are of course very different, but the mistake of inferring a change in love from a change in care wrought by their biological effects is not. Suppose you take medication to help improve your mood and functioning. And suppose also that the medication changes your biology, and one effect of this change in your biology is that your partner doesn't enjoy from you the same quality of care while you are under the influence of emotion blunting SSRIs that they otherwise do (i.e., when you are not under the influence of emotion blunting SSRIs). Should we conclude that your being under the influence of SSRIs "will by definition change your love for your partner"? For the same reason as before, I think we should not. The premises both here and in the napping case are about care, while the conclusions are about love. As such, they simply don't speak to each other in the requisite fashion they should, unless the goods of love and care are held to be one and the same good, which, as we saw in section one, they are not. This is easily illustrated once more by imagining how the corollary conversation with your partner might go in this scenario:

> Your partner: "Would you still give me the same quality of care you give me now, if you were not in good mental health (as you are actually), but clinically depressed and under the influence of SSRI medication that made it so you couldn't give me the same quality of care you give me now?
> You: "Errrr, no!?".
> Your partner: "I knew it! You awful swine! You don't love me at all!"

Again, such an exchange would, I suspect, leave you wondering whether your partner has perhaps become a little unhinged.

A change in your biology may effect a change in the quality of care you provide your loved one with, and perhaps even cause it to lapse, as in the cases under discussion here. But, before we can say that a change or lapse in care translates into a change in love, we need to know whether the scenario in which the change or lapse occurs is one across which it is reasonable to require care to be robust in the first place. For, although we require that your provision of care be robust across a range of possible scenarios in which I/you/circumstances are different, we do not require robustness across *all* possible scenarios. Admittedly, distinguishing the scenarios in which provision of the thin good of your care is required for me to enjoy the rich good of your love from those in which it is not, is a complicated task, and one I am not convinced even Pettit manages to tackle in a satisfactorily non-circular manner (Pettit 2015, 14-31; Arrell 2017, 411). But we don't need to settle that issue definitively to be able to see that some scenarios are such that it would be quite absurd to require your care to be robust across them, in order that I may enjoy your love actually. And one such scenario, is that in which you are ill and on medication that obstructs or disables your ability to care for me. As with being asleep, what being under the influence of antidepressant medication "will by definition change" is not your love for me, but merely your capacity to provide me with the same quality of care you otherwise do.

As suggested in the title of this section, which is a play on Shakespeare's famous line "Love is not love/ Which alters when it alteration finds", ill-health is an "alteration" across which many of us believe loving care should be robust. For it to be the case that my wife Emilie, for example, genuinely enjoys the rich good of my love, it must also be the case that my care for her would not lapse in the event that she were to fall ill. In this respect, it is perfectly reasonable for her to require that my care for her be robust, say, across a scenario in which she is diagnosed with clinical depression

and prescribed emotion blunting SSRIs, even if as a result she cannot care for me as she normally does. But for Emilie to require that my care for her be robust across a scenario in which *I* am diagnosed with clinical depression and am prescribed emotion blunting SSRIs that temporarily disable or obstruct my capacity to care for her as I normally do, does not seem reasonable in the slightest. Moreover, to conclude that I no longer *love* her the same then, on account of the fact that I am unable to provide her with the care I otherwise would were my capacity to do so not obstructed by factors I have no real control over, seems quite mistaken to me. In the context of alterations like these, at least, I think that what we might say is that my love alters not either, when it alteration finds in me.

IV

Who Cares?

I have argued that Earp and Savulescu move too quickly from the claim that drugs taken to treat individual symptoms can affect the quality of care in relationships, to the claim that they affect love. To some, however, this may seem like philosophical quibbling of the highest order. Had, for example, the authors foregone the rhetorical force of vibrant talk of "changes in love" or "love-affecting" interventions and strictly confined themselves instead to boring, beige talk of changes in quality of care or relationship-affecting interventions, then it may seem like I would have nothing left to complain about. And, in a sense, that is true. For, such a step-down would effectively concede the very thing I have been suggesting: if a requirement of drugs qualifying as love drugs is that they affect the *love* people in a romantic relationship have for one another, and not just the quality of care they show each other, then none of the currently existing, more or less common, legal prescription drugs Earp and Savulescu reference at

various points in their book are love drugs. To quote my own title (!): No Love Drugs Today. If, however, the authors were to choose instead to double-down, so that all that is required for drugs to qualify as love drugs is that they affect merely the quality of care romantic partners provide each other with, then all drugs are love drugs, given the right context, in which case the very notion of love drugs is rendered meaningless.

And yet, sometimes, what Earp and Savulescu write suggests they might be okay with the all-encompassing account, as when they say:

> In our view, if a drug can shape motivations and behavior in ways that make it nontrivially more (or less) likely that love will come about or survive, then we're happy to call it a love drug (or an anti-love drug), even if it doesn't affect love directly. Alcohol offers a simple illustration. It may be the oldest and most popular love drug around (Earp and Savulescu 2020, 62).

But I think that, if it were to turn out that this is all it takes to be a love drug, it would leave me feeling quite underwhelmed, a little bit like I felt when I discovered that the "Anti-Loneliness Ramen Bowl" was just a bowl with a built-in iPhone dock.

To be clear, the point of this commentary is not to deny that circumstances in which your partner develops an illness for which they require medication will take a toll on your relationship; or, that your partner's capacity to care for you may be diminished when they are ill and/or medicated. Nor is the point to deny that presently available prescription medications that people are taking to treat conditions like depression, anxiety, PTSD, etc., are capable of affecting love directly, as opposed to merely indirectly. The point, rather, is that they don't affect *love* at all. If your partner, or your parent, or your child, or your friend is diagnosed with a debilitating illness, and either as a consequence of their condition,

or the medication they are prescribed to treat it, you find that you don't enjoy from them the same kind of care you did before they fell ill, it would belie a strain of egomania unbecoming indeed to infer from this that they don't love you the same anymore. Indeed, even at the cruel limits, where illness and medication make it the case that one's beloved's care will never return, I'm inclined to think that something, even if only an echo, of love endures. At least, I hope that, should I ever get Alzheimer's, for example, and as a result become quite uncaring and perhaps even cruel and unkind towards Emilie, she wouldn't take that to mean that I didn't love her to the end. But maybe that's just the old romantic fool in me clinging to the dewy notion that some remnant of love exists quite apart from and beyond the reach of biology and the bounds of our skin.

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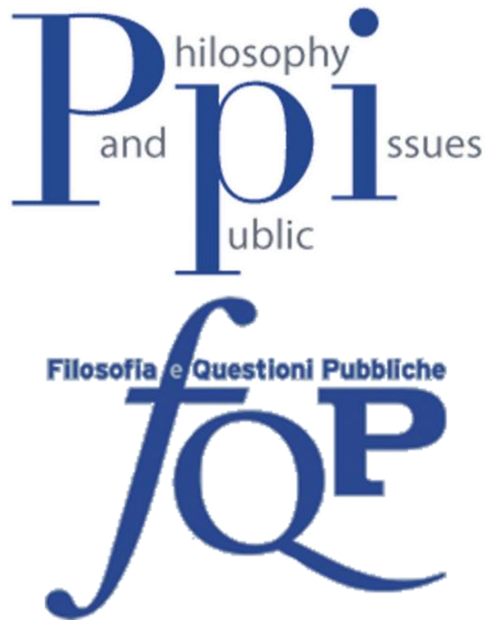
SYMPOSIUM

ENHANCING LOVE?



A PLEA FOR FOLLOW-THROUGH

BY

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A Plea for Follow-Through

Allen Buchanan

With the publication of *Love Drugs*, Brian Earp and Julian Savulescu (2020) have achieved the status of leading public intellectuals. They have done something quite rare: produced a book that is eminently readable and that will appeal to the broadest thinking audience, but which is sufficiently nuanced and rigorous in its argumentation to satisfy the most demanding moral philosophers.

I find myself in a difficult (and unaccustomed) position: I agree with almost everything in a book upon which I have been asked to comment. Nonetheless, I will advance two points, one somewhat critical, the other merely a plea for extending the central argument of the book. The upshot of my comments are this: Give us more!

The critical point is simple. Earp and Savulescu repeatedly echo the view, expressed by all of the researchers and practitioners whose work they cite, that they only advocate chemical interventions to facilitate changes in intimate relationships *if these*

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interventions are accompanied by more traditional therapies. Yet so far as I can ascertain, nothing in the argumentation of *Love Drugs* warrants this blanket constraint.

It might be plausible to argue that in the case of chemical interventions whose efficacy and safety are not well-confirmed, there is a strong presumption that their use should be a last resort, to be undertaken only after various more traditional interventions have proved unsuccessful. But if a chemical intervention has been shown to be effective and safe and if a competent individual consents to its use under conditions of informed consent, using it without any accompanying nonchemical treatment will sometimes not only be permissible, but even morally mandatory.

As far as I can tell, the only potential ethical objection to stand-alone chemical interventions under such circumstances would be that without adjunct interventions that directly engage the individual's conscious reasoning and judgment, a chemical intervention would somehow undermine the person's autonomy or damage her identity. Such an objection clearly fails, however. People routinely authorize chemical interventions to cure or mitigate a broad range of undesirable physical or emotional or cognitive conditions and may do so without adjunct nonchemical treatments if the latter would be ineffective or too costly.

Further, even when chemical interventions are accompanied by more traditional treatments, the chemical intervention presumably has some independent effects; and if these when taken by themselves would undermine autonomy or identity it is unclear how adjunct nonchemical treatment reliably prevent that. Finally, there is no good reason to assume that chemical interventions are, per se, more of a threat to autonomy or identity than all other modes of treatment. When a competent individual freely chooses a stand-alone chemical intervention, under conditions of informed consent, this action can be an exercise of autonomy, not a violation

of it. Whether the treatment undermines identity depends upon its effects on the neurological foundations of identity, not upon whether it is a *chemical* intervention.

I suspect that Earp and Savulescu would in fact agree with me on this matter. Given their arguments in favor of chemical interventions (and their previous related work), it is hard to see how they could not. My hunch is that the mantra "never without adjunct nonchemical therapy" is a strategic concession—an attempt to allay reactionary, poorly-reasoned or knee-jerk rejections of their ultimate goal: to convince people that the potential benefits of chemical interventions in intimate relationships are sufficiently great as to warrant serious research. Whether or not they should have made this concession in a book intended to persuade an extremely broad audience is something on which reasonable people might disagree. Nevertheless, I think that in the end they are in fact committed to the less constrained view of the uses of chemical interventions in intimate relationships.

My second point is entirely constructive, not in the least critical. I believe that the case Earp and Savulescu have made for chemical interventions in intimate relationships should be extended to other psycho-social problems. More specifically, I urge them to make the case for a serious research effort to determine whether chemical interventions could mitigate the horribly destructive "tribalistic" mentality that is not only making democracy impossible in some countries—including perhaps preeminently the U.S.—but which also threatens to undermine a momentous development in our understanding of morality itself. By the tribalistic mentality I mean (roughly, and as a first approximation only) the following.

1. the tendency to regard politics broadly conceived as a winner take all, zero sum contest for the highest stakes (a rejection

of the presumption that compromise is possible and desirable and that power can be shared).

2. the tendency to operate with an essentialist metaphysics of the Other, proceeding on the assumption that They (in the U.S., "liberals" or "conservatives") are all alike and that Their behavior is determined by a shared essence.

3. the tendency to treat social, cultural, and political issues as tightly knit bundles—package deals that one must take or leave *in toto*, rather than as potentially fissionable. (As with items 1. and 2., this tendency also renders compromise a non-option).

4. the tendency to denigrate the Other so severely as to deprive them of the status of beings with whom one can reason and as credible sources of testimony. One way in which this result is achieved is to regard all of Them as either incorrigibly stupid or uniformed or as irredeemably corrupt and insincere. In either case, the implication is that there is no point in listening to Them or trying to engage them in dialog. Instead of engaging with the substance of their views, one attacks their character or mental capacity.

5. The tendency to espouse an ideology, broadly conceived, that includes "belief immune system" functions, where this includes epistemically flawed cognitive dissonance resolution mechanisms that reduce or nullify the effect of evidence that conflicts with the beliefs that define Us in opposition to Them, ubiquitous confirmation bias, and systematic discounting of contrary beliefs simply because they are beliefs held by Them.

6. Partly as a result of tendency 4., the tendency to inhabit "echo chambers" – to interact primarily if not exclusively with

people who hold the same views on matters that distinguish Us from Them. Replicated research has shown when this occurs, one's political opinions become more extreme.

7. a tendency for "social signaling" to drive out truth-seeking.

In other words, what might first appear to be efforts to make true statements or judge the truth or justification of statements made by others is not in fact primarily a cognitive or epistemic activity, but rather a means of signaling one's membership, as affirming that you are on of Us (and not one of Them).[1]

Where these seven tendencies exist and reinforce one another, the conditions for democracy do not exist. Perhaps even more seriously, the tribalistic morality can be seen as a regression from what may be one of the most important milestones in moral progress: the transition from an understanding of morality that relegates out-group persons to an inferior moral status to one that views morality as centrally involving the sincere exchange of reasons among individuals who regard themselves as equals so far as the exchange of reasons is concerned, that is, who proceed on the assumption that they are all capable of reasoning together to determine what should be done and what is right.

The tribalistic mentality often includes racism. Recent research indicates that implicit racist responses can be reduced by chemical interventions.[2] One important question for research into the possibility of mitigating tribalism by chemical interventions is this: are there more basic psychological mechanisms, which sometimes

[1] Buchanan 2020.
[2] Terbeck, Kahane, McTavish, Savulescu, Cowen and Hewstone 2012.

get expressed as racial bias but in other cases in other forms of out-group animosity, that are subject to chemical alteration?

To the extent that tribalism is *in part* a phenomenon with a biological (more specifically neurological) basis, shaped by human evolution, it should be in principle possible to alter it by chemical means. Or, at the very least, given the grave threat that tribalism poses to democracy and to morality itself, that is a hypothesis worth exploring.

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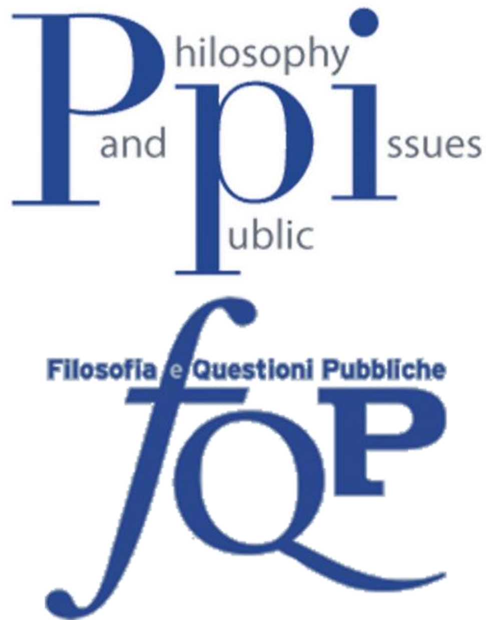
SYMPOSIUM

ENHANCING LOVE?



THE NON-INDIVIDUALISTIC AND SOCIAL DIMENSION OF LOVE DRUGS

BY

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The Non-Individualistic and Social Dimensions of Love Drugs

Lotte Spreeuwenberg and Katrien Schaubroeck

In *Love Drugs: The Chemical Future of Relationships* Brian D. Earp and Julian Savulescu discuss the moral permissibility of the medicalization of love through love drugs or anti-love drugs. They argue that love drugs may help ordinary couples work through relationship difficulties and strengthen their connection and that it may help others sever an emotional connection during a breakup. Earp and Savulescu build a case for conducting research into love drugs and explore their ethical implications for individuals and society. We sympathize with the authors' ambition to "[break out] of the individual-centered, disease-focused model of modern medicine" (Earp and Savulescu 2020, 6) and their efforts to look at the effects of drug-based interventions on romantic partnerships. We also appreciate them posing questions such as "how can we overhaul scientific research norms to take relationships more fully into account?" (*ibid.*, 15). However, we think Earp and Savulescu overlook certain interpersonal and social dynamics when they evaluate the moral permissibility of drugs for *interpersonal goals*, by measuring enhancement in terms of *individual happiness*. When investigating the moral permissibility of love drugs we believe it is important to

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examine the sophisticated ways in which social norms filter into love relationships and, more specifically, into the interaction that plays out between two people. Our preferred understanding of love as a practice (section 2) invites such a broad evaluative examination of social and interpersonal dynamics (section 3). These positive suggestions are born out of critical questions about how the authors conceive of love (section 1) and enhancement (section 4).

I

Love as a psychological condition

Earp and Savulescu state that they do not want to give a single definition of 'love', because they don't want their analysis of particular cases to depend on which theory of love you happen to agree with (Earp and Savulescu 2020, 19). We agree that it would be impossible to give a definition of what love is. We also agree that love has a dual nature as both a biological and psychosocial phenomenon. But we want to add that also the concept 'love' has a dual nature: it combines features of descriptive and evaluative notions. Since this aspect of the use of the term 'love' is not discussed in the book, a methodological question remains unaddressed: do the authors work with a descriptive understanding of love (what people think love is) or with a normative conception of love (how we should think about love)? As we will go on to explain, Earp and Savulescu seem to switch between these two approaches, despite their intention to stay out of normative debates on what love should be.

In the beginning of the book the authors talk about respondence with a woman named Sofia. Sofia is requesting an anti-love drug, to get rid of the attachment bond between her and her oppressive and misogynistic partner: "Sofia knew she needed

to get out of the relationship but her heart kept saying no" (*ibid.*, 9). Those who are saying that Sofia could not have experienced real love (because she was in an oppressive relationship) adhere to a normative definition of love: the concept should be reserved for relationships that are essentially positive, good or healthy. Earp and Savulescu state they have no problem with "people who want to use 'love' in this restricted way" (*ibid.*, 10), but argue that they will not adhere to such a normative stance because of the risks: "Once we start defining for other people what love is, even overriding their personal judgments, we can slip into a narrowminded and paternalistic way of thinking that discounts their lived experiences" (*ibid.*). Normative theories run the risk of being immoral, so they argue, referring to how normative theories of love in the past (and in many places still today) have rendered love between same-sex partners a mistake on the basis of the idea that *real* love could only occur between a man and a woman. The authors' point is that normative definitions of love often favour the group in power, and their perspective is not always justified (*ibid.*). Naturally such a normative stance of 'healthy' love would have consequences for the 'medicalization' of love. Earp and Savulescu therefore opt for what they call a "more neutral or descriptive route, giving wide berth to individuals to feel and conceive of love in their own way" (*ibid.*, 11). When they are talking about "people's romantic experiences", they will let "individuals who claim to be in love […] speak for themselves […]" (*ibid.*). Though we appreciate their willingness to include a wide range of experiences of love in their view, these statements of Earp and Savulescu actually end up with a narrow understanding of love as an individualistic feeling (note that the word 'individual' is used twice). Their choice to be democratic about what counts as love, seems neutral, but inevitably embodies a normative judgment, like all choices do. Namely the judgment that one should think of love as the name for a psychological condition that an individual has self-knowledge of.

But it is not obvious that love is best thought of as a psychological condition. It is not even obvious that this is how the word is understood in folk psychology. In fact, there is evidence that people understand the term to be a so-called dual character concept: a concept that encodes not only a descriptive dimension but also an independent normative dimension for categorization (Reuter 2019). Other paradigmatic dual character concepts are 'scientist', 'teacher', 'art'. When applying such concepts to a certain instance, language users will not only check whether certain descriptive features are instantiated (e.g. having the right education, profession, institutional recognition), but also whether an implied ideal is met (e.g. being passionate about truth, being able to convey a passion for knowledge, expressing a deep truth about life…). It makes sense to say 'technically speaking he is not a scientist, but in another sense he is a real scientist', whereas it borders to nonsense to say 'technically speaking he is not a bus driver, but in another sense he is a real bus driver'. The concept of 'love' (as opposed to the concept of 'lust') is treated in the same way as 'scientist' rather than 'bus driver', several studies have pointed out (see f.e. Phillips 2011).

In order to avoid methodological confusion, it is important that philosophers are aware of this double nature of the concept, and that they *distinguish* between a descriptive and an evaluative way of speaking (even if it is true that these dimensions cannot be separated, in the sense that every use of the term 'love' is both factual and evaluative). When the authors say that when someone is unable to have sex or too depressed to care about the feelings of the other person, there is no longer love (Earp and Savulescu 2020, 60), are they using 'love' in a descriptive or an evaluative sense? In the Opbroek study Earp and Savulescu refer to, users of antidepressants self-report significant blunting of emotions, and less ability to care about the feelings of others. But the survey did not ask about their ability to love. So the statement that the use of

antidepressants eliminates love is an inference made by the authors, not a factual observation. What if someone would insist that he still loves his child or partner, but is too depressed to show it? What if bystanders disagree about whether they would want to ascribe love to a depressed father? Arguably some will think it is harsh to deny the depressed father the capacity to love. Others will think it is hypocritical to console the child that his father still loves him while there is no evidence of it. Do we as philosophers then not need a criterion to distinguish the uses that are misled from those that are apt? (f.e. Naar 2013 offers this extra argument when he defends a dispositional view of love). The inference that there is no love when there is no loving behaviour, needs an argument. And without argument the inference relies on an implicit normative understanding of what love is.

Inversely, the statement that displaying loving behaviour (like wanting sex, sharing emotions) is sufficient to conclude that there is love, calls for an argument as well. The authors believe that if a drug makes you want sex, share emotions or makes you want to behave in certain ways, then this is enough to say that you love. Their argument is that if you started feeling and acting more lovingly toward your partner after drug-free therapy, no one would accuse you of being inauthentic. By analogy, if the limited use of a drug in a therapeutic setting also helped improve your relationship, it is hard to see why a different judgment should apply (Earp and Savulescu 2020, 97). But here is a counterargument to the idea that drug induced loving behaviour should be seen as authentic. We know that alcohol can be of great help in setting off romances. But not all alcohol induced romantic moves are alike. Suppose someone at a bar is flirting with you while being drunk. At this moment they have started to feel and act more lovingly towards you. One could argue that the drug (alcohol) has helped to reveal the flirter's authentic love. But their momentaneous lovely behaviour is not enough to prove this. We should zoom out. Is the

supposedly authentic love of the flirter reliable? Is the flirter really focusing on you or are you just another passer-by on which the flirter can focus their feelings and desires? And how do the two of you relate to each other? What is socially expected of the both of you in this moment? How do the social groups to which you belong relate to each other?

The two examples of the depressed father and the drunk flirter show that the application of the concept 'love' is never neutral or purely descriptive. The two examples show, moreover, that the applicability of the concept is not a one man's decision. Perhaps it is not up to the father alone to decide whether he still loves his child. Perhaps the child should have a say too. Perhaps the drunk flirter's self-understanding as loving someone sincerely is not reliable. Perhaps in interaction with the beneficiary of their behaviour or with bystanders and close friends, doubts can arise about the motives for the loving acts (does he or she feel guilty, does he or she need attention, etc…). These social aspects in the correct use of concepts is something that Earp and Savulescu draw attention to themselves when they talk about the *effectiveness* of a drug. Drug-effectiveness cannot be decided, they repeat throughout the book, merely by asking the drugtaking individual how he or she feels (*ibid.*, 2; 6; 15; 65). They defend that medicine research should study the effects of drugs on relationship quality as crucial determinants of the effectiveness of a drug. They even suggest to consider the effects of drugs on friendship and other relationships as the focal point or the intended outcome, and not the side effect (*ibid.*, 2; 70). They want improvement of people's lives along a relation axis to be the goal of drug-based interventions (*ibid.*, 2). So they bring relationality into the notion of a patient's flourishing, and hence into the notion of a medicine's effectiveness. It is all the more remarkable that they do not bring that social dimension into their notion of love. When one wants to know whether X loves Y, it is important but not enough to ask X.

Nor does it suffice to observe (the absence of) X's behaviour. One needs to pay attention to the interactions between X and Y, as well as to the social norms that guide that interaction.

The authors explain that they take the biological dimension of love as their focus since interventions in the psychosocial dimension of love get much more attention (*ibid.*, 59). But it is a mistake to think that we can set aside social influences when we talk about love, even if we talk about love as a biological phenomenon. Social norms always filter into the correctness conditions of the use of the term 'love'. Merely identifying someone as 'in love' already activates evaluative assessment patterns, as we explained with reference to the notion of dual character concepts, and these evaluative assessment patterns arguably are socially embedded and historically contingent as we will illustrate in section 3.

II

Love as a practice

Treating love as a practice rather than a psychological condition makes a difference to how we evaluate instances of love (as enhanced, or diminished). Earp and Savulescu might have recognized 'love' as a practice, when they quote from Erich Fromm's *The Art of Loving*. With Fromm they say: love is "a decision, it is a judgment, it is a promise. If love were only a feeling, there would be no basis for the promise to love each other forever" (Earp and Savulescu 2020, iii and 188). Earp and Savulescu agree that there is a hidden danger in the view that love is something that just happens to you rather than something for which you must take personal responsibility, and work on, and try to improve. They ask: "What if to love is to practice an art, as Fromm argued, which requires conscious effort and discipline, as well as knowledge and

therefore understanding?" (*ibid.*, 188). While this is something we might be able to agree on, the subsequent question raised by Earp and Savulescu is where we part ways. They ask: "What if knowing how love works, in other words, right down to the chemicals between us, could help us be better at being in love?" (*ibid.*). Certainly, knowledge can support love. And love needs effort and work without a doubt. But all depends of course on what is meant with 'knowledge' and 'work'. Earp and Savulescu seem to think that theoretical knowledge of the biological underpinnings, and subsequently efforts to tinker with this biology, counts as the relevant kind of knowledge and work. We disagree, and we are not sure Fromm would agree either. When he calls love 'a decision, not just a strong feeling', he probably wasn't thinking of a decision to take a love pill, because that decision could betray precisely the view he opposes: that love is a feeling that is not under the agent's control.

It is telling that Earp and Savulescu consider mental health problems like depression and PTSD to constitute a relevant comparison class for love. Depression and PTSD require theoretical knowledge about hormones and chemicals that allow to work on the neurological conditions. But the kind of knowledge and work involved in love are of a different kind. While depression is clearly a psychological state, it makes sense to think of love as much more than a psychological state. It makes sense to say that one can get better at loving someone, whereas there is no guiding ideal of what it means to be depressed. We think that love should rather be understood as a practice rather than a psychological condition, namely a practice of self-transcendence, or opening up to anything that is outside us. Such a concept of love is particularly helpful since it enables us to look past the problems posed in the previous section. On the one hand it makes it possible to conceive of love as something else than an individualistic psychological state, by incorporating an outward focus in its very description. A

practice of opening up to anything that is outside you is non-individualistic per definition: it transcends your individual being. This, in turn, makes it possible to discuss the social dimension to which we come back in the third section. On the other hand it responds to the discontent with the behaviourist view of love: love is not just displaying loving behaviour but rather engaging in the specific practice of opening up to others. Both the depressed father and the drunk flirter could engage in it or not. Whether they do, depends on how we understand the process of opening up.

A particular and useful way to develop a concept of love as a practice of opening up can be adopted from Iris Murdoch. For Murdoch, loving consists in looking outside oneself, focusing our attention to the particular and the unique. She holds that to love is to redirect our attention outside ourselves, to learn to perceive the truth about the world and to see what there is outside one (Murdoch 1997). Constantly attending to our individual needs, desires and thoughts alters our perspective on what the world is actually like and blinds us to the goods around us. Murdoch states that "in the moral life the enemy is the fat relentless ego" (Murdoch 1971, 51) and love, as focused attention, is steering away from the ego. We are often so much focused on ourselves, our own world of needs, that we are blind for the things and people around us.

Focusing on the particular and unique outside us helps us to transcend our individual selves. Love as a practice of opening up prevents us from falling prey to the dangers of the ego. bell hooks has argued that if we all came to the agreement that 'love' is a verb rather than a noun, then we would all be happier (hooks 2001, 4). Lotte Spreeuwenberg (2021) argues that this 'verb' should consist in a practice of attending to one another. Engaging in such a practice would keep us from being blind to the reality that the people around us have to offer. We would be better lovers, if we would think of loving as a kind of 'unselfing' (Murdoch 1971, 82).

Loving in this sense is trying to see the particular and unique beyond the limits of our own projections. When we do not engage in an outward focused practice, we run the risk of making up fantasies in our minds.

Take the example of Sofia requesting an anti-lovedrug (Earp and Savulescu 2020, 9). The example in the book tells us nothing about the husband besides that he is oppressive and misogynistic. Suppose his name is Donald and that he is either not aware that he is oppressive and misogynistic or convinced that this is a good thing. In our normative understanding of love we do not want to say that Donald loves Sofia. Donald is not focusing his attention on Sofia and her needs and desires. He might not even be focusing his attention on her experiences or how he comes across. By being blind for Sofia and her needs and experiences, he is able to fuel his own ego with reasons to justify his oppressive and misogynistic behaviour. Donald is living a self-serving fantasy and this fantasy doesn't do Sofia any good.

Breaking free from the self-serving fantasies of others is particularly valuable because this is a recurring theme in fighting for equality: love as a practice urges its addressees to attend to the reality of a certain individual or group, instead of projecting fantasies onto them, fueled by the blindness and egos of an oppressive group or society (Spreeuwenberg 2021). Murdoch is trying to tell us that it is not (good) love that is blind, but our ego. Love is meaningful to us when we are able to steer away from the ego and perceive the particularity and uniqueness of a person. Love is meaningful to us when it is outward-focused and transcends our individual selves. Love should be a non-individualistic practice, focusing us on the particular and unique outside ourselves, keeping us away from our moral enemy. Love should be a practice of self-transcendence, of opening up.

Earp and Savulescu seem to lean towards a behaviouristic concept of love: when someone is unable to have sex or to care about the feelings of the other person, there is no longer love (Earp and Savulescu 2020, 60). They also argue that if a drug makes you want sex, share emotions, makes you want to behave in certain ways, then this is enough to say that you love authentically (*ibid.*, 97). But love as a practice is love that can happen in the inner life: it is not something that should be measured by sex, actions or even feelings. Looking, attending and focusing one's attention all takes place in the inner life. Hence, for Murdoch, we can love someone from afar, we can love someone without them knowing and we can even love the dead. Some have characterized Murdoch's concept of love as a way of looking, or a vision (Jollimore 2011). That is certainly compatible with what she says. But we talk about love as a practice rather than a vision because we prefer to emphasize the active aspect that risks to be overlooked in the perception-metaphor. It does require effort to open up and to look at the world in a loving way. Or as Murdoch says: "Love is the extremely difficult realization that something other than oneself is real" (Murdoch 1997, 215).

Another difference with the behaviouristic concept of love is that engaging in loving attention is furthermore an *endless* task. This practice of self-transcendence is in itself characterized as a movement towards moral progress: Murdoch's concept of loving attention is a concept of progression (Murdoch 1971, 23). Murdoch argues that moral tasks are characteristically endless, not only because, within a concept, our efforts are imperfect, but also because as we move, really look and open up, our concepts themselves are changing (*ibid.*, 27). Love is getting to know an individual and this is not something that can easily be fixed by merely looking at the 'chemicals between us'. We should not look at love as the sole expression of love in forms of sex and feelings. Engaging in loving attention, focusing on the particular and unique

beyond our ego, is engaging in moral activity. It is not the facts, the outer activity or mental concepts that can be analysed that matter morally. It is the inner activity, the effort of directing our attention on individuals, of obedience to reality outside us as an exercise of love. By looking outside ourselves we are escaping our moral enemy. Love as a practice of self-transcendence is in itself characterized as a movement towards moral progress.

III

Love as an interpersonal and social practice

We suspect that Earp and Savulescu underestimate the sophisticated ways in which social norms filter into love relationships and into the interaction that plays out between two people. One explanation for this oversight might be that Earp and Savulescu focus on love as a psychological condition, rather than a practice or an activity that takes place in a social arena between at least two people.

The recognition that society has an influence on what we think love is (or should be) is in itself fairly uncontroversial. More contested, but argued by many love-scholars, is that the very idea that there is something like 'romantic love' is a construction. Critics of modernity, capitalism, and patriarchy (f.e. Illouz 2013) but also philosophers of emotion (f.e. Solomon 1988) have argued that the notion of romantic love is 'an invention', or the product of specific social modern institutions and practices. Earp and Savulescu object and assure us that romantic love is *not* a western invention (2020, 19). Evolution selected for the mechanisms of lust, attraction and bonding that underpin the social practice of romantic love, and thus it has been around as long as *homo sapiens* exists. But when they list three features of the contemporary western conception of love (*ibid.*, 20), they come very close to the characterization of what

Solomon calls Romantic Love as invented during modernity. For example the feature of 'being made for one another' cannot have been a feature of the social expression of lust, attraction and bonding during the Middle Ages, where marriages were economic transactions and there was no room to explore individuality and autonomy in the same way as during modernity. Whether one wants to call love in the Middle Ages romantic love or find that anachronistic, might seem a verbal dispute. But the point is that not paying close attention to the historical background of romantic love as we know it, is not without risk. Because it leads to a plea for love drugs without a critical analysis and rethinking of the framework within which the drugs are created, distributed and used. And this is not without risk, as we will show in this section.

In chapter 11 Earp and Savulescu do realize the difficulty of having to calibrate between individual happiness and social progress. They eloquently describe the concerns, and make an interesting parallel between aesthetic surgery and love drugs. But we think they underestimate the message that is built into their defence of the distribution and use of love drugs: this message is one of implicit reinforcement of established norms. They seem to think that it is possible to fight at two fronts: to make individuals happy by helping them to conform to social norms and to fight against the oppressing social norms that stand in the way of this individual happiness. They argue, for example, that surgeons could perform cosmetic surgery, while actively fighting the beauty norms such that they would no longer be asked to perform these operations (*ibid.*, 169). This strikes us as naive. More importantly, there is a disanalogy between cosmetic surgery and love drugs: the latter are not common practice yet. While cosmetic surgery due to unrealistic beauty standards will not go away anytime soon, MDMA-assisted couple therapy is not widely adopted yet. The authors think that society is on a fast track to a drug revolution, and that substances will be used more and more to help people

improve their lives (*ibid.*, 6). But should we hasten this process? Should we, as philosophers and as citizens, legitimize the use of love drugs well knowing the non-ideal societies in which they will be used?

Love relationships always take place in a particular society with a particular history, imbued by particular norms and expectations. Hence social surroundings affect the decision to take love drugs. In Chapter 11 the authors pay explicit attention to this complicating factor. They refer for example to feminist authors like Julie Bindel who refuse to have romantic relationships with men and call for all feminists to embrace lesbianism as a matter of political necessity and philosophical purity (*ibid.*, 166), similar to what Marilyn Frye writes about separatism (Frye 1983, 95-108). Earp and Savulescu use this example to show that it would be problematic if we were to grant these women access to HCT (high-tech conversion therapy) to modify their sexual orientation as a way of conforming their first-order desires to their higher-order preferences while sexual minorities, some of whom might sincerely wish to change their own sexual orientation for principled moral, political, or philosophical reasons, would not be permitted to do so. But the analogy seems to miss the point. Bindel did not need a drug. The whole point would be lost if their plea was read as a plea to 'trick' yourself into lesbian relationships although your heart went out to a man. The plea was uttered on the assumption that there are good reasons for women to allow themselves to feel a dislike of men. These reasons were supposed to do the work, which would be undermined by taking a love pill.

We think that the plea of these feminists should interest Earp and Savulescu for other reasons. Setting aside the radicality of their proposal, Bindel, Frye and others do convey a more broadly acceptable, minimal message which is that heterosexual relationships are burdened, that men and women in our society still

need to learn how to love one another from human being to human being – stripped down from power relationships. Earp and Savulescu might concede the broader point about power and individual suffering, but by discussing it in an isolated chapter that furthermore largely neglects power dynamics *within* love relationships, they do not consider the implications on some of their statements about the value of love drugs and the moral permissibility of taking them.

It would have been interesting for example to bring in ruling gender norms and typical dynamics in a fourty-something heterosexual couple (with children) when discussing the example of Stella & Mario. It is said that "[t]hey are suffering a breakdown of their pair bond, part of the attachment system (Earp and Savulescu 2020, 101). As this is a fictional example, the authors can stipulate that the problem is the breakdown of their pair bond. But how would we know in real life that this is the cause of trouble? Given that social norms somehow always play a role in how interpersonal relationships develop it is very plausible that problems experienced by a heterosexual couple resonate features of patriarchal surroundings.

The movie-trilogy *Before Sunrise, Before Sunset* and *Before Midnight* (Richard Linklater, Julie Delpy, Ethan Hawke) might serve as a useful alternative example. Although equally fictional as the example of Stella and Mario, this example is more detailed and less tailor-made, bringing it closer to real life. The trilogy is about an American man Jesse and a French woman Céline who meet on a transeuropean train when they are both in their twenties. They have a one-night stand, and then lose track of each other. They see each other again after nine years and it becomes clear both of them have not been happy in their love lives, partly because of their memory of this one-night stand. It turns out they still connect in the same spontaneous, intimate way as nine years before. They are

made for each other, the movie seems to suggest. In the third movie, again nine years later, the viewer finds out Jesse and Céline indeed got married and have six-year-old twin girls. But things are not well. We see them on their last day of a family holiday in Greece, where Jesse enjoyed a writer's retreat while Céline took care of the twins. We see a scene where Jesse discusses ideas for his next book with some male friends, idling on the beach, while Céline and the other wives are inside preparing dinner. Friends offer to babysit the twins for their last night in Greece, and the couple sets out for a long walk during which they fall easily into the pattern of deep and entertaining conversations, their trademark as a couple. But the atmosphere changes dramatically after some small bouts of irritation at what the other says. At one point Céline complains she is exhausted from taking care of the twins, the household and that she misses playing the guitar. Jesse does not see how he is responsible and says that he does not keep her from doing what she wants. Complaints and accusations go back and forth, and reach a particularly low point when Jesse says: "If you took one eighth of the energy that you spend on bitching, whining and worrying... If you put that energy into playing scales, you would be like fucking Django Reinhardt." Céline concludes the fight: "You know what is going on here? It's simple. I don't think I love you anymore." Jesse does not accept that conclusion and tries to win her back, by using his charm. This is how the movie goes. Now imagine that Jesse suggested that Céline would take a love pill. That would have been outrageous. Even if he suggested that this love pill would be accompanied by couple therapy, it would still be outrageous because it would suggest that the cause of the fading love is biological. Whereas the movie gives plenty of reasons to think that the cause is social.

Earp and Savulescu do not morally evaluate whether *suggesting* that someone takes a love drug is immoral. So they could agree that indeed it would be totally inconsiderate of Jesse to suggest that

Céline takes a love pill. Furthermore, the authors rule out all involuntary use of love drugs and anti-love drugs (*ibid.*, 151); Céline would never have to take the love pill if she did not want to. But such a focus on autonomy relies on a fantasy of autonomy that many do not experience. Autonomy is not a moral good that is equally available for every person in real life. Choices are always made in a social context. A wife might very well choose autonomously to take drugs, without her husband asking her to. But does she have valuable alternatives? Are there exit options? Could she be financially independent? Could she choose to take up another role in the relationship?

While autonomy is equally available in theory, in law, on paper, there is still an unequal division of moral-cum-social goods. When we zoom in on gender for example, our society still carries features of patriarchy. Kate Manne considers in *Down Girl. The Logic of Misogyny* (Manne 2017) the concept of a 'human giver': someone who is not privileged in most if not all major respects (like white heterosexual cis men are). The human giver, in the form of a woman for example, is held to owe many if not most of her distinctively human capacities to a suitable boy or man, ideally, and his children, as applicable. A giver is then obligated to offer love, sex, attention, affection, and admiration, as well as other forms of emotional, social, reproductive, and caregiving labor, in accordance with social norms that govern and structure the relevant roles and relations (Manne 2017, 301). This role of human giver furthermore maintains itself: "Trying to draw attention to it is illicit by the lights of the phenomenon itself, since [givers] are supposed to minister to others, rather than solicit moral attention and concern on their own behalf" (*ibid.*, 281-282). Misogyny consequently is the hostile reaction women get when they try to step outside the role of human giver. Women are considered 'bitchy', 'whiny', 'nasty', 'shrill' or ungrateful should they state that they no longer want to prepare dinner while their husband is idling

on the beach. If Jesse were to suggest to Céline that she took medicines without self-critically examining the reasons for her unhappiness in the relationship, he would just reinforce the patriarchal structures that allow him to flourish but are at the roots of her dismay.

Earp and Savulescu state an example of Susan and Will in Elle magazine, which supposedly shows the positive effects of the both of them taking antidepressants:

> Before they got on antidepressants, Susan's tendency to rail at length (about whatever happened to be irking her) exacerbated Will's "extremely self-critical" tendencies: "whereas in her depression she'd tend to lash out, in mine I'd tend to sink inward," he says. "We were heading down a bad path." Now, though, they agree their marriage is much better balanced. Susan's rough edges have "softened," as Will puts it, and with this – plus the boost medication has given his own confidence – he's become more forthcoming: They're able to work together to solve problems. "We really are each other's best partners," Will says. "To call us soul mates I think would be accurate" (Earl and Savulescu 2020, 67)

In the ideal world – without power relations – this could work out for both Will and Susan and this would be a good thing. But seeing this example in the light of the questions and social mechanisms above, the situation of Susan and Will might be problematic (assuming this is a straight couple of two cis people). Do drugs reinforce oppression here? Does Susan take antidepressants to be 'a good wife', while being a good wife in patriarchal society is understood to be a 'human giver'? Maybe Susan has good reasons to 'rail at length', which means that 'softening' these tendencies enforces the social unequal dynamic

between Susan and Will. Will does not need to force the drug on Susan to create a problematic situation. Even if Susan 'voluntarily' chooses to take the drug, this may have been prompted by either Susan wanting to live up to the expectations of a good ('non-hysterical') wife, or not wanting or being able to deal with the burden of the image of an angry, aggressive, shrill killjoy and the hostility that often comes with such an image (Ahmed 2016; Manne 2017; West 2016).

A plea to take power dynamics within relationships into consideration would of course not only benefit women or marginalized groups. In a society where men are trained to be non-emotional 'strong men' and are socially punished for being insecure or 'extremely self-critical' (e.g. Will), one could turn to medicalization of love, but maybe we should leave room for Will and his social environment to investigate Will's reasons for this tendency: maybe both Will and society need to evaluate the situation in function of individual, moral and social progress.

Taking into account the social and historical background against which romantic love is enacted, there is a real question about how we can choose to take love drugs in a justified, lucid way. We are therefore puzzled about the way in which Earp and Savulescu set aside the criticism of high-tech conversion therapy (HCT) by Delmas & Aas in Chapter 11. Delmas and Aas argue that we should prevent HCT from coming into existence, because of power dynamics between minorities and majorities. Since HCT doesn't exist yet (but might become real in the future) Earp and Savulescu concentrate on low-tech drugs that do exist. Low-tech drugs are not successful in really changing a sexual orientation, instead they lower libido. But of course power dynamics play a role here too. So we wonder why the arguments by Delmas and Aas do not apply: shouldn't we be equally concerned about the oppression of minorities? The authors argue that love-altering drugs are already

available, and that arguing against their existence is futile (Earp and Savulescu 2020, 149). But that reasoning seems flawed. By analogy: surely it still makes sense to argue against the use of f.e. chemical weapons, even though they already exist. There is still a lot one can do to prevent the use of a drug that exists. And it might be the responsibility of ethicists to contribute to this prevention.

IV

Individual happiness versus moral and social progression

If you see love as a moral endeavour and as a socially situated practice, you end up with other evaluative criteria for improvement or enhancement. Because Earp and Savulescu approach love as a psychological condition, they can measure its enhancement (or the enhancement constituted by its disappearance) in individualistic terms. As their emphasis on autonomy underlines, they think that it is up to the subject to decide what will count as enhancement. We do think that we should offer individuals a more complex and dynamic sense of what enhanced love might amount to.

For one thing, our Murdochian approach of love shows that love is about more than happiness. It is about what is meaningful to you. Loving is opening up for progress, to not get stuck with the individualistic desires, needs and fantasies of the ego. Love therefore is not necessarily about what makes you happy. Perhaps when Earp and Savulescu substitute flourishing for happiness, they intend to resonate with this broader notion of meaningfulness. As they do not give an extended description of what flourishing amounts to, it is interesting to take a closer look at the examples they give. How does flourishing come in when they describe the difficult case of homosexual love in orthodox communities in

Israel? Earp and Savulescu show awareness of the social pressures that can affect people's ideas about what counts as proper love. But they seem to accept that repressing homosexual love or frowned upon love or improper love may be the right thing to do after all. We think that is because they use as an evaluative criterion the short term goal of individual happiness. The reason in favour of taking love drugs is that the individual will be happier. But would the authors go further and say that one can *flourish* when oppressing such important parts of one's identity? We think not: while one might be happy one is not truly flourishing.

Secondly, our approach of love is inherently non-individualistic and focuses a lover's perspective per definition on what transcends their personal wellbeing. It focuses their perspective for example on what reality demands of them. To use the authors' terminology of flourishing: we want to point out that it can be conducive to flourishing when people refuse to choose for their personal happiness and rather give their life to reform societies. The point is not that we should frown upon people who do not think this will make them flourish and who choose for their individual happiness. But the point is that flourishing *allows* for such a broad understanding. And that flourishing in any case requires attention to moral duties, regardless of how wide the scope one can handle. Think of the responsibilities that an unhappy spouse has to their children. Earp and Savulescu acknowledge these responsibilities, and even use it as a reason in favour of the use of love drugs as a way to solve what they call "the dilemma of gray relationships" (Earp and Savulescu 2020, 74). But this is difficult to square with their adoption of the results of a study in *Freakonomics* (Levitt and Dubner 2014), where it becomes clear that Earp and Savulescu use a much more individual and amoral sense of happiness. Earp and Savulescu state their advice: when we are contemplating a big decision and have considered every scenario a million times, we should just go for it and make the change (whether it's taking a

relationship-enhancing drug or ending a long-term relationship) (*ibid.*, 50). The advice is based on a study by Steven Levitt in which participants who took life-changing decisions were, 6 months later, on average much happier than the preservers, the people who did not make the decision and chose to leave their life as it was. Individual happiness or relief or absence of doubt is taken to be the criterion of flourishing. But this individualistic understanding of flourishing is not transferable to the context of family decisions. It is misleading to use this experiment in the context of love-decisions. 'What will make me happy in six months time' is certainly an important factor in contemplating whether one should break up or not, but one should consider other factors as well. There are children and other people to be considered, as well as a longer time frame. Making oneself happy (in six months) is not necessarily always the right thing to do.

We don't object to the use of love drugs, but we think more discussion is needed on the conditions in which the use is justified. For now we have explained why it will not do to measure enhancement in 1) individualistic terms of 2) happiness. By way of constructive suggestion we further propose to supplement the plea for love drugs with the following condition: could the use of love drugs in this case be understood as facilitating the process of opening up to progression?

We do not offer an objective account of what qualifies as progression. As explained in section 2 whether someone makes progress is not always verifiable or visible from the outside. So progression remains a personal process that, however, pushes a person beyond the ego and the self-centered concerns. Fear is an example of such a self-centered concern, that stands in the way of progression. Earp and Savulescu acknowledge the debilitating influence of fear in love decisions, when they write: "Staying in a relationship out of fear - fear of self-knowledge, fear of change,

fear of disappointing your partner, fear of disapproval from society – is rarely a good long-term strategy" (*ibid.*, 50). We are probably more pessimistic (or realistic?) than them about the chance, in current societies, that people would not be motivated by fear in love decisions. We think that a lot more effort should go into opening up society for acceptance, and even endorsement of a lot more love formations than is currently the case. Earp and Savulescu are not opposed to this social reform, but they think that even then not all obstacles will be overcome. They write: "although political solutions may often be better than medicalization for protecting vulnerable people's health and well-being, it does not follow that interventions should never be medical. For even in the best of circumstances some people will need the help of medicine in addition to political change, or to cope with such change. And *when that is the case*, the medicine should be available" (Earp and Savulescu 2020, 185, italics added, similar remark on page 12). The problem is not only that we have not achieved the best of circumstances yet (and so how could we decide responsibly in favour of the medicine?), but also that using love drugs might slow down the process because it might disguise the truth. So our worry does not go back on the fallacious argument that the use of drugs would be unnatural, but our worry is that the choice to tinker with the biological dimension of love hinders moral progress, because it deprives us both of insights in our personal development (for more on the connection between falling out of love and personal growth, see Lopez-Cantero and Archer, 2020) and of an opportunity to protest social norms.

We agree with the authors that love should not be seen as a given. Love needs work. We wanted to draw attention to the work that love needs by calling love a practice of self-transcendence. Our understanding of love as progression could also offer advice to Sofia, the woman who appears early in the book and in our article, and who wants to *stop* loving her abusive partner. Love as a practice

of self-transcendence is in itself characterized as a movement towards moral progress. To focus our attention outside ourselves is an endless moral task (Murdoch 1971, 23). By focusing less on their biological (real) desires and needs, and focusing more on the world outside, people can create room for individual, moral and social growth. Sofia for example would make progress if she recognized the social harmful dynamic that is in place. If an anti-love drug is able to help her do this, this could be an argument for its moral permissibility. However, Sofia should also be able to expand her horizon regarding possible other romantic loves. In this sense an anti-love drug would hold her back in her individual progression. Hence the outcome of our advice to Sofia is not straightforward. Earp and Savulescu appreciate the difficult calibration between individual suffering and unjust social pressures in Chapter 11 and argue that 'in the meantime' we could provide people with a drug to relieve them of suffering. Will there ever be progression when we cover up uncomfortable symptoms of problematic standards? We have argued that by underplaying the social dimension of love – specifically by neglecting the power dynamics within relationships – the message of *Love Drugs. The Chemical Future of Relationships* is one of implicit reinforcement of established norms. Only when we have gained insight in the social conditions of our individual predicament, can we do the balancing act of calibrating between individual happiness and individual, moral and social progression.

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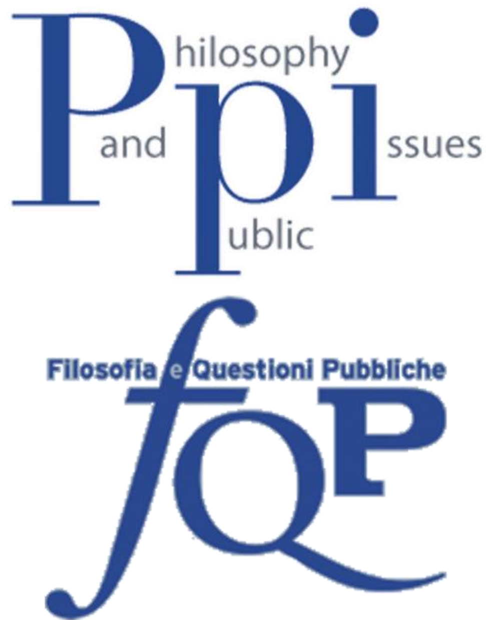
SYMPOSIUM

ENHANCING LOVE?



WHAT IS LOVE? CAN IT BE CHEMICALLY MODIFIED? SHOULD IT BE?

REPLY TO COMMENTARIES

BY

BRIAN D. EARP AND JULIAN SAVULESCU

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What is love?
Can it be chemically modified? Should it be?
Reply to commentaries

Brian D. Earp and Julian Savulescu

We are grateful to Robbie Arrell, Lotte Spreeuwenberg, Katrien Schaubroeck, Allen Buchanan, and Mirko D. Garasic for their commentaries on our recent book, *Love Drugs: The Chemical Future of Relationships*.[1] To keep our reply focused, we will address just some of the main points from each paper. We will also try to keep the conversation going by pushing back on certain claims or elaborating on valuable insights raised by our colleagues. We begin by exploring what love is and whether it can be chemically modified. We then focus on questions about the ethics of attempting such modification, both at the level of the individual or couple and at the level of society. We conclude with some summary observations and big-picture reflections about the future of this debate.

[1] See Earp and Savulescu 2020a. The UK version is *Love Is the Drug: The Chemical Future of Our Relationships*, published by Manchester University Press. For a short précis of the book see Earp and Savulescu 2020b. Thank you to Sven Nyholm, Joan Ongchoco, Josh Knobe, Robbie Arrell, Elena Grewal, Mario Attie Picker, David Yaden, Margaret Clark, and Moya Mapps for valuable feedback on an earlier draft of this paper. Please note that we will mostly be using the singular 'they' construction throughout, for reasons discussed in Earp 2021.

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I

What is love and can it – even in principle – be affected by chemicals? Reply to Arrell

We will start with the piece by Arrell,[2] since it focuses on foundational questions about the metaphysics of love and the concept of 'love-altering' drugs. Arrell accepts that many currently existing drugs – chemical substances often used as medications – can have important effects on romantic relationships broadly construed. Arrell denies, however, that such drugs affect *love*. To evaluate this claim, we will need an account of love that both Arrell and we can agree on, so as to avoid talking past each other (if we claim that drugs can affect love and take 'love' to mean X, whereas Arrell denies this but takes 'love' to mean Y, we might well have a dispute, but it would semantic not substantive).[3]

Helpfully then, Arrell proposes an account that is compatible with our view; we will adopt it for the sake of argument. An important feature of this account is that love requires *care* in a sense that needs some teasing out. We will start by saying what we mean by care before turning to Arrell's account and critically comparing the two.

The role of care in love

Here is what we said about care in our book. We asked readers to consider the view that true love, whatever else it may require, "requires genuinely caring about (and trying to promote) the other person's well-being as an end in itself."[4] In order to care about someone in this way we suggested that a person would have to be,

[2] See Arrell 2020.

[3] For a recent discussion of substantive versus semantic disagreements about the ordinary concept of true love, see Earp, Do, and Knobe 2021.

[4] From Earp and Savulescu 2020a, 59.

at a minimum, "seriously invested" in the other's feelings and desires, fundamental preferences, wishes and dreams, and so on. Finally, we proposed that if a drug made it so that your "very capacity" to be moved by your partner's feelings (etc.) was "sufficiently degraded … over a long enough period of time" – so that you were not, in fact, disposed to try to promote their overall well-being – then the drug would have meaningfully changed your love for your partner, "potentially to the point that it no longer counts as love at all."[5]

We argued that there may in fact be such a drug – or class of drugs – namely selective serotonin reuptake inhibitors or SSRIs, which have been documented to have effects along these lines (importantly, we also called for further research into these effects so as to better understand them).[6] Our thinking was as follows: since SSRIs are the most commonly used drugs to treat depression, which is itself quite common, if they *are* capable of affecting love in such a meaningful way, we should be alert to this possibility and study it carefully.

Now we get to the potential disagreement. Arrell accepts that the effects of SSRIs on romantic relationships might indeed be bad or even devastating,[7] and he acknowledges that this prospect is worthy of sustained ethical analysis of the kind we try to offer in

[5] *Ibid.*, 60.

[6] See, for example: Opbroek et al. 2002; Bolling and Kohlenberg 2004; Fisher and Thomson, Jr. 2007.

[7] As we explore in the book, they can also be *good* for some relationships, for example, when they effectively cure the symptoms of depression in one or more partners, where the depression itself was making the relationship worse off. One and the same drug can have very different effects on different individuals and couples depending on what they are dealing with, the dose of the drug, whether it is effective along the intended dimensions, what the side-effects are, and so on.

our book. What he denies is something more abstract and conceptual: he denies that SSRIs can affect *love* – as it were, 'itself.' To get a handle on what is at stake in this distinction, we will now sketch out the account of love adopted by Arrell, paying close attention to the role of 'care' as he conceives it.

Arrell's counterfactualist account: love as robustly demanding

Arrell draws on Philip Pettit's view of love as a robustly demanding good.[8] A robustly demanding good – or 'rich' good, to use Pettit's shorthand – involves a disposition (i.e., of a person) to reliably provide certain 'thin' goods (roughly, benefits or resources) to another person across a range of scenarios, including some that may not actually materialize. Care, on this account, is one such 'thin' good. As Arrell puts it: in order for you to enjoy the rich good of my love, it is not enough that I provide you with the thin good of my care in the actual world, as things stand. Rather, it must also be the case that I am so disposed that I would continue to provide you with such care, among other thin goods, "even were you/I/our circumstances somewhat altered."[9]

The motivating idea here is something like Shakespeare's admonition that "love is not love which alters when it alteration finds."[10] In other words, true love is not just a feeling, which may be fleeting, but is rather something more like a trait or orientation toward the other that is rooted in something much more stable. So, for example, if I profess to love you, but I would in fact abandon our relationship were you to lose your wealth or beauty, say, then it seems right to conclude that I do not really love you after all. More likely, I am only superficially into you, chasing after

[8] As described in Pettit 2012; for a critique see Nyholm 2018.
[9] From Arrell 2020, 48-49.
[10] From *Sonnet 116*.

your money or good looks. So, on this view, for something to count as love, even in the here and now, it must be the case that it *would persist* despite various potential changes in the beloved – or the lover, the state of the world, etc. – whether or not those changes actually happen.

We'll assume this basic picture is correct. However, when determining whether I truly love you, it is one thing to ask if I would leave you for superficial reasons, like those we have just considered; it is another thing to ask if I would leave you because, for example, you became abusive toward me or you constantly violated my trust. So, let's assume that although my love for you must not alter when it finds *certain kinds* of alterations, there are at least some ways in which things might be different that could justify my ceasing to provide you with care, without this nullifying the current reality of my love.[11]

The challenge, then, is to identify the *range* of possible scenarios – or *ways* in which you/I/our circumstances might be altered – across which I would, hypothetically, have to continue to provide you with the thin good of care for my 'rich' disposition toward you to count as truly loving.

We are okay with this general framework. But even within the framework, there is one point on which we and Arrell seem to differ, and that is on the concept of care. Notice that Arrell describes care as a 'thin' good: that is, as a kind of *benefit* – a thing or resource I might 'provide' you with (as he often puts it). Let's call such resource-care 'caring behavior' to keep things straight. Importantly, that is not how we conceived of care in our book.

[11] As Amelie Rorty has written, "even a true historical love might end in dissolution and separation. That it did end would not prove that it had not existed" (Rorty 1987, 404).

Rather than describing care as a resource or behavior, we wrote of 'caring about' one's partner and being 'invested' in their needs and desires so as to try to promote their well-being non-contingently: that is, for its own sake rather than to get some benefit in return.[12]

You can think of 'caring about' someone in this sense as having a *caring disposition* toward them – from which, of course, caring behavior will often flow. (On this view, just to be clear, having a caring disposition toward someone is a necessary, if insufficient, condition for love. Romantic love, at least, might also require other things: for instance, a disposition to be sexually attracted to one's partner across a relevant range of circumstances.)[13]

Our suggestion, then, was this: if one's very capacity to care about one's partner, in our dispositional sense, were sufficiently weakened by a drug, one's love, being at least partly constituted by this capacity, will by definition have been *affected* in some way (note: a relatively weak claim). We also proposed that if this capacity were weakened enough, and for a long enough period of time, it could potentially become the case that your disposition toward your partner no longer counted as love (a relatively strong claim).

To summarize, when we invoked the concept of care it was precisely the disposition to be "appropriately motivated"[14] to further the beloved's fundamental interests (including by providing caring behavior when suitable) to which we were intending to refer. And if a drug can dampen *that*, as it appears that SSRIs at least sometimes can, we think this should be enough for the weak claim (i.e., that drugs can affect love, if not perhaps extinguish it altogether). Later, we'll see if we can get to the strong claim, too.

[12] Similar to the use of 'care' in Clark, Earp, and Crockett 2020; Earp et al. 2020.
[13] For a related clarification, see Chappell 2018.
[14] From Earp and Savulescu 2020a, 59.

The chemical modification of care, part one: care as 'caring behavior'

Having now clarified that it was this dispositional account of care we had in mind for the book – and given the live possibility that this *disposition* could be affected by drugs – it seems to us that some of Arrell's intended counterexamples to our account, although admittedly humorous, nevertheless fall a little flat. Consider this one, as a warm-up:

> *The Nap.* Your partner: "Would you still give me the same quality of care that you do now, if you were not awake (as you are actually), but sleeping?" You: "Errrr, no!?" Your partner: "I knew it! You awful swine! You don't love me at all!"[15]

Arrell's point, as we understand it, is that it simply wouldn't be reasonable to expect me to provide you with high-quality *caring behavior* (to use our proposed terminology) if I happened to be unconscious because I was, for instance, taking a nap. In other words, being unconscious, on Arrell's view, is clearly at least one of the scenarios, possible worlds, or ways in which "you/I/our circumstances might be altered" across which a person does *not* need to provide care – in the sense of caring behavior, a 'thin' good – for that person's 'rich' disposition toward the beloved to count as love.

We do not disagree. But again, we were thinking of care as a relational disposition and a key ingredient of the 'rich' good of love, rather than as a 'thin' good or resource that might itself be provided (or 'given' in the language of *The Nap*). As we see it, the logic of care in the dispositional sense operates over at least three variables – namely need, ability, and responsibility, as we will explain in a moment – and we propose that understanding this logic can help

[15] From Arrell 2020, 54.

us make sense of exactly *why* it is unreasonable for your partner in *The Nap* to conclude that you don't really love them.

Imagine two lovers who care about each other, in our sense, very much. If the care is genuine, it should reflect or respond to: (1) the type and magnitude of the other's needs, where a need is simply anything that is instrumentally necessary to secure the person's well-being, (2) the strength of one's ability to meet the other's needs without too severely compromising one's own well-being in the process,[16] and (3) the degree of responsibility one has – or has taken on – to try to secure the person's well-being (i.e., by meeting their needs). In short, to have a caring disposition toward someone, on this view, is to be disposed to try to meet their needs to the best of your ability (without expecting specific benefits in return), in proportion to the degree of responsibility you have for promoting their overall well-being.[17]

Now, suppose that your partner has a need for care in Arrell's sense – that is, a need for caring attention or behavior – and you just so happen to be taking a nap. Well, given that you are asleep, you obviously are not *able* to 'provide care' right now, and so you do not violate the logic of a caring disposition, as per (2). On the other hand, if you had an inexcusable, lazy habit of napping all day

[16] Think, perhaps, of *The Giving Tree* by Shel Silverstein, which has been criticized for positively portraying a supposedly 'selfless' love that should really be seen as a – troublingly gendered – abusive relationship in which one party exploits the other. See, e.g., Manne 2017.

[17] Note, this account is indifferent as to whether the responsibility has come about by choice/commitment or by circumstance. For a more formal description of the account, see Earp et al. 2020. There, 'care' is described as a *relational function* which helps solve certain recurring coordination problems of human social life, where these problems are ultimately posed by interpersonal dilemmas related to survival and reproduction. This sense of care is based on Bugental 2000; Clark and Mills 1993; and Clark, Earp, and Crockett 2020.

long, even when you knew your partner was relying on you for help, and as a consequence of this, you failed to meet your *responsibility* to address your partner's needs, your partner likely would have a legitimate complaint, as per (3). Given that, on the view under consideration, a disposition of care is necessary for love, it follows that a sufficiently serious breakdown in this disposition corresponds to a breakdown in love.[18] Accordingly, we think that your partner in this scenario would be justified in saying something like the following: "If you truly loved me, you would make a point of being awake long enough to actually be there for me when I need you." Arrell, we assume, would agree.

Now consider a harder case:

> *Depression.* Your partner: "Would you still give me the same quality of care you give me now, if you were not in good mental health (as you are actually), but clinically depressed and under the influence of SSRI medication that made it so you couldn't give me the same quality of care you give me now? You: "Errrr, no!?" Your partner: "I knew it! You awful swine! You don't love me at all!"[19]

Again, Arrell's point is that it just isn't reasonable to expect your partner to provide you with high-quality caring behavior if your partner is clinically depressed, is taking medication to treat the depression, and, on account of the medication or its side-effects, is not *able* to do so. In other words, Arrell seems committed to an 'ought implies can' constraint on the robust demands entailed by love. That seems right to us. Indeed, such a constraint follows also from the logic of care, which, likewise, has an 'ability' condition. So, let us go ahead and assume that, despite not being *abl*e to provide you with caring behavior due to the side-effects of their

[18] A similar view has been defended by hooks 2000 among others.
[19] From Arrell 2020, 55.

medication, your partner's caring disposition toward you is still maintained under these conditions. In other words, all else being equal, it could still be right to say that they love you.

Even so, we suggest, the situation described in *Depression* is nothing short of tragic. Let us embellish. We have stipulated that your partner in this case does indeed maintain their caring disposition – they are, in some deep sense, motivated to at least try to meet your needs – but because of a drug they must take in order to ward off their depression, they cannot, as it were, follow through on this motivation. For example, when you come to them for emotional support because a friend of yours has fallen seriously ill, your partner can see that you are worried, and as a consequence, they desire and intend to comfort you. But because their medication has so dulled their emotional responsiveness (a known side-effect or risk of SSRIs), their attempts at consolation fail. Perhaps their words seem hollow, almost forced – like they're reading from a script. Far from helping, their robotic performance of sympathy only seems to make things worse.

You know your partner is trying their best. You appreciate the effort. And they feel awful about their inability to respond to your emotions in a way that makes things better. Before they started on the medication, as you both remember, they could cheer you up without a problem. But without the medication – which we will suppose they must now take indefinitely – your partner is unable to function in most other areas of life. So, you adapt. When you need comforting, you turn to others. You no longer rely on your partner for emotional support. You wish things were different, but it is what it is.

To reiterate, along with Arrell, we think that in such a case you could reasonably believe that your partner still loves you but is simply unable to *express* or *manifest* that love by providing you with caring behavior. It is tempting here to think of such expressions

as: “Deep down, they still love you; they just can’t show it very well because of their condition.” It is a heartrending situation. Nevertheless, we are prepared to agree that, although the drug has diminished an important aspect of your romantic relationship, it has not in fact diminished your partner’s *love*.

The chemical modification of care, part two: care as ‘caring disposition’

But now suppose that the effects of the drug are – or could reasonably be conceptualized as – somewhat different. Suppose that the drug doesn’t just block your partner’s ability to provide you with high-quality caring behavior (as in *Depression*). Suppose instead that the drug has a more direct effect on your partner’s caring disposition. In particular, suppose that it undermines your partner’s ability to ‘care about’ your feelings, in our sense, in the first place. Suppose it saps their motivation even to try to promote your well-being. Suppose they become indifferent to your needs.

We can imagine that Arrell would still reject this case as an instance of a drug affecting love. If it were *not* for the drug, Arrell might say, your partner would still have a caring disposition, and that counterfactual is all that is needed.

Perhaps. But try to put yourself in this situation.

Suppose you decide to continue in the relationship with your partner for as long as you can. Although it is almost completely one-sided now, you attend to their needs to the best of your ability. You love them, after all, and you have taken on a significant amount of responsibility to promote their well-being (through thick and thin). Perhaps you know, or fervently hope, that if it were not for the medication, your partner would at least be *motivated* to do the same for you. But you can’t live on counterfactuals forever. Day after day, not only does your partner fail to engage in caring behavior, however ineffectually; they also seem to have lost their

caring spirit. When you are sad, for example, it is not that they try and fail to comfort you; it is that they don't even seem to try. For all that you can see, your sadness doesn't move them.

Suppose it gets to the point where you say to yourself: "Although it's nobody's fault, and I understand it's likely due to the medication they're taking, I just no longer feel that my partner actually loves me." Our point is, even if your partner would, hypothetically, be concerned about your emotions if not for the medication, this doesn't invalidate your belief that – in the actual world – their love for you has in fact faded. Or suppose that your partner says: "I truly believe it's ultimately because of my medication, which I wish I didn't have to take – but I'm sorry, I just don't love you anymore." We don't think your partner would be making a conceptual error or a mistake about ontology.

To summarize, we can compare two cases. In one case, you ask your partner if they would continue to *provide you with high-quality caring behavior* if, tragically, they had to take a drug indefinitely that disabled them from providing such behavior. With Arrell, we think that if your partner said "No," this would not mean that they don't really love you. Moreover, we think that, if this situation were to materialize, it could still be reasonable to conclude that your partner loves you, but is simply unable to express or manifest that love in a particular (albeit significant) way.

In the other case, you ask your partner if they would continue to *have a caring disposition toward you* – that is, be invested in your feelings and desires, motivated to promote your well-being, and so forth – if, tragically, they had to take a drug indefinitely that disabled them from 'caring about' you in the sense we have discussed. If your partner says "No," we don't think this means that they don't really love you *now*. But, if this situation were to materialize, we *do* think it could be reasonable to conclude that,

tragedy of tragedies, your partner's love for you has in fact been caused to fade.

Concluding thoughts

So this is what we'd like to suggest. If it turns out that SSRIs, or any other class of drug, can in fact bring about such an effect – if they can modify not just your caring *behavior*, but also your caring *disposition* – we think we would be entitled to the 'strong' claim too. That is, we think it would be conceptually defensible to conclude that drugs can not only 'affect' love (in a weak sense – in terms of the quality of its expression, for instance) but also in some cases alter its very existence.

What are the implications of this discussion? If research into the interpersonal effects of common medications or other drugs is expanded, as we call for in the book, we hope this exchange with Arrell will be of some use. What it shows is that studying the effects of drugs on high-level aspects of relationships is only part of the puzzle. These effects also need to be mapped onto various philosophical models of love. In other words, we will need to clarify not only what is ethically at stake for the flourishing of different kinds of relationships when drugs are added into the mix, but also what is conceptually at stake for our understanding of love.

II

Love, authenticity, and context: Reply to Spreeuwenberg and Schaubroeck

Like Arrell, Spreeuwenberg and Schaubroeck raise conceptual questions about the nature of love. As a part of this, they too put pressure on our claim that – depending on how one conceives of love – certain effects of SSRIs or other drugs could be interpreted

as love-diminishing. For example, they ask: "What if someone would insist that he still loves his child or partner, but is too depressed to show it? Arguably some will think it is harsh to deny the depressed father the capacity to love."[20]

We interpret Spreeuwenberg and Schaubroeck here as offering a similar argument to that of Arrell, which we addressed in the previous section. However, they also raise an alternative interpretation which seems consistent with our view: namely, that it could still be reasonable to deny the existence of love in certain cases even if – in the absence of a drug or medication – the alleged lover *would have* maintained a caring disposition toward the beloved and/or engaged in caring behavior.

To see this, consider the case of a child whose depressed father does not show him any care. Let us now suppose that the lack of care is due to the depression or associated medications, rather than to negligence. Even so, Spreeuwenberg and Schaubroeck claim, one could argue that it is unfair or misleading "to console the child that his father still loves him when there is no evidence of it."[21] In our modified *Depression* case, above, we made a similar point. What these examples highlight (among other things) is the need to consider the perspective not only of the alleged lover, but also of the one they claim to love, when deciding whether a drug has affected love.[22] We will return to this point a little later on.

Another thing to consider is *how* a drug might affect love. So far, we have explored the idea that SSRIs can affect love by sometimes causing it to fade. But what about the use of drugs to bolster love, as in the case of MDMA-assisted couples therapy?

[20] From Spreeuwenberg and Schaubroeck 2020, 71.
[21] *Ibid.*
[22] See Pettit 1997 for a description of the way in which partners in love may (need to) have a 'shared awareness' of both loving and being loved by the other.

That was the focus of Chapter 6 of our book, and it raises classic concerns about *authenticity*. To address these concerns, we will start by reviewing what we wrote about authenticity in the book before turning to a counterargument given by Spreeuwenberg and Schaubroeck.

Love, drugs, and authenticity

In writing our chapter on MDMA-assisted couples therapy, we anticipated that some readers might doubt the authenticity of a romantic connection whose causal history includes a drug-mediated experience. In fact, when we hold workshops or give lectures on this topic, this is the number one response that we hear. "If you have to take a drug to feel love for your partner, how can that love be real? Isn't it just an illusion – some kind of pseudo-love that's coming from the drug, not *you*?"

To show our sympathy for this position in the book, we began by acknowledging that MDMA-inspired 'love' can indeed be inauthentic (as can 'love' inspired by other factors, like lust or a desire to be famous). We then proposed that initial research into the matter should focus, not on sparking new 'love' between relative strangers, but on maintaining or restoring "an existing bond – one that is already founded on an authentic connection between partners."[23] After all, we reasoned, if you are currently "in a relationship with someone, and you have had time to consider your shared values, the strengths and weaknesses of your partnership, and the pros and cons of trying to improve your relationship with or without drug-assisted psychotherapy, then there would be less risk of making unrealistic or inauthentic

[23] From Earp and Savulescu 2020a, 95.

decisions."[24] We argued that under such conditions, any apparent insights into yourself or your relationship that might be facilitated by an MDMA-assisted therapy session would have a better chance of being genuine, rather than illusory.

To see how this might work, imagine that you decide to go to therapy – albeit traditional 'talk' therapy without the use of any drugs. Your goal is to become a better partner within your romantic relationship. Suppose that, by working through various hang-ups, confronting childhood traumas, disarming unhelpful defense mechanisms, and learning to take your partner's perspective more seriously, your relationship undergoes a positive transformation. Now suppose that your friends say, approvingly, "You seem like a completely different person!"[25]

In such a case, we argued, although major changes would have occurred, both to yourself and to the relationship, these changes wouldn't necessarily be inauthentic.[26] In fact, if anything, you might come to believe that your defense mechanisms, childhood traumas, and so on, were impediments to authenticity, and that the therapy

[24] *Ibid.* As we go on to say, however, "Even if a relationship starts with an inauthentic falling-in-love, an authentic love may still develop over time as shared interactions, conversations, and experiences combine to build a unique foundation."

[25] There is an analogous phenomenon in some cases of deep-brain stimulation, where a person may undergo major, albeit positive, changes, and see themselves as having 'finally grown into their true self' rather than as occupying a technologically-mediated (hence) inauthentic identity (Nyholm and O'Neill 2016; Tobia 2016).

[26] We were drawing on some other work of ours in which we found that positive changes to a person's moral character were less likely to be seen as disruptive to their identity than negative changes, whether or not a drug or medication was involved (Earp et al. 2019).

helped you get in touch with your true self.[27] Likewise, we suggested, "if you started feeling and acting more loving toward your partner"[28] as a result of the same therapeutic experience, these feelings and behaviors should not be dismissed as inauthentic simply because they are different from what you felt or expressed before.

As a final step – based on the extensive research we reviewed in the chapter – we argued that MDMA, when administered by a trained professional in an appropriately supportive context, seems to *facilitate* the typical aims and intended outcomes of classical 'talk' therapy. In other words, rather than inducing inauthentic thoughts or behaviors, it seems to enhance the therapeutic process as it is traditionally conceived. For example, by temporarily disabling hair-trigger fear responses to traumatic memories which a person would otherwise avoid, or be unwilling to verbalize, MDMA can help a person finally deal with the trauma rather than indefinitely suppress it. So, we proposed, if 'traditional' therapy can induce changes in a person or relationship that are not necessarily inauthentic, and if MDMA-assisted psychotherapy can help to facilitate those very same sorts of changes, the latter should not be assumed to be inauthentic, simply because a drug was involved.

Referring to this argument, Spreeuwenberg and Schaubroeck raise what they describe as a "counterargument to the idea that drug induced loving behavior should be seen as authentic."[29] They ask us to suppose that a drunk person at a bar is flirting with

[27] For present purposes, we are not committing ourselves to any particular view of what a person's 'true self' might be, or whether there is such a thing. For recent work on the concept of a true self in ordinary language, see De Freitas et al. 2018; Newman, Bloom, and Knobe 2014; Newman, De Freitas, and Knobe 2015; Strohminger, Knobe, and Newman 2017.
[28] From Earp and Savulescu 2020a, 97.
[29] From Spreeuwenberg and Schaubroeck 2020, 71.

someone, so that, in the moment, the flirter starts to feel and act "more lovingly" towards the object of their flirtation. One could argue, they say, that the drug in this example – namely, alcohol – "has helped to reveal the flirter's authentic love." But they caution that the momentary "lovely behavior" of the flirter is not in fact enough to prove this. Rather, other factors would also need to be taken into consideration, such as: "Is the supposedly authentic love of the flirter reliable? Is the flirter really focusing on you or are you just another passerby on [whom] the flirter can focus their feelings and behavior? And how do the two of you relate to each other? What is socially expected of the both of you in this moment? How do the social groups to which you belong relate to each other?"[30]

These are all good questions, at least some of which, we agree, would need to be asked and answered in order to meaningfully evaluate the flirter's supposed love. In fact, we made a similar point in the book. As we noted in our own discussion of alcohol-fueled flirting, which we framed as a mutual interaction, it might well turn out that the parties "have nothing in common and this becomes obvious" once they are sober. "Context matters," we stressed. For example, "your mind-set, the setting, the other people involved, and a whole lot else have to coincide and interact in the right way."[31] In any case, the drunk flirter scenario raised by Spreeuwenberg and Schaubroeck is not a "counterargument" to our example of MDMA-assisted therapy for already-established couples – i.e., couples who, as we wrote, will have had time to consider their shared values, reflect on their goals, and so on.

Perhaps the scenario was meant to support a different point, then? Although Spreeuwenberg and Schaubroeck do not make the connection explicit, they seem to be thinking of the drunk flirter when they make the following claim: "When one wants to know

[30] *Ibid.*
[31] From Earp and Savulescu 2020a, 63.

whether X loves Y, it is important but not enough to ask X. Nor does it suffice to observe (the absence of) X's behavior. One needs to pay attention to the interactions between X and Y, as well as to the social norms that guide that interaction."[32]

As we alluded to earlier, we do not disagree with any of this. However, Spreeuwenberg and Schaubroeck seem to suggest that we do in fact hold those very views. In other words, they seem to suggest that, according to us, judgments about whether love exists in a given case can be made by simply asking one of the parties involved and/or observing their behavior, without needing to take into account the interpersonal dynamics or the background social norms. Unfortunately, this is a serious misrepresentation of our view. Accordingly, we have prepared a separate Appendix at the end of the article to explain in detail what Spreeuwenberg and Schaubroeck get wrong about our concept of love, so that we can use this part of the reply to address more substantive philosophical issues.

Love as attention?

One such issue concerns the view of love put forward by Spreeuwenberg and Schaubroeck, framed as an alternative to our own. Drawing on some of their own past work, Spreeuwenberg and Schaubroeck argue that love should be seen, not as a psychological condition or set of behaviors (a view they wrongly attribute to us), but rather as a socially situated practice (a view we endorse and emphasize throughout the book). In particular, they adopt an Iris Murdoch-inspired account, according to which love is fundamentally about how one opens up to the world and focuses one's attention on others in a loving way.

[32] Spreeuwenberg and Schaubroeck 2020, 72-73.

This is not the sense of love-as-practice we explore in the book, on which more below, but we appreciate Murdoch's writings and are happy to entertain this perspective. However, we wondered if there might be a tension between this Murdoch-inspired account of love and the argument of Spreeuwenberg and Schaubroeck that love cannot be identified solely with reference to the perspective of a single individual. To see this, consider what they say about love as attention: "Looking, attending, and focusing one's attention all takes place in the inner life. Hence [we] can love someone from afar, we can love someone without them knowing, and we can even love the dead."[33] We found these claims difficult to reconcile with the rest of their argument. If I can love someone from afar, without them knowing, then it seems that love does *not* depend on the interactions between two or more people and that it *can* be analyzed from the perspective of a single individual: it is a matter of how the individual uses their attention.

As we wrote in the book, we are open to a range of theoretical accounts of the metaphysics of love, so long as they are compatible with the idea that love has at least two dimensions: one biological and one psychosocial/historical (see *Appendix*). As far as we can tell, there is nothing about this Murdoch-style account of love as attention that is inconsistent with that basic insight. Presumably, our attention, as well as our ability to attend to certain things in certain ways, is influenced both by biological and psychosocial factors. One potential way of harmonizing our account with that of Spreeuwenberg and Schaubroeck, then, would be to explore some of the ways in which chemical substances might affect our loving attention, both in desirable and undesirable ways. However, Spreeuwenberg and Schaubroeck do not engage in such exploration. Instead, they write that "Love is getting to know an

[33] *Ibid.*, 77.

individual" (including from afar? without them knowing?) and conclude that this process is "not something that can easily be fixed by merely looking at the 'chemicals between us.'"[34]

This last part is ostensibly a reference to us. However we did not argue, nor suggest, that the challenge of getting to know a person – or indeed any other complex interpersonal project or phenomenon – can "easily be fixed" by "merely" looking at romantic neurochemistry. In fact, we were at pains to argue for the exact opposite position throughout the book, starting with the first chapter: "at no point do we advocate the use of biotechnology as a quick fix for relationship troubles." Instead, we make clear that "we consider the voluntary use of biochemical agents *in conjunction* with psychotherapy, social support, and other established strategies as a way to help people achieve their relationship goals."[35]

Situating the ethics of love drugs and anti-love drugs

Now we can talk a bit about the ethics. As Spreeuwenberg and Schaubroeck point out, in order to evaluate whether the use of a biotechnology really is sufficiently 'voluntary' to avoid certain concerns about coercion, it is important not to rely on a "fantasy of autonomy that many do not experience." As they correctly note, autonomy "is not a moral good that is equally available for every person in real life. Choices are always made in a social context."[36]

We agree. In fact, we made that same point in our book. We wrote that the "cool-headed rationality" that is widely thought to

[34] *Ibid.*
[35] From Earp and Savulescu 2020a, 12-13, emphasis added.
[36] From Spreeuwenberg and Schaubroeck 2020, 83.

be required for a choice to be meaningfully voluntary[37] may not be "all that common in real-life medical decision-making, and may even be a myth." In real life, we wrote, "people make their decisions about therapy or other healthcare in a fog of desperation, confusion, and stress, while balancing all sorts of competing interests, from their own pain, discomfort, and fears to those of others." We go on to state: "Romantic relationships may involve all of these pressures and more. Adding drugs to the mix will only make things more complicated. It will be crucial to get a handle on actual power dynamics and shifting contextual factors when bringing drugs into romantic relationships."[38]

For example, when evaluating a wife's decision to take an anti-love drug to help her leave a bad relationship, Spreeuwenberg and Schaubroeck suggest that we should ask whether she has alternatives, what her exit options are, and if she could be financially independent. Those are great questions. In fact, we raised those very same questions in the book: "many people who are in abusive relationships seem to believe they cannot leave them, not because they have some kind of emotional attachment to their abuser but because they are financially or otherwise economically dependent on their partner. They may also be afraid of putting their children in danger by leaving."[39]

Finally, Spreeuwenberg and Schaubroeck stress that women and men, on average, have an "unequal division of moral-cum-social goods."[40] We agree with this, and we stressed this point as

[37] In other work, we explore assisted decision-making for people whose autonomy may not fit the rational stereotype implied by this language (e.g. Earp and Grunt-Mejer 2021; Earp 2019).
[38] From Earp and Savulescu 2020a, 120.
[39] *Ibid.*, 141.
[40] From Spreeuwenberg and Schaubroeck 2020, 83.

well. For example, when considering arguments about whether a couple should stay together for the sake of their children, we noted that "women are usually expected to do the lion's share of childcare, typically without compensation or even decent social assistance. This means that 'do it for the children'-type arguments tend to have asymmetrical implications for mothers versus fathers, assuming a heterosexual couple."[41]

Love as practice redux

Earlier we alluded to the fact that, like Spreeuwenberg and Schaubroeck, we agree that love should be seen as a practice. We also noted that, in the book, we don't officially come down in favor of any single normative account of love (although we do explore various accounts, such as the care-based one we described in our response to Arrell). That being said, we come pretty close to endorsing the view of Erich Fromm, whom we quote in our epigraph.[42] According to Fromm, love is an art – or practice – which requires agency, discipline, and effort. It is not something that just happens to one, but is rather something one must work on, in collaboration with one's partner or partners, so as to actively maintain or improve it. Near the end of the book, we ask: "What if to love is to practice an art, as Fromm argued, which requires conscious effort and discipline, as well as knowledge and therefore understanding? What if knowing how love works, in other words, right down to [i.e., including] the chemicals between us, could help us be better at being in love?"[43]

Given the context, these questions translate as follows: What if we could use a richer understanding of love that includes not only

[41] From Earp and Savulescu 2020a, 79.
[42] See Fromm 1956.
[43] From Earp and Savulescu 2020a, 188.

its psychosocial dimensions, as we discuss in the book, but also its biological dimensions – only recently beginning to be revealed – to make more fully-informed decisions about how best to 'practice' love with our partners?

Importantly, we stress that this will always be a context-sensitive, couple-specific decision, and that neurochemical interventions into love will often *not* be prudent or even ethical all things considered. To explore these ethical issues further, we turn now to the commentary by Allen Buchanan.

III

Regulating love drugs: Reply to Buchanan

Buchanan writes that he finds himself in a "difficult (and unaccustomed) position: I agree with almost everything in a book upon which I have been asked to comment."[44] As tempted as we are to embrace this endorsement from one of our most distinguished colleagues – and move right on – for the sake a continued dialogue, we will instead home in on his one point of substantive criticism. In a nutshell, Buchanan argues that we are too cautious and conservative in drawing ethical boundaries around the use of drugs in romantic relationships.

Buchanan begins by noting that, throughout the book, we emphasize the *limits* of our proposal. We are not suggesting that couples should run out and start experimenting with MDMA or 'magic' mushrooms, even if it becomes legal to do so; instead, we call for *research* into MDMA and psychedelic-assisted psychotherapy for couples in a controlled environment, building on the research that has been done so far in individuals.

[44] From Buchanan 2020, 61.

Further, even assuming that the proposed couples-based research yields promising results, we maintain that it would be prudent to use MDMA or psychedelics for purposes of relationship enhancement only under the guidance of an appropriately trained therapist. In this way, risks would be minimized, benefits maximized, and any drug-inspired insights more likely to be properly integrated into ordinary waking consciousness, as well as implemented in the couple's habits and plans. However, according to Buchanan, nothing in the actual argumentation of our book "warrants this blanket constraint."[45] He continues:

> It might be plausible to argue that in the case of chemical interventions whose efficacy and safety are not well-confirmed, there is a strong presumption that their use should be a last resort, to be undertaken only after various more traditional interventions have proved unsuccessful. But if a chemical intervention has been shown to be effective and safe and if a competent individual consents to its use under conditions of informed consent, using it without any accompanying nonchemical treatment will sometimes not only be permissible, but even morally mandatory.[46]

Some clarifying remarks may be in order. First, a word about the state of the evidence. As we were writing this response to the commentaries, the very *first* study on MDMA-assisted 'conjoint' therapy for couples, in which one of the partners has been diagnosed with PTSD, was published in a peer-reviewed journal.[47] It was an open-label, unblinded, uncontrolled trial with only six

[45] *Ibid.*, 62.
[46] *Ibid.*
[47] See Monson et al. 2020.

couples, with both partners in each couple administered MDMA in two therapeutic sessions.

Moreover, as of writing, there have been *no* scientific studies, controlled or otherwise, on couples in which *neither* partner has a diagnosable mental problem, which is a further step that would need to be taken before drug-assisted couples therapy for enhancement purposes – as opposed to treatment-only purposes – would start to have a direct-evidence base.

Nevertheless, we are glad to see this recent research. We think it is incredibly important work, and it is exactly the sort of relationship-oriented science we call for in our book. The results seem auspicious, too: "there were significant improvements in clinician-assessed, patient-rated, and partner-rated PTSD symptoms … as well as patient depression, sleep, emotion regulation, and trauma-related beliefs." In addition, and here's the highlight for us, "there were significant improvements in patient and partner-related relationship adjustment and happiness."[48]

So, good. More of this. But in the meantime, the antecedent of Buchanan's conditional claim – "*if* a chemical intervention has been shown to be effective and safe" – has not yet been fulfilled in the case of drug-assisted interventions into relationships, especially not for purposes of enhancement.

Now, Buchanan might object that we are splitting hairs. For individuals, at least, as we review in detail in the book, both MDMA and psychedelics *have* already been shown[49] to be safe and effective (or at least efficacious), both in people dealing with PTSD among other conditions, as well as in so-called 'healthy normals' –

[48] From Monson et al. 2020, 1.

[49] We hesitate to use the word 'shown' in a definitive way, for Popperian reasons we discuss elsewhere (Earp 2020). All the usual caveats apply.

certainly when compared to many existing medications that are regularly prescribed within psychiatry.[50] Why should it be any different for couples? In other words, why is *further* evidence of safety and/or effectiveness required to fulfill Buchanan's antecedent premise?

We have two responses. First, we would qualify the above assertions regarding safety and effectiveness for individuals, rather heavily, as follows: "both MDMA and psychedelics [administered at the right dose, by a trained therapist, in an enclosed, peaceful setting, in the context of a well-established therapeutic protocol, drug purity having been assured, with medical staff on hand to monitor vital signs and be alert to any potential problems] have been shown [physiologically] safe and effective [or rather, efficacious, at reducing the symptoms of some well-defined psychiatric disorders and/or increasing certain positive traits and behaviors, such as resilience and psychological flexibility], in [appropriately pre-screened and adequately prepared] individuals [over the course of the study period, in some but not all cases with long-term follow-up]."

Second, when it comes to effectiveness – in the case of couples seeking to improve their relationship – we have to ask ourselves, effective at *what*? The recent conjoint therapy study used something called the Couples Satisfaction Index (CSI),[51] a reasonably well-validated measure of relational well-being. So, 'increasing CSI scores' is one plausible answer. But robustly assessing interpersonal outcomes of these and other drugs is the exception rather than the rule. More work, both empirical and conceptual, is needed to assess the effects of the drugs along other relational dimensions, as we argued in our response to Arrell.

[50] See, for example: Feduccia et al. 2019; Romeo et al. 2020.
[51] See Funk and Rogge 2007.

Okay, Buchanan might say, suppose we get some high-quality evidence that MDMA and psychedelics – ingested *outside* of a therapeutic context, with greater uncertainty around dosing and drug purity, less control over the environment, no medical staff on hand to step in if there are problems, etc. – are safe and effective (along relevant dimensions). *Then* if a competent individual or couple consents to use these drugs without any accompanying nonchemical treatments, might this then be permissible and even desirable?

Perhaps. But now the argument starts to look a little strange. First, we don't have that kind evidence right now, and it isn't clear exactly how we could get it.[52] After all, the less controlled the setting of a study, the messier the variables become, and the harder it is to interpret the evidence. Moreover, in the case of MDMA and psychedelics in particular, 'set and setting' are absolutely central to the outcomes, whether positive or negative.[53] Loss of control over the therapeutic parameters, therefore, both in preparing the user for the experience (set) and ensuring an appropriate environment (setting), means sacrificing a major part of what allows us to say, insofar as we can, that these drugs are 'safe and effective' in the first place.

Second, if the moral permissibility of using MDMA or psychedelics turns on a competent individual giving informed consent, it is not clear why the drugs would need to have been shown safe and effective, whether in a clinical-like setting or out in the wild. After all, in a liberal moral regime, competent individuals are entitled to do all sorts of potentially (or actually) unsafe things,

[52] One possibility is that observational studies could be pursued in semi-controlled environments, such as retreat centers in jurisdictions where the drugs have already been decriminalized.
[53] See Yaden and Griffiths 2020.

from smoking cigarettes to playing extreme sports, so long as they don't harm anyone else or violate others' rights. So, there is perhaps a libertarian argument to be made here for something like "pharmaceutical freedom,"[54] but that doesn't appear to be Buchanan's position.

In other recent work, we – actually, all three of us, Buchanan included – have called for the immediate decriminalization and subsequent staged legal regulation of so-called 'recreational' drugs, that is, all drugs currently deemed to be illicit for personal use or possession.[55] In effect, we call for an end to the War on Drugs. But although there is now a wide consensus that decriminalization should be pursued alongside increased healthcare access and concomitant harm-reduction measures (the so-called Portugal model), the legalization of drugs for personal use is much more controversial. Moreover, even among those who support legalization in one form or another, there is ample disagreement about complex policy questions concerning which regulatory levers should be pulled in which ways for which drugs under which conditions. We decided against opening that can of worms in the book.

But suppose these drugs *are* legally regulated in the reasonably near future,[56] so that couples can access them without too much difficulty, and without worrying about breaking the law. We are fine with saying that, so long as the participants are competent adults making a sufficiently well-informed decision, it would be

[54] See, for example, Flanigan 2017.
[55] See Earp et al. 2021.
[56] As of writing, the U.S. state of Oregon has in fact begun the process of legalizing MDMA and psychedelics for therapeutic use as well as 'personal development' in controlled, clinic-like settings, under the supervision of a properly trained guide (Acker 2020). This is the sort of model we are currently prepared to endorse.

permissible for them to use the drugs. On that point, we agree with Buchanan. Whether it would be *prudent* for them to do so, however, is an open question, and it will depend on the details of their situation. That is, it will depend on such factors as: what is going on in their relationship, what do they hope to accomplish, how well have they educated themselves about the drugs and their potential effects, what setting have they chosen for the experience, how much mental and emotional 'prep work' have they done, individually and together, and so on.

Nevertheless, we see Buchanan's commentary as opening the door to an important conversation: the next frontier of the love drugs debate. We won't be stuck in clinical trials forever. At some point, these drugs are going to leave the lab. The question now is, who should have access to the drugs, with which restrictions, and how is all this going to be managed – from a public policy and public health perspective – so that the prospective benefits not just at the level of the individual or couple, but also at the level of the whole society, outweigh the potential harms.[57]

[57] In his thought-provoking commentary, Buchanan also raises the issue of using MDMA and psychedelics for purposes of moral enhancement, to deal with such things as political polarization and toxic tribalism. Although we do not have space to respond to this interesting proposal here, we are sympathetic to Buchanan's perspective. Indeed, we have explored the prospect of 'psychedelic moral enhancement' in other work (Earp 2018; Earp, Douglas, and Savulescu 2017).

IV

Individual benefits and social harms: Will love drugs lead to incest? Reply to Garasic

We turn at last to the commentary by Garasic. Garasic starts by quoting the end of our first chapter, where we state that the goal of the book is to "arm you [the reader] with the latest knowledge and a set of ethical tools you can use to decide for yourself whether love drugs – or anti-love drugs – should be a part of our society."[58]

To Garasic, this quote implies that we think the ethics of love-altering drugs starts and ends with each individual deciding for themselves what is good or bad, permissible or impermissible, and acting accordingly. By contrast, Garasic argues, "relying too much on autonomous, individual choices might not be the best way to go for both individuals and society."[59] To illustrate this risk, Garasic notes that the apparently individually rational use of a biotechnology may, in the aggregate, have disturbing society-wide implications (a point we highlight and discuss at length in Chapter 11). For example, he suggests that the rational use of love drugs by individuals may, at the level of society, result in such troubling outcomes as a weakening of the taboo against incest between adult siblings.

We found the incest argument hard to follow. Nevertheless, we will try to reconstruct it in the following sub-section and reply to it at least in part. Here, however, we would like to express our agreement with Garasic that relying "too much" on autonomous, individual choices – in whatever domain – is by definition not ideal. It is similarly not ideal to rely "too much" on collectivist, group

[58] From Earp and Savulescu 2020a, 15.
[59] From Garasic 2020, 30.

choices, or on too much of anything. It depends on the context, who is involved, what is at stake, and additional factors.

That is why we gave a lengthy argument, in Chapter 5, for autonomy as one ethical value among others, stressing that it should be paramount in some circumstances (for example, when a person decides to leave a toxic relationship, even if this may conflict with perceived social obligations), but limited in others (for example, when concerns about justice or community survival are at stake). We also drew on the work of feminist philosophers such as Carol Gilligan and Eva Feder Kittay, stating that "ethics is not just about me, me, me." Instead, we wrote, "we are all dependent on others, to a greater or lesser extent, at different phases of our lives and in different situations. Our ability to be autonomous at all presumes that we have been cared for in a social environment and provided with opportunities to develop our capacities."[60]

In saying, therefore, that we wanted to equip readers with the tools to think through the ethics of romantic biotechnology for themselves, we were not thereby suggesting that the analysis could be reduced to whatever each individual concluded. Far from it. We were saying something much more mundane and almost entirely unrelated. Something like this: "We, the authors, do not have all the answers, and it is not our job to tell you what to think. Instead, we are going to present some arguments for different views so that you can evaluate the reasons and evidence in favor of one perspective versus another. Ultimately, our goal is to empower you to engage in bioethical reasoning of your own."

Then, throughout the book, we refer to diverse stakeholders – beyond individual readers – who will need to be involved in this unfolding discussion. Indeed, our project is framed as a call to public conversation. For example, in our chapter on anti-love

[60] From Earp and Savulescu 2020a, 78.

drugs, we write that such drugs could bring both benefits and harms. We state that, although we have tried to think through some of the main ethical factors involved, both at the individual and social-structural levels, "this is only the beginning of the conversation."[61] We then quote a colleague who notes that "policymakers, doctors, and individuals will all have to make judgments about the value of such drugs in various kinds of real-world situations."[62]

Elsewhere, we stress that ethical dilemmas concerning emerging biotechnologies "cannot be resolved in an academic vacuum." To the contrary, we state, "a much wider debate is taking place in society over what sorts of values we should hold in the first place with respect to things like love, sex, and relationships." We write that "this broader conversation – between the insights of progressivism and the insights of conservatism, as well as between the forces of secularism and the forces of religion – will continue to shape the moral ends toward which human beings collectively and individually strive." At the most fundamental level, we say, the question for society is "how can we use new technologies for good rather than ill, while simultaneously trying to reach a functional consensus on what sorts of things actually are good or ill in the first place?"[63]

Later, we state that "societies, through their policymakers [should] consider medical interventions as complements to social and political change, rather than as replacements … individual-biological and social-structural factors interact with each other in important ways."[64] We could go on, but the point has been made. We do not suggest, and in fact repeatedly argue against the view,

[61] *Ibid.*, 147.
[62] *Ibid.* Quoting McArthur 2013, 24.
[63] All quotes in this paragraph from Earp and Savulescu 2020a, 170.
[64] *Ibid.*, 186.

that the ethics of love drugs and anti-love drugs can be exhausted by appeals to individual autonomy.

We turn now to Garasic's argument about incest.

Will love drugs lead to incest?

The first thing to say about Garasic's commentary, entitled "Love in the Posthuman World,"[65] is that it does not specifically engage with the arguments we made in the book. Instead, it seems to use the hypothetical idea of a 'love drug' that works nothing like the substances we discuss, used in ways we explicitly reject, to speculate about a 'posthuman' future that falls outside the scope of our analysis. Nevertheless, we will try to convey the gist of his argument and respond to it in part, mostly to show how his discussion is either unrelated to, or expressly incompatible with, the proposals we defend in the book.

Garasic puts forward the following thesis: "embracing love drugs that could help us choose to love anyone, combined with the possibility [of using] other advancements in medicine such as Preimplantation Genetic Diagnosis (PGD) [could] 'tempt' us to break one of the most shared global taboos: incest."[66] Noting that we do not discuss PGD in the book and that we argue against the idea that love drugs, as we conceive them, either could[67] or should[68]

[65] The subtitle is: "How Neurointerventions Could Impact on Our Societal Values."

[66] From Garasic 2020, 30.

[67] See Chapter 4 of the book for an in-depth discussion.

[68] For example, in our chapter on MDMA, we argue that the drug should preferably be used with already-established couples with an authentic connection who have determined that their relationship is worth maintaining, all things considered (see our response to Spreeuwenberg and Schaubroeck, above).

be used to help individuals "choose to love anyone," let us now try to reproduce the 'incest' argument. It seems to proceed as follows:

> (1) Exceptionally wealthy ('rich') people tend to be highly motivated to preserve and consolidate their status and power in society, as well as that of their offspring. In any case, it is individually rational for rich people to try to do this.[69] Let's call this their 'goal' for short.
>
> (2) In order for rich people to maximize their goal, they must only marry – and reproduce with – other similarly-rich people, while trying to keep their wealth, as it were, 'all in the family.'[70]
>
> (3) The existing taboo against incest, even for (apparently) consenting adults, presents a barrier to rich people maximizing their goal. For example, it is currently considered a taboo for a rich brother and sister to marry and reproduce with each other, thereby limiting their romantic prospects and making it harder to keep their wealth 'all in the family.' From now on, we will consider only incest between consenting adult siblings.[71]
>
> (4) Suppose that some sort of advanced medical technology could be used to eliminate the *genetic* risks associated with reproductive incest between siblings.[72] In that case, the only[73] remaining variables stopping rich siblings from marrying and reproducing with each other (i.e., doing what Garasic suggests is

[69] From Garasic 2020, 34.
[70] Paraphrasing Garasic 2020, 34.
[71] Garasic uses the example of the brother-sister pair 'Mark' and 'Julie' from Jonathan Haidt's well-known studies on moral dumbfounding (Haidt 2001).
[72] From Garasic 2020, 36-38.
[73] We are assuming Garasic has something like this constraint in mind, otherwise we don't see how his argument goes through. After all, one might think that there are *many* factors apart from the Westermarck effect and the incest taboo preventing rich siblings from (wanting to) marry and reproduce with one another. But if that's true, the 'slippery slope' from research into 'love drugs' to weakening or abandoning the incest taboo gets a lot less slippery.

individually rational for them to do) would be (a) the taboo against incest, and (b) the fact that siblings – especially if raised together – rarely experience sexual feelings for one another or view each other as potential romantic partners. This is due to something called the Westermarck effect (described below).

(5) Suppose that rich individuals could use some kind of 'love drug' to reverse the Westermarck effect, thereby enabling or even causing them to have sexual feelings for, or fall romantically in love with, their siblings. In that case, only the existing taboo against incest would prevent them from maximizing their goal. This, in turn, would incentivize rich people to weaken the taboo against incest, so that nothing else stood in their way.

(6) Holding everything else in this argument constant, the availability of a 'love drug' that allowed us to "switch on and off our predisposition to love a certain someone that we would rationally choose a priori"[74] (which for rich people we are assuming includes their own siblings) would incentivize rich people to weaken the taboo against incest, in order to maximize their goal.

(7) Therefore, research into 'love drugs' may "lead us to accept one of the most globally accepted taboos in human history – incest."[75]

We do not find this argument plausible. Before we say why, however, we will first try to identify some point of connection between this argument and anything we wrote in our book. Implying that there may be such a link, Garasic quotes us as follows: "If we want a society where everyone, or even just most people, can really flourish in their romantic lives, we should push for a dominant social script that recognizes and allows for a range

[74] From Garasic 2020, 39.
[75] *Ibid.*, 33.

of relationship norms, so long as these are based on mutual consent and respect for others."[76]

Garasic correctly assumes that "respect for others" does not mean, as he puts it, simply "sticking to old fashioned (often religious based) norms in the sexual sphere,"[77] since we are supportive of same-sex relationships. Well then, Garasic concludes, it must logically follow from the rest of the quoted material that mutually consensual incest between siblings should be among the relationship norms that are tolerated within the dominant social script.

That is not correct. The quote in question comes from a section of the book in which we discuss ethical non-monogamy or polyamory as a relationship norm for which there is growing support in Western societies. We proposed that if this norm were more widely tolerated, it would allow those who are strongly disposed to desire physical and emotional intimacy with more than one partner at a time to pursue this desire in a socially supported way. We suggested that this, in turn, would likely increase their ability to flourish without harming or disrespecting others, while also avoiding any perceived need for heavy-handed suppression of their seemingly deep-rooted preferences or desires.

To make this point, we drew an analogy with the benefits of greater social acceptance of gay relationships for those who have a same-sex sexual orientation: "If homosexuality is natural for some people – that is, most consistent with their unchosen, innermost, most stable, hard-to-ignore preferences and desires – then polyamory is probably natural for some people, too, just as

[76] From Earp and Savulescu 2020a, 43.
[77] From Garasic 2020, 25.

heterosexuality or monogamy may be for others."[78] Although we acknowledged that something's being 'natural' in this sense is not sufficient to show it is good or desirable, we gave an extended argument for why, if various other conditions are met (e.g., no one is harmed by the concomitant behaviors), societies *should* adopt social norms that are compatible with people's 'natural' sexual orientations.[79]

How does this map on to incest between siblings? It doesn't. First, sibling incest is *not* 'natural' in the above sense; and even if it were natural, it is not obvious that the other conditions of our extended argument (regarding lack of harm, etc.) would be met. Due to the Westermarck effect, virtually nobody has a strong or innate desire to have sex with their brother or sister, certainly not one that is analogous to the desire that many people have for multiple sexual partners or for partners of the same sex. Moreover, it is implausible that there would ever be a large contingent of 'rich siblings' who were so hell-bent on maximizing their wealth and privilege – despite all countervailing considerations – that they would want to use a technology to conjure up such a desire, even assuming this were scientifically possible (which it isn't).[80]

As we wrote in the book, in the late 1800s, the Finnish anthropologist Edvard Westermarck "observed that people living in close proximity during the first years of their lives – brothers and sisters, cousins raised together for arranged marriages, genetically unrelated kids growing up in tight quarters on Israeli

[78] From Earp and Savulescu 2020a, 42. However, see Earp and Vierra 2018; Savulescu, Earp, and Schüklenk 2021.
[79] Based on Earp, Sandberg, and Savulescu 2012.
[80] Also assuming, implausibly, that society were arranged in such a way that sibling incest actually would be the best way, all things considered, for them to achieve such a monomaniacal goal.

kibbutzim – become desensitized to each other as potential sexual partners."[81] The mechanism underlying the Westermarck effect is not known, but it has been hypothesized to involve olfactory cues. It leads to a kind of 'negative sexual imprinting' whereby a given individual is tagged as *not* a potential mate, thereby precluding the possibility of "romantic feelings for an otherwise eligible partner."[82]

We raised the Westermarck effect in the context of a discussion about ways in which it might one day be possible to *eliminate* sexual feelings for someone in cases where such feelings were problematic (e.g., pedophilia). Garasic, by contrast, seems to be thinking of the opposite possibility: some speculative future technology that might reverse the Westermarck effect so that siblings – who do *not* desire to have sex with one another – could at least potentially find each other sexually attractive. But the reasons we gave for why societies should consider expanding their 'scripts' for acceptable romantic arrangements to accommodate gay or polyamorous relationships (including the existence of large groups of people who seem naturally disposed to desire such relationships) do not apply to incestuous relationships between adult siblings.[83]

We also take issue with Garasic's characterization of a 'love drug' as something that would allow us to "switch on and off our predisposition to love a certain someone."[84] We went out of our

[81] Earp and Savulescu 2020a, 128.
[82] *Ibid.*, 129.
[83] Of course, even if there *were* a large number of people who 'naturally' wanted to have sex with their siblings, this wouldn't entail that society would have an all-things-considered good reason to accommodate such relationships. For an in-depth discussion of multiple reasons why moral norms and laws against adult consensual incest are reasonable and even necessary to secure certain special goods of family life, see McKeever forthcoming.
[84] From Garasic 2020, 39.

way to make clear that this is *not* how we think of love drugs, that there are no such technologies, and that it is unlikely that there ever will be. For example, in Chapter 4 we argued that "most real-life biochemical interventions into love and relationships, both now and in the future [will not work like] magic potions [that can] instantly transform your entire inner life, making you fall out of love in a heartbeat with your spouse of thirty years, or in love, for that matter, with every pizza guy who shows up at your door."[85] We go on to quote the anthropologist Helen Fisher:

> As you grow up, you build a conscious (and unconscious) list of traits that you are looking for in a mate. . . . Drugs can't change [this] mental template. Altering brain chemistry can [influence] your basic feelings. But it can't direct those feelings. Mate choice is governed by complex interactions between our myriad experiences, as well as our biology. In short, if someone set you up with [someone you are not ultimately compatible with], no "slipped pharmaceutical love potion" is going to make you love him.[86]

"In other words," as we put it, "the most likely scenario for the foreseeable future, even as neuroscience progresses, will be more or less powerful loadings of the dice – not sorcery."[87]

Final thought

As we said, we agree with Garasic that individually rational behavior may lead to wider social harms. We make that argument ourselves over the course of several pages, using detailed case

[85] From Earp and Savulescu 2020a, 54.
[86] From Fisher 2016, 318-319.
[87] From Earp and Savulescu 2020a, 55.

studies, in Chapter 11. We also agree that individual autonomy is not the be-all and end-all of ethical analysis. We argue for that position, too, at multiple points throughout the book. While Garasic's argument about incest is certainly interesting, it strikes us as unrealistic, and it unfortunately relies on a conception of 'love drugs' that bears little resemblance to the one we adopted in our work. Nevertheless, we are grateful for the opportunity to clarify our position on these and other matters.

Conclusion

We will conclude by going back to where we started, to the commentary by Arrell. Arrell writes that our book, in some ways, feels "like the culmination of a fascinating philosophical debate the authors set in motion more than a decade ago about the prospects of using biotechnology to enhance love." In other ways, though, "the book marks a new beginning, which will hopefully see their work break new ground and bring these ideas to wider audiences than ever before."[88]

We appreciate this way of framing things, as it reflects our mission for the book. We wanted, in the first place, not only to summarize our arguments from the past ten years or so, but to systematically respond to our critics, acknowledging their important insights and updating our conclusions along the way. Readers, then, who are only familiar with our work on love drugs from our early published papers may be surprised to see that we have changed our minds about certain things and expanded our perspective in various ways.

But we also wanted to bring this conversation out of the ivory tower and into the public domain. Love drugs are no longer

[88] From Arrell 2020, 45.

theoretical, and the mandate to develop a socially responsible, ethical policy to handle them can no longer be delayed. In the book, we explore some of the most pressing philosophical and ethical questions raised by these emerging biotechnologies, but we have still only scratched the surface. As individuals, as partners, and as members of society, we must all work together to decide how this story should unfold.

Appendix

Did we fail to include a socio-historical dimension in our notion of love? Further response to Spreeuwenberg and Schaubroeck

In the course of their commentary, Spreeuwenberg and Schaubroeck make a surprising number of false or misleading statements about our concept of love, ranging from apparent logical mistakes to more substantive errors and even fundamental mischaracterizations. An overarching theme of their critique is that we seem to treat love, not as a socially and historically situated practice (our actual view) but rather as an individual-level psychological condition or set of behaviors. In this *Appendix*, we will address just a few of their most problematic assertions.

Love as a set of behaviors?

Let us start with the idea that, on our view, the existence of love can be directly inferred from the presence or absence of certain behaviors. For example, Spreeuwenberg and Schaubroeck attribute to us the following claim: "displaying loving behaviors (like

wanting sex, sharing emotions) is sufficient to conclude there is love."[89]

That is incorrect. Unfortunately, Spreeuwenberg and Schaubroeck seem to have mixed up the logical concept of a sufficiency condition with that of a necessity condition, leading them to seriously misrepresent our view. In the book, we made an if-then argument about a feature of relationships that some people regard as a *necessary* – not sufficient – condition for romantic love. Specifically, we wrote that if one sees sexual desire, under certain conditions, as a necessary feature of romantic love, then a drug that removes such desire under the specified conditions would change something often seen to distinguish romantic from so-called platonic forms of love.[90] It is therefore erroneous to conclude that we "believe that if a drug makes you want sex, share emotions or makes you want to behave in certain ways, then this is enough to say that you love." [91]

Now consider the notion that a lack of love can be directly inferred from the absence of certain behaviors. Here, Spreeuwenberg and Schaubroeck not only incorrectly attribute this claim to us, but they also suggest that we advanced the claim without any argument: "the inference that there is no love when there is no loving behavior needs an argument … without argument the inference relies on an implicit normative understanding of what love is."[92]

Part of this criticism we found helpful. It suggests that, like Arrell (see main text), Spreeuwenberg and Schaubroeck took us to be referring to loving or caring *behavior* that might be diminished

[89] From Spreeuwenberg and Schaubroeck 2020, 71.
[90] From Earp and Savulescu 2020a, 61.
[91] From Spreeuwenberg and Schaubroeck 2020, 71.
[92] *Ibid.*

by a drug, when what we had in mind was a caring *disposition* (i.e., something that typically results in such behavior but is not identical to it). So, it seems that we were not as clear about that distinction as we might have hoped, and we are glad to have the chance to set the record straight.

Another part of the criticism we found puzzling, however. The authors seem to imply that we failed to argue for the claim that a drug could alter love, so that our inference to that effect must have been based on an "implicit" premise. That is not the case. Instead, the normative understanding of love we invoked in this passage of the book was prominently identified and used to ground a simple *modus ponens*. In reduced form, we argued as follows:

> Normative premise: Assume that love requires care.[93]
>
> Conditional statement: If love requires care and a drug can alter care, then a drug can alter love.[94]
>
> Empirical claim: A drug can alter care.[95]
>
> Conclusion: A drug can alter love.[96]

Now, it is conceivable that our presentation of this argument was simply so convoluted that Spreeuwenberg and Schaubroeck were not able to follow it. But that seems unlikely: in his commentary, Arrell had no trouble reproducing the argument in just a couple of lines, complete with its normative premise: "Assuming that 'true love … requires genuinely caring about (and

[93] From Earp and Savulescu 2020a, 59, second paragraph of the section "Love or something lesser."
[94] *Ibid.*, 60, third full paragraph.
[95] *Ibid.*, first paragraph.
[96] *Ibid.*, third full paragraph.

trying to promote) the other person's well-being' [and] that being on SSRIs [makes it so] that you don't care about your partner's feelings, Earp and Savulescu's argument looks about as watertight as they come."[97] Of course, Arrell goes on to question certain aspects of the argument, as we saw – in particular, he questions the conditional claim – but whether we actually made an argument was not at issue.

Love as socio-historical

Now we get to the more substantial misrepresentations. Spreeuwenberg and Schaubroeck suggest that we failed to consider such basic issues as the "historically contingent" social norms that guide the interactions between lovers, or the "socially embedded" values that shape dominant understandings of what 'counts' as love in a given context.[98] As Spreeuwenberg and Schaubroeck state, it is "remarkable that [Earp and Savulescu] do not bring that social dimension into their notion of love."[99]

We agree that it would be remarkable, indeed, scandalous, if we had failed to consider such important historical and social aspects of love in our book. But in fact we centered those aspects in our account of love, while also drawing out and exploring their implications for – among other things – the very issues just mentioned. Here are some examples:

* In Chapter 1, when first explaining how we will conceive of love in the book, we present a 'dual nature' theory that we later explicitly adopt, based on the work of Carrie Jenkins.[100] We state

[97] From Arrell 2020, 53.
[98] From Spreeuwenberg and Schaubroeck 2020, 73. As they put it, the widely held "correctness conditions" for applying the term 'love' to a relationship.
[99] From Spreeuwenberg and Schaubroeck 2020, 72.
[100] See Jenkins 2017.

that, on this view, love has two dimensions, the first of which is biological and the second of which "is psychosocial and historical. It speaks to the cultural norms, social pressures, and ideological constraints that exist at a given place and time and shape how we think about, experience, and express romantic love in our daily lives."[101]

* The second time we give a theoretical account of love, in Chapter 2, we explain that "beliefs, norms, and expectations about love vary from culture to culture and may change over time; these higher-level factors [can] affect our experiences and conceptions of love."[102]

* We then use an automobile analogy to explain the importance of including psychosocial factors in any reasonable conception of love: "Obviously, the way a car runs, including how and where it moves through space, is not just a matter of internal mechanical aspects (corresponding to brains and biology in this analogy) … It's also shaped by external factors, [like] the presence or absence of pedestrians, the commands of traffic signals, and arbitrary, which-side-of-the-road conventions (sociocultural norms and physical environment)."[103]

* In the same way, we state, "the course and character of love is not just a matter of neurochemicals, genes, and so on. Instead, what love *is* in a given context is constrained and informed by a complex set of outside forces that derive from history and society and interact with individual minds and behavior. These forces range from prevailing cultural norms and assumptions about love [to] the explicit categories and language people use to describe

[101] From Earp and Savulescu 2020a, 11-12.
[102] *Ibid.*, 20. See also Earp, Sandberg, and Savulescu 2016.
[103] From Earp and Savulescu 2020a, 21.

love, to how people make sense of their experiences of love in terms of those categories and norms."[104]

* To illustrate this idea, we use a case study of a lesbian couple in late-nineteenth century England. Given the historical circumstances, we say, the lesbian couple's "feelings for and commitment to one another – as passionate and sincere and deeply rooted as they are – might not be recognized as a true form of love by members of the wider society. This lack of recognition, in turn, could shape how they conceive of their own relationship, interpret their own emotions, and behave even when they are alone, all of which might [also] affect what is happening biochemically between them."[105]

* Over the ensuing pages we give two more extended analogies – one involving the *Mona Lisa* and the other involving *Star Trek* – both of whose explicit purpose is to explore in depth the complex relationship between the biological and psychosocial/historical aspects of love.

* We explain the upshot of this relationship for our thesis: "Tinkering with biology [is] not the only way to modify love. Its psychosocial aspects can be tinkered with as well. At a societal level, people might try to challenge existing narratives about love, including dominant norms for how love should manifest in different relationships. [As] these norms and narratives change, so too will the psychosocial side of love, including what counts as love in a given social context."[106]

* Still in Chapter 2, we stress that "the important point" for readers to grasp is that "social, psychological, and wider historical

[104] *Ibid.*
[105] *Ibid.*, 25. The lesbian couple example originally comes from Jenkins 2017.
[106] *Ibid.*, 22.

factors cannot be discounted."[107] We then quote Lisa Diamond, who writes: "Calling attention to the biological substrates of love and desire [does not] imply that biological factors are more important than cultural factors in shaping these experiences. On the contrary, research across many disciplines has shown that human experiences of sexual arousal and romantic love are always mediated by social, cultural, and interpersonal contexts, and ignoring these contexts produces a distorted account of human experience."[108]

* At the beginning of Chapter 3, we ask how biology and social factors might conflict in modern relationships. Noting that it depends on the type of relationship, we ask: "What are the surrounding cultural expectations? What are the values of the partners?" We go on to discuss monogamy, which we describe as taken for granted in the prevailing social script for long-term relationships in many societies. "But is this a good script?" It depends, we say, "on the community, the couple, their beliefs and values, the wider context, and many other factors." We then explore some of those factors in detail.[109]

* Later in the chapter, we criticize the idea that natural equals good: "we need to be careful. What is natural for our species can be maddeningly hard to disentangle from deep-seated cultural expectations and psychological training. It is quite possible to feel that something is 'natural' when really it's been drilled into our heads through oppressive socialization from when we were young."[110]

[107] From Earp and Savulescu 2020a, 22.
[108] From Diamond 2003, 174.
[109] From Earp and Savulescu 2020a, 36.
[110] From Earp and Savulescu 2020a, 41.

We could go on. The point is, Spreeuwenberg and Schaubroeck are wrong to suggest that we represent love as an individual-level "psychological condition" (that is, something that can be meaningfully assessed without reference to interpersonal dynamics or the background social norms). Rather, as we articulate – and illustrate – throughout the book, we conceive of love as a biopsychosocial phenomenon, whose psychosocial dimension includes the very concepts and theories about love by which it is commonly understood in a given historical context.

A striking example

Here is a striking example of the disconnect between what we actually say about love in the book, and what Spreeuwenberg and Schaubroeck suggest about our view. Consider their claim that romantic love, as we think of it today, was in some sense 'invented' – that is, shaped by a particular set of social norms embedded in historically contingent institutions and practices.[111] Given the preceding excerpts from the book, it should be clear that we are sympathetic to this view. In fact, this *is* our view. However, Spreeuwenberg and Schaubroeck suggest otherwise: they ascribe to us the belief that romantic love, as that notion is currently understood, must have always existed, having first evolved among our distant ancestors. In this, they seem to portray us as having a naïve, ahistorical, bio-reductive view of love, for which their commentary stands as a corrective. They warn us that our failure to pay "close attention to the historical background of romantic love as we know it, is not without risk."[112]

What is going on here? If you look closely, you will see that Spreeuwenberg and Schaubroeck have selectively cited, out of

[111] From Spreeuwenberg and Schaubroeck 2020, 78.
[112] *Ibid.*, 79.

context, a pair of sentences from our book, as follows: "Although you may have heard that romantic love was invented in the West in the last few hundred years, it wasn't. It has been around … since the dawn of our species, ingrained in our very nature."[113] On its own, such a quotation may seem damning. But here it is in context:

> the concept we are after cannot simply pick out a biological phenomenon, as in theories that reduce love to some kind of animalistic drive; but nor can it simply refer to a social or psychological construct or something that exists in a disembodied soul. Although you may have heard that romantic love was invented in the West in the last few hundred years, it wasn't. It has been around (in one manifestation or another) since the dawn of our species, ingrained in our very nature. But the particular forms it has taken – as a result of the diverse ways people have understood it, reacted to it, molded it, and tried to control it or set it free – have indeed been different in different places and throughout different periods of history.[114]

Right before this material, we had introduced the idea that love has a dual nature – it is both biological and psychosocial/historical. Here in the quote, then, we expand on what this means: it means that a theory of romantic love that reduces it *solely* to a psychosocial 'construct' (i.e., something that could have been invented in the West in the last few hundred years) is not going to be adequate; but nor is a theory that reduces it *solely* to a biological phenomenon (i.e., an animalistic drive as old as the species). So, when we say that romantic love has been around "in one manifestation or another … since the dawn of our species," we are quite clearly referring to its biological dimension. In the immediately following sentence, however, we clarify that – on the psychosocial side – particular

[113] From Earp and Savulescu 2020a, 19.
[114] *Ibid.*

practices and understandings of romantic love are, by contrast, culturally and historically contingent.

Spreeuwenberg and Schaubroeck ignore all this. At least, they choose not to share it with their readers. First, they strongly imply that we hold the following absurd position: that romantic love has existed *in its current psychosocial manifestation* since time immemorial. Then, they strike a posture of confusion. Isn't it strange that when Earp and Savulescu go on to list some specific features of romantic love, "they come very close to the characterization of what [scholars have identified as] Romantic Love as invented during modernity?" [115]

For example, they ask the reader to consider the feature of 'being made for one another' or being a 'good match.' Surely, Spreeuwenberg and Schaubroeck advise, this feature "cannot have been a feature of the social expression of lust, attraction and bonding during the Middle Ages, where marriages were economic transactions and there was no room to explore individuality and autonomy in the same way as during modernity."[116]

In short, by presenting certain features of romantic love as timeless and ahistorical that are in fact expressions of modern culture, Spreeuwenberg and Schaubroeck suggest that we have failed to consider the relevant social context and historicized background assumptions that shape how we think about love.

But that is not how we presented those features of love. To the contrary. This is where we wrote that "beliefs, norms, and expectations about love vary from culture to culture and may change over time; these higher-level factors can also affect our experiences and conceptions of love."[117] Then, to *illustrate* this

[115] From Spreeuwenberg and Schaubroeck 2020, 78-79.
[116] *Ibid.*, 79.
[117] From Earp and Savulescu 2020a, 20.

point – i.e., the very point Spreeuwenberg and Schaubroeck raise about the cultural and historical contingency of psychosocial understandings of love – we wrote: “In contemporary Western society, three main clusters of beliefs about love tend to show up on the psychosocial side. These are the concepts and representations of love that appear in art, literature, pop culture, and everyday discussions.”[118]

One of those belief-clusters – which we explicitly identified as belonging, not to the Middle Ages, but to contemporary Western culture – has to do with being a ‘good match.’ And in a later chapter, we give a detailed historical account of how and why norms for love have changed over the past 150 years. There, we note that, until the Industrial Revolution, marriages were not primarily ‘love matches’ but were rather economic transactions – just as Spreeuwenberg and Schaubroeck point out.

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[118] *Ibid.*

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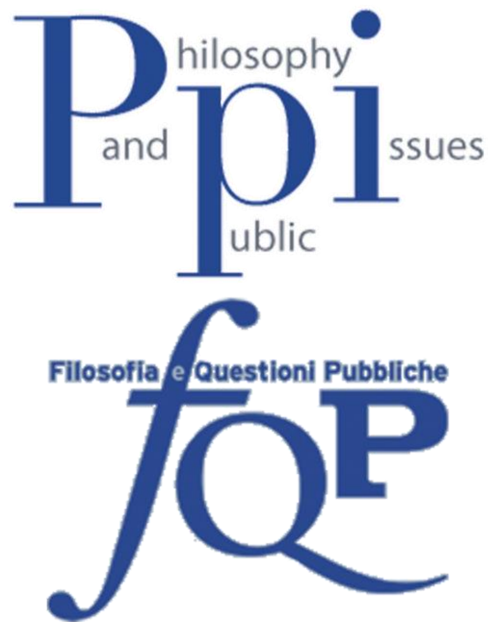
ENHANCING LOVE?



LOVE BY (SOMEONE ELSE'S) CHOICE

BY

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Love by (Someone Else's) Choice

Pilar Lopez-Cantero

Love drugs can allow us to continue loving our partners, even when depression, PTSD, stubborn character traits, or the general tedium of life disrupt our ability to do so. Anti-love drugs can allow us to stop loving abusive partners or relieve acute breakup suffering. In essence, love enhancement can give us as a say on whom we love and thus 'free' us from our brain chemistry, which is mostly out of our control. In that way, we become more autonomous in love and in our life in general, as long as love enhancement is a free, voluntary choice. So goes the argument in favour of this still-in-development – possibly inevitable – addition to medical interventions of relationships. In this paper, I show that proponents of love enhancement have overlooked, or at least underestimated, the fact that love itself impacts people's choices. Since this could include the choice for love or anti-love drugs, I call for a re-formulation of the underlying view on autonomy before this medical intervention is made available to the public.

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I start by outlining the main claims on choice and autonomy in the love enhancement debate. The current focus is the satisfaction of higher-order desires and voluntary choice free from external influence. Then, I offer what I consider an example of love enhancement: the main characters of the film *Phantom Thread*. A departure from paradigmatic examples reveals that love enhancement can change people's higher-order desires in scenarios other than relationship abuse and profound social or cultural oppression, which are the ones being currently considered. This potential for change, I explain, is inherent to love, and puts into question the current focus on voluntariness and freedom from external influence. I argue that, in some cases, people could opt for love enhancement on the basis of their partner's preference, and this could be beneficial for autonomy in some cases, but detrimental in others. For these reasons, I conclude, proponents of love enhancement need to re-formulate their underlying view of autonomy, and subsequently, their underlying view on informed consent.

I

Choosing love enhancement

"To love somebody… is a decision" (Fromm 1956). Brian Earp and Julian Savulescu (2020) begin and end their book-length defence of love enhancement referencing Erich Fromm. According to Fromm, love is not merely a feeling, nor is it a mysterious force that is completely out of our control. Just before the final pages, Earp and Savulescu summarise their own view on the matter:

> That is the message about love we want to leave you with. The idea that love – if you let it, however terrifying it may seem at first

> – can be an act of will. A decision. A *choice*. Once we see that love is something that we can strive to make happen, or change or enhance, we can turn to the question of means. Asking questions and staring into each other's eyes might do the trick for some. Adding love drugs might be necessary for others. Either way, the agency of the actors will play a central role (2020, 187; emphasis in original).

Since the initial formulation of medical love enhancement (Savulescu and Sandberg, 2008), the proposal has encountered objections on different fronts, both to the use of love-drugs (aimed at the continuation or return of love) and anti-love drugs (aimed against continuation of love).[1] A common objection to love drugs focuses on the value or the authenticity of enhanced love. Namely, whatever it is that you choose in this process, it cannot be authentic or valuable love, which cannot be the product of a deliberate choice. Sven Nyholm (2015) formulates this critique in terms of reasons of love: love for a person should be grounded in the

[1] In this paper, I draw from Earp and Savulescu (2020), which I consider the most comprehensive and updated version of their view. This updated version has been partly shaped through engagement with objections (see, for example Earp et al. (2017) for their reply to Jenkins (2017); or Earp et al. (2016) for short replies to Bamford (2015), Ferraro (2015), Hauskeller (2015), Nyholm (2015), Gupta (2016), and Naar (2016). Most relevant for this paper is Earp and Savulescu's abandonment of their initial proposal of love-preserving drugs being *morally obligatory* in some cases of divorce (Earp et al. 2012). Without this change, one of my arguments here would have been that such an ethical demand is unacceptably damaging for the autonomy of women. The proposed obligation would place undue further pressure on women to exercise their role as 'guardians of the family' and further limit their choices as individuals. Earp and Savulescu now acknowledge this limitation (2020, 79) and succinctly say that considering a separation is "a different sort of moral decision" for partners with children (*ibid.*, 78). Lotte Spreeuwenberg and Katrien Schaubroeck 2020 discuss how the current view still presents some risks in this respect.

person herself, and by choosing love enhancement you are grounding love in external factors – the drugs. Andrew McGee (2016) makes an analogous point, but he briefly adds a different, illuminating observation. Love shapes people's choices, and a mutual shaping of choices is a requirement for there to be love proper (McGee 2016, 87). McGee's comment is not so much about the thing that is chosen – whether it is love or not – but about the influence that love itself has on decision-making, which subsequently affects the choice of love enhancement. Earp and Savulescu (2016) do not address that part of McGee's critique in their reply to him. My focus in this paper will be to explore this relation between love and choice in love enhancement – both love drugs and anti-love drugs. Earp and Savulescu's ideas on choice and autonomy are disseminated throughout the book, so my first task here is to try and piece together their underlying approach.

I. 1. Paradigmatic love enhancement

The paradigm case for the use of love drugs, which would allow for the continuation or 'reignition' of love, are what Earp and Savulescu call *grey relationships* (2020, 74; American English in the original). Their main example are Stella and Mario, who have seen how, over the years, their marriage has evolved from a "loving, fulfilling relationship" to a relationship "as parents to their children – not with each other" (*ibid.*, 73). However, Stella and Mario want to get the relations back to where it used to be: not a merely functional one (co-parents) but a reciprocal loving one (romantic partners). Earp and Savulescu say that this is the type of relationship that would benefit from the use of love drugs. It should be clear that they do not claim that love drugs *will definitely* help change the relationship in the desired direction or that all people in this type of relationship *should* take love drugs instead of ending their relationship. But for those who want to try an

alternative may have "a better shot" at "love and happiness" (*ibid.*, 81) with the use of love drugs. In summary: the classic example, then, is a couple who used to love each other and still cares about each other but has 'lost the spark', so to speak. A parallel argument is made in cases where mental illnesses, such as PTSD or depression, interfere in the relationship (*ibid.*, 3-4; 66-67). The underlying idea is that these people want to restore a pre-existent loving relationship.

On the flip side, we have anti-love drugs, which would allow someone to stop loving a specific person. The paradigms are abusive relationships and complicated unrequited love. Bonnie and Bob are their paradigm for the former. Bob violently abuses Bonnie physically. She wants to leave him, but she does not because, according to her own reports, she still loves him. Earp and Savulescu present another example of psychological abuse in Sofia, who "needed to get out of the relationship, but her heart kept saying no" (*ibid.*, 9). Anti-love drugs may help these women take the first step to leave abusive and dangerous relationships. They can also help those who, even after taking that first step, still love their abusers (*ibid.*, 137). Other example they give is complicated unrequited love, i.e. suffering due to love not being reciprocated (*ibid.*, 137; 142-143). Again, Earp and Savulescu do not claim that anti-love drugs should be the default treatment for victims of abuse, and see them as a complement to therapy or support from one's inner circle (*ibid.*, 12).

I. 2. Autonomy in love enhancement

Earp and Savulescu briefly describe their working concept of autonomy as freedom to make one's own choices: "mature adults should be free to choose what they consider to be best for them, even if other think their choice is foolish, not in their best interests,

or simply not what they would do" (*ibid.*, 75). Choosing the best for oneself is understood as aiming at well-being: "the sheer pursuit of happiness" or what is "most likely to promote their flourishing" (*ibid.*, 76). Flourishing is not to be understood in objective terms – what flourishing is differs from person to person (*ibid.*, 78). Finally, individuals are often the most competent in determining what flourishing means for them. In short, for Earp and Savulescu, autonomy is the capacity of individuals to determine and choose what makes them happy without the influence of others. The details of happiness are agent-relative and self-determined. However, not all of an agent's desires are conducive to their happiness, as the following description of Bonnie's psychological states reveals:

> She has a rational, second-order desire to leave [the relationship], but her more visceral feeling or romantic attachment is standing in the way. Her ancient biological machinery, in other words, is badly misfiring and causing her to feel emotionally addicted to someone who beats her up. She is in conflict with herself, and she wants a resolution (*ibid.*, 140).

For Earp and Savulescu, the 'ancient biological machinery' are our basic, primary drives, among which they count attachment and lust. These can be tackled with love enhancement when suffering is rooted in the dissonance between these basic drives and the features of life which are conducive to flourishing for a specific person. Earp and Savulescu believe that these basic drives ground the unhappiness of certain individuals, who would otherwise be happy if they had different drives – Stella and Mario would like to have the drive of being attracted to each other; Bonnie and Sofia would like the drive that attracts them to their partners to

disappear. This is expressed in terms of desires: the people in their examples *want to want* something (higher-order desires) which differs to what they currently *want* due to their biological drives (lower-order desires). As seen above, people determine the contents of their own happiness, and this, for Earp and Savulescu, is expressed better by higher- rather than by lower-order desires.

Underlying Earp and Savulescu's view is a stereotypical *hierarchical* account of autonomy. Hierarchical views got momentum in contemporary Western philosophy with Harry Frankfurt (1971), and still today constitute the mainstream approach to personal autonomy. In hierarchical accounts, autonomy is not determined by the content of one's choices. That is, it is not the fact that one chooses to stay with one's partner, or go to the beach, or retire to a monastery for a life of contemplation, that express a person's autonomy. It is, instead, the fact that these desires can stand the test of self-reflection, where an individual reaches the conclusion that these choices are, indeed, their own. In other words, these desires are what they want to want. There is a hierarchy of desires, with higher-order ones being truly expressive of the individual's will. The people in Earp and Savulescu's paradigmatic examples are unhappy because they do not currently want what they want to want – their lower-order desires are not in accordance with their higher-order desires. This is why, according to Earp and Savulescu, love enhancement can improve autonomy. They allow people to make choices based on their higher-order desires, which are truly expressive of their autonomy. Love drugs can create the physical conditions for the relevant lower-order desires to develop, by suppressing PTSD or by tickling the lust which, if the intervention is successful, will result in the re-ignition of love. Anti-love drugs, on the other side, can suppress the relevant lower-order desires to allow for people to start taking

action towards their happiness. This leads to a last, brief point on the issue of choice in love enhancement.

I. 3. Choosing the good life

At times, Earp and Savulescu are ambiguous as to what is chosen with love enhancement. On several occasions, it seems as if they claim that with love enhancement people choose (for or against) love – see the quote above; chapter 12 is titled "Choosing love". But love enhancement is not a choice for or against love. It is a choice of means to an end, like they also acknowledge (Earp and Savulescu 2020, 142). It is important to solve this ambiguity, given that love is traditionally valued as an end in itself, for two reasons. Firstly, if love enhancement results on love that is merely a means, the defence of love enhancement would be open to unnecessary objections on the value of love. Secondly, as I explain in §1.4, Earp and Savulescu rely on the freedom to define one's good life is to defend love enhancement as a permissible choice, so it should be clear that it is indeed a choice *for the good life*, not for love.[2]

Lotte Spreeuwenberg notes that love drugs may be taken with different ends. Maybe your end is to go back to love a particular person (i.e., for Stella to love *Mario* again), but maybe your end is just to *love*, in general (Spreeuwenberg 2019, 250). Translating this to the anti-love drugs case, maybe Bonnie's end is to stop loving Bob, but maybe her end is to stop loving, full stop, to stop feeling vulnerable.[3] These are important considerations to determine the

[2] Thanks to an anonymous referee for the invitation to clarify the distinction.
[3] I am thankful to Sophie Goddard for bringing to my attention the possible effects of anti-love drugs on vulnerability, and sharing details of her work in progress on this issue with me.

exact effects of love enhancement on love. Actually, the end towards which love enhancement is a means need not be love-related whatsoever. One might decide to take love-drugs in order to keep one's economic or social status, for the benefit of one's children (as the authors themselves discuss), or to act in accordance with one's character (a preference for avoiding conflict, valuing loyalty, etcetera).

Surely, at first glance seems better to be a rich Beverly Hills wife who loves her lavish-lifestyle-paying husband, than to keep the lavish lifestyle but not love the husband. If she took love drugs, yes, it would be as a means to the love, but love itself is not the main element of the good life that she is pursuing. I am, unlike Nyholm, not questioning whether this could mean that such love is valuable or not (it would certainly be a question whether love has *final* value, but as a life option this is, as far as I am concerned, perfectly permissible). I am just stating that the statement "choosing love enhancement is choosing love" is not accurate. Love drugs are a choice for the good life, of which one necessary or desirable component is love. Anti-love drugs are a choice for the good life, of which one necessary or desirable component is absence of love. Earp and Savulescu, however, establish some conditions in order for this choice to be morally permissible.

I. 4. Morally permissible love enhancement

Earp and Savulescu give three conditions that need to be fulfilled for a prescription of anti-love drugs to be morally permissible (Earp and Savulescu 2020, 147):

> 1. The feelings [the person wants to overcome] are clearly undesirable, both objectively and from the perspective of the person experiencing them;
>
> 2. The person wants to use biotechnology, believing reasonably that it will aid in the achievement of a higher-order rational goal; and this would be done voluntarily, under conditions of informed consent; and
>
> 3. The person cannot overcome the undesirable feelings without the help of biotechnology, or at least cannot do so without incurring extraordinary psychological or other costs that the person reasonably judges to be unacceptable, all things considered.

Although Earp and Savulescu only discuss these explicitly with regards to anti-love drugs, these conditions are easily translatable to love drugs, just changing the aim of the treatment and the content of the undesirable feelings (in this case, it would be a lack of desirable feelings). The third condition can be accepted as it is, since it is Earp and Savulescu's further clarification of the thought process which would lead to a justifiable choice for love drugs so these are not a rash, go-to option which may be used capriciously. The first and second conditions need further clarification.

The first condition uncovers a tension in Earp and Savulescu's account. Let us remember that for Earp and Savulescu, the contents of a good life are agent-relative and self-determined. Even in cases of abusive relationships, "[p]eople have to decide for themselves" what is the amount of suffering they can bear before anti-love drugs really seem as the only solution (Earp and Savulescu 2020, 146). In their post-script notes, Earp and Savulescu say that "one person's 'love' may certainly be called 'insanity' by someone else – or a delusion, or none of the above" (*ibid.*, 240). It may be, then, that objectively toxic relationships are not undesirable for certain people. The requirement of

undesirability of feelings cannot then be determined objectively, if we are to accept that flourishing is agent-relative and self-determined. I interpret that first condition in that sense, and not objectively.[4]

The second condition includes the requirement of love enhancement being a voluntary choice made under conditions of informed consent. Earp and Savulescu explicitly say that non-voluntary dispensation of love enhancement should be legally (and, I assume, morally) prohibited: "Just as it is illegal to spike someone's drink at a party, it should be a crime to administer love drugs or anti-love drugs to any person under any condition without their informed consent" (*ibid.*, 251; see also 15). Earp and Savulescu do not give a specific definition of informed consent. Given their focus on choice and autonomy, their approach is highly compatible with the definition of informed consent offered in Thomas Beauchamp and James Childress's widely used principles of bioethics. According to Beauchamp and Childress, an autonomous agent acts intentionally, with understanding, and without controlling influences that determine their action (Beauchamp and Childress 2013, 119). 'Controlling' is understood in terms of coercion and manipulation. However, as Earp and Savulescu acknowledge, defining coercion and manipulation can be a complex task:

> Even adults face profound social pressure to change how they experience or express their feelings of love and sexual desire, so that merely having the option to change might place an unfair burden on them. In essence, they would be forced to justify why they decided to 'retain' their sexual orientation or relational

[4] See Spreeuwenberg and Schaubroeck (2020) for a more detailed discussion of the tensions in Earp and Savulescu's stance on agent-relative flourishing and love.

> disposition, when joining the majority was a real possibility. Clearly, what it means to give informed consent without undue coercion cannot be analyzed [sic] in a cultural vacuum (Earp and Savulescu 2020, 151).

Earp and Savulescu dedicate considerable efforts to explain how oppressive social environments would affect people with non-heterosexual orientations or non-dominant relationship models (such as polyamory). These people may want to change their lower-order desires in order to conform to the higher-order desires which are acceptable in their social environment, rooted in damaging conceptions of love and sexuality (*ibid.*, 162). The very existence of biotechnology may in itself add to these oppressive circumstances (*ibid.*, 165).

So far, then, Earp and Savulescu discuss two possible scenarios of coercion in love enhancement: i) dispensation of love enhancement unbeknownst to the patient, and ii) the patient's choice of love enhancement being rooted in damaging cultural and social norms. There is a third scenario which is quickly considered. Given that some people in abusive relationships admittedly do not want to leave their abusers, would it be best for the abused to be forced to take an anti-love drug? (*ibid.*, 139).

Earp and Savulescu accept that in "a case of undeniable, serious, and persistent abuse, where a victim claimed that everything is fine and there was no need to worry, there might be an argument for overruling their decision and intervening against their will" (*ibid.*). However, they warn that "the risk of unjustified paternalism looms large" and that "people should be extremely hesitant to assume that they know what is in somebody else's own best interests" (*ibid.*). It would be more appropriate, they say, to target the abuser for intervention, rather than the abused. In summary, they do not then fully reject paternalistic intervention, but they clearly have

strong reservations about it. In any case, this adds a third possible scenario of coercion: iii) intervention by a third party in the context of an abusive relationships.

After piecing together Earp and Savulescu's views on choice and autonomy, we could synthesize the main claim of love enhancement as follows:

> Love enhancement offers a means towards the good life by allowing us to act according to our higher-order desires, thus increasing our autonomy, as long as this decision is made under conditions of informed consent (free choice without undue external influence).

In what follows, I put this claim into question, first by motivating a refinement of the conditions for coercion, and then by arguing that this refinement calls for a more careful study of autonomy and informed consent within the debate on love enhancement.

II

Non-paradigmatic love enhancement

My first argument will be that Earp and Savulescu's view on coercion needs to be fine-tuned in order to make room for cases other than their paradigmatic examples. To motivate this claim, I bring in the protagonists of the film *Phantom Thread*.

The film starts with Reynolds, a well-known 1950s couturier who meets Alma, a young waitress. Reynolds takes Alma as his muse and they start a romantic relationship, marked by Reynolds's narcissistic attitudes and controlling behaviour towards Alma. The

more Alma tries to please him, the more Reynolds's contempt and subsequent psychological abuse intensifies. Every moment of intimacy is threatened by a potential (and most times inevitable) outburst or snarky comment from Reynolds – the film depicts well the oppressive atmosphere Alma finds herself in. After a particularly heinous fight, Alma poisons Reynolds's dinner. This puts Reynolds at death's door, but Alma nurses him back to health. Having been ill motivates a change in Reynolds, who starts behaving lovingly towards Alma and asks her to marry him. By all accounts, it seems like either seeing his own vulnerability, being moved by Alma's caring behaviour, or both, has allowed him to lower his defences and abandon his contempt towards her. However, not long after the wedding, he goes back to his old behaviour. So Alma poisons Reynolds again, this time not as a desperate reaction but as a calculated choice. She actually reveals her actions to Reynolds. "I want you flat on your back. Helpless, tender, open with only me to help. And then I want you strong again. You're not going to die. You might wish you're going to die, but you're not going to. You need to settle down a little", she says. As she speaks, Reynolds slowly comes to the realisation that his previous illness was Alma's doing. But he does not stop eating; on the contrary, he smiles throughout Alma's speech and, as soon as she is done, he replies: "Kiss me, my girl, before I'm sick". In the closing scene, Alma reveals through a voiceover that they have continued their relationship by periodically engaging in this same cycle, and that she hopes one day they will be able to love each other without it.

II.1. Justifying the example

Although Alma and Reynolds's relationship is a rather uncommon, highly fictionalized one, it does, as I will show, reveal important features of standard relationships which Earp and

Savulescu have not taken into account. Before looking into those features, it is necessary to dispel possible objections on the example. It could be objected that, given that this is a toxic relationship for everyone implied, this is not really 'love' enhancement. Some theorists of love assert that damaging relationships like these cannot count as love, since it is a condition for love that it does not hurt the lovers.[5] Although I think this is definitely a factor to explore within the love enhancement debate, that is not necessary for the purposes of this paper. Earp and Savulescu refuse to endorse a normative view on love, i.e. a view which specifies what love should be.[6] This corresponds with their conception of flourishing as agent-relative and self-determined: whether this is or not a good relationship for Reynolds or for Alma, and whether it is love, depends on what they each believe.

A second objection would be that non-lethal poison cannot be compared to the drugs Earp and Savulescu propose for love enhancement, such as MDMA or psychedelics. While poison makes Reynolds suffer physically, these substances seem to do the opposite, creating a flood of oxytocin (the 'happy hormone') in our brains. This, however, would overlook the common side effects (i.e., hungover) reported by users of these substances. Also, for Earp and Savulescu it is not the experience of taking the drug which counts, but the aim to well-being; and some medicines aimed at well-being (such as chemotherapy drugs) are inseparable from a great deal of physical suffering.

[5] See hooks (2000).
[6] See Spreeuwenberg and Schaubroeck (2020) for an argument in favour of normative views and for their questioning of Earp and Savulescu's stance against normative views, given that, as they observe, some of the claims they make seem to be in tension with that stance.

A third objection would be that this is clearly a case of abuse from Alma, so it is not morally permissible enhancement. It may seem uncontroversial that this falls in one of the three scenarios for coercion proposed by Earp and Savulescu. It is obvious enough that Reynolds is not under social or cultural pressure and, up to the moment of the first poisoning, is not the receiver of abuse – if anything, Alma is the one being abused. The first poisoning seems, however, a classic case of the first type or morally impermissible love enhancement, analogous to someone spiking your drink. There is no informed consent. However, the second and subsequent poisonings seem different, since Reynolds seems to freely choose love enhancement. This creates a problem for the clear-cut view of coercion reflected in Earp and Savulescu's paradigmatic examples: what happens if, after being coerced, someone ends up agreeing to continue engaging in love enhancement processes?

II.2. Re-assessing coercion

In order to show what exactly is wrong with Earp and Savulescu's approach to coercion, I offer three possible interpretations of Reynolds's case, which I call *coercion*, *revelation* and *personal change*, respectively.

The first option, *coercion*, can be summarised as follows: since Reynolds did not choose the first poisoning, the subsequent decisions to engage in the love enhancement process are not a free choice either. In fact, Earp and Savulescu warn that some people stay in abusive relationships because they form emotional bonds with their abusers as a way to cope with trauma – a form of Stockholm syndrome (Earp and Savulescu 2020, 136). This is profoundly damaging for the victims' autonomy, given that their

choices are a method of self-defence, not a means towards what they would consider, upon reflection, to be a good life.

In this scenario, prior to the first poisoning Reynolds does not want to love Alma, i.e. not loving Alma is his higher-order desire. When he berates her, repudiates her and rejects her care, Reynolds is following what, according to him, will make him flourish. In that case, we interpret Reynolds as believing that being a genius with terrible character traits and immoral behaviour who does not love anyone is what will give him a happy life. We should remember that Earp and Savulecu think that the contents of flourishing are individually determined, so this has to be accepted as a possibility. Reynolds could be trying to live up to the trope of 'misanthropist genius'. If this is the case, Reynolds's higher-order and lower-order desires were in harmony, but this was disrupted by the intervention of love drugs. This is due to the fact that being poisoned by Alma creates a temporary lower-order desire of acting lovingly towards her. That is, love enhancement 'creates' a lower-order desire which somehow disappears after a while (i.e. Reynolds seems to lose the desire to love Alma). His reason to choose love enhancement in subsequent occasions is that he has blocked high actual higher-order desire as a method to cope with Alma's abuse. Hence, for *coercion:*

> Higher-order desire (HOD): Be a horrible person
>
> Lower-order desire (LOD): Act horribly towards Alma
>
> Love drugs effect: suppress original HOD and temporarily originate a new LOD, 'Act lovingly towards Alma', not in accordance with his HOD.

This structure would be analogous to forceful non-voluntary conversion therapy. This is the kind of forceful non-voluntary love enhancement that Earp and Savulescu reject *tout court* (they do not discuss forceful cases specifically, but it follows from their view that they would rightly condemn it). The victims of non-voluntary coercion therapy have their higher-order and lower-order desires in symphony before the love enhancement intervention. Taking the example of a young homosexual man in an orthodox religious environment, he has a higher-order desire to love men, which is in harmony with his lower-order desire to act lovingly towards men. If he was forced to undergo conversion therapy, the young man's lower-order desire would be suppressed, causing him to act temporarily against his higher-order desires (which is the reason that he would have to be forced again to go through the process, in the same way Reynolds needs to be poisoned again). This is genuine, clear coercion, and if Reynolds has the desire structure above, this case of love enhancement is already rejected by Earp and Savulescu given that it breaks their condition of voluntary choice.

However, Earp and Savulescu's quote their interview with psychiatrist Ben Sessa, according to whom "MDMA provides an opportunity for self-reflection, which is an enlightening experience, which you can then use to either leave a relationship or bolster a relationship" (Earp and Savulescu 2020, 143). Who is to say that Reynolds has not been enlightened by Alma's caregiving during his illness, realising that *he* is the one getting in the way of his own happiness by aiming at being a misanthropist genius? Like Scrooge and his ghosts of Christmas, Reynolds may have been 'shown' that he was mistaken in what he thought he wanted – this is the *revelation* scenario.

In this scenario, prior to the first poisoning loving Alma was Reynolds's higher-order desire. This, however, was blocked by his

misanthropic character, which materialized in a lower-order desire of acting horribly towards Alma. However, the extreme illness after the first poisoning allows him to distance himself from his misanthropic drives, and observe Alma's caring for him. Love enhancement in this case suppresses Reynolds's lower-order desire and temporarily reveals his true higher-order desire of wanting to love Alma. This, and not Stockholm syndrome, is the reason Reynolds chooses to go through the process again and again, fully aware of the risks and the physical suffering that the process entails. That is, he is not pressured to make this choice and he gives his informed consent ('I'm getting hungry', he tells Alma at the end of the film). Hence, for *revelation*:

> Higher-order desire (HOD): Be in a loving relationship with Alma
>
> Lower-order desire (LOD): Act horribly towards Alma
>
> Love drugs effect: suppress original LOD and temporarily originate a new LOD, 'Act lovingly towards Alma', in accordance with his HOD.

This way of interpreting the example is analogous to several examples provided by Earp and Savulescu. Here, the non-lethal poison works in the same way they suggest love enhancement would work for PTSD patients (Earp and Savulescu 2020, 2-3), who want to be in a loving relationship with their partner but have lower-order desires of acting horribly towards them. In the structure suggested by Earp and Savulescu, PTSD patients are more autonomous if they can act from their higher-order desires – it is not far-fetched to say that narcissistic character and misanthropy act in the same way. If *revelation* is what applies to Reynolds's case, then Reynolds and Alma are not very different from Stella and Mario: they are choosing love enhancement to

fulfil their higher-order desires of loving each other. The difference, however, is that it is *love enhancement* itself which seems to have revealed Reynolds's higher-order desire of loving Alma, while for Stella and Mario this higher-order desire was known before engaging in love enhancement.

In the third option, *personal change*, Reynolds acquires a *new* higher-order desire in the process of love enhancement. His higher- and lower-order desires may have been in harmony before the first poisoning, but in virtue of being deprived of his ability to act horribly towards Alma, he has discovered a new route to his own flourishing. His new higher-order desire is to be in a loving relationship with Alma, and this suppresses both his pre-existent higher- and lower-order desires focused on being a misanthropist genius and acting horribly. However, as it is seen in the film, Reynolds needs to take the poison frequently to be able to act according to his newly acquired higher-order desire. This suggests that either love drugs make the higher-order desire of being a misanthropist genius disappear (and the conflict arises from a dissonance of his returning lower-order desire to act horribly); or that this desire remains, permanently in conflict with another higher-order desire of being in a loving relationship with Alma. It is perfectly plausible to be torn between two things that are truly expressive of your autonomy. In any case, for the scenario *personal change*, Reynolds's will would have the following structure:

> Higher-order desire (HOD): Be a horrible person
>
> Lower-order desire (LOD): Act horribly towards Alma
>
> Love drugs effect: suppress original LOD and originate a new HOD, 'be in a loving relationship with Alma', which is either i) subsequently blocked by the resurgence of the original LOD; or

ii) in permanent conflict with the original HOD, with love drugs solving the conflict in favour of the newly acquired HOD.

The scenario of *personal change* is not contemplated by Earp and Savulescu within loving relationships (if anything, it is discussed indirectly in the context of sexual orientation, where such personal change is always undesirable). However, it should be at the centre of the analysis, given that it can have serious effects for our understanding of the paradigmatic cases they propose. Let us bring back the main claim of love enhancement:

> Love enhancement offers a means towards the good life by allowing us to act according to our higher-order desires, thus increasing our autonomy, as long as this decision is made under conditions of informed consent (free choice without undue external influence).

In the *revelation* and *personal change* scenarios, Reynolds fulfils the necessary conditions for love enhancement being morally permissible. However, we cannot accept these cases of love enhancement as permissible while at the same time stating that all cases of coercion is impermissible. If we find them impermissible, these scenarios cannot be the same type of coercion as forced conversion therapy or forced love drugs within an abusive relationship if we want the idea of coercion to have weight. But then again, would we consider it impermissible if it does lead to a good life for Reynolds? After all, we may want to endorse Reynolds's personal change from a misanthropist genius to a kind husband (at least temporarily). He certainly seems to do so when he chooses to engage in the process again in the scenarios of *revelation* and *personal change*. We may even try and consider this an

acceptable case of forced intervention of the abuser – Reynolds –, which Earp and Savulescu suggest may be permissible.

The significance of this example, however, is not that it is a difficult case of love enhancement. It is that *personal change*, which is not part of the current discussion, reveals a feature of love which is not compatible with Earp and Savulescu's current view on autonomy.[7]

III

Reformulating autonomy

In order to see how personal change triggered by love enhancement could be damaging for autonomy, let us apply to the paradigmatic case of anti-love drugs of an abusive relationship between Claire and Carl, who are in the same kind of abusive relationship as Bonnie and Bob. In the current debate, Bonnie is a paradigmatic candidate for anti-love drugs. However, let us imagine that Claire takes love drugs instead of anti-love drugs. Her aim is not to suppress her lower-order desire to act lovingly towards Carl, but to substitute her higher-order desire of leaving him for a higher-order desire to stay with him. It does not have be the case for this to happen that Carl spikes Claire's drink. What if Carl *insisted* that Claire take the drugs? We already know the power that Carl has on Claire's decisions, since he is able to regularly

[7] At this point, it could be objected that if the explanation of personal change I present here is wrong, then my criticism is unwarranted. However, as I explain in § III.1, personal change as I have described it is *the* defining feature of love for many philosophers studying personal relationships – or at least *a* defining or important feature. If this claim is wrong, my criticism could be put into question, but this would require a substantive revision of philosophy of love which is beyond the purposes of this paper. I thank an anonymous referee for pushing on this issue.

convince her not to leave him. Why would he not be able to convince her to take love drugs, then?

I think Earp and Savulescu could reasonably say here that they have contemplated this scenario as the second type of coercion: where the person feels pressure to engage in love enhancement due to being in a socially oppressive environment (the abusive relationships). However, this kind of response would be in conflict with their reservations against paternalism. If we are to accept that some people's lower-order desires will drive them to stay in abusive relationships, why should we not accept that they would want to, at least, erase the conflict within themselves by trying to align their higher-order desires with those and not the other way around?[8] This, however, remains a concerning question which Earp and Savulescu do not address in the context of abusive relationships.

The concern extends beyond abusive relationships into seemingly less problematic examples such as grey relationships. Earp and Savulescu tell us that Stella and Mario both agree to take love drugs. But how do they come to this decision? Let us imagine a similar couple, Ingrid and Pedro. Again, imagine Ingrid insists that they take the love drug. There is no coercion, no manipulation, just persistence in her arguments that they should give their marriage a last chance. Maybe Ingrid is the most convincing of them both, so Pedro is used to accept her arguments. But with other less convincing partner, he would not choose love drug, in

[8] This question may sound odd to someone who assumes that the mainstream, by-default view of hierarchical autonomy is the right one. Within a hierarchical account, the higher value and/or prevalence of higher-order desires is self-evident –that is why they are called *higher-order* desires. However, the prevalence of higher-order desires is by no means universally accepted (cf. Watson 1975, Friedman 1986, Thalberg 1989), and shown to be problematic for individuals whose choices are shaped by being in situations of oppression (Oshana 2005, Noggle 2005). In § III.2 I discuss non-hierarchical accounts where the question I launch here are completely appropriate.

the same way Reynolds would not have normally chosen poisoning.

I can anticipate that the authors would say that Ingrid and Pedro would only be good candidates for love drugs if it is clear that they share the higher-order desire to be together. But this is what the example of *Phantom Thread* reveals. The structure, and even the content, of our desires, is not as transparent as Earp and Savulescu make them out to be. We really do not know if Reynolds's case is a case of coercion, revelation or personal change, because we do not know what his initial higher-order desire was. Maybe not even Reynolds knows. If acting according to one's higher-order desires is the ultimate expression of autonomy, then Reynolds *is* autonomous in the scenarios of revelation and personal change, *even if* he did not choose the route for those higher-desires to be revealed or formulated. But this is worrying for Claire, and it could be worrying for Pedro. In order to allay these worries, it is necessary to re-formulate the discussion of love enhancement by introducing more fine-grained views on relationships, autonomy and informed consent.

III.1. How love shapes choice

Imagine that one of the signs of Ingrid and Pedro's relationship turn to the worse is that they do not want to do things together like they used to. Say, for example that they used to do a lot of rock climbing together while they were in a happy, loving relationship. However, before the relationship, Pedro had never climbed. As a matter of fact, he believed that the obsession of climbing of his fellow academics was nothing more than an obsession for following a trend of performative health-caring and nature-loving. He would have never tried climbing for himself until Ingrid – an avid climber – appeared in his life and asked him to do so. So Pedro

went climbing, and although he did not like it the first time, he did and continued doing it for Ingrid. Progressively, he started appreciating climbing more and more, until one day, climbing had also become one of his main interests (and losing the desire to do this with Ingrid, a sign of the problems in their relationship).

This process of changing one's preferences due to the influence of a loved person what Dean Cocking and Jeanette Kennett (1998) call 'direction', which not only is frequent and acceptable in love but is, in fact, a condition for love to be considered as such. It is a very softly normative view of relationships, and it simply requires openness to do, at least sometimes, what your friend would like, and openness for this to change you. A similar idea has been defended by Amélie Rorty (1986) and Benjamin Bagley (2015), with the added component of love requiring the lovers to improvise to the changes that love itself brings in each of them. Rorty specifically says that through living and acting together, lovers determine the contents of each other's flourishing (Rorty 2016, 351). In the climbing example, Pedro not only has taken up on climbing through Ingrid, but climbing is now, for him, a component of the good life. Similarly, for Ingrid a component of the good life is climbing with Pedro, and not being able to do that is one of the signs that she is not flourishing as she wishes to. Pedro has changed in that way. My claim here is that what happened with climbing could happen with love drugs. Pedro may choose love enhancement because he is directed by Ingrid in that sense, and not out of a desire or a preference he previously had to save the relationship. Just in virtue of caring about her, he might choose this as a means not to hurt her, for example, or because he doubts himself as truly not having that desire to save the relationship.

I do not intend to suggest that this is definitely problematic. It may well be not. But that is precisely the point. In this situation, each time Pedro goes climbing, he is freely choosing to do so, but

this choice is not a product of a process of introspection revealing he had, all along, a higher-order desire for climbing prior to the relationship. This higher-order desire is a product of personal change triggered by the relationship itself. Ironically, the phenomenon that love enhancement is meant to influence – i.e, love – itself demonstrates that individuals can impact each other's desires (higher-order, or otherwise) in non-coercive ways, undermining the account of autonomy that Earp and Savulescu use to justify love enhancement in the first place.

III.2. Love and autonomy

The hierarchical view of autonomy implied in Earp and Savulescu's discussion has long been subject to multiple criticisms. For example, it is not clear why current higher-order desires are more autonomous than lower-order desires (see fn. 7). The most important problem for love enhancement is that Earp and Savulescu's view of autonomy is an individualist view. But love, as I explained above, transcends this individualism, and many of the choices we make not on the basis of our own desires of reasons.

This is what precisely has been the focus of feminist philosophers of love: the fact that love influences the lovers' choices can result in autonomy imbalances in romantic relationships. This imbalance need not be negative for autonomy, but it can be.[9] Marilyn Friedman sets up the issue in terms of imbalance between the lovers' *autonomy competences*:

[9] See Lopez-Cantero and Archer 2020 for an argument on how falling out of love can be beneficial for people in relationships with some types of imbalance, even if the process is one of disorientation. The long-term benefits that finishing a relationship can bring is something that should be considered when determining which kind of relationships should be allowed to end without the

> Two lovers enter their relationship with prior differences in the competencies needed to be autonomous. A lover, for example, who is more articulate in expressing her views and more adept at defending them may have a greater say than her partner in determining what counts as a legitimate shared purpose or joint project. Linguistic competency is an important meta-attribute in autonomy; it is a particular rich skill for self-representation, critical reflection, and imagining and evaluating alternatives. To the extent that lovers depend on dialogue to forge their plans and settle their disagreements, the lover who is less skilled than her partner at linguistic self-expression will often have a hard time communicating and defending her perspective to her lover (Friedman 1998, 172).

The idea of autonomy competencies entails that autonomy is not just ability freely match your actions to your higher-order desires, but the realisation of a series of skills that develops over time. Friedman mentions "questioning, doubting, evaluating, criticizing, defending, reinterpreting, and imagining alternatives" like examples of autonomy skills (*ibid.*, 169). Diana Meyers distinguishes between several categories of relevant skills, such as self-discovery, self-definition and self-direction:

> To achieve personal autonomy, one must know what one is like, one must be able to establish one's own standards and to modify one's qualities to meet them, and one must express one's personality in action. Without self-discovery and self-definition, what appears to be self-direction could turn out to be disguised

prescription of love enhancement. That issue, however, is beyond the scope of this paper and shall be left for another discussion.

> heteronomy, that is, others' internalized direction (Meyers 1989, 20).

Friedman and Meyers are two examples of *relational* accounts of autonomy which highlight the connection between personal relationships and decision making. Relational approaches offer an alternative to determine whether the changes brought by love are or not damaging for autonomy – and, by extent, whether love drugs are or not damaging for autonomy. For example, it may be that climbing has enhanced Pedro's skills of self-discovery, by seeing himself out of his medium and testing his mental and physical resistance. In such case, Ingrid's influence may have improved Pedro's autonomy, despite Pedro's initial choice to go climbing not having been his preference. In both the revelation and the personal change scenarios, Reynolds's autonomy may also be enhanced with the development of self-discovery skills, such as display of emotion and openness to vulnerability. Those could then be considered an acceptable case of love enhancement under this view on autonomy.

On the other side of the spectrum, Carl continuously acts in detriment of Claire's self-direction skills, so the choices which Claire makes on the basis of the relationship are not to be considered as a development of her autonomy skills. Admittedly, there is disagreement on whether Claire's choice of love drugs could be considered autonomous on the basis of the oppressive relationship she is in. Andrea Westlund, for example, defend the autonomy of what she calls 'deeply referential agents': "Pressed to explain why they always defer, such agents simply persist in deferring their interlocutor to the perspective of those to whom they defer" (Westlund 2009, 33). Deeply referential arguments need not be non-autonomous if they can reasonably defend to others their commitment to have are their choices decided by

others according to Westlund. In other words, Claire could be autonomous in her choice of love enhancement even if her reason is "I did it because Carl said so", as long as she is able to reasonably defend this choice to others (see Christman 2004 for the opposite position; and Friedman 2003 for a different argument on autonomy being potentially maintained in coercive situations).

In relational accounts, determining what free choices are is more complex than just appealing to the fulfilment of higher-order desires. Different people can have different abilities, and the development of abilities is deeply influenced by socialization – women, for example, tend to develop skills of self-discovery, while education of men tend to prioritize self-direction (Mackenzie and Stoljar 2000, 18). Meyers warns that

> self-discovery and self-definition can also be influenced socially. Introspection may find a thoroughly conditioned self. Likewise, a decision to change may reflect socially instilled values and preferences, and a meta-decision confirming that decision may again reflect socially instilled values and preferences. In sum, self-administered checks on the autonomy of the individual may themselves be products of socialization, and any review of these reviews may be socially tainted, as well (Meyers 1989, 20).

It is not my aim here to go into a detailed description of these accounts, or argue for one of them specifically. My aim here is to point out that departing from a hierarchical approach opens the debate of love enhancement to different views on autonomy, better suited to accommodate the possibility of personal change within the debate of love enhancement. By understanding better the different influences that come into people's choices, instead of setting the impossible requirement that these choices are made without due influence, we will be better equipped to analyse the

actual risks and benefits of love enhancement. My last observation will be that this shift should be accompanied by a more extensive consideration of the notion of informed consent, where freedom from undue influence seems to be doing all the work in the current view.

Anita Ho discusses a case of a man who, just before his surgery, had decided to forego reanimation. However, after talking to his wife, he changed his mind (Ho 2008, 128). The doctor treating this patient considered he had been subject to undue pressure, but Ho argues that his interpretation results from working concepts of informed consent not accommodating how consulting people they are close to can improve a patient's autonomy in deciding treatment. Susan Dodds argues that making informed consent the "sole locus" for autonomy in medical treatment makes it easy to overlook other limitations of autonomy in healthcare (Dodds 2000, 2013). This stance, Dodds says, presupposes that all patients are autonomous in absence of pathologies and that lack of autonomy is often pathological; sees the patient as passive; and ignores that conditions of healthcare themselves influence consent *ibid.*, 215). We saw a similar approach in the case of coercion and love enhancement. Earp and Savulescu assume that all potential patients of love enhancement are autonomous in absence of coercion (on the three scenarios described in § I.5). I have now argued that this is not true. In their view, coercion is always seen as an undesirable; but Reynolds seems to fulfil the conditions for permissible love enhancement despite his initial lack of consent. Crucially, Dodds argues that a skill-based approach to autonomy puts into question the 'informed' part of consent: "Depending on the array of autonomy competencies that can be summoned in a task, a person may be better or less able to use information critically to determine how to choose authentically" (*ibid.*, 231). Dodds acknowledges that relational approaches launch at least as many questions as they answer with respect to informed consent; I think

the same applies in the case of love enhancement. However, I follow Dodds in her assertion that "bioethicists who wish to respect autonomy should ensure, among other things, that they recognize autonomy in all its complexity" (*ibid.*, 232).

Conclusion

In this paper, I have not tried to present an argument against love enhancement, or against Earp and Savulescu's view wholesale. To be clear, I believe that if love drugs and anti-love drugs prove effective, they could help the people in their paradigm cases – Bonnie, Stella and Mario. What I do not believe is that we will find it easy to distinguish between Stella and Mario (who seem to individually reach the choice of love enhancement) and Ingrid and Pedro (who decide to undergo love enhancement on the basis of Ingrid's convincing Pedro).

I do not intend to claim, either, that Earp and Savulescu's account is completely incompatible with non-individualistic views of autonomy. It could be that once the tensions I have noted here and the challenges from non-paradigmatic cases are faced, there is a way to accommodate the examples I present. However, this is not the case in the current formulation of the view, with the current assumption of hierarchical autonomy as the obvious way to explain the choice of enhancement. Like Earp and Savulescu rightly point out, love and anti-love drugs are to be prescribed in combination with other psychosocial interventions, so determining the specific dynamics in particular relationships may just be a task for therapists. Nevertheless, it is up to philosophers to provide healthcare professionals with the best possible bioethical background in order to ensure that love enhancement is used only when it can improve autonomy. I consider the criticisms I present

a starting point to solve a gap in that ideal bioethical framework, which need to stretch beyond paradigmatic cases.

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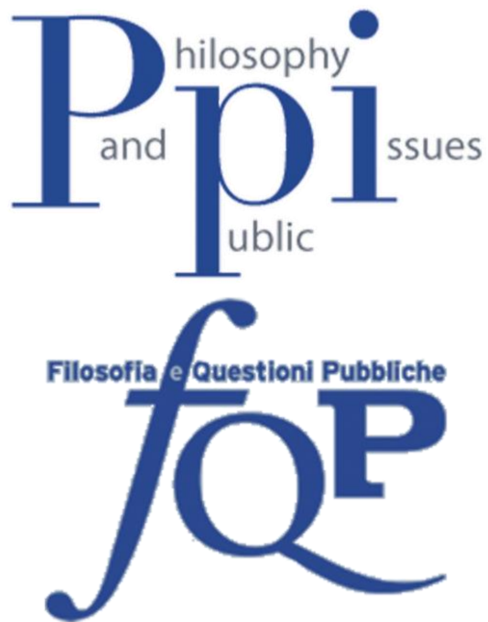

ENHANCING MATERNAL LOVE?

BY

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Enhancing Maternal Love?

Andrea Klonschinski and Michael Kühler

Introduction

The attachment bond between mother and child and the concomitant unconditional motherly love[1] for her child (or children) are often regarded as prime examples for intense loving relationships (Earp and Savulescu 2020, 57). Yet, the flow of oxytocin notwithstanding, not all mothers love their children. This may be a temporary situation, as it is the case with the so-called baby blues or postpartum depression (PPD). In the latter case, the mother, indeed, *cannot* love her child (properly). Since the mother suffers in such a situation, medical treatment seems warranted. However, what if the mother does not have a full-blown depression, but still

[1] We use "motherly love" and "maternal love" synonymously.

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does not love or thinks she does not love her child enough? Given the facts that parental love is essential for the child to flourish and that the feeling of not loving one's children enough can seriously diminish one's well-being, would it be apt to recommend the women in question a love drug?[2] Whereas in the case of PPD, taking love drugs can be considered medical treatment, the latter cases would imply using love drugs as enhancement.

We take these cases as prime examples for the use of love drugs and discuss several ethical issues raised by them. Two features make maternal love especially worth considering in the context of love drugs: first, newborns and small children require loving care in order to develop capacities necessary for a flourishing life. In contrast to a partner in a romantic relationship, the child is extremely vulnerable and, at least at the beginning, fully dependent on his or her parents. Therefore, it has even been argued that parents have a duty to love their child (Liao 2015).[3] Yet, the question arises of whether this duty can be accomplished by using love drugs at all if one of the core demands on maternal love, and love more generally, is that it should be *authentic*? Second, maternal love is highly idealized, and the image of the beneficent, nourishing, and selfless mother pervades mythology, theology, and popular culture (Rich 1986, 34; Douglas and Michaels 2004). The ideal is pernicious for women, though, since it confines them to the private realm of care, perpetuates gendered hierarchies, and incorporates social expectations on women that are impossible to meet. In fact, women suffering from PPD or depressive moods often express their anxieties not to be able to live up to the social

[2] We use the singular "child" and the plural "children" interchangeably.

[3] Speaking of a duty to love one's child may even suggest *forcing* parents who do not love their children (enough) to take love drugs. We will not consider this option but follow Earp and Savulescu by presupposing that such drugs should not be used "illegally, coercively, or at home in isolation" (Earp and Savulescu 2020, 12).

expectations surrounding motherhood. Therefore, while both the suffering of mothers who feel that they cannot love their child (enough) and the child's need for motherly love speak in favor of the latter's enhancement, it runs the risk of supporting the unjust background condition of the restrictive "institution of motherhood" (Rich 1986).

In this respect, the issue of enhancing motherly love shows parallels to the use of drugs to suppress homosexuality in Orthodox Jewish yeshiva students discussed by Earp and Savulescu (Earp and Savulescu 2020, 161-170). The religious norms of Orthodox Jews stigmatize homosexuality as a mental disorder, which puts Jews with homosexual desires or behavior into serious conflicts with their community up to the point of becoming depressed. Clearly, what has to change in this situation is not the desires or behaviors of the respective individuals but the religious norms that stigmatize homosexuality. However, changing norms is nothing that can be accomplished rapidly, whereas, due to the existence of certain drugs, the individuals' suffering can be ameliorated on short term. Both "treating" homosexual urges and enhancing motherly love thus pose the following dilemma: "Either we can help the individual and at the same time strengthen the objectionable background norms, or we can resist the norms by refusing to help the individual" (Earp and Savulescu 2020, 168). Our following discussion can thus be read as a follow-up to Earp and Savulescu's considerations in this respect. Just as they do, we believe that matters of applied ethics cannot be solved by establishing any abstract rule or principle alone but requires the careful consideration of the respective contextual factors. In this spirit, we seek to raise and discuss some central ethical issues of enhancing motherly love without defending a clear-cut thesis as to its ethical legitimacy.

In order to do so, we begin by sketching how we understand "love" in general and "maternal love" in particular (section I). After that, we elaborate on the most pressing reasons why there might be a need to enhance motherly love (section II). Against these reasons speaking in favor of using love drugs, we discuss the question of whether doing so might undermine the expected authenticity of motherly love and perpetuate the ethically problematic stereotypical ideal of motherhood and motherly love (section III). We conclude with a cautious skepticism about the use of love drugs to enhance motherly love.

I

Love and maternal love

Maternal love is often considered the prime example of love. To illustrate this, a classical point of reference is Harry G. Frankfurt's seminal account of love as caring (Frankfurt 1999, 166; 2004, 43). Although love, including parental love, is typically considered an emotion, Frankfurt defends a volitional account of love, following up on his general volitional analysis of personhood and autonomy (Frankfurt 1971; 1994; 2004; 2006; for exemplary critical discussions, see Buss and Overton 2002). The details of Frankfurt's multi-level account of the will do not matter for the purpose at hand. The crucial point is that he characterizes love as a kind of *caring* (Frankfurt 1999), and what or whom a person cares about in this sense is, in turn, the defining aspect of the person's *identity*, i.e., *who* the person is. Moreover, Frankfurt argues that we do not have a choice in love. Love is a *volitional necessity*. We are merely able to *discover* what or whom we love and thereby who we *essentially* are (Frankfurt 1994, 138). In loving someone, supporting the beloved to flourish then becomes one of our final ends

(Frankfurt 2004, 55). Consequently, Frankfurt defines love as follows:

> Love is, most centrally, a *disinterested* concern for the existence of what is loved, and for what is good for it. The lover desires that his beloved flourish and not be harmed; and he does not desire this just for the sake of promoting some other goal. […] For the lover, the condition of his beloved is important in itself, apart from any bearing that it may have on other matters. […] This volitional configuration [of love] shapes the dispositions and conduct of the lover with respect to what he loves, by guiding him in the design and ordering of his relevant purposes and priorities (Frankfurt 2004, 42-44).

For our present concern, it is interesting to note that one example Frankfurt gives to describe the notion of love as a volitional necessity deals with a mother who is about to give up her child for adoption. Although the mother has apparently decided to give away her child and has taken all the necessary steps to do so, when the day comes, she finds herself unable to do it. In fact, she is even unable to muster the *will* to do it. Frankfurt describes this phenomenon as the woman encountering her volitional limits, which, in turn, mark the contours of her identity (Frankfurt 1993, 111).[4] Hence, in discovering what we love or what our volitional limits are, we learn something about who we are.

His analysis also leads Frankfurt to defend an account of love according to which there are no reasons *for* love – we do not love for reasons and the beloved does not give us reasons to love him or her. Instead, love is a *source* of reasons, namely reasons *of* love, which directly stem from our very identity as a person (Frankfurt

[4] Note that Frankfurt does not claim that this is necessarily true for *every* mother.

2004, 37-39; for an overview of the debate on love and reasons, see Kroeker and Schaubroeck 2016, Helm 2017). Again, Frankfurt illustrates this idea using the example of parental love:

> Consider the love of parents for their children. I can declare with unequivocal confidence that I do not love my children because I am aware of some value that inheres in them independent of my love for them. The fact is that I loved them even before they were born—before I had any especially relevant information about their personal characteristics or their particular merits and virtues. […] If my children should turn out to be ferociously wicked, or if it should become apparent that loving them somehow threatened my hope of leading a decent life, I might perhaps recognize that my love for them was regrettable. But I suspect that after coming finally to acknowledge this, I would continue to love them anyhow (Frankfurt 2004, 39f.).

Note that Frankfurt discusses *parental* love, which gives the impression that this type of love is gender neutral – which Frankfurt apparently supposes and at least implicitly argues for. As commendable as this may be, neither current social practice nor the stereotypes of maternal and paternal love are nearly as gender neutral as Frankfurt would have it. To see this, it is illuminating to consider the – still prevalent – stereotypical distinction between maternal and paternal love. In his famous book *The Art of Loving*, Erich Fromm describes the distinction as follows:

> He [the infant] learns how to handle people; that mother will smile when I eat; that she will take me in her arms when I cry; that she will praise me when I have a bowel movement. All these experiences become crystallized and integrated in the experience: *I am loved*. I am loved because I am mother's child. […] *I am loved*

> *because I am*. This experience of being loved by mother is a passive one. There is nothing I have to do in order to be loved – mother's love is unconditional (Fromm 1956, 39).

Yet, once the child develops and becomes more and more independent, Fromm observes:

> Motherly love by its very nature is unconditional. […] The relationship to father is quite different. Mother is the home we come from, she is nature, soil, the ocean; father does not represent any such natural home. He has little connection with the child in the first years of its life, and his importance for the child in this early period cannot be compared with that of mother. But while father does not represent the natural world, he represents the other pole of human existence; the world of thought, of man-made things, of law and order, of discipline, of travel and adventure. Father is the one who teaches the child, who shows him the road into the world. […] Fatherly love is conditional love. Its principle is "I love you because you fulfill my expectations, because you do your duty, because you are like me" (Fromm 1956, 41-43).

Note that Fromm explicitly refers to "ideal types" and does not claim that every mother or father in fact loves the way described here (Fromm 1956, 41). To be sure, in particular cases, the typical roles of mother and father can be reversed or be defined totally differently by the persons concerned. However, we take the quotes to neatly express the *stereotypes* of maternal and paternal love without claiming that they are empirically true. We will criticize these stereotypes for their pernicious effects below (see section III.2).

It is striking that Fromm's description of ideal motherly love neatly meshes with Frankfurt's account of love as caring while the image of fatherly love does not do so. In fact, according to Frankfurt, the latter would not count as parental love at all. As mentioned above, he describes love as a volitional necessity and as giving the person decisive reasons to act (reasons *of* love). Conversely, he denies that there are reasons *for* love, which is why love is unconditional. Moreover, when he argues that love is a volitional necessity and the prime source of who a person is, he defends an *essentialist* and *internalist* account of identity. A person's identity, i.e., what or whom she loves, is *internally given* in the sense that the person can merely discover her own internal volitional necessities. This is why one may conclude that motherly love should come *naturally*, stemming from the person's *true self*, when following Frankfurt. In sum, while Frankfurt's account of love as caring appears to be gender neutral, stereotypical social practice may rather expect this type of love from mothers and not or less so from fathers.

II

Why enhance maternal love?

II. 1. Lack of maternal love

Following Frankfurt and Fromm, motherly love can be described as unconditional, natural, caring, and eternal, which raises the question as to why there may be a need to enhance it in the first place. One basic reason consists in the fact that motherly love actually is not as 'natural' as the ideal would have it. In this respect, three cases of – at least a temporal – lack of motherly love can be distinguished: PPD or depressive moods after childbirth, ambivalent feelings of motherhood in general, and a complete lack of maternal love. In the following, we introduce these cases, show

in which respect they may call for love drugs, and differentiate two ways of the latter's application. Note that we deliberately speak of "mothers" and "women" at this point. In doing so, our intention is not to say that only women can care for children or that only biological mothers can occupy the position of the "mothering" person at all.[5] Quite to the contrary, we seek to acknowledge and reveal the currently highly gendered notion and practice of mothering and motherly love (see Ruddick 1989, 45). Considered against this background, speaking of "parents" instead of "mothers" and "women" seems to be gender blind, not gender neutral (Daly 2013, 224f.).

i) PPD and depressive moods

To begin with, some women do not fall in love with their newborn at first sight, but report initial difficulties bonding with their child instead (Nicolson 2001, 6; Stone and Kokanović 2018, 174). According to Paula Nicolson, of the 25 women she talked to about their experiences surrounding nativity, "most wanted to avoid that immediate post-birth time alone with the baby" and the feelings they had for it "ranged from intense hatred, through ambivalence, awe and anxiety about its well-being" (Nicolson 2001, 6).[6] Depressive moods are in fact common within the first year after childbirth. Depending on the severity and the duration of the symptoms, the phenomenon can range from a full-blown

[5] See on mothering and the possibility that men can do so as well (Ruddick 1989, 45).

[6] Note that Nicolson's study is very anecdotal and, as pointed out in a review, it is not clear according to which criteria and how exactly the subjects have been recruited (Tate 2002). Other studies report similar experiences, though (Huppatz 2018; Stone and Kokanović 2018), so that those described by Nicolson do not appear totally uncommon.

PPD, over the so-called "baby blues," up to recurrent depressive moods (Nicolson 2001, 25ff.; Sonnenmoser 2007; Johnson, Adam, and McIntosh 2020).[7] Among these phenomena, only PPD is considered a medical condition warranting treatment (Sonnenmoser 2007). In all cases, though, the women concerned apparently struggle with their transition to motherhood and express the fear of not being able to love their child properly (Rich 1986; Nicolson 2001; Stone and Kokanović 2018; Huppatz 2018, 148; Johnson, Adam, and McIntosh 2020). According to Stone and Kokanović, the "fear that a woman could not cope with mothering or did not even 'want to be a mum'" was implicit in the narratives of the women interviewed for their study and the "fear of being a 'failed mother' is prevalent in the PND [PPD] literature" (Stone and Kokanović 2018, 178). Consequently, some women report that they actually felt relieved when being diagnosed with PPD since this meant that their condition was not their own fault, but a pathological disorder that could (and would) be cured eventually, so that they would come to love their baby after all.

ii) Ambivalence

Even mothers who do not suffer from a full-blown depression frequently describe their feelings towards their children and towards motherhood as ambivalent. In particular, they mourn the loss of their former identity, their freedom, autonomy, time, and control of their lives (Nicolson 2001, 77f.; Donath 2015, 356; Johnson, Adam, and McIntosh 2020, 2f.). Since motherhood is socially equated with happiness and newborns are to be greeted with joy, there is no room for the mothers' grief, so that the women

[7] We put the more extreme cases of postpartum psychosis and post-traumatic stress disorder after giving birth aside here. See on the former (Sonnenmoser 2007, 82) and on the latter (Nicolson 2001, 43).

often feel left alone in a particularly burdensome situation (Nicolson 2001, 38f.). A similar taboo is put on admitting that childcare may not be as joyful as previously expected. By contrast, it can be "a spectacularly ghastly activity. We're not supposed to admit it," a female journalist quoted by Nicolson nevertheless confesses (Nicolson 2001, 75). Some mothers even state that they regret having had children in the first place, as the following woman cited by Moore and Abetz does: "I would turn back the clock in a heartbeat. I find parenthood and specifically motherhood unfulfilling and intellectually demeaning. … I often feel like I'm talking to people with monointerests or a monolife where there is no moment of their life not filled [with] their kid(s)" (Moore and Abetz 2019, 404).[8] Mothers (or fathers) who admit regretting having children usually strictly separate between the love for their children on the one hand and the experience of being a mother (or parent) on the other (Donath 2015, 355; Moore and Abetz 2019, 405). That is to say, the women's reasons for regretting motherhood do not consist in a lack of motherly love, but in the rejection of the mother role.[9] Hence, both in case of PPD, depressive moods, and ambivalent feelings, hatred or the 'failure' to bond with the child are depicted as temporal phases.[10]

iii) Lack of love

Possibly due to the fact that the notion of natural and unconditional maternal love is such a strong normative imperative,

[8] For further examples see (Donath 2015; Moore and Abetz 2019).
[9] See also (Nicolson 2001, 7).
[10] Interestingly, Stone and Kokanović point out that their subjects exhibited a tendency "to structure their narratives [of PPD] in a confessional mode […] that started with scenes of inattentive, uncaring mothers, to the 'penance' of medical treatment and ending with depictions of 'übermothers' harmoniously in tune with their offspring" (Stone and Kokanović 2018, 178).

we did not come across empirical studies in which women explicitly stated that they do not and never have loved their child. Yet, as Sara Protasi carved out, it is certainly imaginable that perfectly sane mothers do not love their children. Consider her following example:

> Ali finds herself pregnant [… and] wants to give the baby up for adoption, but her family prevents her from doing so. They reassure her she will love her child at first sight. At the moment, she hates her state and does not feel any connection with the fetus, which she thinks of as an alien, invasive creature. She hopes this will change when the baby is born. However, after birth the baby looks ugly to her, and she has a hard time breastfeeding him. She lacks adequate medical and familial support, and is left alone dealing with this still-alien-looking creature who cries all the time and who does not seem to like her at all. Ali is exhausted and resentful, dreaming of the life she could have had without him. After a few weeks, she leaves him outside an ER, well covered, wearing bright colors, and in plain sight. She cuts ties with her previous life, and never comes to regret her deed" (Protasi 2018, 38 [italics removed]).

As Protasi points out, there is nothing "psychologically abnormal" about Ali (*ibid.*). The example is evocative of Frankfurt's abovementioned case of the mother who wants to give up her child for adoption but cannot bring herself to do so. Whereas, in that case, the mother reached the limits of her volition, Ali's decision to leave her baby resonates with her volitional identity. A lack of motherly love is thus imaginable and in line with Frankfurt's account of love, albeit not with the ideal of motherly love depicted by Fromm.

II. 2. The potential need for love drugs

In which respect do the three cases illustrated call for the use of love drugs, then? This question can be answered with reference to the women's and the child's well-being, respectively. As the previous considerations showed, mothers who feel that they do not love their children or do not love them enough seriously suffer from this sensation. The numbers given in the literature vary, but at least up to 50% of mothers seem to endure depressive moods within the first weeks after giving birth (Sonnenmoser 2007, 82); Nicolson even reports that up to 90% experience "weepiness, anxiety and feeling down" within the first months after nativity. PPD, by contrast, is diagnosed for 10 to 15% of mothers, who are treated with psychotherapy and tricyclic antidepressants or selective serotonin reuptake inhibitors (SSRIs). In severe cases, hospital admission is required. This raises the question as to why the significant part of women suffering from less severe depressive episodes should not also be given the possibility to take the mentioned drugs – in combination with therapy – in order to alleviate their suffering. After all, the demarcation between a clinical depression and 'mere' depressive moods may be blurry and, as said above, women diagnosed with PPD often feel relieved.[11] Medication could take the edge off the difficult transition to motherhood, lessen the women's anxiety and, in doing so, might help them to build a "sense of maternal competence – a sense that they can and will care for their children" (Ruddick 1989, 29). Beyond that, drugs making women calmer and more patient might also help to even out the felt ambiguities towards the child and the role as mothers. In cases of strong ambiguities, it might be the case that oxytocin helps the women to strengthen the attachment to

[11] This argument resembles Earp and Savulescu's claim that physicians should not "have to […] make up a raft" of disorders in order to provide the persons concerned with proper help (Earp and Savulescu 2020, 6).

their child at the expense of more negative feelings. In sum, enhancing motherly love by means of SSRIs and oxytocin may improve the women's well-being by reducing anxiety, sadness, and negative feelings towards their children. It would also probably make it easier for them to care for their children and to accept their new role as mothers. In doing so, maternal love drugs also have the potential of improving familial and partner relationships.[12]

When the mother suffers, the child is likely to suffer as well. The second reason to consider motherly love drugs thus consists in the particularly vulnerable position of newborns and small children (Gheaus 2011, 502f.) and the resulting importance of love and care for the child's flourishing and his or her identity (Alstott 2004, 4-7; Liao 2015, ch. 3; Protasi 2018, 36; Wonderly 2018). At this point, it is illuminating to continue the description of motherly love by Fromm given above:

> But there is a negative side, too, to the unconditional quality of mother's love. Not only does it not need to be deserved – it also cannot be acquired, produced, controlled. If it is there, it is like a blessing; if it is not there, it is as if all beauty had gone out of life – and there is nothing I can do to create it" (Fromm 1956, 39).

The vividly described horror of a child who is not loved may be the reason for the strong normative ideal of motherly love in the first place, as Protasi surmises: "we realize how crucial it is, for our development as functional human beings, to be loved and nurtured

[12] Johnson et al. write: "Often, the negative effects of the postpartum depression experience included influences on familial and partner relationships, feelings of being dismissed, inability to share feelings openly, and deterioration of relationships" (Johnson, Adam, and McIntosh 2020, 5).

by our parents, and therefore uphold the belief that anything short of unconditional parental love is psychologically abnormal and morally impermissible" (Protasi 2018, 36).[13] While it is beyond the scope of this paper to tackle the question of what exactly (small) children need for their "development as functional human beings",[14] it seems safe to say that they need to be cared for and, at least within the first year of life, need to form a bond of attachment with their primary caregiver (Alstott 2004, 4; Gheaus 2011, 495; Wonderly 2018, 24).

Coming back to the three cases of the lack of motherly love depicted above, it can be said that women suffering from longer episodes of depression will struggle to provide their child with the necessary care. If they are not suffering from an extreme version of PPD, though, they may be left to their own, so that a maternal love drug might foster not only the mother's but also the child's well-being. When it comes to ambivalence, the danger for the child's well-being seems not to be grave, for, as said, the women in question usually report that they love their children but struggle with the role of motherhood. Finally, what about women like Ali? It is clear that she does not love her baby and once she has made the decision to leave him or her, she has no regrets. Also, her action seems to be at least morally permissible, for she makes sure that the baby will be taken care of. It might be objected, though, that the well-being of the child is compromised nevertheless, for once he or she learns that his or her mother left her, he or she might develop a sense of inferiority. It would therefore be better for all if Ali made herself to love the baby and keep it. Then again, it seems questionable whether love can be induced by a drug from scratch in such a situation (Earp and Savulescu 2020, 113). And even if it

[13] A similar explanation is presented by (Hollway 2006, 76).
[14] For a rejection of Liao's arguments that children need love (Liao 2015) see (Cowden 2012).

was possible, especially cases like Ali's raise the question of whether enhanced motherly love could still be considered authentic, for it is arguably *authentic* motherly love that is required by the corresponding stereotype. We now turn to a critical discussion of this and other ethical issues associated with enhancing motherly love.

III

Enhancing maternal love: exploring ethical implications

III. 1 Maternal love and the question of authenticity

A common worry when it comes to mood enhancement techniques, of which love drugs would be an instance, is that resulting changes may be deemed *inauthentic* (for an overview see Juengst and Moseley 2019, section 4). It is argued that the outcome of these *externally* induced changes would not reflect the person's *true* self, which is why such changes and resulting choices and behavior can neither be considered authentic nor autonomous. The underlying idea of the worry about *authentic* love is thus that it must stem from *natural* or *internal* sources, namely the person's true self. Call this the *authenticity as internal prerequisite worry* or, in relation to autonomy, the requirement of *input authenticity* – autonomous choices and actions need to stem from authentic desires etc. This worry plays an important role in the case of love drugs as well, for the resulting love would arguably seem less "true," autonomous, or valuable if it could not be considered authentic.

To address this worry, essentially three counterarguments have been formulated. A first counterargument consists in an attempt to sidestep the distinction between internal and external means of inducing love altogether by equaling their role. Notably, this argument has been formulated by S. Matthew Liao. In a nutshell,

it reads as follows (Liao 2011, 492; cp. also Wasserman and Liao 2008, 179-86):

> (1) Non-pharmaceutical means to induce or enhance parental love (as, for instance, by putting us into situations in which we are likely to have a positive attitude to a child) are not considered endangering the authenticity of parental love.
>
> (2) Non-pharmaceutical and pharmaceutical means ultimately have the same neurochemical effects.
>
> (3) Hence, enhancing parental love by pharmaceutical means does not threaten its authenticity.

However, even if internal, non-pharmaceutical and external, pharmaceutical means have the same neurochemical effects, it is not at all clear that we consider them both authentic, as, for instance, the debate on doping in sports shows. If so, the argument is question-begging and it is still up for debate which conditions must be fulfilled to consider maternal love authentic.

The second counterargument accepts the requirement of input authenticity but claims that love drugs and mood enhancements in general may actually help a person in being their true self in the first place. This is backed up by patients who report that they only feel truly themselves or authentic when taking mood enhancing drugs (Kramer 1993; DeGrazia 2000). Call this the argument of *correcting input authenticity by external means*. Earp and Savulescu use this argument and claim that drugs like MDMA do not compromise a person's true self but rather help the person in bringing it out; at any rate, they do not change who the person *truly* is (Earp and Savulescu 2020, 91-100). However, it should be noted that this makes mood enhancement drugs, including love drugs, necessarily a kind of treatment, as the argument needs to presuppose that there is something internally wrong with the

person to begin with, which can then be corrected by external means.

The third counterargument rejects the worry outright and claims that persons may autonomously choose to take mood enhancing or love drugs precisely because they seek to alter their mood or personality (DeGrazia 2000). If so, the resulting change, even when induced by external means, should be deemed authentic. Accordingly, instead of requiring input authenticity for autonomy, the argument reverses the relation between the two. Call this idea *resulting* or *output authenticity*. Also note that this argument allows for treatment as well as enhancement as long as the underlying choice for taking love drugs can be deemed autonomous. This is certainly the most promising counterargument and Earp and Savulescu use it as well when they emphasize that persons and couples need to decide autonomously on the use of love drugs (Earp and Savulescu 2020, 118-20).

Now, the question for the purpose at hand is how especially the latter two counterarguments fare in the case of enhancing the stereotypical notion of maternal love, i.e., of being unconditional and occurring naturally. Sven Nyholm has spelled out a more specific version of the *authenticity as internal prerequisite worry* in a succinct way, albeit with regard to romantic love (Nyholm 2014):

> [T]he following features seem to be part of what we intrinsically desire in seeking love. We desire: (i) that somebody is firmly and robustly disposed to care for us across various different contingencies; (ii) that this disposition depends on various internal factors within the lover; (iii) that this disposition tracks us in our specific particularity; and (iv) that, in other words, we ourselves have a sort of internal power or ability to call forth, and sustain, the said disposition in our lover that disposes him or her to robustly give us his or her loving care. This means that if it is

> necessary to introduce an external agent – such as gene-therapy or hormone-altering drugs – in order to secure and sustain the attachment and the disposition to provide care, then there is a lack or absence of the complex intrinsic good that we seek in intrinsically desiring the good of love. This in turn should mean that what it is that we create when we use attachment-enhancements is not really the good that we seek in intrinsically desiring love (Nyholm 2014, 197).

When adapted to motherly love, the upshot is that authenticity would require that it be the children who induce the mother's love to its full extent, and not something else like love drugs. "Love is, in this way, a sort of confirmation that we are, as we might put it, 'lovable' in the sense of being able to inspire or call forth such dispositions in another (namely, the lover)" (Nyholm 2014, 196). However, for this point to be consistent with maternal love's definition of being unconditional, children's lovability must not depend on their specific personal characteristics. Still, one formal condition applies, namely the relational condition of being the mother's child – while this need not be understood in a biological sense exclusively but in terms of the social role of the mother. The point is simply that children should inspire love in their mother just because they are *her* children.

Against this particular point, Liao has argued together with David Wasserman that it need *not* be the object of an emotion that directly brings the latter about (Wasserman and Liao 2008, 179f.). However, their argument presupposes that we already have reasons for wanting to have the emotion in question, which is why they conclude that only pharmaceutically induced emotions that are consistent with a person's other emotional makeup may count as authentic (Wasserman and Liao 2008, 182). Interestingly, since this premise is stronger, their argument is actually weaker than the

third counterargument of *output authenticity*, according to which *any* pharmaceutically induced emotion may count as authentic as long as the person autonomously chooses to take the drug. Moreover, one might still bite the bullet and reject Wasserman and Liao's argument on the ground that any emotion brought about by external means, including everyday means like caffeine or alcohol, suffers from being inauthentic. For instance, a person could complain: "if you can only love me when you are drunk, then you do not really love me at all!" Assuming that such a complaint is plausible at least to some degree, this would also put into question the second counterargument of *correcting input authenticity by external means*. If so, the third counterargument of *output authenticity* remains to be the strongest contestant for arguing convincingly that pharmaceutically induced emotions may be deemed authentic.

However, the question of authenticity in motherly love also needs to be addressed from the child's perspective. Assuming that the child is old enough to understand that her mother takes love drugs in order to treat a lack of motherly love or to enhance it, what would be the likely implications? Following Nyholm's argument, children might consider themselves not (fully) capable of inducing their mother's love, and that is in light of only the weak relational condition of being the mother's child. Arguably, children might come to think of themselves as not (fully) loveable. Hence, even if they are actually loved because of the use of a love drug, this shortcoming might still have detrimental effects on the children's well-being and flourishing. If so, using love drugs in the case of motherly love may turn out to be a double-edged sword.

Ultimately, one could even argue that the very idea of enhancing motherly love is self-defeating. For, if the stereotypical notion of motherly love includes the idea that it has to be authentic in the sense of having to emerge as a natural reaction to the child, the very idea of inducing it artificially by pharmaceutical means would

be nonsensical to begin with. Taking love drugs would by definition undermine the very purpose for which they are supposed to be taken. In any case, the situation is more complicated.

To begin with, it needs to be clarified what exactly love drugs are supposed to enhance: maternal love as such or certain capabilities conducive to showing loving behavior, e.g. being more attentive or patient (Earp and Savulescu 2020, 59-65). Beyond that, as the introduction of the child's perspective above has hinted at, when it comes to taking into account the effects on the child's well-being and flourishing, it may make a difference if the child is already capable of understanding that the mother takes love drugs. Consequently, the worry about enhanced motherly love being inauthentic will be more or less severe and the corresponding argument against the use of love drugs will be more or less powerful.

First, consider the case of infants and small children who are not yet capable of understanding that, say due to a PPD, the mother is taking love drugs. Given that the well-being and flourishing of infants and small children crucially hinges on being lovingly cared for (see Liao 2015), this may well be considered to outweigh the worry about authenticity, especially if the mother autonomously decides to take love drugs precisely to be (better) capable of loving and taking care of her child.[15]

Second, imagine older children who are able to understand that their mother takes love drugs and assume that, while the mother is

[15] Following the third counterargument of *output authenticity* at this point, the resulting love would in fact be authentic due to the autonomous choice. Still, it is by no means clear that the child's well-being and flourishing *always* outweigh the mother's possibly conflicting interests. It can merely be argued that it carries *considerable* weight in the type of case described because of the crucial impact on the child's well-being and flourishing.

perfectly capable of taking care of her children's everyday needs, she lacks motherly love due to the fact that she has adopted the children and has not been able to build a deep loving relationship with them. Arguably, this case makes it not only less urgent or important that the mother should try to induce motherly love, but it may also warrant the criticism about the induced motherly love being inauthentic if she did, including possible negative side-effects for the children mentioned above.

Finally, think of a mother who loves her prepubescent child and takes care of all of his or her crucial everyday needs but is convinced that she should love her child even more and should also enhance her capabilities of expressing this love in everyday caring behavior, for instance by being more attentive to her child's interests and life and play an even more supporting role in it. While the worry about her love being inauthentic may carry less weight – after all, it is explicitly stated that she loves her child – the case raises the question of why she would come up with the idea of enhancing her love and capabilities of showing caring behavior even more, likely to the detriment of her other legitimate interests in life. One of the reasons for considering this option at all seems to be the still influential and by definition unattainable stereotype of *perfect* motherhood, much to the disadvantage of recognizing and realizing mothers' other legitimate interests in life.[16]

[16] An anonymous reviewer pointed out that a mother may also believe that she loves her child (enough), but in fact does not do so, and raised the question of whether the respective mother should be nudged or even forced to take love drugs. This is certainly an interesting case, but we put it aside for two reasons. First, as we stated in footnote 3, we take it that love drugs should never be used coercively and, second, we assume that due to the pervasive and strong ideal of the good mother and her unconditional love, it is rather unlikely that the case depicted here occurs in reality frequently.

III. 2. The ideal of motherhood and the problem of complicity

The notion of the mother is strongly symbolically charged and has been playing a central role in mythology and religion since human recollection.[17] The modern ideal of "the good mother" and the concomitant institution of motherhood is much younger, though, and can be traced back to the 19th century, when the industrial revolution separated "work" from "home" and, in doing so, constituted the latter as the women's sphere (Rich 1986, 46-52; Arendell 2000, 1192). Henceforth, caring for and enhancing the welfare of men and children advanced to women's "true mission" (Rich 1986, 49), and mothering became "presumed to be a primary identity for most adult women" (Arendell 2000, 1192). This gendered division of labor is simultaneously reinforced by and mirrored in gender stereotypes and gender essentialism, which considers women as naturally more fitting for care work due to their warm, caring, emotional, and communal character.[18] In virtue of these traits, she is also assumed to provide the child with "absolute, unconditional, self-effacing, and eternal" love—"'forever and for always'" (Protasi 2018, 35).[19] Anything falling short of this instinctive, unconditional love is regarded as either pathological (Hollway 2006, 76; Protasi 2018, 36) or as a moral failure on the part of the woman:[20]

[17] See (Miles 2001, ch. 2) and the references given there.
[18] On the myth of a maternal instinct see (Nicolson 2001, 110ff.; Douglas and Michaels 2004, 25f., 151).
[19] Recall Fromm's definition of maternal love quoted above.
[20] These norms are obviously contradicting: maternal love is supposed to be natural, but nevertheless an achievement (Nicolson 2001, 107), while the lack of love is pathological, but also a sign of individual failure.

> [L]ove toward […] one's children […] is considered sacred and regarded as a feminine moral test. […] [E]xpressing one's love is structured as representing an achievement in terms of one's *feminine moral identity* and social position as a good mother […]. Failing to emphasize the emotion of love toward one's children might be regarded as immoral and unfeminine (Donath 2015, 360).

This quote shows how intricately connected the ideals of the feminine and the mother are; in fact, a good woman is nothing but a good mother – a bad mother has failed not only in her role of a mother, but as a woman as such (Arendell 2000, 1192; Nicolson 2001, 107ff.; Donath 2015, 347; Huppatz 2018, 146).

It becomes increasingly impossible for women to live up to the ideal of the good mother, though. According to the modern paradigm of intensive mothering (Arendell 2000, 1194; Douglas and Michaels 2004, 5), mothering is defined "as a consuming identity requiring sacrifices of health, pleasure, and ambitions unnecessary for the well-being of children" (Ruddick 1989, 29).[21] Within this paradigm, the notion of self-sacrifice for the sake of the child looms large. Beyond that, three recent developments intensify the pressure exerted on mothers. First, the current professionalization of motherhood is unprecedent, as Rebecca Asher points out: "Motherhood is no longer a state of being, it's a project" (Asher 2012, 62), which requires research on any parenting or consumption choice concerning the child (see also Douglas and Michaels 2004; Daly 2013, 227; Huppatz 2018, 150). Second, modern motherhood is highly idealized and romanticized, in so far as it is regarded essential for a good and meaningful life, up to the point of becoming conflated with happiness (Huppatz 2018, 148, 158). Third, and closely connected, the phenomenon of

[21] See also (Arendell 2000, 1194; Gheaus 2011, 489).

"celebrity moms" in the media, advertisement, and, more recently, social media, set the standards for the aesthetics of a good mother (Douglas and Michaels 2004, ch. 4; Huppatz 2018, 145). Note the contradiction implied here: although she is supposed to be focused exclusively on her offspring, the modern good mother does not "let herself go" and remains slim, fit, and sexy both during and after pregnancy (Huppatz 2018, 152; Asher 2012, 63).

These unrealistically high – and in part contradictory – norms put a high pressure on mothers when it comes to childrearing. Since the social expectations on fathers are way easier to meet (Asher 2012, 121f.), the stereotype of the good mother can be considered a major impediment to gender justice (Gheaus and Robeyns 2011, 175; Gheaus 2012). Considered against this background, it becomes apparent that some women's anxieties, depressive moods, and feelings of being overwhelmed by the demands of motherhood depicted above can be traced back to the high expectations that the ideal of the good mother, the concomitant notion of unconditional and eternal maternal love, and the institution of motherhood as such place on them. This is not to say that all women are forced against their will to take up the role of the primary caregiver, accept setbacks in their career, and so on. Yet, the fact that they choose to do so voluntarily does not imply that these choices are not subject to problematic gender norms and unjust background conditions (Asher 2012, ch. 6), as Margaret Olivia Little points out: "One of the insidious ways sexism works is by gradually constricting the options that women imaginatively conceive for themselves" (Little 1998, 174).

These considerations suggest that while motherly love drugs may ameliorate the suffering of women and ease their transition into motherhood in the short run, they tend to strengthen the problematic ideal of the self-sacrificing super-mother and thus contribute to maintaining an unjust, sexist system in the long run.

To speak with Asher, the "mental strain experienced by so many new mothers is a social problem not a medical one – it requires collective changes, not just individual treatment" (Asher 2012, 81). Love drugs therefore pose the danger of "medicating away" symptoms that point towards structural issues, so that endorsing, promoting, or unduly benefitting from the pharmacological enhancement of motherly love would make one complicitous in upholding an unjust social structure (Little 1998, 170). The issue of whether to enhance motherly love by drugs thus leads into the very dilemma between helping particular individuals on the one hand and strengthening objectionable background conditions on the other, which Earp and Savulescu themselves envisage (Earp and Savulescu 2020, 168-70, 185).

One possible route for escaping this dilemma presents itself once we consider the fact that Earp and Savulescu stress numerous times throughout their book that love has two sides, a biological and a psychosocial, and that both need to be taken into account when it comes to measures of improving a person's well-being (Earp and Savulescu 2020, 22f.). Accordingly, they emphasize that love drugs should be administered in the context of couple-counseling or psychotherapy. Therefore, it could be argued that if the use of maternal love drugs were accompanied by therapy, this could be the place to address and critically reflect upon the norms of motherhood and the gendered distinction of labor. Then again, this approach faces two challenges. For one thing, in virtue of the fact that a lack of motherly love is often considered pathological even by therapists,[22] psychotherapy seems more likely to reinforce

[22] To see this, just search for "lack of motherly love" or "I don't love my child" on the internet and you will probably be led to advice on how to tackle your own unresolved psychological issues and to information on PPD. A prime example is the post by psychologist Gail Gross: "Why don't I love my child?" (Gross 2014).

a problematic image of mothers than to dismantle it. For another, psychotherapy is usually focused on the individual and his or her particular problems and does not tackle the social dimension of the unjust burden placed on women when it comes to mothering. At this point, we come back to the suffering of mothers depicted in section II.1. One crucial factor fostering this suffering seems to consist in the lack of an open discourse on the downsides and ambiguities of motherhood, for this lacuna in combination with the notion of "motherhood equals happiness and self-fulfillment" is precisely what makes the women concerned interpret their issues as personal failures instead of perfectly normal reactions – "normal" both in the sense of "widely shared" and in terms of "reasonable in the face of the surrounding conditions." Therefore, Little's argument as to cosmetic surgery and problematic norms of appearance can be directly translated to the issue of motherly love as follows:

> [I]t is important for women to have access to studies and narratives that bring to life the various real-life experiences women have […] [with respect to pregnancy, giving birth, and motherhood,] and society's reaction to them, not only that benefits [of motherhood] are portrayed more realistically, but that the […] [downsides, the pain, the feeling of loss, anxiety, and sometimes even hate] are understood (Little 1998, 174).

This open discussion would be only one but nonetheless a necessary step in dismantling the gendered division of childcare and the concomitant injustices.[23]

[23] In this respect, we are experiencing a regrettable backlash in comparison to the 1970s, as Douglas and Michaels point out (Douglas and Michaels 2004, ch. 1).

Other essential steps include a re-interpretation of the role of fathers. As the quote by Fromm in section I shows, fatherly love is generally considered to be conditional and even dispensable. In fact, fathers who are completely absent from their child's life are not uncommon and though they may be morally criticized for their behavior, the judgment is not nearly as annihilating as it is for absent mothers (Protasi 2018, 37). These gendered expectations towards mothers and fathers probably root in biologistic notions that mothers, not least due to their hormones, are "naturally" more apt to care for children and fathers are "naturally" more hands-off. Yet, as we saw above, neither does giving birth to a child guarantee that a loving bond is formed between mother and child, nor do women any more than men have a natural capacity to care for a baby (Protasi 2018, 38; Asher 2012, 135). As to hormones, they cannot be considered simple internal urges that determine behavior, but are subject to external influences themselves (Fine 2010, 87). Correspondingly, it seems to be the case that not only women's hormones change when they become mothers, but the fathers' do so as well; it has even been demonstrated that the level of oxytocin in grandparents jumps up when they first meet their baby grandchild (Gibbens 2018), although this process is slower in men than in women. If fathers spend an equal time with their infants as mothers do, though, an equally strong bond can be formed (Fine 2010, 87). Consequently, institutional and cultural changes are called for that both make more men willing to spend an equal amount of time with their offspring as women do and make this practice widely socially accepted.[24] When it comes to

[24] For a depiction of the institutions and cultural assumptions which exempt fathers from childcare, see Asher 2012 (ch. 7). Note that during the current corona-pandemic the tendency to regard pregnancy, birth, and child-care predominantly as women's responsibility is reinforced by hygienic rules to contain the spread of the coronavirus. These rules prohibit, for instance, that

fathers and love drugs, there would be no dilemma between individual needs and social justice, but a synergy: providing fathers with the motherly love drug oxytocin might not only accelerate and strengthen their bonding with the child, but, in doing so, also contribute to gender justice and ultimately more well-being for all parties concerned.

Finally, what about mothers who are aware of the social pressures and seek to use a drug that makes them love her children *less* instead of more, so that they do not feel guilty when they get back to work and worry less about the children?[25] Since there is evidence that nonparental care after their first year may be beneficial for children (Gheaus 2011, 485), a love drug diminishing an overwhelming maternal love may actually enhance the child's well-being. By definition, it also fosters the mother's welfare, since the drug eradicates her bad conscience and lets her achieve her professional ambitions far more easily. Also, diminishing maternal love does not strengthen a problematic stereotype of the good mother, but runs counter to it. Especially in combination with administering a love drug to fathers and parent counselling, this anti-maternal-love drug seems to mesh well with our argument. However, if it is true that a lot of the conflicts mothers are facing nowadays, including their bad conscience when getting back to work, stems from an unrealistic ideal of maternal love instead of their emotional inability to separate from their children, an anti-maternal-love drug is unlikely to solve the problem to begin with.

fathers be present at prenatal classes or during delivery. See (Bathke 2020; Höppner 2020).

[25] We thank an anonymous reviewer for raising this case.

Conclusion

A lack of motherly love appears to be a prime example for the use of love drugs in order to enhance not only the mother's but also the child's well-being. While there may be cases in which the use of motherly love drugs might plausibly be called for, we have argued that using love drugs presents a challenge for the idea of *authentic* motherly love, but that this idea and the whole issue mostly stems from a stereotypical and unjust ideal of motherhood to begin with. Consequently, we conclude that the use of love drugs to enhance motherly love should be seen with a cautious eye and be accompanied with a critical take on still prevalent and unjust social norms about gender roles.

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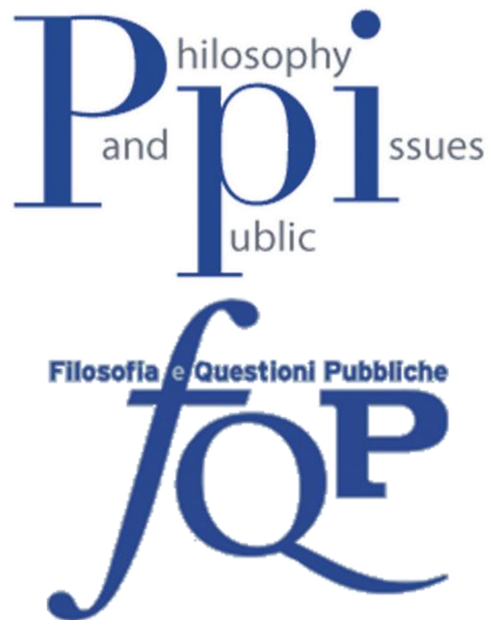

CHEMICAL DEHUMANISATION OF LOVE VS AUTHENTIC EVOLUTION OF LOVE

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Chemical Dehumanisation of Love vs Authentic Evolution of Love[*]

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In their latest publication (Earp and Savulescu 2020) Brian Earp and Julian Savulescu presented their vision of enhanced love which can be considered one of the transhumanist visions. According to them, we might be able to use so-called drugs of love to bring our romantic relationships to a higher level. Nevertheless, the authors do not talk about a vision of love relationships turned into a romantic fairy tale thanks to some miraculous elixirs. They put their concept of enhanced love into the realities of our actual lives – with all its positive and negative aspects, which the drugs themselves, namely MDMA and oxytocin (these are the substances they talk about) do not change completely. Yet, under certified experts' guidance, these substances might facilitate the painful course of romantic relationships. Each loving couple has their own story, and the authors take into account the individual nature of each case, in which drugs might help. In particular, they might solve the issue of burned-out relationships and restore the original spark, or permit to depart two lovers peacefully and without any painful dramas. However, Earp and Savulescu take a severe approach in their claims and do not want to risk anything. They would never advise

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using these drugs without prior thorough research and experimentation. Therefore, they do not consider the issue just from one perspective and accept opinions criticising this kind of theories and practices. Their assumptions are based mainly on psychological, medical, biological, social, but also on philosophical points of view. We appreciate such an approach and do not want to reject it without considering the arguments suggested by the proponents of the presented vision of enhanced love. We believe their objective to provide their audience with the most up-to-date scientific knowledge and with ethical tools to decide for themselves whether love drugs or anti-love drugs should be part of their lives and society or not (*ibid.*, 15). Despite this goal, the book is strongly directed by authors' views, who accept the use of chemical enhancement of romantic relationships considering it even a kind of moral imperative under specific conditions and circumstances (*ibid.*, 30).

I

Love according to Earp and Savulescu

Before we approach the critical reflection on the actual use of the drugs of love, as proposed by Earp and Savulescu, we would like to analyse their view of love more closely, because we consider this an essential aspect of our further reflection. It is crucial to bear in mind from the very beginning that the authors realise that love takes various forms and shapes: from mother's love through friendly love to intimate love. However, in their study, they focus on relationships with an erotic, intimate character, which they most often call romantic love. Even this kind of love has its typology and specifics. At the beginning of our reflections, together with the authors, we face a philosophical question: What does it really mean to fall in love? (*ibid.*, 10). Although the meaning of the term "love"

can be understood normatively, exclusively as a part of relationships that are essentially positive, good, and healthy, the authors admit that even relationships that include suffering and abuse do not have to be without love entirely.

The authors do not try to define love on behalf of other people; they do not want to circumvent their individual judgments to avoid a risk of slipping into a narrow-minded, paternalistic way of thinking that underestimates other people's life experiences. To illustrate, they use an example of love between persons of the same gender. According to the prevailing views, this kind of love used to be considered impossible several decades ago, as true love could only arise between a man and a woman. We can agree with the authors that normative definitions of love often suit ruling groups whose point of view may not always be correct, although they may have good intentions (*ibid.*, 10). The tendency to "cure" love based on the claim that only a particular form of love is "healthy" can be an example of this normative approach to love. We believe it is important to ask if the chemical curing of love's issues is not another human attempt to control our love-related emotions. The authors did not consider this as a possible way of instrumentalising love, but we want to take this into account. The authors take a well-founded approach to avoid such a definition of love and leave its understanding up to the individual perception of each person who experiences it. Yet they understand the term "love" as *romantic experiences* between individual persons. They find any more complicated philosophical discourse on love counterproductive. They are convinced of the need to adopt an open meaning of the word love which in each person evokes the relevant context of its understanding based on his/her own intuitions (*ibid.,* 10-11). In doing so, they also rely on the definition of the Danish-American philosopher Berit Brogaard, who says that love is an emotion in the first place. Brogaard defines love as a subjective, conscious and relational emotion enduring in various conditions, and its duration

is influenced only by the individual (individuality) experiencing the love. To put it simply: if you believe you are in love, then it is love.

In contrast with Earp's and Savulescu's open understanding of love, we prefer a deeper philosophical view on this phenomenon, which we consider essential for full comprehension of love (not separated from other aspects of human life). For this, we recall French thinker Pierre Teilhard de Chardin's philosophical concept of love. In his works, love is occurring in four different forms. The first form in human life is sexual love. Through sexual love, one gets to know oneself; one confirms his individuality. Teilhard noticed that this form of love has started to be more and more "debiologized" which allows it to manifest itself in the field of our psyche and personality. The second form of love has got socio-cultural, communal, and more universal character. It represents a higher stage of the anthropogenesis process, which is the process of humanisation. The third form is cosmic love. It does psychologically connect us with the entirety of human existence and the whole universe. A fourth form is an omegal[1] love which is a spiritual type of love. This form of love exceeds a person's past and presence and leads to the future. It is the formation of the highest synthesis in our perspective future (Teilhard de Chardin 1962a, 97-101).

Earp and Savulescu pay special attention only to the two-dimensionality of love. Love has, so to speak, a dual nature. The first dimension of love is *biological*; the second one is *psychosocial* and *historical*. The biological essence of our experience of love is rooted in our evolutionary history. It is a basic sexual urge and desire for bondage. Thus, these are the basic instincts necessary for the continuation of the human species. They make us care for and

[1] Omega is the last letter of the Greek alphabet. Teilhard used it in a Christian meaning to be a final point of the cosmic evolution and human life and spiritual effort.

protect our defenceless offspring and fulfil the deep need for unconditional support, which helps us survive. The psychosocial and historical dimension of love is related to psychological, cultural, social, and ideological influences, which vary depending on the time and region in which we live[2] (Earp and Savulescu 2020, 11). The authors assume that both dimensions of love can be changed as required. They illustrate it in the case of Sofia, who maintains her relationship with a tyrant she loves despite all the pain he causes to her. They say the psychosocial ties that bind her to this person can be so strong she cannot terminate the relationship, which can lead to tragic consequences. In this case, the adjustment of the biological dimension of love might work and help Sofia free herself from the relationship that had been destructive to her and recover from the trauma caused to her (*ibid.*, 12).

Based on the above, we can conclude that the authors defend the biological and psychosocial dimension of love, i.e. the duality of love. They agree with the opinions of the philosopher C. Jenkins, who describes such a duality of love in the book *What Love Is*. Jenkins talks about specific forms of romantic love that have been gradually evolving depending on different cultures during man's history. Higher cultural and social factors have always influenced the fundamental elements of love at the biological level (*ibid.*, 19). For example, they mention King Oedipus, who completely changed his view of his lover after discovering she was his mother. The social, psychological, and broader historical aspects of love must not be underestimated. Although love is understood differently in each culture, its basis is the same everywhere. (*ibid.*, 20). At the same time, the authors emphasise

[2] The authors do not always call the second dimension of love in the same way; sometimes, they also call it socio-cultural or only social or cultural.

that human sexual and love experiences are neither dominantly *cultural* nor *biological*. Still, they must always be understood as a product of a strong interaction between biological and social factors instead (*ibid.*, 21)[3].

Earp and Savulescu take the above-mentioned social perception of same-gender relationships to prove that the cultural and social aspects that affect love itself can change. But they ask: Can also the biological nature of love change? Human history is full of various examples of controlling our sexual preferences and behaviours, such as chastity belts, castration, the demonisation of masturbation, warnings against falling in love with a "wrong" person, etc. (*ibid.*, 26). The authors defend the *Default Natural Ethics* principle, which states that the biological dimension of love and sexuality is usually the right one, while the socio-cultural one can distort love. Society should, therefore apply regulations that are as consistent as possible with the naturally developed human nature (e.g., sexual orientation) (*ibid.*, 27). The authors acknowledge that love's biological dimension may also have evolutionarily negative manifestations, such as rape or paedophilia. Any sexual practices that do not respect the other individual's freedom (who must be an adult) must be prohibited by law and reasonably condemned (*ibid.*, 29). The authors' point of view is clear: all societies should set their cultural and ethical standards based on the most profound biological features and dispositions. Here we ask whether chemical enhancing of the love proposed by authors is not in a conflict with the *Default Natural Ethics* principle they mentioned.

We appreciate the authors' interpretation concerning the relevance of the principle of a human individual's autonomy in his/her relationships. It is the search for true *happiness*, which is a

[3] In addition to the mentioned dual understanding of love, authors also mention its subjective and objective side, which they explain using the artistic understanding of the Mona Lisa painting (Earp and Savulescu 2020, 23).

fundamental value that, according to the authors, plays a notable role. But as Earp and Savulescu note, an individual's autonomous decision-making can be more difficult under the pressure of a promise of fidelity, which is typical for marriages and love relationships. Consequently, we must assume that the individual may find him/herself in a relationship, in which he/she is not happy (*ibid.*, 76). The principle of autonomy and happiness of the individual is crucial for the authors with what we agree. Still, we reflect critically on their approach on how to reach true happiness in full autonomy. They understand autonomy only from the liberty point of view, which can be summarised in the well-known ethical phrase "my liberty ends where yours begins." We live in a pluralistic world, where everyone wants to fulfil their vision of a good and happy life, but even that has its limits. The principle of autonomy and happiness should always be present in every social system. If someone decides to leave a marriage, in which he/she is not happy, he/she should have such a possibility (*ibid.*, 78). We perceive autonomy as a condition needed for the authentic personal evolution and finding a meaning of life as well.

II

Two-dimensional vs three-dimensional understanding of love

The above described Earp and Savulescu's view of love is thus apparent. If one wants to experience the unity of autonomy, happiness, and love in the relationship, one must respect the above-mentioned dual nature of love, they propose (*ibid.*, 51). Let us shortly repeat the authors' dual concept of love. On the one hand, we are determined by our biological nature evolved to ensure the survival of all mankind. On the other hand, we are defined by society, culture, and history, which directly and indirectly dictate

what forms of romantic love are acceptable or unacceptable. As we have mentioned, the authors also include the psychological dimension of human individuality in the second dimension, which is confusing, in our opinion.[4] We believe that this psychological generalisation reduces the essence of love and prevents us from fully understanding its function in human life. The dual view of love seems insufficient because the psychological aspect of love is not clearly anchored in the given concept, and the spiritual element is absent entirely.

Therefore, we suggest **a three-dimensional model of love** that would better capture the essence of its experience in human life. The spiritual dimensions of love in this model represent a separate component alongside the Earp's and Savulescu's biological and socio-cultural (historical) dimension which we also modified. Here we are inspired by the interpretation of the Pierre Teilhard de Chardin. Although we do not copy the whole complex of his love's typology, we take the mainframe of his understanding of love. We propose a three-dimensional model of love: a) *sexual* (intimate) love[5], b) love in its *diverse* manifestation, its socio-cultural, communal, and universal character[6], c) the *spiritual* form of love. The psychological aspect is incorporated in all three dimensions as a connecting element of human personality. We do not understand the spiritual type of love exclusively in Teilhard de Chardin's religious understanding, but more generally as the highest synthesis of our past and present evolution, leading to the future. The spiritual form of love is not separate from other

[4] Although at the beginning of the book, the authors assign a psychological aspect to psychosocial and historical determinants, they tend to speak of it indirectly as a part of the biological determinants of the perception of love elsewhere (*ibid.*, 20, 184).
[5] Including its "debiologized" manifestations.
[6] Here we include also the third cosmic form of love which in Teilhard's sense relates to the entirety of human existence.

dimensions. Moreover, it is above all of them, and a human being can achieve it through all dimensions.

Setting our three-dimension model of love we would like to emphasise our different understanding of sexual love than Earp's and Savulescu's. Following the Teilhard's comprehension of sexuality, we do not recognise it only as a biologically based love form, but from a vital[7] point of view, as an addition to one's individuality. In a sense, one gets to know oneself, confirming identity through this kind of love. Teilhard suggests that this form of love also has its evolution within a historical-biological framework. Its power and intensity do not only grow in the purely biological dimension; it is linked with the psychological and spiritual dimensions too. Teilhard de Chardin goes as far with his visions to assume that, given the "debiologised" conditions of sexual love, it can manifest itself more and more on a social, mental and *spiritual* personality level. The emphasis is no longer placed on fertilisation, but on the transformation and much greater sublimation of sexual love into higher dimensions of love related to humans' personal growth, making them less egoistic (Teilhard de Chardin 1962a, 91). Unlike Earp and Savulescu proposing an artificial enhancement of love, Teilhard sees a space for the natural sublimation of intimate love to higher forms.

In the context of current discourse related to spirituality and personal evolution, we take into account the works of contemporary authors who research the importance of spirituality

[7] For a better description of this vital approach, we found very beneficial the explanation in Susan Wolf and Jonathan Haidt's discussion in which they talk about vital engagement that determines meaningful and generative lives and relationships. They relate to the definition of psychologist Mihaly Csikszentmihalyi who describes vital engagement as a relationship to the world that is characterized both by experiences of life's flow and meaning. During the person's evolution vital engagement is emerging and becoming an encompassing web of knowledge, action, identity, and relationships (Wolf 2010, 94).

for human life. Thaddeus Metz examines spirituality as something supernatural and from the naturalistic perspective as something that gives meaningfulness to human life. He defends the "pluralist analysis" in which life's meaning is understood as something different from pleasure and happiness (Metz 2013, 35-36). He declares we cannot automatically identify life full of pleasures as meaningful. He develops a "purpose theory" which says that the meaningfulness of life requires a purpose. From a supernatural position, the purpose can be given to the man only by God. Still, Metz does not hold only to a supernatural position and defend the purpose theory also in the naturalistic sense.

When we talk about the naturalistic approach towards spirituality, we should not omit Fiona Ellis, who deals with these issues in her book *God, Value & Nature* (Ellis 2014). She expresses a significant statement criticising the current discourse in which spirituality is understood antagonistically towards the naturalistic explaining of human existence. She believes naturalism and theism are not logically incompatible anymore. The dividing point of view between these two ideas is the relation with the concept of value. The classic explanation says that theism derives its chain of value from God, while naturalism derives all the values exclusively from the human. Fiona Ellis emphasises the Levinas' "expansive naturalism" which says that the relation to value in theism is not solely determined by God (*ibid.*, 118). We hold to the position of "expansive naturalism" when we interpret the spiritual dimension of love.

Going back to Metz, we also agree with his understanding of pleasure in the relevance to spirituality. Metz states pleasure is necessary for obtaining meaning in life, but it does not constitute it. Reacting to Aldous Huxley's *Brave New World* he says: "being subjugated and manipulated while feeling upbeat because of psychotropic drugs would not be a way for one's life to matter"

(Metz 2013, 27). In his transcendence analysis, he concludes identifying primary internal candidates for a meaningful life consisting of integrity, virtue, authenticity, autonomy, self-respect, and knowledge (*ibid.*, 29). Holding to that, we propose the chemical enhancement of love may harm the *authenticity* and *autonomy* of its participants.

Next author who deals with the spirituality and the meaning of life is John Cottingham. Metz criticised him for his statement that the only way to achieve the meaningfulness of life is through God (*ibid.*, 85). Even though our approach is not God-centred, there are many good arguments that Cottingham puts into the discussion anyway. He recognises the existential urge in human relationships. Cottingham describes it as "something in most of us that is nervously sensitive to life challenges about how we are justified in continuing to live our comfortable lives" (Cottingham 2003, 81). He names it "Brave New World problem" recalling Huxley. The hypothetical question he asks is whether humans could find meaning in life when all the problems and discomforts would be eradicated. We can compare it with the attempt to eliminate issues in the romantic relationships ignoring the spiritual substance of love and life's meaning.[8] Cottingham argues that using drugs could dull our sensibilities (and mitigate our existential urge), but such existence would quickly become bland and meaningless. A loving relationship always carries a risk. It involves a complex of affection, trust, conflict, resolution, challenge and change. A deep relationship is still dynamic, and lovers cannot avoid the element of risk – the possibility of pain and even sadness, says Cottingham (*ibid.*, 82). What the actual goals of spirituality in such a fragile yet wonderful life are? In more recent work, he expresses the role of

[8] More about negative things that may positively influence our love life can be found in the anthology of the Philosophy Department of Rhodes University edited by Pedro A. Tabensky, *The Positive Function of Evil* (Tabensky 2009).

spirituality more clearly as a transformative power that is "capable of supplying a deficit in our fragmented and vulnerable human existence and thus rendering our lives incomparably richer and more meaningful than they would otherwise have been" (Cottingham 2005, 126). He defines it also as the *tranquillity* of mind – "the peace that passes all understanding," but not only as escape strategy but more specifically as a peaceful mental state – acceptance, called by Greeks *ataraxia*. In its core, it results from something more important to be recognised "from a certain kind of *awareness* or *focus*" which Cottingham links with the meaningfulness of life (Cottingham 2003, 83). Here we must point out that with the chemical ways of enhancing our love relationships, *awareness* and *focus* might be disrupted and consequently also our authentic and autonomous process of achieving life's meaningfulness.

We do not deny that the biological dimension conditions our sexuality and its manifestations. It affects the fact that we find someone physically attractive, ensures the ability to perform the sexual activity, conditions the process of falling in love, the so-called "period of rose coloured glasses." Yet does it mean that we can explain the experience of close soul mates, friendship, boundless fidelity, or the feeling of love, happiness, and the meaning of life purely biologically or only socio-culturally? To appreciate a person in her/his entirety, we must also accept her/his psyche and spirituality. The biologically conditioned sexual attraction tends to weaken in every relationship over time, and a phase of certain *greyness* occurs, as also mentioned by Earp and Savulescu. They characterise it as a state of extinction of love and weakening of bonds between partners. When this happens, what is a partnership's bond that holds the couple together? Is this a powerful yet limited set of connections that are fixed in our brains by the forces of evolution so that mammals (including humans) maintain their relationship to be able to raise young? Earp and

Savulescu claim that the partnership bondage has not been "designed" for the modern world. It was not set to last for life. They rely on research on human evolution, which shows that human couples have been evolutionarily adjusted to stay together for about four years, which was the period required to ensure their offspring's healthy development. Several studies confirm that the first four years of a child are crucial for further healthy growth. In other words, a child is the most vulnerable during the first four years and needs a stable environment to continue his/her healthy development. An analysis of divorce statistics in the U.S., referred by authors, compiled by Hellen Fischer in the 1980s, suggests that most couples divorce just four years after marriage (Earp and Savulescu 2020, 103-104). With such "evolutionary logic" they emphasise that we must not underestimate the biological predispositions that limit lifelong partnerships. Multiple studies have confirmed the existence of such an evolutionary strategy of the human species, and there is no point in doubting it. However, we don't find the way Earp and Savulescu explain it to be correct. Researches authors rely on, do not mean that intimate human partnerships are evolutionarily set for failure after a short time. Several other studies are confirming the exact opposite.[9] The family, as the basic unit of human society, functions as a much longer reproductive project. Of course, in order to survive, human offspring must be viable and less vulnerable as soon as possible. Even today, it is not uncommon that a child's parents die from an illness or injury. The time required for raising human's "young" is much longer than in the animal kingdom. This evolutionary strategy protects our offspring in its long process of growth.

[9] An excellent example of negative results of the stable family absence for older children is presented in the study "Psychological Characteristics of Adolescents Orphans with Different Experience of Living in a Family" (Shulga, Savchenko and Filinkova 2016).

In the study entitled *Part and Parcel in Animal and Human Societies*, firstly published in 1950, the Austrian ethologist Konrad Lorenz speaks of humans as animals who have an extraordinary ability to learn and adopt the culture through the long childhood. He talks about the power of continuous development, which he considers a gift that we owe the *neotenic* nature of humankind. He classifies it as a characteristic feature, without which we cannot imagine the human personality of man[10] (Lorenz 1971). Earp and Savulescu's argument that human relationships are evolutionarily predisposed to last until the fourth year of their offspring's life seems likely, mostly because of divorce statistics, but otherwise is not based on solid arguments. Above all, humans are *neotenic* beings, who develop over a long time, and a stable family environment is crucial for their life prosperity.

III

Love in the context of the meaning of life

As we have emphasised in our proposed three-component model of love, the spiritual dimension plays a vital role. Let us, therefore, point out that the understanding of love also requires the knowledge of a human, i.e. the anthropological analysis, which is the basis of a comprehensive concept of man. In particular, we mean the philosophical anthropology, which also respects the knowledge of other sciences examining humans. However, in the presented monograph *Love Drugs. The Chemical Future of Our Relationships*, there is no initial philosophical definition of a human used by the authors as a background. We did not find out the

[10] The term neotenic being has been invented by the Dutch doctor and anatomist L. Bolek. It is the characteristic of a man as a neotenic being meaning that he maintains juvenile feature till adult age (due to delayed development rate). Still, he can develop, learn etc. at the same time.

anthropological foundations of their understanding of human, which is crucial for the presented vision of biochemically enhanced relationships.

At this point, we can perhaps recall the words of the German philosopher Max Scheler, who as early as at the beginning of the 20th century pointed out that we live in an era when man became problematic as he realises that he no longer knows who he is (Scheler 2009). He also aspired to create a science that examines the man himself and his relationship to nature in the form of a new philosophical discipline – philosophical anthropology. Love was also an essential category of his concept. He mainly talked about love in his book *Ordo amoris* (Scheler 1971). It is love that "chooses values" in life and is the basis for understanding its meaning. In their work, Earp and Savulescu use the knowledge of various scientific disciplines that deal with man, but the philosophical dimension of their analysis, unfortunately, is not dominant because they do not look at the man from the philosophical perspective.

Our philosophical and anthropological starting point is understanding man as the unity of his physical (biological), socio-cultural, psychological, and spiritual side. It is a being constituted primarily in relations with the world (its cultural and social structures), with other beings (or even God), with himself, and therefore with his own life. Man is thus a relational being, characterised not only by biological and psychosocial, but also spiritual needs, which are also related to love. The authors Earp and Savulescu only approach love as a physical (biological) and psychosocial (historical) phenomenon. The *spiritual* aspect is missing here, which, in our opinion, distorts their view of romantic love as well as its place and significance in human life. Experiencing an intimate romantic relationship (being in love) is an integral part of something bigger, namely the individual's life as a relational being. Humans can relate and identify in various ways

with ourselves, with other people, and with the world, maintaining a distance from everything at the same time. This ability allows us to understand ourselves and the world. It enables us to acquire happiness, manifest and maintain our own life in dynamic continuity and personal integrity; to self-affirm and authentically experience "touches with life," with the existence. Even in situations that make us happy and even hurt us and are often a source of pain, torment, and suffering of various kinds. These situations are also associated with experiencing feelings and states of loneliness, abandonment, i.e. something to which (at least at first glance) we do not want to assign any meaning and importance (Plašienková 2015, 37).

At this point, we face the question of the meaning of life, which can only be answered in the context of personal evolution. Suppose man's spiritual dimension and the spiritual dimension of love are missing from visions of romantic relationships' biochemical enhancement. In that case, it could (if fulfilled) cause the *dehumanisation* of romantic, intimate love and erosion of our evolutionary process of personal growth and maturation. Since this is a question of the authenticity and unique identity of a human, which has a spiritual dimension (and is also related to our understanding of life's meaning), we should ask together with N. Agar what makes the continuous line of our existence meaningful and valuable? Agar writes about an *evaluative approach* to identity*;* he critically asks what types of interventions might erode or even permanently damage the meaning or value we attach to our lives. Like Cottingham, he concludes it is an *awareness* or sense of our selves (Agar 2014, 57). We can lose it naturally because of neurodegenerative conditions, but Agar talks about it differently in the relevance to radical enhancement. He says "you are less likely to retain autobiographical memories of your past if enhancement makes the events that they refer to less remarkable and therefore less memorable" (*ibid.*, 63).

V. E. Frankl, the well-known neurologist and psychiatrist, emphasises the meaning of life is linked to values (our activities, experiences, and attitudes to life) and is derived from the fundamental "will to meaning." Frankl elaborated his concept based on existential analysis – the "logotherapy" which focuses on finding the meaning of one's existence. It is a crisis at the human spirit level, which leads to an "existential vacuum," in other words, the loss of the meaning of life (Frankl 1984). In our opinion, the principle of "will to meaning" must also be cultivated in our romantic relationships' greyness crisis. Erich Fromm has developed a similar idea in his concept of the "biophilic orientation" of man. Fromm understands the essence of this orientation in experiencing the love of life, which is transferred to all human activities and relationships. He believes that man is biologically endowed with the ability of biophilia (Fromm 2010, 35-36), but the modern man manifests signs of necrophilia by diverting his focus from an authentic experience of living. A necrophilous person approaches life mechanically; such a person tends to instrumentalise everything turning it into "things", including himself and his ability to love (Fromm 2010, 30). Within Fromm's reasoning, any attempts to enhance our relationships using chemicals can be considered a sign of necrophilia, as the effects of a drug instrumentalise (dehumanise) our free will, being thus artificially influenced.

Earp and Savulescu recommend using love drugs to treat healthy people who struggle to find passion and happiness in *grey* relationships. Yet the authors themselves point to the research results that have shown the excellent success of MDMA in treating specific mental illnesses (PTSD, depression), where current treatment reduces libido and ability to establish relationships. Instead, they focus on using these substances in everyday life of people who are considered healthy (Earp and Savulescu 2020, 6). That is something which should make us cautious. According to

the authors, couples stuck in *grey* relationships are perfect adepts for using love drugs, referring to the historian Pamela Haag, who says that the average (*grey*) marriages are most vulnerable and divorce most often. Even more than violent or otherwise impaired relationships and despite the fact that *grey* relationships are not fundamentally dysfunctional and partners are personally appropriate (*ibid.*, 74-75). According to Earp and Savulescu, the love drugs might help partners who maintain their *grey* marriages at the expense of their happiness. They ask a simple question: Would it not be better to bring love and joy back into marriage instead of sacrificing one's happiness or divorcing (for the good of one's children)? At this point, we disagree with the authors' answer. While Earp and Savulescu suggest using love drugs (together with self-work and therapy) which could help restore partners' hope and the happiness (*ibid.*, 81), we think, on the contrary, that *grey* relationships are for the individuals, who experience it, the best opportunity and challenge. Accepting this challenge can authenticate their personal and spiritual maturation, which is essential in searching for life's meaning. Earp and Savulescu only focus on the emotional side of romantic relationships. They want to refresh it through a biochemical enhancement while missing the more important, spiritual dimension of love in the context of one's life.

At this point, we can return to the inspiring considerations of Pierre Teilhard de Chardin again, who speaks about the "personalisation process" of man. Even the experiences of pain, torment, and suffering also play a role in it. Spiritual coping with them (through the process of personalisation) can be the accelerator of a person's evolution (Teilhard de Chardin 1962b, 63-64). There is a fundamental difference between understanding the natural evolutionary dynamics of the human being's maturation on the one hand and its artificial enhancement on the other hand. Earp and Savulescu only approach man's suffering or torment

from a "material" point of view, considering it an evil that needs to be eliminated. They only attribute a positive value to it as long as it contributes to our personal growth (Earp and Savulescu 2020, 137). However, they mean deepening a life skill, missing the spiritual side of the person's evolution completely.

The perception of romantic love only through the lens of its pleasures or hardships reduces the role it plays in man's personalisation. Should chemicals intervene in our personal inner growth and our union with others? There is a real threat that we would not be able to authentically mature and find life's meaning. Similar criticism of unjustified human enhancement was made by Jürgen Habermas, who argued in *The Future of Human Nature* (Habermas 2003) that the enhancement undermines human moral freedom and, among other things, generates future asymmetrical relationships between individuals[11]. Although one chooses to freely take the drug of love and only a small dose that does not significantly change his/her perception of reality, it can still affect his/her evolutionary trajectory. The drug's effects temporarily release us, allow us to open up more to our partner, renew the bond, and cope with previous traumas. But, once these effects expire, there is no guarantee that we will be able to use the fruits of such experiences in everyday life. There is a risk of creating an addiction to the emotions that the drug evokes. We argue that the drug actually "does" work for us – the work we should do ourselves as a part of our personalisation process. It is, metaphorically and also literally speaking, "cheating" in our personal growth that disrupts the process of acquiring life wisdom and experiencing the true meaning of life. It is just like in any other human activity – unless one acquires something through one's efforts, one does not actually have it or does not know its value.

[11] Habermas addresses the issue within the current liberal eugenics, its positive and negative form, and the therapeutic and non-therapeutic enhancement level.

One can deceive oneself and people around temporarily, but after some time, the truth will come to the surface, as is the case with athletes who use illegal doping.

Instead of an Epilogue. Bio-enhancement or dehumanisation of man?

Earp and Savulescu consider the biochemical enhancement of our relationships sort of a moral imperative. According to them, we must improve morally, both at the individual and the species level (Earp and Savulescu 2020, 30). They say we can sometimes have a good reason to intervene in every complex phenomenon in human culture, psychology, and biology if our goal is to promote well-being. Whether or not we should interfere is not determined by whether the phenomenon is natural or unnatural. The moral aspect is decisive (*ibid.*, 31).[12]

Until recently, the ethical discourse had intensively examined the origins of morality and the definition of ethics. In the current era of scientific and technological progress, more practical aspects of the moral status and moral dispositions of 21st-century man have been examined. Scientific progress has opened up unimaginable possibilities for man and placed him on the threshold of a new anthropological milestone. With due certainty, we can state that anthropological research and further direction of man and humanity today significantly affect (if not wholly determines) the world of science and new (bio)technological achievements. The world of science and technology offers a whole range of certainties as well as uncertainties, hopes, and threats, overcoming physical, cognitive, and spiritual limits to modern man and humanity (ageing

[12] It is important to note that Savulescu is also well known for his scholarly works about moral enhancement together with Ingmar Persson (Persson and Savulescu 2008, 2010, 2014).

issue, prolonging life, overcoming death, cyborgization of body and spirit, connecting the human brain to the computer, etc.). Man is like a complicated mathematical equation that can be solved and adjusted to current needs (to be healthier, smarter, happier, and significantly more powerful). The man understood by Nietzsche as an "undetermined animal" that has not completed its development yet is still only the embryo of the future man. But what kind of man and what kind of future are we heading to?

It has never been possible to “design” a human being to such an extent before – meaning its creation, physical and mental capacities. However, the power we have gained through science and technology is not only pleasant but also frightening. In today’s globalised world, in which several nuclear powers play a crucial role. It is necessary to take responsibility for exploiting the potential of biotechnology on the one hand, but inapprehensible on the other hand (also considering illegal experiments that are not under control).

Today’s humankind, which inhabits and “controls” the entire Earth, has been – in addition to challenges of biochemical enhancing – facing a significant number of other issues, such as the global environmental crisis or the threat of nuclear war. Not to speak about social problems, the unhealthy geopolitical division of the world in which rich countries benefit from others’ poverty. Even the human rights issue is far from being addressed fairly, and human enhancement can divide rich and poor even more. Therefore, it is appropriate to ask how any further development of human enhancement affects this situation. How about a threat of the moral status degradation of unenhanced people to a lower level? (Agar 2014, 180)

The transhumanist discourse differs in its arguments in answering what tools to use to improve human. Thus, there are at least two different approaches in the transhumanist visions: more

conservative (or more moderate) and more radical. Those representing the radical direction take a position that suggests using all available scientific and technological advances, including our romantic relationships' biochemical enhancement. A more conservative approach described in particular by Nicholas Agar offers a "truly human enhancement". This is an original concept that sees man's enhancement as a good thing in principle but considers only its moderate forms to be permissible. Mild enhancement improves the same man's attributes and abilities as a radical enhancement but only to a degree similar to what the man has already acquired without exceeding it substantially (*ibid.*, 2). Agar argues that fulfilling our desires and dreams, which provide us with the meaning and value in life, would be disrupted by radical enhancement because this approach would exceed objective limits. He likened it to earning the first million, which one experiences completely different from when one is already a multimillionaire. The joy which the value of money brings us is lower, and it will be the same when evaluating the quality of life and its meaning with a post-human person (*ibid.*, 21). Is it also essential to ask about the moral value of a biochemically improved person's deeds? What if the identity's authenticity of an enhanced person is irreversibly disrupted? Will we be still able to talk about free will or will it be instrumentalised and dehumanised?

Further to the above mentioned, we can ask ourselves an ethical question: What approach to enhancing our intimate love is the proper one from a moral perspective? Is the preferential utilitarian approach adopted in Earp and Savulescu's visions sufficient? We do not think so. We rather agree with Nicholas Agar who concluded that adverse consequences of a radical human enhancement might be so severe that even with the modest probability of their fulfilment, would be morally wrong not to prevent them, or at least not to try to do so (*ibid.*, 181). From a methodological point of view, we could call this position the

"heuristic of fear". Hans Jonas elaborated this concept in the well-known study called *The Imperative of Responsibility*[13] (Jonas 1984). It is not that we want to generate worries; it is about the need to examine our fears (not only our desires and wishes). We might say that accepting the Jonas-formulated imperative of responsibility in the current biotechnological age means the following: the combination of our imperfect knowledge and awareness of possible risks arising from human biochemical enhancement (the consequences of which are merely unpredictable), is a sufficient reason for prudence. The imperative of responsibility represents selfless fear and interest in future people's lives. This existentially motivated yet at the same time prudent fear not only mobilises but becomes a real moral feeling that works as a value criterion (*ibid.*, 38-40). The imperative of responsibility defined this way can be the basis for the ethics of the future. The same imperative also applies to biochemical enhancement along these lines, which can turn very quickly into a dehumanisation process.

Reflection of our existential experiences has got tremendous importance, and only authentic review of life's nature gives us the evidence of our existence. Chemical enhancement of love arises philosophical and moral implications that can negatively affect the autonomous ability to gain and evaluate life's values and meaning. We cannot reduce the evolution of the love to chemical elimination of its sorrows. Love drugs or chemicals that ease the human effort's hardship cause dehumanisation because they erode what makes us human – our ability to deal with life's difficulties.

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[13] Translated from German original *Das Prinzip Verantwortung*, 1979.

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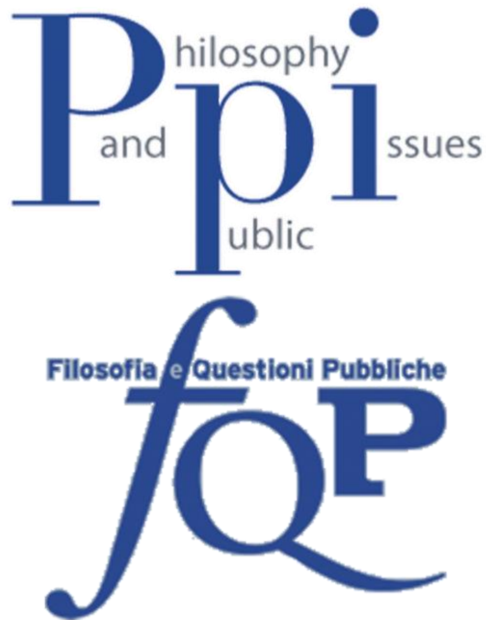

CHEMICAL LOVE: BIOENGINEERING EMOTIONS IN CONTEMPORARY FICTION

BY

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Chemical Love: Bioengineering Emotions in Contemporary Fiction

Maria Aline Ferreira

Dopamine, serotonin, oxytocin.
Does knowing the chemistry change anything?
How long ago did she discover
that lovely was a chemical trick?
(Powers 2009, 176)

Introduction

The central purpose of this essay is to consider the role that certain drugs may play in romantic relationships, theorized in Earp and Savulescu's book *Love is the Drug: The Chemical Future of Our Relationships* (2020) and others, through the lens of selected fictional examples. The texts were chosen as representative instances of narratives that dramatize and problematize some of the issues raised by the use of drugs to improve or strengthen the romantic bonds between people, or, on the contrary, to help loosen those links. They go a long way towards suggesting that the characters' conviction that the drug they are supposedly taking is having an effect on the strength of their feelings for another person is largely an illusion, since it is revealed later that some of them have been given

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placebos. Would a similar effect be possible and desirable in real life conditions? After all, if a placebo could work just as well as the real drug it would be a great advantage. This is a question which, prompted by the texts, is worth pondering.

These narratives also function as cautionary tales, calling attention to the potential dangers and pitfalls of prescribing drugs towards improving relationships, drugs whose effect may be largely deceptive (even more so in the case of placebos) and which will mostly profit the big biotech companies. In this sense the texts complexify Earp and Savulescu's main argument that selected drugs, administered and taken under appropriate supervision, may benefit certain individuals and improve particular bonds, either by allowing a renewal of links and attachments that may be in need of strengthening or, by facilitating the relaxation of those bonds and giving someone who feels trapped in a harmful relationship a way out. On the other hand, even if it is only as a placebo-induced effect, their influence on people's behaviour does need to be given serious consideration, as these tales emphasize.

One of the crucial questions that should be asked in the context of a couple's use of MDMA, nasal oxytocin or other synthetic drugs to boost their pair-bond is whether without it one or both individuals would not eventually break away, having ceased to love the other. Is it morally acceptable or desirable to induce an outcome that would have been different without pharmacological intervention? What is genuine love and how far can it be forced? Might each member of the couple not feel that the other's love is inauthentic, since it needs to be enhanced with drugs? These are amongst the pivotal issues fictionalized in the narratives, issues also central to Earp and Savulescu's argument. By placing the fictional narratives in critical dialogue with *Love Is the Drug*, our analysis of the shared thematic concerns will shed light on these topical and complex questions by suggesting potential scenarios in which these

concerns are played out with outcomes that can feed into clinical practice.

The essay will first assume thorough familiarity with the main arguments in *Love Is the Drug* and related works and will focus on representative fictional narratives which, in engaging with similar topics, take Earp and Savulescu's discussion further, by dramatizing possible results of the use of such drugs and thus highlighting the potential risks and benefits. The fictional and the theoretical texts shed light on one another and their study will fuel profitable debates about the most effective use of so-called love drugs.

Section I of the article briefly recapitulates the major concerns of Earp and Savulescu and related theorists. The following Section II turns to the first of the fictional works, Lucy Prebble's play *The Effect* (2012), and Section III goes on to examine Mike Uden's novel *Chemical Attraction* (2014), with Section IV being devoted to another novel, Margaret Atwood's *The Heart Goes Last* (2015). This leads to Section V, on the pathologization of society. The final section offers some concluding remarks.

I

Chemical Love and Clinical Trials

What if romance could be induced with pills or potions? That is the question driving the narrative in Lucy Prebble's play *The Effect* (2012), Mike Uden's novel *Chemical Attraction* (2014) and Margaret Atwood's novel *The Heart Goes Last* (2015).[1] The first two revolve

[1] One of the earliest examples of neuropharmacological fiction is probably Aldous Huxley's *Brave New World* (1932), which depicts a psychopharmacological society that aims to control people, not only through a

around the effect of testing new antidepressant drugs on healthy volunteers in clinical trials. It is suggested that some chemicals, such as oxytocin and vasopressin, may indeed have contributed to an unexpectedly high rate of seemingly incompatible volunteers developing romantic attachments. The third invokes a surgical procedure that causes the individual to fall in love with the first person they see after emerging from the anaesthetic. All three can profitably be read as engaged in a critical dialogue with Earp and Savulescu (2020).[2] We shall therefore turn to a brief overview of their work and that of related theorists.

The hypothetical implications of those fictional premises are not as conjectural as might be thought, since drugs that can encourage the onset of romantic attachments, such as alcohol,[3] have existed for a long time, while MDMA and psilocybin, when properly used, could significantly improve people's lives and relationships.[4] Other drugs, however, such as some anti-

eugenicist programme of ectogestation in the laboratory but also by supplying a free drug called soma, effectively managing citizens' behaviour to suit the purposes of the governing body: consumerism and stability. Meaningfully, the initial, working title for Earp and Savulescu's book was, after all, *Brave New Drug* (2020, 13). Bennett also references Huxley (1932) when he writes about our "brave, new psychopharmacological age" (2019a, 146).

[2] Indeed Earp and Savulescu (2020, 53) muse about writing another book exploring "why love potions and anti-love potions have been such powerful and enduring tropes in fiction."

[3] See Earp and Savulescu (2020, 7; 62).

[4] See Earp and Savulescu (2020, 8). They believe that "perhaps the biggest area of research right now is on chemicals like MDMA (the key ingredient in the street drug ecstasy), lysergic acid diethylamide (LSD or acid), or psilocybin (from so-called magic mushrooms) being used as adjuncts to psychotherapy" (Earp and Savulescu 2020b, 6).

depressants,[5] can have the opposite effect and dampen the enthusiasm of romance. While Earp and Savulescu caution against over-reliance on allegedly love-enhancing drugs such as oxytocin and testosterone, they argue that "given the right combination of other mental, biological, and social factors" (2020, 64) they could have that effect.[6] They contend (2020b, 3) that "we should study the impact of these drugs on relationships more systematically, so that we can aim to avoid whatever harms they might be bringing to our love lives, while also exploring any potential benefits."

Addressing contemporary reliance on pharmacology to modify and enhance our feelings and emotions, Rose (2003, 46) investigates how we have become "neurochemical selves," shaped by the belief that our mental states are mostly caused by a chemical imbalance in the brain, living in "psychopharmacological societies," where the "modification of thought, mood and conduct by pharmacological means has become more or less routine" and where "human subjective capacities have come to be routinely re-shaped by psychiatric drugs."[7] In related vein Bennett (2019a, 3)[8]

[5] See Earp and Savulescu (2020, 60). Discussing the effects of selective serotonin reuptake inhibitors (SSRIs), which are often employed to treat depression, Earp and Savulescu (2020b, 6) caution that "one and the same chemical substance might work as a pro-love drug or an anti-love drug depending on the couple, their dynamic, their circumstances, what they are dealing with, and their psychological profiles […] Importantly, however, it also depends on how the couple consciously engages with, and responds to, the various effects of the drug on their thoughts, fantasies, motivations, and emotions."

[6] Earp and Savulescu (2020b, 6), also mention other drugs that have "under-studied effects, both positive and negative, on sexual desire, attraction, and/or attachment include methylphenidate (commonly marketed as Ritalin), hormonal birth control, the hair-loss drug finasteride, certain blood pressure medications, and so-called recreational drugs like cocaine and alcohol."

[7] See also Healy (2002).

[8] See Bennett (2019a, 2019b) for an analysis of some representative films.

analyses how "modern psychopharmacology's recent proliferation of a vast arsenal of new psychotropic medications has pervasively reshaped the lived experience of modern life […] perhaps even transforming what it ultimately means to be human in the modern world." Indeed, he argues that in this new psychopharmacological age human identities are increasingly shaped by the pills we take.

Prebble (2012) and Uden (2014) grapple with the question of human identity in a psychopharmacological era.[9] Are we still "us" if what we are feeling is somehow modified by the drugs circulating in our body? Can we trust those feelings and emotions? Will we revert to being the person we were before taking certain medications? Who is the real "me" then? If we prefer the "me" created by the pills should we carry on taking them for as long as we wish? Is that ethical and fair when so many people do not have access to the same treatments or conversely refuse to take them in order to remain "true" to their original, unenhanced body's chemistry? The borders between these two versions of the same person are becoming increasingly porous and diluted. What if the façade we choose to present to the world can be generated by selected drugs and medication, so that the effort to show a certain version of ourselves to society would no longer be needed since with recourse to drugs we would become that person?

[9] Bennett (2019, 29) explores how modern psychopharmacology can radically alter "human identities at a fundamental neurochemical level," identities that are "increasingly determined, both for better and for worse, by simple pills" (*ibid.*, 30), indeed "pharmacologically fabricated" (*ibid.*, 141). According to Rose (2003, 57), in turn, "Psychiatric drugs today are conceived, designed, and disseminated in the search for bio-value. But they are entangled with certain conceptions of what humans are or should be-that is to say, specific norms, values, judgments internalized in the very idea of these drugs. An ethics is engineered into the molecular make up of these drugs, and the drugs themselves embody and incite particular forms of life in which the *'real me' is both 'natural' and to be produced*" (emphasis mine).

According to the psychiatrists Lewis, Amini and Lannon (2007, viii), the "body's physiology ensures that relationships determine and fix our identities." What if the "biological reality of romance" could be induced with pills? In Prebble's and Uden's texts the plot involves clinical trials for a new anti-depressant drug and the effects it may have on the potential development of romance between two volunteers in each book, who in both cases become a couple. The crucial question they wrestle with as they gradually fall in love is whether their feelings are spontaneous or generated by the medication they may or may not be taking, since nobody knows who is receiving the drug or a placebo. How can our feelings be trusted if they may be the result of neurochemicals in our brains selectively stimulating certain neurotransmitters? What is our "true" self anyway? Is it not always a complex blend of all the legal cognitive and mood enhancers many people ingest on a daily basis such as coffee, wine and other spirits, or engaging in mood-elevating activities such as exercise? Would adding another synthetically produced chemical to the mix be so different? If people can feel better for taking that chemical, provided there are no significant side-effects, and potentially be better to others, also making them happier, then it may *prima facie* be acceptable.

Savulescu and Sandberg (2008, 37) argue that there are "many good reasons to take love drugs" to "enhance the quality of love" (*ibid.*, 42). They analyse the arguments for and against the "neuroenhancement of love" (*ibid.*, 31), consisting of the "biological manipulation of lust, attraction and attachment" and argue that "biological interventions offer an important adjunct to psychosocial interventions." They repeatedly stress (*ibid.*, 39-40) that "[b]iological interventions can *simulate or produce* the phases of the evolution of a loving relationship: lust, attraction and attachment. They can increase the probability of a loving relationship occurring but they cannot by themselves cause love" (emphasis mine).

These reflections, including the potential for a drug to simulate or mimic the physical and psychological effects and symptoms of love are dramatized and complexified in Prebble (2012), Uden (2014) and Atwood (2015), which are also representative instances of what Roxburgh (2019, 21) calls "pharmacological fiction." All three texts caution against the pathologization of love, by medicalizing and thus chemically interfering in situations that would have otherwise evolved in different directions, making it morally problematic to prescribe "love" drugs, even if the intention is clearly to help.[10]

II

A "Viagra for the heart?" (*The Effect*, 46)

Lucy Prebble's play *The Effect* (2012) is a chemical drama revolving around a clinical trial of a new anti-depressant drug, focusing on the evolving romantic relationship between the two protagonists, Connie Hall, a psychology student and the only woman in the trial,[11] and Tristan Frey, who has already taken part in other drug trials.

Prebble got the idea for the play when she heard about a drug trial at Northwick Park Hospital conducted by Parexel, a firm that runs clinical trials for pharmaceutical companies.[12] As Miriam Gillinson observes in the Introduction to *The Effect*, Prebble had

[10] See also Nyholm (2015a-b).

[11] Dr James specifically remarks on the fact Connie is the only woman. In Uden (2014, 25) Lily mentions having read that in clinical trials "safety tests were generally only done on men" (25) and only after that were they performed on men and women.

[12] It was the first human trial of a drug, TGN1412, that had an effect on the immune system. The six men who received the drug became very sick and had to be taken to intensive care, remaining in hospital for weeks.

also been reading about anti-depressants and the "effect of love, both of which raise the levels of dopamine in the body," thus begging the question whether or to what extent love and depression are simply chemical events. The drug given to the volunteers in the clinical trial is a brand new anti-depressant, designed to "increase levels of dopamine" (Prebble 2012, 22), as one of the doctors in charge of the experiment, Dr Lorna James, explains to Connie, who develops romantic feelings for Tristan, which are reciprocated. Here we encounter a problem which would not occur in a real-life situation: should Dr James be divulging information about the effects of dopamine to one of the trial's participants? Is it ethical? Clearly there has been a breach of rules that may precipitate an undesired outcome.

Connie and Tristan wonder whether what they feel is "real" or just the result of a chemical reaction. Having heard by accident from Dr James that Tristan is on a placebo, Connie fears that what they are feeling might fade, or what is even "worse, for one of us and not the other" (*ibid.*, 68). While Tristan believes he can tell the "difference between who I am and a side effect" Connie is sceptical and considers any attraction they may feel as at least in part a "result of the trial," as a "chemical reaction" (*ibid.*, 33). Tristan is shocked at this view that he only likes her because he is "high or something" but Connie retorts that "we *are* our bodies, our bodies are us" (*ibid.*, 34; emphasis in the original).

Dr James and Dr Toby Sealey, her boss and ex-boyfriend, conduct many conversations about the trial: the former, who suffers from bouts of depression, is dubious about chemical treatments, whereas Dr Sealey believes in the potential of psychopharmacology. She tells him of the reported effects, which include "elevated mood […] increased energy levels" as well as "dampened amygdala activity" and "strong activity in the dopaminergic pathways and the reward centres of the brain in

general" which correlates with a strong "anti-depressant effect" (*ibid.*, 43). However, she introduces a note of caution, suggesting that the anti-depressant effect may have nothing to do with the drug, since according to her information one of them is receiving a placebo, and she reminds Dr Sealey that "you're seeing what you want to see" (*ibid.*, 43), presumably with a view to profiting from selling the new pill. It turns out that the scans they are looking at belong to Connie and Tristan, whose brains exhibit the signs of increased activity consonant with their being in love. The question is whether these signs are caused by the drug or by their romantic attachment, a moot point they cannot agree on. As Dr James remarks: "You think because they feel all the things one would associate with infatuation they are just […] assuming that's what they are" (*ibid.*, 45), to which Sealey agrees, stressing that "assuming" is a crucial notion. As he states: "The body responds a certain way to what it's being given, they can't sleep, they can't eat, they're in a constant state of neural excitement ever since they met, what's the brain going to conclude?", so that the body not only "mistakes" it for love, "it creates it […] [t]o make sense of the response." Dr James is unimpressed and taunts him: "So what? You're thinking you've discovered a Viagra for the heart?" (*ibid.*, 46). Dr Sealey in turn observes that while cannabis "increases susceptibility to schizophrenia," he believes a "chemical vulnerability, to something more positive" can be created. After all, as he further states: "Medical science has extended everyone's lives without taking any responsibility for us having to be married longer. We could do with a bit of help."

Dr Sealey points out that maybe the reason the other trial subjects do not show such strong (potential) effects of the drug is that since they are heterosexual men, they do not have an adequate target for their feelings. Dr James eventually reveals that Tristan, "number seven," is on a placebo, which proves that his symptoms are actually due to his developing a romantic attachment and not

to the drug. Dr Sealey forcefully argues that strong feelings can be instilled if they are targeted towards something that looks appropriate. He then gives the example of ducklings that can be made to "follow a kettle believing it's their mother for years" (*ibid.*, 45) according to an experiment conducted at Exeter.

As it turns out, Rauschen Pharmaceuticals, the drug company in charge of the trial, and Dr Sealey were actually misleading Dr James as to who was on a placebo. She was effectively being studied for physician bias, as the doctor conducting the experiment and believing she knew who was getting the real drug or the placebo.[13] As in the Northwick Park Hospital trial conducted by Parexel, where several volunteers needed hospitalization, Tristan suffers adverse side-effects from the drug and needs hospital treatment. Since Connie had been told that he was on a placebo she transfers her own pill, presumably the real drug, into his mouth, probably intending him to be on a more even keel with her in terms of the romantic effects produced by the pill. In effect, he must have swallowed double the dosage of what was already the highest dose of the new pill at the end of the trial and he starts seizing and bleeding, needing hospitalization. Connie and Tristan go on to live together at the end of the trial even though Tristan has lost his memory due to the drug overdose he sustained.

Prebble's *The Effect* crucially engages with the idea recurrently articulated by Connie that we are "neurochemical selves," to borrow Rose's expression (2003, 46). After all, the notion that depression is mainly caused by an "abnormal amount of chemical -- in the brain or anything" (Prebble 2012, 5) has been around for a while now, having become common currency as voiced by Connie. This is, indeed, a concept that is addressed throughout the

[13] In most cases the medical team conducting the trial will be unaware of who is getting the real pill or the placebo so as not to be influenced by that knowledge when interpreting the results.

play, as Ven (2020, 127) contends: "Is such chemical balance the cause of depression or is depression the cause of such imbalance?" According to Rose (2003, 57), it appears that "individuals themselves are beginning to recode their moods and their ills in terms of the functioning of their brain chemicals, and to act upon themselves in the light of this belief." As he observes (2003, 57), "If we are experiencing a 'neurochemical reshaping of personhood,' the social and ethical implications for the twenty first century will be profound. For these drugs are becoming central to the ways in which our conduct is determined to be problematic and governed, by others, and by ourselves to the continuous work of modulation of our capacities that is the life's work of the contemporary biological citizen."

These issues are also deeply entangled with a capitalist system within whose remit biotech and pharmaceutical companies operate, with profit often guiding business decisions. As Ven (2020, 127) notes, Connie and Tristan's anxieties are "extensions of capitalist structures; the confusion of 'real' feelings with manufactured ones is possible only within the pharmaceutical testing chamber, a microcosm of the collaboration between psychiatry and capitalist forces."

All of these questions are also centrally at issue in Uden's *Chemical Attraction*, which can be seen as a companion text to Prebble's *The Effect* and another representative instance of neuropharmacological fiction.

III

A "love drug" (*Chemical Attraction*, 186)

As in Prebble (2012,) the protagonists of Uden (2014) sign up for a clinical trial conducted by a company called MediSee which

describes itself as representing "ethically sound drug companies" (*ibid.*, 15). MediSee is enlisting volunteers, at one of London's top teaching hospitals, to trial a new drug called Pheroxosol, which they are touting as the "first anti-depressant with absolutely no side effects" (*ibid.*, 19), at least that is the hope.

When the drug was trialled on rodents it was found that they appeared to "fight less and copulate more" (*ibid.*, 19). The scientist behind the development of the drug, Dr Amraj, shared this perception with the CEO of Calmerceutical, William Wyles, who grew interested in the idea after an initial sceptical reaction. After all, as a businessman, anti-depressants "made good business sense" while "love potions" (*ibid.*, 19) did not. According to Dr Amraj the tests showed "*increased* sexual activity" (*ibid.*, 20; emphasis in the original) in the rats and it "*reduced* their number of sexual partners" (emphasis in the original). This effect was attributed to the oxytocin[14] in the drug, which also contains pheromones[15] and dopamine. While oxytocin, produced by pregnant women to help them bond with their baby and sleep better, encourages intimacy, pheromones are associated with sexual attraction and dopamine is the "reward" (*ibid.*, 20) drug, abundantly produced during sex, as explained by Dr Amraj. The tentative conclusion that Wyles draws is that the new anti-depressant could "improve relationships," an inference Dr Amraj concurs with, suggesting it could indeed stimulate the "dating, the getting together *and* the staying together" (*ibid.*, 21; emphasis in the original). As the latter goes on to observe, pheromones also have an interesting evolutionary purpose, since they seem to promote attraction between people who are very

[14] Despite its role in promoting intimacy between mothers and newborn babies, Earp and Savulescu (2020, 114) warn against its being seen as a panacea for romantic relationships and its use as a potential love drug, since it will "likely only be so for some people under some conditions."
[15] Savulescu and Sandberg (2008, 35-36) also refer to the role of pheromones in potentially promoting lust and attraction.

different, thus encouraging genetic diversity, and "mixed genes mean survival" (*ibid.*, 21).

Dr Amraj tentatively muses on the impact of the new drug if the effect seen on rodents is replicated on humans, if it works as a "sort of fall-in-love drug," as a "love stimulant" (*ibid.*, 31). While he worries that if the new drug is indeed effective it might be "unethical" to be "playing with people's emotions," Wyles considers that they are producing "happy pills" (*ibid.*, 31), calling it a "nasal Prozac" (*ibid.*, 30) and so does not see any reason for concern. Dr Amraj even speculates it might promote fidelity and thus it would be a "monogamy pill" (*ibid.*, 32).

When discussing with Dr Taylor, the physician in charge of the trial, possible effects of the drug on the volunteers, including on the potential development of romantic relationships,[16] Dr Amraj has to frame this possibility in scientific terms, observing that "if emotions have physiological effects on our bodies – increased heartbeat, hot flushes, breathlessness – why not the reverse; physics having emotional effects?" (*ibid.*, 76) He also mentions the oxytocin, the dopamine, the pheromones and for good measure even alludes to androstadienones (76).[17] Dr Taylor is then more

[16] Significantly, Earp and Savulescu 2020b, 5, "call for a comprehensive shift in scientific research norms toward a more relational focus, whereby effects on relationships should be more regularly included among the primary outcome measures in clinical trials and other studies."

[17] In molecular biologist Joan Slonczewski's *Brain Plague* (2000), a novel whose action unfolds on a different planet in the future, love is described in terms of the neurochemicals in the brain. Thus, a character comments that "Adrenaline means more than fear […] And (divine) love is more than adrenaline and dopamine" (2000, 242) to which another character retorts: "Certainly. There's phenylethylamine and oxytocin. Love is a most complex and difficult problem" (*ibid.*, 242). Dopamine is described as the "central molecule of reward," entering the "neurons to create pleasure. Everything humans do – loving, dying, killing

receptive to the idea of having a closer look at the behaviour of the volunteers in terms of the potential development of romantic attachments.

The protagonists of the tale are Lily and Ben. Lily teaches English as a Foreign Language**,** is quiet and fond of books while Ben, who works in advertising, has just lost his job and is looking for a way to make some money. He enjoys drinking and often gets intoxicated. Lily and Ben do not appear to have much in common, so much so that Lily thinks of him as an "idiot" (*ibid.*, 52). It is then all the more surprising that they fall in love during the trial and even go on to live happily together for a while, a state of affairs Lily thinks may be linked to the fact that they are still both taking the medication. Ben hardly ever drinks any more, exercises a lot and feels like a totally different person after the trial. Lily even muses she had never known "anyone change as much as him before" (*ibid.*, 103). Ben, for his part, considers the experience at MediSee "truly life-changing" and he even cogitates that he's "somehow developing a female brain" (*ibid.*, 108), as he feels that he is starting to understand Lily. Since all the volunteers have continued to take the drug after the trial is over, Ben attributes his change to the pills, though he never questions the genuineness of his love for Lily until he comes across a piece of news online that suggests the drug they are taking will be marketed as a love pill. After reading several entries about CalmerCeutical, the company producing the new drug, suggesting it might promote long-lasting

– they do for dopamine" (*ibid.,* 34). *Brain Plague* considers the possibility of significantly enhancing the brain's capacities by means of intelligent, sentient microbes that improve the subject's creativity but can also tinker in a dangerous way with the dopamine receptors. As in other fictional examples considered in this essay, in Slonczewski's novel a character, Chrys, an artist who is having creativity issues and financial problems, decides to enlist in an experimental medical trial that investigates the role of these intelligent microorganisms in the brain.

romantic relationships, Ben starts wondering whether his love for Lily is just an effect of the drug and whether his feelings are real. One of the articles about the trial stated that most of the participants "*showed a greater predisposition towards the initiation and maintenance of romantic partnerships*" (*ibid.*, 129; italics in the original). *The Financial Times*, in turn, wrote that CalmerCeutical are looking into the possibility that their new drug "*could encourage greater stability in human relationships – particularly those of a romantic nature*" (*ibid.*, 129; italics in the original) while *New Scientist* observed that the drug "*could encourage more monogamous relationships*" (*ibid.*, 129; italics in the original) probably due to the oxytocin and dopamine in the pill. Inevitably Ben muses whether the changes he's been experiencing are a direct result of the experimental drug and decides to cease taking it.

In the meantime Lily discovers she is pregnant[18] and also stops the medication, so both Ben and Lily discontinue taking the pill without telling each other or sharing their motives for doing so. After a few days off the medication Ben starts noticing that he does not feel so close to Lily and forgets to include her in some of his plans, inevitably causing him to wonder if he is "changing back" (*ibid.,* 145). He decides to talk to Dr Taylor, sharing with him his doubts and questioning if he is "just a walking side effect" (*ibid.,* 152). Lily, for her part, realizes she is "cooling off" (*ibid.,* 173) a bit towards Ben, who in turn wonders about the point of "carrying on a relationship that relies on chemicals" (*ibid.,* 174). Lily goes even further and muses that if she decides to have the baby and they are still together, then what kind of future would the kid have in a

[18] Hearing about Lily's pregnancy, Wyles is very excited with the business prospect it represents and fantasizes about the headlines around Lily and Ben: "*Love Drug Pair To Have Baby*" (*ibid.*, 211; italics in the original).

family "held together by chemicals" (*ibid.,* 198)? On the other hand, Ben regards Pheroxosol as a "back-up plan – for when things go wrong" (*ibid.,* 198), a sort of make-up drug, while Lily emphatically replies that she wants to "love someone because I *love* them, not because of some […] pharmacist" (*ibid.,* 199), words that in many ways resonate with and almost summarize some of the main arguments in Earp and Savulescu (2020). Indeed, the question of the authenticity of their feelings is a central concern for both Lily and Ben, as is also the case with Connie and Tristan in Prebble's *The Effect*.

Savulescu and Sandberg (2008, 39) also address recurring concerns "over whether enhancements threaten authenticity […] Would chemical enhancement of relations render love inauthentic?" In words that apply to and shed light on the potential nature of the relationships initiated in Prebble (2012) and Uden (2014), Savulescu and Sandberg (2008, 40) point out that it is "important to distinguish between the use of love potions to create new love and to foster existing love. The use of drugs to instill a new love is more likely to create inauthentic love, since the causal reasons for the love may lie in the drug (and external events surrounding the situation), rather than the particular person loved. This would not be the case in an established loving relationship that is losing its momentum."[19] Earp, Sandberg and Savulescu (2015, 331) observe that "[i]f the administration of certain 'love drugs' turns out to be effective in promoting states of mind and behavioral dispositions that are conducive to a healthy relationship, then couples may simply have an additional tool at hand to help them pursue their overriding interpersonal aims." This is precisely what Ben is considering doing by potentially taking the new trial drug when their relationship is faltering.

[19] See also Parens (2009, 184).

As Earp, Sandberg and Savulescu (2015, 324) further argue, "under certain types of conditions" pharmaceuticals (and other emerging technologies) could be used to "'enhance' or 'diminish' our love-related drives, emotions, and attachments." This use, however, could lead to the "'medicalization' of human love and heartache," an objection they proceed to analyse, suggesting that it is mostly the "*pharmaceuticalization*" (*ibid*., 325), a "related but distinct phenomenon," of dealing with relationship issues that is mostly at the focus of concerns.[20] In this context, they observe, with respect to romantic relationships, that "treatment [paradigms] should hinge on considerations of harm and well-being, rather than on definitions of disease" (*ibid*., 329). As they argue, medicalization can be "either good or bad" (*ibid*., 331) depending on a number of factors, including the people involved and the social context, as *The Effect* and *Chemical Attraction* powerfully dramatize, problematizing the positive outcomes of the use of such drugs. Indeed, they can also be used to exploit and hypothetically enslave people psychologically to others who have the necessary power and financial means. Aspects of this sexual enslavement are dramatized in Margaret Atwood's *The Heart Goes Last* (2015).

IV

A "magic love potion" (Margaret Atwood, *The Heart Goes Last*, 256)

Love potions of various sorts have featured in many narratives as individuals attempt to manipulate other people's emotions and in particular when they wish someone to fall in love with them to the exclusion of all others. Many fictional recipes have been tried

[20] In a subsequent article, Earp, Sandberg and Savulescu (2016, 759) emphasize the need for "careful regulation" of so-called love drugs.

and found either effective or useless.[21] One of the most notorious is the juice of a flower named 'love-in-idleness' (wild pansy or *Viola tricola*) in Shakespeare's *A Midsummer Night's Dream,* which Oberon uses on the sleeping Titania, who upon waking up falls madly in love with the first creature she sees who happens to be Bottom with a donkey head. In turn, Robin, a fairy, drops the potion on the eyes of Lysander and later Demetrius who are asleep, giving rise to chaotic turmoil. In the end all the confusion is satisfactorily settled. The play is, after all, a comedy.

It is not fortuitous that Atwood (2015) is peppered with allusions to *A Midsummer Night's Dream*, since one of its recurring thematic concerns is the question of free will and the related topic of what true love is if the person in love has been deprived of choice by a biomedical intervention not unrelated to a love potion. Indeed, it is no coincidence that one of the three epigraphs in the

[21] With echoes of Huxley's *Brave New World*, Brian Stableford's story "Sexual Chemistry," set in 2036, tells the story of Giovanni Casanova, who develops a kind of love potion, a "secretion," an "aphrodisiac technology" that would "signal a delicate expression of erotic interest with no offense to be taken if there was no response" (2013, 32). This secretion leads indeed to a generalized happiness in the population, including Casanova and his wife. They "favoured one another constantly with the most delicate psychochemical strokings, and learned to play the most beautiful duets with all the ingenious hormonal instruments of Giovanni's invention, but they also had a special feeling for one another – and eventually for their children – which went beyond mere chemistry and physiology: an affection which was entirely a triumph of the will. There was a treasure which, they both believed, could never have come out of one of Giovanni's test tubes" (*ibid.*, 33). This version of a chemically induced utopia could almost be said to correspond to Earp and Savulescu's (2020) vision of a drug that would enhance relationships while those involved also worked on keeping those attachments harmonious and fulfilling. See also Lem's *The Futurological Congress* (2017 [1971]), where in a future society the government, much as in Huxley (2007 [1932]), uses drugs to control and tame citizens.

novel is from Shakespeare's play[22] and one of the themes in both narratives is that of love potions, or more precisely in *The Heart Goes Last*, neurosurgery that will make someone imprint on the person who commissioned the procedure (or the first person they lay eyes on).[23] If a technology was invented that enabled people to be similarly imprinted to love someone specific, it would be much more powerful than any love pill or potion.[24] That is exactly what Atwood (2015) envisages, where this technique is directed to make people (usually women) fall in love with their lovers or husbands.[25]

Atwood's narrative revolves around a couple, Charmaine and Stan, who have lost their jobs and are literally living in their car, in the context of a financial crisis similar to that of 2008. Charmaine sees a job advertisement for a social experiment called Positron Project, a for-profit prison, in the new gated community of Consilience, which includes spending a month in a comfortable house and the next in a prison, while another couple, their "Alternates," live in their house during the month they spend in

[22] The extract included in the epigraph is the following:

> "Lovers and madmen have such seething brains,
> Such shaping fantasies, that apprehend
> More than cool reason ever comprehends."

[23] In Jessica Khoury's *Vitro* (2014), a Young Adult novel, "Vitros," genetically engineered embryos grown in artificial wombs, are kept in a kind of suspended animation until the scientists that created them deem it time for them to be wakened up. Apart from their enhanced physical capacities, they carry a chip that contains a type of imprint technology, which basically means that the newly awakened Vitro, having been kept asleep till s/he is required, usually in late adolescence, will "imprint" on the first person s/he sees, following their every order, effectively like a slave.

[24] It is no coincidence that another of the Epigraphs is from Ovid's "Pygmalion and Galatea" (Book X, *Metamorphoses*).

[25] Similar to the plot in Levin 2011 [1972].

prison and then they switch again, supposedly without ever meeting.

The technology used to make people fall in love with a certain person is a type of brain surgery, based on work to erase "painful memories, in vets, child-abuse survivors, and so forth" (Atwood 2015, 262).[26] Before further details of this scientific advance are revealed one of the employees at Positron wonders if the technique involves "pheromones" or if it is a "new oxytocin-Viagara [sic] pill," in which case the effect would not last long. According to Ed, the CEO and president of the Positron Project, not only can scientists "pinpoint various fears and negative associations in the brain and then excise them, but they can also wipe out your previous love object and imprint you with a different one" (Atwood 2015, 262). Although the subjects of the operation are effectively deprived of free will they do not mind, since their memories have been erased and their previous romantic attachments have been "nullified" (*ibid.*, 263). They are effectively "sex slaves created by neurosurgery" (*ibid.*, 285).

Charmaine learns that Ed was contemplating taking her to Las Vegas to have the procedure done so that she would imprint on him and forget her love for Stan. She is duly horrified and comments: "This is like one of those love potions in the old fairy-

[26] In Lauren Oliver's Young Adult novel *Delirium* (2011) the premise is the opposite to that dramatized in Atwood (2015). In the novel's dystopian future love is regarded as a disease that needs to be cured so that people can lead a stable and predictable existence. This is achieved through a brain operation that is performed on everybody when they turn eighteen. The state then matches people and there is no room for choice. Yet another instance of imprinting for love occurs in Steven Spielberg's film *AI Artificial Intelligence* (2001), where Monica goes through an imprinting process so that the "mecha" boy, David, an android, will love her unconditionally as his mother.

tale books […] The kind where you get imprisoned by a toad prince. In those stories you always got the true love back at the end" (*ibid.*, 264). However, in the life Ed was planning for her, she will be "under some awful toad prince spell forever" (*ibid.*, 264). Charmaine further muses, blaming bodily chemistry for how people sometimes act: "It wasn't Stan's fault, it was the fault of chemistry. People said chemistry when they meant something else, such as personality, but she does mean chemistry. Smells, textures, flavours, secret ingredients. She sees a lot of chemistry in her work, she knows what it can do. *Chemistry can be like magic. It can be merciless*" (*ibid.*, 77; emphasis mine).

In a plot twist Charmaine wakes up from the operation (or so she believes) and imprints on Stan, who apparently ordered the operation. As in Prebble (2012) and Uden (2014), Charmaine ponders her situation and her "lingering doubt" (Atwood 2015, 294): "Does loving Stan really count if she can't help it? Is it right that the happiness of her married life should be due not to any special efforts on her part but to a brain operation she didn't even agree to have? No, it doesn't seem right. But it *feels* right. That's what she can't get over – how right it feels" (emphasis in the original). However, the language Charmaine uses is also often employed by people who feel they "*couldn't help it*" (*ibid.*, 302; emphasis in the original), being helplessly and hopelessly in love with someone.

In another narrative twist reminiscent of *The Effect* and *Chemical Attraction*, it turns out Charmaine did not have the operation after all, or at least that is what another character, Jocelyn, tells her, so that Charmaine no longer knows whether her feelings for Stan are an illusion created by her belief in the procedure, as a kind of placebo effect, or whether she really loved him anyway and the conviction that she had undergone neurosurgery just reinforced that feeling. Jocelyn reminds Charmaine of the freedom she now

enjoys, not being forced to do anything against her will: "Isn't it better to do something because you've decided to? Rather than because you have to?" (*ibid.*, 306). Charmaine is doubtful, observing that love "isn't like that. With love, you can't stop yourself."[27] Indeed, one of the major themes in the novel is precisely the question of what true love is, as in Prebble (2012) and Uden (2014).

A love pill that also promoted stable relationships and monogamy would no doubt be a resounding commercial success, reshaping society in unprecedented ways but also raising multiple ethical concerns, as already discussed. The marketing of new drugs, in particular, is key to big pharma's success and market penetration, as Wyles, the CEO of Calmerceutical in Uden (2014) and Dr Sealey in Prebble (2012) understood so well. Indeed, as Ven (2020, 127) asserts, discussing Prebble (2012), the development of new drugs is often "tethered to capitalist exploitation."[28] There is, indeed, an increasing pathologization of society and the market forces expanding to match the demand for chemical substances to address new diseases, often "created" to fit a new drug, thus encouraging drug companies to "sell us drugs we don't need for diseases we don't have" (Earp and Savulescu 2020, 171), as is the case in Christopher Herz's *Pharmacology* (2011).[29]

[27] The satirical angle taken on this technology is abundantly clear when during a tour of the facilities the group is shown a woman who, after having had the neurological procedure done, first looks upon waking up at a teddy bear, instead of her would-be lover, hopelessly and inexorably falling in love with it instead of the man who was paying to have that procedure done.
[28] In this context see also Angelaki (2019).
[29] This pathologization of society can also be seen in the use of selected drugs to enhance physical capacities in order to suit new and demanding lifestyles. This is the case in Dirk Wittenborn's *Pharmakon* (2008), where a new drug, not yet

V

The Pathologization of Society

The medicalization[30] of what can by and large be described as feelings and perceptions that to a great extent fall within the normal range of human experiences is fictionally explored in Christopher Herz's *Pharmacology* (2011), whose narrative unfolds in the San Francisco of 1993, at the start of the Internet revolution. The protagonist, Sarah Striker, is being paid to conceive and develop "awareness campaigns" (Herz 2011, 110), mostly digital, that not only create the "symptoms" and behaviours that would fit a new "disease," but also generate the perceived need for a certain drug within a target population, before the actual drug hits the market. With the digital revolution and people spending long periods of time at the computer, their attention spans and ability to concentrate appear to be affected. Noticing this trend, biotech companies have developed Atendol, the medication to treat ADD – attention deficit disorder, whose symptoms will need to feature abundantly in the media and in particular on the internet, which was just beginning to reach a wide segment of the population, in particular younger people. As Sarah puts it, they are "creating the disease as well as the cure" (*ibid.*, 128). However, Sarah finds this creation of new "pathologies" to fit the demand for a certain innovative drug produced by biotech companies, to be despicable and she leaves her job.[31] Earp, Sandberg and Savulescu (2015, 327) address a number of issues that overlap with Sarah's experience and worries in her new job, which involves the pathologization of

approved, dramatically enhances cognitive skills but has terrible side effects and is often fatal.

[30] For a related take on medicalization see Earp, Sandberg and Savulescu (2015).

[31] See also Earp, Sandberg and Savulescu (2015, 326).

a "new" behavioural "disease" brought about by excessive time spent in front of digital devices.[32]

Rose stresses the role and power of big pharmaceutical companies in shaping the perceived need for drug use and promoting it. As he points out, "Many of these large multinational conglomerates make a considerable proportion of their income from the marketing of psychiatric drugs, and their success, or failure, in attracting market share is key to maintaining the shareholder value of the company" (2003, 58), and as he pertinently observes: "Where Foucault analyzed biopolitics, we now must analyze bioeconomics and bioethics, for human capital is now to be understood in a rather literal sense – in terms of the new linkages between the politics, economics and ethics of life itself" (2003, 57).

Prebble (2012), Uden (2014) and Atwood (2015) similarly tackle the commodification of feelings, in particular love, managed and conditioned through the use of drugs marketed by powerful biotech companies focused on profit. Potential "love drugs" could thus come to be seen as addressing the perception of a need for medical intervention, as in Herz (2011), in an increasingly medicalized society, driven by the urge to pathologize and to treat every stronger emotion as "symptom", no matter how normal it would have been considered until then.

Conclusion

The ambition to create substances that will promote well-being, both physical and psychological, as well as improve relationships, is as old as medicine. However, could these chemicals also change

[32] Frances (2013, xix-xx) worries about the increasing and widespread "wholesale medicalization of normality."

the individual's personality and, even more radically, their very identity so that enhancements are achieved at the cost of what could be perceived as a different self to the original one? Would that then erase the perception of authenticity, of "real" feelings experienced by the original ego and lead to existential doubts about who the "real" person is? Crucially, if the love someone feels towards another is induced by pills is it still "authentic"?

These and related vexed questions are explored in Earp and Savulescu (2020) and given fictional dramatization in the texts examined here, texts that add further analytical layers to their study. Indeed, one of the central questions these fictional narratives ask is linked to the problem of identity and consciousness: who is the "I" that thinks and feels under the potential influence of these drugs? Would this kind of emotional engineering be unethical? Who would control its application? Earp and Savulescu (2020, 12) argue that if it is feasible to "safely target the underlying neurochemistry that supports romantic attachment, using drugs or other brain-level technologies, then there is reason to think this could help some people who really need it." If that becomes a possibility then ethical limits need to be established, as well as "legal and policy structures." They defend the ethical and responsible use of "medical interventions as complements to social and political change, rather than as replacement" (2020, 185-186).

The limits of neuroscience and psychopharmacology are thoroughly tested in the fictional texts analysed here, which dramatize the potential impact on individuals and society of tinkering with the neurochemical underpinnings of the biology of love and attachment to shape relationships and bioengineer people's life decisions. Indeed, speculative bioethical fiction[33] and neuropsychopharmacological novels offer valuable templates that

[33] For further elaboration on this topic see Schick (2016).

as if in dialogue with Earp and Savulescu (2020) and related works flesh out some of the most important arguments and concerns addressed in that book, as thought experiments that usefully instantiate possible ramifications and consequences of the clinical use of "love drugs".

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