Clipping the Angel's Wings

Why the Medicalization of Love May Still Be Worrying

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Abstract: This is a critique of Earp, Sandberg and Savulescu's argument in support of a possible future neuromodulation of love and love-related relationships. I argue that, contrary to what is suggested by Earp, Sandberg and Savulescu, we do have good reason to be concerned about that possibility as well as about the medicalization of love that its pursuit would bring about.

Keywords: love; medicalization; human enhancement; well-being; therapy and enhancement; autonomy; authenticity

"The Medicalization of Love" in this issue of *CQ*,[1] is the most recent attempt by Brian Earp, Anders Sandberg, and Julian Savulescu to convince us that we should support and pursue a research program whose goal it is to find out how we can modulate the physiological and neurological processes that underlie human love and relationships and thus to learn how to control the way we emotionally relate to other people: whether or not we feel attracted or attached to them and, if we do, when and to what extent. In their latest contribution to the debate, they argue (1) that the medicalization of love that such a research program would arguably entail is, taken by itself, neither good nor bad, (2) that common worries about the medicalization of love are misplaced or at least much less convincing than they may initially appear, and (3) that, all things considered, the medicalization of love should in fact be seen as beneficial and indeed a welcome enrichment of our understanding of love.

If I understand the argument correctly, then the reason why Earp and colleagues believe the medicalization of love *as such* to be unobjectionable (although they are quite aware that it *can* have negative consequences) is that we can (and should) carefully distinguish between *medicalization* and *pathologization*. Although the latter would indeed be objectionable because it would make us see love, or certain instances of love, as diseases—which would then in turn create or greatly increase social pressures to rectify the situation—the former is not. Whereas the pathologization of a condition would increase the danger of "oppressive normalization and top-down control," mere medicalization (even pharmaceuticalization) would not (or need not?) have that effect, because all that medicalizing that condition means is that we would see it as one that, in a particular individual's case, merits medical treatment, which is to say that we see it as something that diminishes that individual's quality of life. "Treating" the condition would then mean not *curing a disease* but simply *improving well-being* by means of medical technology, which we can do without having to identify the treated condition as a disease with objective clinical-pathologic indices. In other words, if you are in love and your being in love

Cambridge Quarterly of Healthcare Ethics (2015), **24**, 361–365.
© Cambridge University Press 2015.
doi:10.1017/S096318011400067X

https://doi.org/10.1017/S096318011400067X Published online by Cambridge University Press

gives you trouble (or if you are *not* in love and your *not* being in love gives you trouble)—that is, if your love-related feelings (or the lack thereof) make your life less good than it would be if those feelings were different—then there would be nothing really wrong with you. However, if you could change that situation through a particular medical intervention, then it would be absolutely fine for us to provide you with that opportunity, and for you to seize it.

It seems to me, though, that the strict separation of treatment and pathology, which Earp and colleagues believe would "further defuse the potential problem of the pathologization of everything," may well have the exact opposite effect. If well-being and the advancement of well-being is all that counts and all that medicine should concern itself with (thus blurring the distinction between therapy and enhancement, or, rather, making any such distinction entirely moot), then we no longer have to bother trying to identify particular conditions as states of disease to justify their "treatment." Instead, everything we do and everything we are can now be regarded as fair game for medical interventions. As long as well-being, or our quality of life, can be further improved—and it is hard to imagine any human condition in which that is not the case—there is nothing about us that would *not* fall under the remit of medicine. From here it seems not a big step to declaring, as some supporters of the human enhancement project are prone to do, the whole human condition to be a disease that is in urgent need of a cure that only radical human enhancement can provide. The problem with a medical focus on well-being is that well-being is not clearly defined, by which I mean that we can never be sure that we are well enough. Our lives can always conceivably be better than they are. If we are happy, there is still a possibility that we can be even happier. If we love someone, it is still imaginable that we may love them even more, or more intensely, or less selfishly, or in some other way better. And even if we rather arbitrarily declared certain emotional states to be *good enough* (which would not go well with the inherent logic of the human enhancement idea), it would be difficult to identify a state of love that does not at least have the potential to conflict with our well-being. Loving someone always holds a risk. It makes us more open to certain kinds of suffering. What Earp and colleagues in fact propose is that we find a way to keep all the good stuff that comes with love while getting rid of all the bad stuff, and perhaps that is just not possible, because it would change the very nature of love, part of which is that it is *not* under our control (or is so only to a small degree) and that it makes us more vulnerable by creating the possibility of devastating loss. Of course, it may be argued that if *that* is what love is, then we would be much better off without it anyway. Interpersonal relationships are indeed important for our well-being—and thus there are medical benefits to improving our relationships. Clearly, however, for the purpose of enhancing well-being, we could just as well try to find ways to make interpersonal relationships less important to us. A rational risk assessment may lead us to the conclusion that by far the best solution to the problem of love-related troubles is to get rid of love altogether.

But let us assume that we do not want to do that because we believe (however irrational and backward it may be) that a life without love would not be worth living even if we could engineer ourselves to be happier without it. We just want to help people improve relationships that clearly do not go as well as they should and that compromise their well-being, by giving

https://doi.org/10.1017/S096318011400067X Published online by Cambridge University Press

them control over their love-related emotions. Stock examples are the woman who cannot leave her abusive husband because she "loves" him too much; the married couple with kids who no longer feel sexually attracted to each other or have much of a bond with each other, which poses a threat to their marriage and thus to their own well-being and, perhaps more importantly, that of their kids; or the pedophile who feels sexually attracted to children because he cannot help himself, although he would rather not be. If we could help the woman by freeing her from the affection she feels for that man, help the couple by once again making them attractive to each other, or help the pedophile get rid of his unsavory urges, then surely that would be a good thing. Yes, perhaps it would. However, in order to be able to do so, we would first have to invest heavily into the research program that the authors seem to support (aiming at the "neuromodulation of human love and relationships"), which, if successful, would allow us—and, more importantly, others—to control human behavior from the inside, as it were, and thus far more effectively than by any other, previously available method of social control. If you have acquired effective means to control whom and what people love—and, more generally, how they feel about things and other people—then you have really got them under your thumb. Is that what we want?

Of course we are being assured that something like that is not going to happen, and it may indeed be a highly unlikely outcome. The love-enhancing drugs of the future are not going to work like Puck, who is able to make a fairy queen fall in love with anyone he chooses, even a weaver with a donkey's head. They would, as Earp and colleagues hasten to clarify, "not work to create love 'magically,' of course." It will be more like giving someone (ourselves maybe) a gentle push in the right (or desired) direction, of helping love along. Maybe that is so. But if it is just that, then can we not simply go on doing what we have been doing all along, namely, seek counselling or therapy, share a glass of wine with our partner, eat chocolate, have sex, or whatever else we may normally do to influence the way we feel? It seems that a need for the neuroenhancement of love arises only if it promises to be more effective and reliable than those more traditional methods of self-manipulation. Why else should we want to research the matter if not in order to gain more control? It would be a very odd research program indeed if we had to make sure that it didn't become too successful. Yet that seems exactly the kind of research program that we are being asked to endorse. What we are being told is basically that we are going to study how we can control our love-related emotions, but that there is nothing to worry about because it is already pretty clear that we won't get very far with it. But what if we did? What if we really found ways to control people's emotions effectively, would that change things? Would we then have to assess the issue differently if we could do more than just help things along? And if so, can we really safely assume, before we have even started to investigate the issue in earnest, that this is never going to happen?

Perhaps Earp and colleagues are not worried too much about the possibility that we may someday find ourselves in a position in which (some) people actually have more control over love than we now think is possible. I suspect they are not because they show considerable faith in our ability to create social and political conditions that would render any technology, however dangerous it may potentially be, harmless and indeed beneficial to us. They

https://doi.org/10.1017/S096318011400067X Published online by Cambridge University Press

reject technological determinism, meaning that they do not believe that certain social outcomes are inevitable just because certain technologies are available to us. I agree. In the present context I take this to mean that even if we did find ways to create love or make it disappear as if by magic (though in fact through scientific insight into the physiological and neurological processes that underlie our love life), then this would still not be a problem, because we will always be able to make sure that the power that such a technology would give us will not be abused: if there are dangers connected to certain technologies, then the right response is not to avoid them altogether but to modify the social and legal (and probably also moral) context in which they are likely to be used. Unfortunately, however, that is easier said than done. No doubt it *could* be done. But that is, of course, no guarantee that it *will* be done. We don't have to subscribe to technological determinism to believe that certain technologies may conceivably (and even likely) lead to certain undesirable social outcomes and that one has to be very optimistic indeed to trust that there will be sufficient social and legal safeguards in place to prevent abuse. What justifies that trust? It can hardly be a belief in the essential goodness of human nature.

What might explain it is simply the authors' conviction that what we stand to gain by learning how to neuromodulate love outweighs the risks. Couples, they argue, should be allowed to pursue their "highest values," whatever they may be. We should be able to choose how much we want to love or not love, whom we love, and when we love, depending on what we think is important to our (own) lives. At the core of the whole proposal is ultimately a particular, liberal moral outlook that values individual autonomy over everything else. I sympathize with that. Like Earp and colleagues, I am very much in favor of upholding and promoting "a person's ability to live her life 'authentically' and in accordance with her goals and values." And, like them, I don't think it makes much sense to talk about a "true self." However, I am not convinced that we can identify those goals and values without taking into account how and what and whom we love. What exactly are "my" goals and values, let alone my highest values? Are those goals and values in my head, that is, in my conscious, self-reflective mind? And are the goals and values that I find there really mine, or are they not rather (or also) the goals and values that the community I happen to belong to has injected me with. Can I really detach "my" values from the way I feel about the world and other people? In what way is the rational, reflective self more authentic than the emotional self (or, more specifically, the loving or not-loving self)? And by assuming that it is, do we not also assume the existence of a true self? The fact is that what my highest values and goals really are is not always entirely clear. (Was Romeo and Juliet's love for each other in accordance with their highest values?) Nor, for that matter, is it obvious what makes a healthy relationship, which love drugs would supposedly support by "promoting states of mind and behavioral dispositions that are conducive to" it. Who defines what a healthy relationship is? Presumably it is one that promotes well-being, but what constitutes well-being for us is not independent of our goals and values either.

One last point: maybe love doesn't have to remain mysterious to be of value to us. Maybe we can learn to understand what exactly is going on in us when we love without losing the ability to do so. But how likely is it that this will enrich our love life and actually make love more beautiful, as

https://doi.org/10.1017/S096318011400067X Published online by Cambridge University Press

the authors suggest? "What if knowing how love works . . . could help us be better at being in love?" Earp and colleagues encourage us to practice love as an art and to appreciate the beauty in the processes that underlie it, which is fair enough. Yet what they have in mind is certainly very different from, say, the way Casanova practiced the art of love and appreciated its beauty. Instead, our appreciation will have to be more like that of a plastic surgeon, who uses a knife to show it. Understanding the neurophysiology of love is one thing. Seeking to manipulate it is quite another. Love, as it is, takes us beyond ourselves. When we love we stop caring about what is good for us. Therein lies the beauty of love. Once we have learned to control it, love will be firmly tied to self-interest, and then *that* beauty will be gone.

Note

1. Earp BD, Sandberg A, Savulescu J. The medicalization of love. *Cambridge Quarterly of Healthcare Ethics* 2015;24(3):323–36.

https://doi.org/10.1017/S096318011400067X Published online by Cambridge University Press