PHILOSOPHY, PSYCHIATRY, & PSYCHOLOGY

PPP

FOUNDING EDITOR: K. W. M. FULFORD
CO-EDITOR: JOHN Z. SADLER, M.D.
SENIOR EDITOR: TIM THORNTON

Is there such a thing as a love drug? Reply to McGee

Brian D. Earp and Julian Savulescu
University of Oxford

This is the authors' copy of an accepted manuscript, now in press. Please cite as follows :

Earp, B. D., & Savulescu, J. (in press). Is there such a thing as a love drug? Reply to McGee. *Philosophy, Psychiatry, & Psychology*, in press. Available at https://www.academia.edu/26729715/Is_there_such_a_thing_as_a_love_drug_Reply_to_McGee.

Over the past few years, we and our colleagues have been exploring the ethical implications of what we call "love drugs" and "anti-love drugs." We use these terms informally to refer to "current, near-future, and more speculative distant-future technologies that would enhance or diminish, respectively, the romantic bond between couples engaged in a relationship" (Earp, Sandberg, and Savulescu in press). In a recent "qualified defense" of our work, Andrew McGee (in press) suggests that if we would only stop using the word "love" so expansively, our ethical proposals might gain more traction. Specifically, he argues that "many of the putative instances of love" that we discuss in our papers "are not in fact instances of love at all" but are rather what he describes as "unhealthy or treatable obsessions." By more carefully distinguishing between the two, he suggests, "*there is much more likely to be less concern about medicalization and authenticity*" (emphasis his) in the case of pharmaceutical or other biotechnological interventions into the latter.

To support his position, McGee argues that the term "love" in this context should be reserved for relational states that are: (a) indexed to a specific person, i.e., the beloved, (b) caused primarily[1] by the beloved herself as opposed to a drug or other biotechnology, (c) characterized by genuine care and concern for the beloved (as measured, for instance, by one's willingness to undertake sacrifices to promote her well-being for its own sake), (d) fundamentally non-abusive, and (e) subject to the possibility of reciprocation (such that unrequited love could at least sometimes be properly counted as love, whereas human-mannequin "love"—to use McGee's example—could not). By contrast, instances of attachment, desire, etc., that do not fulfill at least these criteria should be given some other name; they do not deserve to be referred to as "love."

In response to a similar objection raised by Carrie Ichikawa Jenkins (in press), namely, that our use of the word "love" has been at times overbroad, we noted that we are "sympathetic to the normative argument that the word 'love' *should* only be used to describe relationships, feelings, interpersonal attitudes, forms of romantic attachment," and so on, that fulfill certain restricted, typically positive or desirable criteria (Earp, Foddy, Wudarczyk and Savulescu in press), perhaps along the lines proposed by McGee. Indeed, we are quite happy for contributors to this debate to advance and defend their own preferred definitions of love, and to spell out what they see as the implications of our scientific and ethical analyses for love under those descriptions. Our own preference, meanwhile, has been to remain relatively agnostic about what love "really is"—in practice by using the term as loosely as possible—so that we could focus our attention on the comparatively narrow question of permissibility: that is, the question of when, or under what conditions, it would be morally justified to make use of the various technologies we have described (e.g., Earp, Sandberg and Savulescu 2014; Wudarczyk, Earp, Guastella and Savulescu 2013).

At the same time, we would note that the conceptual distinction McGee envisions between "real" love and "unhealthy obsessions" is neither self-evident nor universally accepted (as he acknowledges). For example, as Simon May (2011, 235) has argued, although it is now a minority view, there is a long and vibrant tradition in Western thought according to which "real" love is, among other things, not only "obsessive" but also "ineluctably self-interested, possessive, and mercurial." Love has also been described as "a sickness, a form of insanity, and even a threat to the social order—calling attention to the power of amorous passion to interfere

with our higher-level goals, desires, commitments, and obligations" (Earp, Foddy, Wudarcyk and Savulescu in press). By contrast, the idea that love must be "healthy," or even generally consistent with the well-being of the lovers in order to properly count as love, is a relatively recent innovation, and it may in fact reflect the very process of "medicalization" that McGee seems inclined to resist (May 2011; Illouz 2012).

There is also a moral risk in trying to advance an "objective" distinction between "unhealthy obsession" (which is appropriately treated with medicine) and "real" love (which should rather be left alone), in that various non-normative forms of love—and sexuality—throughout history have been harmfully and inappropriately pathologized in just this manner (see Gupta 2012). This doesn't mean that such a distinction can never reasonably be drawn; indeed, there are likely to be at least some clear cut cases on either side, or at least cases on which most well-informed people would agree. Instead, it is a reminder that most, if not all, at-first seemingly impartial divisions into such categories as "healthy" vs. "unhealthy" or "medical" vs. "non-medical" are in fact value-laden, and that variations in romantic orientation, motivation, and behavior, specifically, have all too often been mischaracterized as disorders. As a result, we are 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 harm to oneself or someone else, and, if it is, whether the application of a medical technology could ethically play a role in preventing or alleviating that harm (see Earp, Sandberg and Savulescu 2015; Earp, Wudarczyk, Foddy and Savulescu in press).

Thus, when McGee writes that it is "unclear" from our account what the relationship is between (a) the underlying biological sub-systems we tend to emphasize as potential targets for neurochemical intervention—namely, lust, attraction, and attachment (see Earp, Sandberg and Savulescu 2012)—and (b) the higher-level phenomenon of "human love," we do not disagree. The relationship is unclear because it depends upon one's conception of love—and we have not taken a stand in favor of any single conception in order to anchor our ethical discussion. As various scholars have noted, different theories of love emphasize different essential qualities, and these qualities do not always strictly cohere. *If* you see "love" as having X, Y, and Z characteristics, *then* we may be able to sketch out the specific relationship between love—so conceived—and the relevant underlying brain systems and associated interventions. But we needn't settle on a specific account of love in order to argue that there *is* a relationship between these levels (see Savulescu and Earp 2014), such that making certain changes to, e.g., the brain-

level attachment system would be likely to affect one's experience of love across a wide range of plausible conceptions.

McGee is unlikely to be satisfied with this response. In his view, by focusing our attention on neurochemical manipulations—while simultaneously failing to give a fleshed-out account of "higher-level" love—we may be guilty of paying mere "lip-service to anti-reductionism" by simply "*decreeing* that [we] do not adopt a reductionist account" (McGee in press). David Ferraro (2015) has recently suggested something similar. As both would argue, our emphasis on neurochemistry gives the impression that "love" can be somehow located "within the brain of a single individual, and modified accordingly" (Earp, Sandberg and Savulescu in press): "it becomes affective and, ultimately, individualistic, a matter of how one feels" (Ferraro 2015, 486).

We accept that our rhetorical emphasis could give this impression, but we wish to make clear that this is not how we really think of love. To see this, let us adopt some of McGee's own criteria (outlined above), and assume that love is, first and foremost, a relational state—that is, something that exists, as it were, *between* an individual and at least one other person, as opposed to exclusively "within" an individual's own brain. Let us further grant that this state should be indexed to a particular person[2] who is at least in principle capable of reciprocating one's feelings (i.e., the beloved), and that, among other things, one must genuinely care about this person's well-being (for its own sake), in order for this state to count as "love." All of this seems perfectly reasonable.[3]

Now, can it still be meaningful to ask what the effects of a certain neurochemical substance (as applied to the brain of a single individual) would be on this relational state? We think it can. For example, there is evidence that selective serotonin reuptake inhibitors (SSRIs) do not only often dull a person's "lower-level" sex drive (a well-known side-effect of the drug) but that they sometimes also impair one's "higher-level" ability to care about the feelings of one's partner, and hence, presumably, her overall well-being (at least to an extent; see Earp, Wudarczyk, Sandberg and Savulescu 2013). On McGee's account of love, then, assuming that such a higher-level side-effect did in fact obtain in some instance, there would be a reasonably straightforward relationship between the administration of a drug to a single individual and the resultant alteration of her underlying brain chemistry, and the quality of love existing "between" this

person and her beloved (i.e., an anti-love effect). On the other side of the coin, the administration of a drug like MDMA could plausibly increase one's ability to care about the feelings (and well-being) of one's partner, which might have the opposite effect along the same dimension (i.e., a pro-love effect; see Earp 2015). In short, love doesn't have to be "located in a single individual's brain" for interventions into that single individual's brain to affect love (on a more robust, interpersonal conception) in ways that might turn out to be quite significant.

Therefore, our answer to the question posed by McGee—namely, "Is there such a thing as a love drug?"— has two parts: (1) it depends on one's conception of love, but (2) on McGee's own conception, at least, it would certainly seem that there is.

Notes

1. The question of whether one's feelings of care and concern for the beloved are caused by the beloved herself, as opposed to some drug or other technology, whether directly or indirectly, is one we have explored at length in a recent publication (see Earp, Sandberg and Savulescu in press). In essence, we argue for a facilitating role for the drug, such that the beloved would in fact be the primary cause.

2. Or persons: we assume that it is sometimes possible to love (romantically) more than one person at the same time, even on McGee's conception.

3. Some of the sentences in the following paragraph are adapted from a footnote in Earp, Sandberg and Savulescu (in press).

Acknowledgement

Thank you to Dr. Andrew McGee for helpful feedback on an earlier draft of this manuscript.

References

Earp, B. D. (2015). Drogen nehmen – um Wohl unserer Kinder? *GEO Magazine*, *10*(1), 62-63. Available at https://www.researchgate.net/publication/281987913_Drogen_nehmen_-_zum_Wohl_unserer_Kinder.

Earp, B. D., Foddy, B., Wudarczyk, O. A., & Savulescu, J. (in press). Love addiction: Reply to Jenkins and Levy. *Philosophy, Psychiatry, & Psychology*, in press.

Earp, B. D., Sandberg, A., & Savulescu, J. (2015). The medicalization of love. *Cambridge Quarterly of Healthcare Ethics*, *24*(03), 323-336.

Earp, B. D., Sandberg, A., & Savulescu, J. (in press). The medicalization of love: Response to critics. *Cambridge Quarterly of Healthcare Ethics,* in press.

Earp, B. D., Sandberg, A., & Savulescu, J. (2014). Brave new love: The threat of high-tech "conversion" therapy and the bio-oppression of sexual minorities. *AJOB: Neuroscience*, *5*(1), 4-12.

Earp, B. D., Sandberg, A., & Savulescu, J. (2012). Natural selection, childrearing, and the ethics of marriage (and divorce): Building a case for the neuroenhancement of human relationships. *Philosophy & Technology*, *25*(4), 561-587.

Earp, B. D., Wudarczyk, O. A., Foddy, B., & Savulescu, J. (in press). Addicted to love: What is love addiction and when should it be treated. *Philosophy, Psychiatry, & Psychology*, in press.

Earp, B. D., Wudarczyk, O. A., Sandberg, A., & Savulescu, J. (2013). If I could just stop loving you: Anti-Love biotechnology and the ethics of a chemical breakup. *The American Journal of Bioethics*, *13*(11), 3-17.

Ferarro, D. (2015). On love, ethics, technology, and neuroenhancement. *Cambridge Quarterly of Healthcare Ethics*, 24, 486-489.

Gupta, K. (2012). Protecting sexual diversity: Rethinking the use of neurotechnological interventions to alter sexuality. *AJOB: Neuroscience*, *3*(3), 24-28.

Illouz, E. (2012). *Why Love Hurts*. Cambridge*:* Polity Press.

Jenkins, C. S. I. (in press). 'Addicted'? to 'Love'? *Philosophy, Psychiatry, & Psychology*, in press.

May, S. (2011). *Love: A History*. New Haven: Yale University Press.

McGee, A. (in press). Is there such a thing as a love drug? *Philosophy, Psychiatry, & Psychology*, in press.

Savulescu, J., & Earp, B. D. (2014). Neuroreductionism about sex and love. *Think*, *13*(38), 7-12.

Wudarczyk, O. A., Earp, B. D. , Guastella, A., & Savulescu, J. (2013): Could intranasal oxytocin be used to enhance relationships? Research imperatives, clinical policy, and ethical considerations. *Current Opinion in Psychiatry*, 26(5), 474-484.