Trivial Love

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In their recent contribution to this journal, Brian D. Earp, Anders Sandberg, and Julian Savulescu argue that "the medicalization of love need not necessarily be problematic, on balance, but could plausibly be expected to have either good or bad consequences depending upon how it unfolds."[1] Although I find myself in agreement with the majority of the points the authors make to this end, as well as with the general thrust of their position, I am nevertheless left feeling rather unsatisfied by their overall exposition. This is largely because they fail to provide any substantial love-specific argument, as I demonstrate below.

Essentially, Earp, Sandberg, and Savulescu set out to refute the claim that "medicalizing love is bad, full stop."[2] The addition of the "full stop" specification clearly entails that the claim is meant to be universal, in the (propositional logical) sense of not permitting of any exceptions: "No matter the contextual particulars, medicalizing love is, on balance, *always* bad." Like most other universal moral claims, however, such a claim is exceedingly implausible,[3] rendering its refutation a largely trivial matter.

Say, for instance, that I wish to maintain that "killing is bad, full stop." If I take "killing" at face value, interpreting it as any form of taking another being's life, then my claim is easily refuted by any of a number of counterexamples. Depending on my moral inclinations, these might pertain to such issues as euthanasia, just war, corporal punishment, eating meat, or even the use of pesticides in typical agricultural practices, or some such. Even if I restrict my interpretation of "killing" to something like taking the life of a sentient human being, several of the counterexamples remain.[4] And, as is the case for all universal claims, all it takes is a single compelling counterexample to refute it.

The same holds, of course, for the medicalization of love. Unless further specified—and as Earp, Sandberg, and Savulescu readily demonstrate in their article—"medicalization of love," when taken at face value, covers such a wide range of situations that we already condone it in a number of instances. Even when restricted to what the authors term "pharmaceuticalization,"[5] the same conclusion holds. For instance, a doctor might suggest liberal application of a lubricant as a treatment for vaginal dryness, or sildenafil (Viagra) as a treatment for erectile dysfunction, for the sake of helping a couple to maintain sexual intimacy in their relationship. Nevertheless—and despite constituting paradigmatic cases of the medicalization of love thus construed—such treatments are not normally considered morally problematic. But this is relatively uninteresting. That the claim "medicalizing love is bad, full stop" is implausible and easily refuted when taken at face value is quickly evident on consideration.

But perhaps Earp, Sandberg, and Savulescu have in mind a more specific, restricted (and therefore more robust

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and interesting) notion of medicalization or love. In regards to the former, they list five specific worries that they take to at least potentially apply to any instance of medicalization (whether or not it is concerned with love): pathologization, medical social control, the individualization of social problems, bioreductionism, and threats to personal authenticity.[6] I won't rehearse the details of each individual worry here but will make only the following observation. As already noted, the universality of the claim that "medicalizing love is bad, full stop," entails that one need only a single compelling counterexample to easily refute it. Adjacent worries, although they may affect the overall cost-benefit analysis (a point to which I will return shortly), have no impact on this basic fact.

What about love, then? In their abstract, Earp, Sandberg, and Savulescu gloss it as "adult romantic partnerships,"[7] a notion that clearly leaves out a range of circumstances covered by common usage of the term, such as parental love, sibling love, love for one's country or favorite football team, and so on. This is by no means intended as a point of criticism against the authors, not least given the difficulties inherent in trying to establish any unifying concept for such a multifarious set of circumstances, much less determining its moral contours. But it is nevertheless essential to note it, insofar as it restricts the scope of the discussion somewhat, thereby potentially making the original universal claim more difficult (and therefore also more interesting and relevant) to refute. Unfortunately, however, this does not seem to be the case. The same sorts of straightforward counterexamples (relationship counseling, Viagra, etc.) still apply. Granted, such a restricted interpretation of love does entail that fewer counterexamples are relevant in the grand scheme. But because the authors have not been concerned with any such cases (pertaining to, for example, parent-child love or football team love), we need not be either. This, in turn, means that the authors' refutation of the original universal claim remains as trivial as before.

As an aside, it is not altogether evident that the underlying sentiment motivating the claim in fact pertains to such a narrow interpretation of love. It may be that worries about the medicalization of love are driven by, for instance, concerns about the nature of parent-child relationships and the perceived unsuitability of medical involvement in such matters. If this were the case, then Earp, Sandberg, and Savulescu's refutation of the claim would be based on the (then) faulty assumption that the claim concerns romantic adult relationships. But is it in fact so? It is difficult to say with any certainty, not least because the authors rely on a secondary citation of an as-yet-unpublished manuscript by John Evans as their source for the original claim.[8] That the citation constitutes only one paragraph, with insufficient context to determine the original author's intended interpretation of love, does little to help.

Regardless, there are further concerns. I have so far said nothing about another crucial normative term in the original universal claim—namely, the term "bad." There are a few interpretative possibilities here. First, if one interprets "bad" simply as "morally impermissible," then the previous considerations apply (that is, a single compelling counterexample easily refutes the claim). If one instead interprets "bad" as something like "morally inadvisable, due to adjacent risks," things get a tad more interesting. On such a reading, "medicalizing love is bad, full stop," means something like "Don't medicalize love! Whatever the positive aspects may be, on the whole, the risks outweigh

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the benefits." This is probably a plausible interpretation of the sentiment at play in Evans's formulation, and therefore of what Earp, Sandberg, and Savulescu take themselves to be arguing against. Such a weighting of risks and benefits—or cost-benefit analysis—is also evident in the authors' discussion, focusing, as it does, on demonstrating that there are potential benefits to accompany every major risk or worry that they list. Ultimately, however, their discussion of these issues remains general; all the risk-reducing and/or potentially beneficial phenomena that the authors consider—be they patient advocacy, a focus on improving well-being, viewing medical interventions as "complements to social change," or even showing how the consumption of exogenous neurochemicals might enhance, rather than diminish, a person's authenticity[9]—have nothing specifically to do with love. They are instructive as general considerations about the ethics of medicalization broadly construed, as part of a hastily sketched argument against the very broad claim "medicalizing is bad, full stop." But they contribute no new insights into the medicalization of love in particular, and this despite Earp, Sandberg, and Savulescu's initial insistence that their argument be constructed as part of a "domain- and even case-specific analysis."[10]

Finally, it is worth briefly considering a slightly more exotic possible interpretation of "bad," as something like "has at least some morally problematic aspects." On such an interpretation, the medicalization of love might be considered morally permissible, even morally required, but with the further proviso that it also comes with unappealing side effects; "medicalizing love is bad, full stop," then means something like "no matter how good the medicalization of love might be, it is never *purely* good." Granted, this is a relatively perverse interpretation of the original claim, especially in its binary understanding of "bad" as "everything that is not entirely good" and its seeming disregard for the original claim's emphatic "full stop," but it is a possible one nevertheless. But what then? Does it make for a more interesting and substantial refutation of the original universal claim for Earp, Sandberg, and Savulescu? Sadly, no. In fact, quite the opposite: if the claim is interpreted as stating that any instance of medicalizing love comes with both positive and negative moral consequences, then it seems to largely concur with the authors' overall argument, rather than being refuted by it.

In summary, then, Earp, Sandberg, and Savulescu take themselves to be arguing against the universal claim that "medicalizing love is bad, full stop," and in so doing have provided an interesting overview of some of the central moral issues that come up in relation to medicalization generally, for which they are to be commended. Their argumentative and love-specific conclusion, however, that "certain bad consequences could reasonably be expected to follow [the medicalization of love], although they might be softened or even reversed by other factors," in turn leading them to "hope" that their argument "has been sufficient at least to cast doubt upon the view that 'we can all fear the medicalization of love' (full stop)),"[11] is as formally correct as it is insubstantial. As I have argued, there is little here beyond a relatively trivial demonstration that an implausible universal claim is, in fact, sufficiently implausible to easily refute. And this is no surprise. After all, very few things are all bad.

Notes

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

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2. Quoted from Parens E. On good and bad forms of medicalization. *Bioethics* 2013;27: 28–35, at 33, by Earp et al. 2015, at 325.
3. It could also be tautological, of course, in the sense of building the badness into the phenomenon under consideration by definition, although this would render such a universal moral claim uninformative; "bad action *x* is bad" says nothing helpful or interesting about *x*, morally or otherwise.
4. I could go further, of course, restricting my interpretation of "killing" to something like taking the life of a sentient human being under a strict set of circumstances *x*, *y*, *z*, and so on. But doing so is itself implausible, for the simple reason that it constitutes a perverse interpretation of "killing," one that is too far removed from common interpretations of the term to be deemed relevant in anything but the most esoteric conceptual discussions, if even then. Put simply: such a claim is not a universal claim. If it were to embrace its nonuniversality, for instance by spelling out the restrictions in the moral claim itself, rather than in the definition of the relevant moral terms, then the claim would be both more interesting and more difficult to refute. Such considerations do not apply, however, in the present case, given that we are here concerned with an explicitly universal claim about the medicalization of love.
5. See note 1, Earp et al. 2015.
6. See note 1, Earp et al. 2015.
7. See note 1, Earp et al. 2015, at 323.
8. See note 2, Parens 2013.
9. See note 1, Earp et al. 2015.
10. See note 1, Earp et al. 2015, at 327.
11. See note 1, Earp et al. 2015, at 331–2.

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