Responses and Dialogue

On Love, Ethics, Technology, and Neuroenhancement

DAVID FERRARO

"The Medicalization of Love"[1] is one of a series of articles[2,3] in which Earp, Savulescu, and others explore the ethical ramifications of administering neurochemical interventions to address problems of love. The authors rightly observe that love is, in many ways, already medicalized, and they anticipate some ethical objections to neurochemical interventions in human relationships. Specifically, the authors reject charges of neural reductionism and disagree that neurochemical interventions need necessarily increase pathologization and the expansion of medical-social control. I wish to argue that these conclusions are, from many points of view, highly ideological and misleading, to say the least.

It may be helpful to commence with definitions. Whereas Earp, Sandberg, and Savulescu[4] mention "lust," "attraction," and attachment bonds, they do not hesitate to repeatedly identify these experiences with love. Elsewhere,[5] the authors concede that "love" has many definitions, and the examples given by the authors link these definitions to feelings. There is already a lapse into reductionism, even at the merely definitional level. Most European (and many other) languages, for instance, distinguish between love as a noun (e.g., *amour*, любовь) and love as a verb (e.g., *aimer*, любить), a distinction that is effaced somewhat in English, which makes use of the same word for both noun and verb. In every instance in which the authors in question invoke "love," it is as a noun, not a verb. This has serious implications for the sort of love in question. On the one hand, if love is a noun, a thing, this will tend to situate it within (rather than between) individuals. It becomes affective and, ultimately, individualistic, a matter of how one feels. Setting up neurointervention as an "enhancement of drives" reinforces this notion, because drives, with their psychoanalytic connotations, are narcissistic and directed to satisfaction (or to what Lacanian psychoanalysts term *jouissance*). Love, in this conception of it, is a strictly private affair and is already a bit cynical, because it functions as a lure to entice subjects toward supposed evolutionary imperatives.[6]

On the other hand, when love is understood as a verb, it becomes relational—an act, a process between interstices, or, to use Roland Barthes's[7] term, a "discourse." It is no longer sufficient to situate it as an ahistorical thing within a neural and physiological domain, but, rather, its points of reference become cultural, symbolic, linguistic, and contextual. In this conception, love can never be love without being designated as such. This may be why there is no universal conception of love, valid at all times and places, because the concept covers everything from divine love, to filial love, and to courtly and romantic love, among others. In other words, the practices of love are highly variable and codified, across different situations. It is precisely here that the neural reduction continues in "The Medicalization of Love," wherein "underlying" neural systems hold primacy over cultural variability. For the authors, the causal primacy is strictly a one-way street,

Cambridge Quarterly of Healthcare Ethics (2015), **24**, 486–489.
© Cambridge University Press 2015.
doi:10.1017/S0963180115000146

https://doi.org/10.1017/S0963180115000146 Published online by Cambridge University Press

with no consideration as to how historical and linguistic contingencies might play their role in "affecting" the brain, or how central these are to the very structure of love itself. This falls into absurdity in the vignette of John and Lisa, whose "communication" problem is treated not with words but with oxytocin. It is not sufficient to declare oneself nonreductionist on neural matters, or to gesture to the importance of context; the point is to actually show this by incorporating complexity into one's conceptions, and this complexity is entirely lacking in the articles in question. The invocation of attachment and attraction is of no assistance, because love is irreducible to these affective states. In any case, even affect itself is irreducible to the neural, because it too is modifiable along cultural and contextual lines and, at the level of ethics, always has an element of subjective implication. In short, the sorts of interventions proposed by the authors do not merely operate as if love (and its problems) were discernible and ready-made entities but actively reconstruct love itself qua object of intervention. The subject presupposed by this love is already radically individualistic, possibly autistic, and reminiscent of the Thatcher who believed that society does not exist. Ironically, rebaptizing love as an imaginary state for narcissistic ends—a state derived from the brain from which "I" am essentially alienated—is probably more destructive than the actual administration of this or that pharmaceutical, because it diminishes the very horizons of loving, whatever the chemical effects.

Having reconceptualized love as a feeling of the sort amenable to neurochemical manipulation, the authors then proceed to the dubious assumption that the technology of intervention is fundamentally neutral, and that its goodness or badness is dependent on its specific applications. One is reminded of a certain pro-gun slogan from the United States.[8] Yet technology, as Heidegger[9] put it, is never neutral. For interventionists to invent new technologies to advance ever further into the most intimate realms of life represents science (and capitalism, for that matter) at its most imperialist. Yet the authors blithely dismiss "the old Foucauldian specter of pervasive medical surveillance," citing "public skepticism" vis-à-vis big pharma, for instance.[10] Here, the authors fundamentally misunderstand power and ideology in this, the most ideological of terrains. The former USSR, for instance, was notorious for political pronouncements being met with jokes and widespread ridicule, yet these did not diminish the efficacy of Soviet power itself. Some have even argued[11] that such "cynical distance" may inadvertently perpetuate a dominant ideology. The recent furors over the *Diagnostic and Statistical Manual of Mental Disorders* system are a good example, because, everywhere, intelligent people mock and critique its chicanery, yet, almost everywhere, its categories remain in use. Indeed, it seems that the more insidious—and Foucauldian—elements of ideology are indiscernible to the authors, who permit themselves the uncritical use of concepts such as "relationship health," for instance, as if such terms could be used neutrally, without implying a tacit system of norms, values, and judgements. We are dealing here not with an absence of discipline and surveillance but, rather, with a situation in which these are so thoroughly entrenched and internalized as to be almost invisible.

The tendency toward a disciplining of love is particularly corrosive in that love has at least two political tendencies: on the one hand, profound conservatism (consider love as filial piety, for instance) and, on the other, radical subversion. Indeed, many of the most enduring (and tragic) love stories of

https://doi.org/10.1017/S0963180115000146 Published online by Cambridge University Press

Western history, such as *Romeo and Juliet*, or the story of Francesca di Rimini, or the letters of Héloïse and Abelard, depict the lovers standing in direct opposition to the social order. Nonetheless, the authors imagine that technology and the psy-disciplines could somehow stand outside this social order and not take sides. Given the extensive abuses and coercions throughout the history of psychiatry, this assumption appears optimistic. Indeed, despite professing neutrality, even the authors themselves espouse a highly partisan notion of intervention, asserting that "delusive love," "unrequited love," and "romantic love for someone other than one's spouse" are among "uncontroversial" instances of harmful love.[12] Clearly, the technologies of love are not nearly as impartial as the authors might believe. Indeed, the authors' examples of treatments against perverse "love" seem principally to constitute a kind of symbolic castration, in which the clinician would be the modern heir to the moral and religious guardians of old.

It should be added that, in describing love as a feeling state (or hypostatization thereof), one is, by definition, constructing love as something inherently unstable, and in perpetual flux. With such a definition, the scope for "necessary" technological correction and regulation is, in principle, unlimited. The authors seem to construe such regulations of love in a purely negative, prohibitive sense, such as in the attempts to dispel "bad" love (that of adulterers or sex offenders, for instance). Nevertheless, there must be "positive" elements implicit in such regulations, functioning as the counterpoint or ideal to which the pathological cases can be compared. This positive element is, presumably, the function of neuroenhancement. Again, because the psy-disciplines do not stand outside the social order, we can reasonably expect that such enhancements will tend to seek to reproduce love in its docile and pacifying iterations, while suppressing subversive love. This is all the more true insofar as the problem of rigorous diagnosis is now understood to be virtually insoluble, at present. Pathology is determined strictly by power, and only secondarily (if at all) by science. There are numerous examples of this. One could examine antisocial personality disorder, for instance, a behavioral diagnosis that overwhelmingly targets the repeat petty offenders who are incarcerated in the vast prison-industrial complex of the United States. This diagnosis is an established part of official psychiatry and its manuals. In contrast, psychopathy, the diagnosis most applicable to unscrupulous CEOs, lawyers, politicians, and white-collar manipulators, is excluded from the canon. If one hears nothing ideological in these "scientific" formulations, one does not enjoy the best of hearing. The regressive nature of neuroenhancement is clear in the pronouncements[13] of its supporters, who champion the institution of marriage "for positive physical and emotional outcomes." This looks very much like a rearguard action designed to shore up the conservative traditions of marriage in the era of their decline: namely, the era of neoliberal austerity. (Hence one sees the appeal to individual "outcomes," as if love here were reducible to personal key indicators.)

The ethics of the medicalization of love remains at a frivolous level if restricted to a partition of "good" and "bad" instances of intervention. Of course, the medical and psy-disciplines do not merely stumble on diagnostic entities, as if by excavation, but, rather, actively construct them. What is at stake here is an entirely new redefinition of love, one that posits it in intrinsically reductionist, individualist, and narcissistic terms, the authors' claims to the contrary notwithstanding.

https://doi.org/10.1017/S0963180115000146 Published online by Cambridge University Press

Having been reduced to such an object, the love in question can then be quantified, diagnosed, manipulated, and regulated by appointed experts. All of this is basically sinister, albeit in an insidious way, even in the case of the so-called bad, impermissible forms of love. Presupposing that such interventions would be voluntary does nothing to mitigate ethical concerns. As with other instances of "consent" in a contemporary neoliberal context—sweatshops are a prime example—one must look not just to the consent but, rather, to the conditions under which it is extracted. Nonetheless, neuroenhancement ignores the fact that human love and sexuality (unlike that of other animals) is marked by language, even to the point of derangement. Most human sexual behavior has nothing to do with procreation, and although affective bonds may constitute an aspect of love, this aspect is neither necessary nor sufficient. The saving grace of these technologies of love is that, in ignoring history, subjectivity, context, and language, their effects are bound to be limited.

Notes

1. Earp BD, Sandberg A, Savulescu J. The medicalization of love. *Cambridge Quarterly of Healthcare Ethics* 2015;24:323–36.
2. Savulescu J, Earp BD. Neuroreductionism about sex and love. *Think: A Journal of the Royal Institute of Philosophy* 2014;13(38):1–6.
3. Earp BD, Wudarczyk OA, Sandberg A, Savulescu J. If I could just stop loving you: Anti-love biotechnology and the ethics of a chemical breakup. *The American Journal of Bioethics* 2013;13(11):3–17.
4. See note 1, Earp et al. 2015.
5. See note 3, Earp et al. 2013.
6. These evolutionary imperatives—assumed by both the preceding authors and other proponents of neuroenhancement—tend to misuse the concept of evolution itself. Where evolutionary theory functions as an explanation of change, it is here, repeatedly, invoked as teleology. This is a significant problem in the psy-disciplines, in which bioreductionism not only is commonplace but is also based on a mishandling of the biology itself. Aristotle distinguished four causes; contemporary psychiatry wishes to shoehorn biology into each of them. It is as if there are no alternatives between the most naïve Cartesian dualism and the crude materialism favored by the present authors. Descartes was obviously wrong on the pineal gland, but he had some messages about subjectivity that the psy-disciplines would do well to heed.
7. Barthes R. *A Lover's Discourse: Fragments*. Howard R, trans. London: Vintage; 2002 (1977).
8. I.e., "Guns don't kill people, people kill people."
9. Heidegger M. *The Question Concerning Technology and Other Essays*. Lovitt W, trans. New York: Harper Perennial; 1977.
10. See note 1, Earp et al. 2015, at 329.
11. Žižek S. *The Sublime Object of Ideology*. London: Verso; 1989.
12. See note 3, Earp et al. 2013, at 5-6.
13. Kaminsky A. Neuroenhancement of human relationships. *Harcourt Health* 2013 Aug 23; available at http://www.harcourthealth.com/neuroenhancement-of-human-relationships/ (last accessed 6 Sept 2014).

https://doi.org/10.1017/S0963180115000146 Published online by Cambridge University Press