

A Review of "Love Drugs: The Chemical Future of Relationships"

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Brian Earp's and Julian Savulescu's provocatively titled "Love Drugs: The Chemical Future of Relationships" is a philosophically rigorous, scientifically informed, and yet wholly accessible study of the science and ethics of "love drugs" (and "anti-love drugs"). It is a must read for anyone interested in either the nature and value of love or the ethics of biomedical enhancement. A major strength of the book is the seriousness with which Earp and Savulescu address the arguments of their opponents. Anyone who is initially skeptical of the claim that the use of (anti) love drugs can sometimes be the best overall option should prepare to be challenged. The same can be said for anyone initially drawn to the idea that the use of these drugs would be generally detrimental to society.

So what are (anti) love drugs? For Earp and Savulescu, a love or anti-love drug is any biochemical intervention into one or more of three brain systems: The *lust* system (libido) generates one's appetite for sex. The *attraction* system generates feelings of romantic exhilaration and enables one to focus on a smaller set of potential sexual partners. The *attachment* system enables two individuals to form a pair-bond – a strong feeling of attachment that binds mammals together as they raise offspring (Earp and Savulescu 2020, 20-21; 102). Roughly, love drugs have the potential to increase one's libido or feelings of attraction or attachment while anti-love drugs have the potential to dampen these. Many commonly prescribed pharmaceuticals qualify as either a love or an anti-love drug and certain psychoactive drugs such as MDMA aka Ecstasy qualify as love drugs per se (Earp and Savulescu 2020, 14-15).

The book can be divided into four parts. In part one (chapters 2 and 3), Earp and Savulescu primarily discuss what they mean by "romantic love" ("love" for short). Any plausible definition will recognize that love has both a biological and psychosocial dimension, which can sometimes conflict causing distress for an individual or couple. The biological dimension roughly consists in the three aforementioned brain systems and the feelings and desires they generate. The psychosocial dimension consists in roughly the various ways individuals and cultures conceive of or interpret the biological aspect (e.g. some cultures view monogamy as the ideal for a married couple) (Earp and Savulescu 2020, 19-22). A major thesis for Earp and Savulescu is that since interpersonal harmony is essential to most everyone's overall well-being, there needs to be "a shift in research norms" regarding *any* commonly prescribed pharmaceutical (Earp and Savulescu 2020, 69). Research into a pharmaceutical's potential effects on individuals needs to expand to include the potential effects (on the biological dimension of love and hence) on the intimate relationships that individuals engage in (Earp and Savulescu 2020, 14-15; 69-71; 133-134).

If there is a weakness in the book, it is that Earp and Savulescu have not adequately addressed an ongoing concern about a certain principle that is seemingly an entrenched part of the psychosocial dimension of genuine romantic love, at least in the contemporary West. The principle is this: Ali genuinely loves Ben only if Ben *himself* -- in his individuality -- is the "most significant factor" that explains Ali's feelings of attachment¹ to (and hence care and concern for) Ben (Naar 2016, 199; Nyholm 2015, 194-201). One way of understanding this requirement on love is to think that Ali's attachment to Ben would remain constant were there to be circumstances "external" to Ben (e.g. his clothing) that change (Naar 2016, 199-200). The basic concern is that were Ali to require the use of love drugs in order to sustain her relationship with Ben, a basic requirement on love is not met; leaving one to wonder the extent to which love drugs have anything to do with love. I'll say a bit more about this concern but first we need an understanding of part two of the book, to which I now turn.

In part two (chapters 4-8), Earp and Savulescu primarily give a scientific survey of current love drugs. Particular attention is given to MDMA and intranasal oxytocin. Another key thesis for Earp and Savulescu is that it's imperative that there be more ethical and scientific research into MDMA, oxytocin and other near-future love drugs like them. The goal is to determine if it will ever be appropriate to prescribe such drugs for the *intended purpose of* being (only) an auxiliary to traditional couples-therapy thus improving existing marriages and other romantic relationships -- even if these marriages and the like are considered normal and healthy (Earp and Savulescu 2020, 6; 87; 100). For Earp and Savulescu, current research warrants a cautious optimism in that it *tentatively suggests* that some couples can benefit from the use of certain love drugs in a morally acceptable way. A number of fascinating research studies (and interviews with professional therapists) about how people respond after being administered either MDMA or oxytocin during otherwise normal couples therapy sessions are reviewed. A fair number of people who took MDMA reported a reduction in fear and greater awareness of both their own and their partner's emotions, thus enabling "more honest [and] direct" communication (Earp and Savulescu 2020, 91). Some people simply felt more loving to their significant other as well as motivated to continue to implement what they experienced during their session(s) (Earp and Savulescu 2020, 84; 90). Oxytocin saw similar results. And there is evidence (mainly via studies on other mammals) suggesting that taking oxytocin itself can *directly* strengthen and perhaps even create a pair-bond (Earp and Savulescu 2020, 109; 112-113; 130). This is just the tip of the iceberg: more ethical and scientific questions need to be answered before we *know* "if, when, or how" we should engage in such therapy (Earp and Savulescu 2020, 71).

Let's assume that many of these questions have been answered and that it's safe and morally permissible for Ali and Ben to participate in a love drug enhanced therapy program. Ali has a new found attachment to Ben after a few sessions that involve her taking a potent intranasal oxytocin. As it turns out, Ali requires this therapy on a fairly regular basis. Were there to be no drug

¹ I'll use 'feelings of attachment' or 'attachment' generally to cover whatever feelings and desires that stem from the three relevant brain systems.

enhanced therapy, her attachment would dissipate. It would thus appear that Ali perhaps wants to but in fact doesn't genuinely love Ben. Ben, after all, is not the most significant explanatory factor for Ali's attachment (Naar 2016, 199).

Perhaps Ali does genuinely love Ben. The therapy in question is essentially no different than a couple engaging in certain mutual activities. Many couples, whose love we wouldn't want to question, find that these activities are required to sustain their relationship (Naar 2016, 200). On the face of it, this seems to miss the point. Were it to be the case that my attachment to my wife would steadily fade because chocolate-and-wine nights etc. were no longer possible, something would still be amiss. We still would seemingly be enjoying something less desirable than genuine love.

But as Earp and Savulescu have stressed, real-life love drug enhanced therapy will only play a facilitating role in one's relationships (Naar 2016, 200; Earp and Sandberg and Savulescu 2016, 765-768). Such therapy can increase one's *capacity* to have feelings of attachment by enhancing one's motivational states (Spreeuwenberg 2019, 250-251; Earp and Savulescu 2020, 61). Ali, for example, fortunately found an increased ability to want to listen to and spend time with Ben. It's as if obstacles were removed whereby Ben himself was able to create Ali's actual feelings of attachment for Ben.² But it's still the case that Ali's attachment will disappear were she to stop therapy. We can envision Ben asking, 'does Ali genuinely love *me*? We after all have to regularly go to sessions where she is put under the influence of a drug(s). And not because she is depressed or suffering trauma. Rather, because she's hard-pressed to want to listen and spend time with me; if I were someone else, she wouldn't require this therapy'.

As indicated at the outset, Earp and Savulescu also provide an interesting discussion of the science and ethics of anti-love drugs. This takes place in part 3 of the book (chapters 9 and 10). Earp and Savulescu highlight how most current anti-love drugs merely suppress libido. But more sophisticated versions are on the horizon creating the possibility for forms of anti-love drug supplemented therapy. Earp and Savulescu plausibly argue that there are some cases where such therapy seems to be permissible (e.g. an anti-attachment drug is used to help someone leave an abusive partner) (Earp and Savulescu 2020, 141).

Finally, in part four (chapters 11 and 12), Earp and Savulescu respond to several concerns that center on the idea that even if love and anti-love drug assisted therapy could be an overall benefit for some *individuals*, the development of and access to these drugs would be bad for *society* as a whole (e.g. drug companies will be further empowered "to sell us drugs we don't need for diseases we don't have...") (Earp and Savulescu 2020, 171). Regarding each concern, Earp and Savulescu plausibly argue how this need not be the case. So there is much to recommend about Earp's and Savulescu's book; one would do well to read this valuable contribution to the literature.³

² I suggest this is a way of interpreting Spreeuwenberg, 250-251.

³ Thanks to Nicole Martinez for helpful comments on this review.

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