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REASONS TO FEEL, REASONS TO TAKE PILLS

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Almost every day, we try to control our emotions—by avoiding boring events, taking hot baths to relax, pinching ourselves to stop laughing, and in a million other ways. We live in times where it is also possible to control our emotions using biomedical means—for example, by taking pills that would make us feel better. If we understand enhancement to be the contrary of therapy or treatment, then the use of antidepressants in cases of severe depression is clearly not an example of enhancement. But many use antidepressants in circumstances where it is doubtful that any disorder is present, and this use of ‘positive mood enhancers’ in order to feel ‘better than well’ is highly controversial.¹

In this chapter I want to consider one worry about the biomedical enhancement of mood. It is hardly the only worry, but it is a worry that seems to me to play an important role in more familiar objections to biomedical enhancement of mood, such as the objection that it would lead to inauthenticity. It is, however, a distinct and important worry, and deserves to be addressed directly. The worry is that the use of positive mood enhancers will corrupt our emotional lives. I will explicate this worry and what it presupposes, and then argue that although it has genuine force, it does not add up to a persuasive objection to the biomedical enhancement of mood. As will emerge, one reason why it does not add up to such an objection is that, in an important respect, our emotional lives are already awry.

Hedonic Reasons

According to rational egoists, we only have reasons to promote our own well-being. According to utilitarians, we have reasons to promote well-being of everyone equally. According to commonsense morality, however, we have reasons of both kinds—prudential reasons to promote our own well-being, as well as moral ones to promote the well-being of others. What it is exactly we have reason to promote on any of these views depends on our understanding of well-being. On hedonic theories of well-being, a person’s well-being consists of the balance of pleasure over pain. On this view, our reasons to promote well-being are reasons to make people feel as good as possible, and to feel least bad. I will call these *hedonic* reasons. On such theories, these are the only reasons given by well-being. But even on most competing theories of well-being—desire-satisfaction and objective theories—we would still have such hedonic reasons, although well-being would also generate other kinds of reasons (e.g. to fulfil desires that do not have hedonic content, or, on some objective theories, to obtain important knowledge, or nurture personal relations, independently of whether these will give us pleasures.)

¹ Elliott (2003).

Our hedonic reasons instruct us to generate as much pleasure as we can, and diminish pain to the minimum possible. They instruct us, for example, to take pain-killers whenever possible, and to do things we will enjoy. Few would deny that we should follow such reasons to prevent or minimize physical pain. And, to a somewhat lesser extent, it is uncontroversial that we should also follow them with respect to physical pleasure (so long as we leave enough space for the pursuit and appreciation of other kinds of goods).

To the extent, then, that positive mood enhancers make us feel better, our hedonic reasons deliver a clear verdict: take the pill.² Many supporters of the biomedical enhancement of mood explicitly or implicitly base their case on such appeal to hedonic reasons.

Affective Reasons

But things are more complicated. For, besides hedonic reasons, we also have what I will call *affective* reasons, reasons to feel.

Let me quickly clarify the key notions of feeling, emotion, and mood. Feelings are episodes of consciousness. There is something it feels like to feel angry or sad. Emotions are broader behavioural dispositions which include dispositions to have certain feelings, as well as dispositions to behave, think and attend in certain ways. Importantly, although to be angry at someone is, among other things, to be disposed to feel angry at the person, one can be angry even when one isn't literally *feeling* angry. Moods are even broader dispositions, dispositions that govern one's entire emotional orientation for a certain period. To be bored or elated is not to have some particular emotion but to have a general orientation to things that shapes one's various more specific emotions.

Having distinguished feelings and emotions, I will from now on, for reasons of simplicity, use these terms more or less interchangeably. The distinction between mood and emotion will, however, have some further role to play later on.

Do affective reasons really exist? Some people would find the idea surprising. After all, reason and emotion are often presented as contraries. We sometimes speak as if to be emotional is to be unreasonable, and to be reasonable is to be unemotional. But this of course can't be quite right. Emotions are not just things that happen, like headaches or itches. Some situations *call for* certain feelings, some emotions are in order, others inappropriate. As someone is struck by disease or good news arrive, as disasters unfold or a war ends, we cannot remain impassive observers. The world around us is laden with value, and reason calls upon us to respond to it, with feeling.³

² What about the so-called 'paradox of hedonism'? This is the claim that if we directly tried to maximize our pleasure, this would be self-defeating, because if we were so calculating in the pursuit of pleasure, we would enjoy life far less. But this is an empirical claim. And although it might have some truth when it comes to the active pursuit of pleasant activities, it simply has no hold when it comes to biomedical intervention. If a pill makes you feel better then, by definition, by taking it you will succeed in making yourself feel better. There is nothing self-defeating here.

³ Isn't this an over-intellectualized picture of the emotions? You might get this impression if you failed to distinguish *reasons* and *reasoning*. We of course do not usually need to engage in any kind of reasoning or inference in order to respond to our affective reasons. Which is not to say that there aren't difficult situations where finding out what we ought to feel requires careful imaginative deliberation.

Why then are reason and feeling sometimes seen as contraries? This might be because *strong* emotions can disturb the operation of reason. They can make it hard for us to properly respond to our reasons. However, even strong emotions are within the scope of reason. Sometimes we have reasons to feel strong emotions—to feel very sad or angry—even though such feelings also increase the risk that we would act, feel or believe irrationally.

There *are* reasons for feelings: reasons to feel sad, or pleased or indignant. The existence of such affective reasons is often overlooked, and sometimes denied. Some worry, for example, that feelings are involuntary, and thus cannot be subject to reasons. But our beliefs are also involuntary, and if this worry were valid, we could not have reasons for belief either, an absurd claim.

Others admit that, in one sense, there are affective reasons, but think that these are merely *pragmatic* or *instrumental*. What matters, they think, is not how we feel but what gets done—what happens in the world. They hold that emotions are merely means to promoting certain forms of appropriate behaviour. Thus, for example, moral indignation is useful because it disposes us to treat wrongdoers in certain appropriate ways. But they also think that if we could behave in those ways without feeling indignation, what we feel would not matter.

I reject this view. We often have *intrinsic* affective reasons. Think of someone who is about to die. A person in such a situation might have reasons to feel regret or satisfaction with her life, or to feel affection for or disappointment in others. She would have these reasons even if there was no way in which they could shape her behaviour.⁴

Value and Affective Reasons

If we have various feelings to feel, what, then, *ought* we to feel? Unfortunately, ethics has not yet provided a systematic answer to this question. It has largely focused on how we ought to act—or at most, on what motives should guide our acts. But one source of affective reasons is widely recognised: value often generates reasons to feel. We have reasons to respond positively to the good, and negatively to the bad. These reasons often call for certain actions—for example to take acts that would bring good things into existence. They also often call for certain emotions. We should feel good about the good, and feel bad about the bad, though what it is exactly we should feel (elation, joy, content, satisfaction, etc.) will depend on the different respects in which different things are valuable.⁵

This is just a rough statement of the relation between value and reasons for feeling. For obviously, although the world around us is teeming with value, with both good and evil, our capacity to feel is limited. We couldn't possibly feel for all the world. Thus, although value generates various *pro tanto* affective reasons, it is a separate question what, overall, we *ought* to feel at some point in time.

⁴ Affective reasons can be both moral and non-moral. In what follows I will simply assume that they have intrinsic normative force. It is another question, which I will not consider, whether responding appropriately to our affective reasons also directly contributes to our well-being.

⁵ The tie between values and reasons for emotion is closest in the case of so-called 'thick' evaluative properties such as cruelty. But it is widely agreed that value generally generates reasons to hold appropriate attitude, including feelings, towards it.

The Priority of Affective Over Hedonic Reasons

We have hedonic reasons to make ourselves feel good, and to avoid feeling bad. These reasons have sovereignty when it comes to physical pleasure and pain. They do not directly *govern* physical pleasure and pain, because such hedonic states do not *directly* respond to reason. Nobody can be sensibly criticized for not enjoying his meal. So hedonic reasons are reasons for *action*; for doing what it takes to *cause* ourselves to feel better.

Like physical pleasure and pain, emotions also have a hedonic dimension. Negative emotions typically feel bad, positive ones typically feel good.⁶ So here our hedonic reasons come into direct competition with our affective reasons. For, at least in the case of negative emotions, the two types of reasons will often point in opposite directions. A loss gives us affective reasons to feel grief. But grief can be excruciating. So it seems we should have hedonic reasons to alleviate it.

I think it clear enough that in such cases we give priority to our affective reasons.⁷ Few of us think that if a nice vacation could prevent grief at the loss of a loved one, it would be right for us to take it. To do so might make us feel better, but it would also corrupt our emotional lives. It would be to focus on how things feel like inside at the expense of a full appreciation of how things are around us—it would distort our relation to what matters in the same way that a person entering Robert Nozick's 'experience machine' has lost touch with reality.

This is not to say that even in such cases we just ignore hedonic considerations. We do try to comfort others who are in deep grief—not just because of their loss, but also because of their pain. And to the extent that people feel grief for longer, or more intensely, than is reasonable, we do try to alleviate it, not just because such grief is in itself unreasonable, but because it involves needless suffering.⁸

Depression, Mood Enhancement, and What We Ought to Feel

Turn now to positive mood enhancers. Suppose someone is doing very badly. He is going through an acrimonious breakup, or has been fired from his job. He becomes increasingly unhappy and desperate. Some would think that it would be in order for such a person to start taking positive mood enhancers. This recommendation is clearly driven by what I called hedonic and pragmatic reasons. This person is suffering, and that is bad in itself. And his suffering might also prevent him from dealing with his problems,

⁶ There are exceptions: for example, people sometimes enjoy being angry. Note also that it is of course not emotions per se but *feelings*—episodes of consciousness—that have such an hedonic dimension.

⁷ This is of course in the first instance a priority to our *negative* affective reasons—to our reasons for feeling negatively-toned affect. But we can also conceive of cases where one's hedonic reasons give reasons *not* to feel some *positive* feeling, because such a feeling would lead to *lesser* overall pleasure later on. I think that even in such cases we will often see no overall reason to suppress the feeling.

⁸ Moreover, there might be a threshold of mental suffering beyond which we might stop giving priority to affective reasons. Think, for example, of cases where we think it right to withhold some very bad news from someone who is already unhappy.

making him sink even further into despair. But what about his affective reasons? What happened to their alleged priority?

It might be replied that this complaint overlooks the point that such a person might be not just sad but *depressed*. But I have deliberately avoided referring to depression. I think that it is better if we first think of such situations in terms of affective reasons. People often tend to feel bad when they have no affective reasons to do so. Or even when they do have such reasons, they feel worse, and for longer, than they should—their emotions are disproportionate. As I noted above, in such situations we would indeed have strong hedonic and pragmatic reasons to alleviate their mental suffering. This is something we can say without referring to depression or disorder. To be sure, one common *explanation* of why people respond in such unreasonable ways might be some abnormality in the biochemistry of their brain. But, in principle such an abnormality might have made them *better respond* to their affective reasons. When we judge that such a person is depressed, and should therefore be treated, we are not making some biological or medical judgement. We are firstly making a substantive normative judgment about how their emotions measure against their affective reasons.

Suppose we judged differently. Suppose that, after reflection, we judged that this person's unhappiness is not disproportionate—that it is broadly the right affective response to the difficult situation he is in. If that person went and took a positive mood enhancer that would greatly reduce his unhappiness, he would no longer be responding to his affective reasons. He might be feeling better, which would in itself be good, but he would no longer be giving his affective reasons the priority they deserve compared to hedonic reasons. In this case, it seems wrong for him to take the pill.⁹

Two Objections to Positive Mood Enhancers

This, then, is the kind of worry about biomedical mood enhancement that I wish to consider here. My discussion of this worry will make some assumptions about the nature of positive mood enhancers. I will assume that when taken regularly they have a continuous effect on mood;¹⁰ that this effect is fairly general, not focussed on this or that particular emotion; and that positive mood enhancers tend to generally reduce negative emotion and also (though perhaps to a lesser extent) to increase positive emotion. I take it that this is a broadly accurate characterisation of common antidepressants. But given the nature of the questions I want to consider, I will remain at this rather abstract level of description, and set the empirical details to one side.¹¹

⁹ Wasserman and Liao (2008) discuss somewhat different issues in connection with what they call 'duties to have emotions'.

¹⁰ I thus won't be considering mood enhancers that induce short-lived ecstatic effect—though the extension of the arguments of this chapter to that type of case is fairly straightforward.

¹¹ There appears to be stronger evidence that existing antidepressants reduce negative emotion rather than directly increase positive emotion, and even this evidence is strong only with respect to more severe forms of depression. But my interest here is in substantive normative questions, not with these empirical issues—including important issues about possible harmful side effects. Notice also that for my purposes, it does not matter at all to what extent the effect of some positive mood enhancers is due to the placebo effect. This is merely a point about the mechanism that produces the affective change. What really matters to us is that there *is* such an effect, however it is produced.

Now given these assumptions, two objections can be raised against the use of positive mood enhancers. First, positive mood enhancers make us feel *contrary* to reason, by making us feel good (or even just ‘neutral’) when we should feel bad. Second, even when mood enhancers make us feel good when we *should* feel good, they prevent us from genuinely *responding* to our reasons. When we take positive mood enhancers—so the objection goes—we merely *conform* to our reasons. We feel good *when* we ought to, but not *because* we ought to. In these two ways, positive mood enhancers might be said to corrupt our emotional lives. They prevent us from properly responding to our affective reasons.

Threats to Authenticity and Spontaneity

These two objections, I believe, capture at least an aspect of the more familiar worry that biomedical enhancement of mood can compromise our authenticity.¹² If authenticity involves being true to oneself, or to one’s values, then there is a sense in which, if these objections are correct, when one uses mood enhancers, one is at most conforming to one’s values. Even if the exterior seems right, there is still a sense of falsity or artificiality. Similarly for the worry that the use of enhancement expresses a calculating as opposed to spontaneous attitude to one’s life.¹³ Again, one aspect of spontaneity seems to be the immediate and unmediated responsiveness to one’s affective reasons—feeling sad when things go bad, feeling thrilled at a victory, and so forth. Spontaneity is lost if one needs to work at feeling sad.

I just wanted to highlight these apparent connections. But there may well be more to these other objections to biomedical enhancement of mood than the worry I am considering here—and vice versa. Indeed, it’s an advantage of the worry about affective reasons that it makes no appeal to the controversial and perhaps obscure notions of authenticity and the true self, or to what is ‘natural’ or ‘given’.¹⁴

Conforming vs. Responding to Reasons

The example of using positive mood enhancers to overcome grief is an example of feeling *contrary* to one’s affective reasons. I now want to say some more about what I mean by mere *conformity* to such reasons.

It might be useful to briefly consider a parallel problem about belief. Think of how reasons for belief work. If you have good evidence that *p*, then you ought to believe that

¹² There is no agreed definition of authenticity, and I do not intend to offer one. For discussion of the problem of authenticity in the context of biomedical enhancement, see Parens (2005).

¹³ I first heard this worry raised by Allan Buchanan in his 2008 Uehiro Lectures at Oxford.

¹⁴ Although the President’s Council on Bioethics (2003) is often interpreted as expressing a concern about authenticity, there are many passages in it that are better read as expressing the worry I am discussing here, for example, when they write that we ‘desire not simply to be satisfied with ourselves and the world, but to have this satisfaction as a result of deeds and loves and lives worthy of such self-satisfaction,’ (p. 251) or when they discuss the ‘danger that our new pharmacological remedies will keep us ‘bright’ or impassive in the face of things that ought to trouble, sadden, outrage, or inspire us—that our medicated souls will stay flat no matter what happens to us or around us.’ (p. 255). See also their discussion of grief on pp. 255-257.

p. If the question whether p is an important matter, then you have reasons to seek out relevant evidence. It is valuable to know important truths.

Suppose, however, that I form a belief about some important matter not through some normal process of gathering evidence and responding to epistemic reasons (including, importantly, testimonial reasons to believe things you were told by authoritative others), but by taking a pill. A belief formed in such a way might be true, but, it seems, it would not be justified. Such a belief would merely conform to one's epistemic reasons, but not be based on them.

The same goes for affective reasons. Even if I *should* feel happy, because things are going so well, and a mood enhancer *makes* me feel happy, this happiness merely conforms to my affective reasons. For it seems that I feel happy because of the pill, not because I am responding to the fact that things are good.

Second Best is Still Better than Nothing

I now turn to consider possible replies to this objection. Consider again the example of belief. Suppose that, although you have been provided with an overwhelming amount of evidence supporting the theory of evolution, your traditional upbringing makes it psychologically impossible for you to genuinely believe it. You are suffering from epistemic weakness of the will. Since you *can't* believe in evolution on the basis of your epistemic reasons, it might still be *better* if you believe in it by taking the pill, compared to not believing it at all. True beliefs merely in conformity with reasons might still be better than having false beliefs on the matter.

Again, the same goes for our affective reasons. If we cannot directly respond to our affective reasons, it might still be better to conform to them than not to even feel what we ought to feel. It might be best to directly feel grief in response to a loss, but if some emotional inhibition prevents this, it would still be better to feel grief by artificial means, than not to feel grief at all.

In such cases, we still are *responding* to our epistemic and affective reasons, just not *directly*. We are responding to them by taking actions that are likely to cause us to enter the right mental state.

Mere Causal Manipulation or Increased Responsiveness?

I have so far granted that positive mood enhancers can merely *cause* us to feel better. But this is by no means obvious. Recall the earlier distinction between emotion and mood. Mood enhancers change our *mood*, our general affective orientation. And it is possible that what they do is help us better *appreciate* the good things in life—they might just make it easier for us to recognize and respond to our positive affective reasons. Now whether this is really the case is, in part, an empirical question. If it can be answered in the affirmative, then the worry about mere conformity would be misplaced.¹⁵

¹⁵ Positive mood enhancers are often presented in an unfavourable light compared to psychotherapy. Perhaps it is assumed it is only through psychotherapy that people really develop a genuine appreciation of their positive affective reasons. My response to the 'mere conformity' objection should also cast some doubt on this assumption. Indeed, it might even be the case that it is rather some forms of psychotherapy that merely cause people to feel better without improving their responsiveness to genuine positive affective

Whether We Even Know What We Ought to Feel

These two replies address the mere conformity objection. But positive mood enhancers can't be plausibly said to make us better conform—let alone be more responsive—to our *negative* affective reasons. So the first objection, that positive mood enhancers make us feel *contrary* to reason, still stands.

This objection might have force only if taken literally. For positive mood enhancers can also prevent us from responding to merely *illusory* negative affective reasons—from feeling bad when there is no reason to. And they might also *reduce* our response to negative affective reasons in ways that make our response more *proportionate*. But I'll concede here that positive mood enhancers might in some cases prevent us from responding to genuine negative affective reasons.

It might be replied that the force of this objection is limited by the fact that we do not yet have a good enough understanding of our affective reasons. That is, although we often agree on what *pro tanto* affective reasons are given by particular things, we have a far weaker grasp on how all of these different affective reasons fit together. We have a far weaker grasp on the question, What ought we to feel *overall*? Is it better to feel strongly or intensely, or should we feel only moderate and measured emotions? Should our feelings change rapidly as things around us change, or should they be lasting and stable? Should we respond at once both to the positive and to the negative—feeling bitter sweet contentment, or sadness mixed with joy—or should our feelings alternate, responding once to the bad, once to the good? But until we have answers to these and similar questions, how can we be confident that positive mood enhancers would corrupt our emotional lives?

This seems too quick. For we clearly do accept the priority of negative affective reasons over hedonic ones in many specific contexts, and if so, there should be at least a *prima facie* presumption that the use of positive mood enhancers prevents us from responding to these reasons. We do not need a systematic theory of affective reasons to know that.

The Affective Priority of Good over Bad

There is a better way to block this objection to positive mood enhancers. I now want to argue that once we reflect what we ought to feel overall, the tentative answer that emerges doesn't only defuse the objection, but actually turns out to *support* the use of positive mood enhancers.

Think of the sheer scale of evil and misfortune in our world. When we reflect on all the suffering and wickedness around us, it can seem depraved, or a kind of moral blindness, that anyone feels happy. But if so, should we live our lives in grim, sober sadness? Many of us, however, think that this would not be the right response. We think that we should rather maintain cheer in the face of adversity. That we should appreciate the glimmers of goodness in what is otherwise a dark landscape.

reasons (for example, certain forms of cognitive therapy that focus on reducing negative thoughts might be based on repressing our capacity to respond to our negative affective reasons).

There seems to be an interesting asymmetry in our normative thinking. When it comes to action, we tend to give the prevention of evil clear priority over the promotion of good. We think that it's more important to relieve misery than to increase happiness. But when it comes to feeling, we seem to take the opposite view. We think that people should, overall, look on the bright side of things.

What explains this priority? It is certainly supported by the hedonic and pragmatic reasons we have already discussed. If we add up all our hedonic reasons (which all point in the positive directions) with our affective reasons (which point in both), perhaps the result is something skewed upwards. And there are pragmatic reasons not to feel too bad (though perhaps also not to feel *too good* either), for that would make us less able to fight evil and adversity. However, given the priority we earlier noted of affective over hedonic (and pragmatic) reasons, these suggestion couldn't be the whole story.

Indeed, it seems to me that there are *intrinsic* affective reasons in favour of orienting our lives around the good. The existence of good somehow matters *more* than that of evil—goodness is the primary notion, and evil is merely an obstacle to its full realization.¹⁶ The idea is not that we should ignore evil, but that we should refuse to grant it equal standing.

In other words, although affective reasons have general priority over hedonic ones, there is within the affective realm priority to positive affective reasons over negative ones.¹⁷

To the extent that such a normative priority really holds, then positive mood enhancers, on the whole, are something to favour—something that directs our affective orientation in exactly the *right* direction.¹⁸ This would apply most strongly if, as I suggested above, mood enhancers actually allow us to better respond to our positive affective reasons. It would apply more weakly if positive mood enhancers merely made it easier for us to conform to such reasons.¹⁹

Now this argument has even greater force in the case of those whose affective orientation naturally points in the opposite, negative direction. And as we shall now see, consideration of this fact—the fact that our present affective dispositions are hardly purely responsive to reason—offers even further support to the use of positive mood enhancers.

¹⁶ This idea echoes (but is not the same as) the view that evil is merely the privation of good.

¹⁷ This claim should not be understood too strongly. A permanently cheerful demeanour, smiling brightly even when one's loved ones are suffering or dying, is something we don't appreciate even in the saintly. The overall balance of positive vs. negative affective reasons ultimately depends on the circumstances we find ourselves in, and these might sometimes be just too bleak. But it seems to me that even in grief, there is reason to give space to the good—say, to fond remembrance of the good in the life of the deceased, and that exclusive focus on the badness of the loss is often mistaken.

¹⁸ Note that I am not claiming that positive mood enhancers are likely to make us *perfectly* respond (or conform) to what we ought to feel. It might indeed be that, as claimed by the objection, they would cause us to sometimes fail to respond to genuine negative affective reasons. The claim is only that, *on balance*, positive mood enhancers are likely to make many of us better respond (or conform) to our affective reasons, compared to not taking them.

¹⁹ Indeed, even if such enhancers merely reduced our responsiveness to negative affective reasons (whether genuine and illusory), and did not directly increase positive affect, this would still shift our overall affective orientation upwards, and leave more space for positive emotions.

Affective Adaptation: Why Our Affective Lives are already Defective

Questions about the ethics of biomedical enhancement often require us to answer many empirical questions, questions about the possible future effects, good or ill, of various forms of enhancement. We often have little evidence to answer such questions, and can only crudely speculate. The final consideration I wish to raise also revolves around empirical claims. But these are empirical claims, not about the possible future effects of biomedical enhancement, but about how people actually happen to be, *prior* to such enhancement.

What I have in mind are two broad findings of decades of scientific research into subjective well-being. First, there is strong evidence that people's subjective well-being—a notion that is meant to be at least a rough measure of both positive feeling and subjective satisfaction—is to a significant extent rooted in innate factors that vary widely between individuals.²⁰ Second, there is extensive evidence that people's basic level of subjective well-being (their 'hedonic set point') is largely unaffected by even the most dramatic life events. Those who are typically cheerful or grim would remain so whether or not they win the lottery, witness the death of their lifelong spouse, or lose both legs in a car accident. Although such events produce some immediate (positive or negative) effect on one's mood, it fairly quickly returns to its initial level. Our subjective well-being almost always 'adapts' to changing circumstances.²¹

What does all of this mean? First, it means that to a large extent our feelings seem to be shaped by non-rational factors. If I tend to see things more pessimistically than you do, this needn't be because I am more accurately registering what really matters, but rather because of some arbitrary fact about my genes. The 'state of nature' is already not one of pure responsiveness to affective reasons.

Second, the surprising fact that even, for example, bereavement or severe disability might not, in the long term, have much affect on our mood, shows that we already often fail to respond to what we take to be strong affective reasons. Most people not only expect to feel prolonged grief after the death of a loved one but also think they *ought* to feel such grief.²² But, when they do in fact suffer such a loss, the evidence shows they are not likely to feel nearly as much grief as they expect.²³

Third, because of their natural endowment, at least some people are naturally disposed to negative mood and find it generally difficult to appropriately respond to their positive affective reasons. The evidence about hedonic adaptation suggests that external factors will not significantly change this fact—indeed, most of the goods that many people spend their lives seeking would in fact have little effect on how they feel. Here

²⁰ Goldsmith (1983); Tellegen et al. (1988).

²¹ Brickman, Coates, & Janoff-Bulman (1978); Fujita & Diener (2005).

²² Note I am not claiming here that, for example, people ought to feel deeply unhappy if they become severely disabled. I am only claiming that most people believe that such a condition is a grave misfortune that merits such a response. The empirical findings on adaptation at the very least show that we are not responsive to what most people *take* to be very strong affective reasons.

²³ For discussion of the implications of this particular finding, see Moller (2007).

there seem to be both strong hedonic reasons and indirect affective reasons to use mood enhancers.²⁴

To summarize, this large body of empirical evidence strongly suggests that in our current state we are very far from being perfectly responsive to our affective reasons. And this means that our emotional lives were never in some pristine natural state that mood enhancers might corrupt. Many of us fail to appropriately respond to our affective reasons, and our emotions are at least partly shaped by clearly irrational factors. Thus in many (though certainly not all) cases, mood enhancement might significantly *improve* our responsiveness to our affective reasons, or at least help us better conform to them.

Alternative Forms of Mood Enhancement?

When people talk about biomedical enhancement of mood, they typically have in mind *positive* mood enhancement, and I have so far focused on this form of mood enhancement. Now if we only had hedonic reasons, then positive mood enhancement would have been the only form of enhancement worth having. However, once we consider the full range of affective reasons, other possible forms of mood enhancement come into view. I would like to end with a brief discussion of these.

Consider first *negative* mood enhancement. This may sound like an oxymoron, or some perverted invention for masochists. But to think in this way is to assume that we only have hedonic reasons. We do, however, often have strong reasons to feel *bad*, and we may be bad in responding to these reasons. When we say that someone has finally managed to grieve some childhood loss only after years of therapy, and treat this as an achievement, we implicitly recognize the value of such negative mood enhancement. Indeed some people might be endowed with a strong cheerful disposition that is inappropriate to their life circumstances. These points hold even if we take into account the overall priority of positive over negative affective reasons.

Consider next the possibility of mood enhancers that *generally* increase our responsiveness to affective reasons, both positive *and* negative. I said that it is unclear whether positive mood enhancers cause us to feel better, or rather make us more responsive to positive affective reasons we genuinely have. But such enhancers clearly work only in one direction. Might it be possible to generally increase our responsiveness to our affective reasons—both positive and negative? This is an empirical question that depends on how our cognition, valuation and emotion are neurally wired.²⁵

Furthermore, it might be possible to enhance our responsiveness to certain *kinds* of affective reasons. Take the affective reasons given by past life events. There is now some discussion of memory erasing drugs which could be used to treat or prevent post-

²⁴ Although the phenomenon of adaptation is extensive, I don't want to give the impression that it is all encompassing or insurmountable. There are negative things to which people do not adapt to—these include physical pain and continuous noise. And although people's subjective well-being does largely adapt even to severe disability, they do not always completely regain their prior levels of subjective well-being. Finally, close personal relationships and other factors do seem to have a positive long term effect on subjective well-being. For discussion, see Diener, Lucas & Scollon (2006).

²⁵ Some people are made more emotional by alcohol—but being generally more emotional is not the same things as being more accurately responsive to one's affective reasons.

traumatic stress disorder. Here we are preventing people from being *over*-responsive to what are usually genuine and important affective reasons. Such treatment would be broadly motivated by hedonic reasons: these people needlessly suffer. One effect, however, might be that they would also be prevented from responding *at all* to these affective reasons. All I want to point out here is that we can also conceive of biomedical treatment that would improve autobiographical memory, and thus increase our capacity to respond to the affective reasons given by past events. Similarly, treatments that increase our foresight and awareness of the long term consequences of our actions might also increase our responsiveness to affective reasons given by possible future events.

I do not expect that such enhancers would arrive anytime soon. People are generally more easily motivated by their hedonic reasons than by negative affective ones, and the focus of biomedical research reflects this psychological asymmetry. And, as I suggested, there might be an affective priority of good over bad. But when we discuss biomedical mood enhancement, it would nevertheless be a mistake to assume it can only take only a positive form.

Conclusion

I started by noting the numerous familiar ways in which all of us try to control our feelings. When the use of biomedical enhancement is criticized, it is common to respond by pointing out its continuity with these more mundane forms of enhancement. This strategy is appropriate in the context of a dialectic—it exposes an apparent inconsistency on the part of the critic. But it often sheds little light on the underlying normative issues. For it may be that reflection on biomedical enhancement would lead us to realise that even our current ways need mending. Critique of enhancement need not be conservative in a literal sense.

In this chapter, I have tried to argue that ethical questions about the biomedical enhancement of mood are often really questions about our affective reasons, as well as about their relation to other kinds of reasons. These are difficult and, unfortunately, largely neglected questions. Those who entirely dismiss affective reasons, or at least think that negative affective reasons are extremely weak, are likely to see little problem with positive mood enhancers. Those who give great weight to negative affective reasons would see things rather differently. This is not really a debate about the use of biomedical enhancement. It is a substantive normative debate about the form that our emotional lives should take.

BIBLIOGRAPHY

- Brickman, P., Coates, T., & Janoff-Bulman, R. (1978), 'Lottery winners and accident victims: Is happiness relative?' *Journal of Personality and Social Psychology*, 36, 917-927.
- Diener, E., Lucas, R. E., Scollon, N. C. (2006), 'Beyond the Hedonic Treadmill: Revising the Adaptation Theory of Well-Being', *American Psychologist*, 61 (4), 305-314.
- Elliott, C. (2003), *Better Than Well: American Medicine Meets the American Dream*, Norton, New York.

- Fujita, F., & Diener, E. (2005), 'Life satisfaction set point: Stability and change', *Journal of Personality and Social Psychology*, 88, 158-164.
- Goldsmith, H. H. (1983), 'Genetic influences on personality from infancy to adulthood. *Child Development*, 54, 331-355.
- Moller, D. (2007), 'Love and death', *The Journal of Philosophy*, 104, 301-316.
- Parens, E. (2005), 'Authenticity and Ambivalence: Toward Understanding the Enhancement Debate,' *The Hastings Center Report*, 35 (3) 34-41.
- President's Council on Bioethics (2003). *Beyond Therapy*, Regan Books, New York.
- Tellegen, A., Lykken, D., Bouchard, T. J., Wilcox, K. J., Segal, N., & Rich, S. (1988), 'Personality similarity in twins reared apart and together', *Journal of Personality and Social Psychology*, 54, 1031-1039.
- Wasserman, D., Liao, S.M. (2008), 'Issues in the Pharmacological Induction of Emotions,' *The Journal of Applied Philosophy*, 25 (3), 178-192.