

ENHANCING LOVE?



LOVE BY (SOMEONE ELSE'S) CHOICE

BY

PILAR LOPEZ-CANTERO

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## Love by (Someone Else's) Choice

Pilar Lopez-Cantero

**L**ove drugs can allow us to continue loving our partners, even when depression, PTSD, stubborn character traits, or the general tedium of life disrupt our ability to do so. Anti-love drugs can allow us to stop loving abusive partners or relieve acute breakup suffering. In essence, love enhancement can give us as a say on whom we love and thus 'free' us from our brain chemistry, which is mostly out of our control. In that way, we become more autonomous in love and in our life in general, as long as love enhancement is a free, voluntary choice. So goes the argument in favour of this still-in-development – possibly inevitable – addition to medical interventions of relationships. In this paper, I show that proponents of love enhancement have overlooked, or at least underestimated, the fact that love itself impacts people's choices. Since this could include the choice for love or anti-love drugs, I call for a re-formulation of the underlying view on autonomy before this medical intervention is made available to the public.

I start by outlining the main claims on choice and autonomy in the love enhancement debate. The current focus is the satisfaction of higher-order desires and voluntary choice free from external influence. Then, I offer what I consider an example of love enhancement: the main characters of the film *Phantom Thread*. A departure from paradigmatic examples reveals that love enhancement can change people's higher-order desires in scenarios other than relationship abuse and profound social or cultural oppression, which are the ones being currently considered. This potential for change, I explain, is inherent to love, and puts into question the current focus on voluntariness and freedom from external influence. I argue that, in some cases, people could opt for love enhancement on the basis of their partner's preference, and this could be beneficial for autonomy in some cases, but detrimental in others. For these reasons, I conclude, proponents of love enhancement need to re-formulate their underlying view of autonomy, and subsequently, their underlying view on informed consent.

## I

### **Choosing love enhancement**

“To love somebody... is a decision” (Fromm 1956). Brian Earp and Julian Savulescu (2020) begin and end their book-length defence of love enhancement referencing Erich Fromm. According to Fromm, love is not merely a feeling, nor is it a mysterious force that is completely out of our control. Just before the final pages, Earp and Savulescu summarise their own view on the matter:

That is the message about love we want to leave you with. The idea that love – if you let it, however terrifying it may seem at first

– can be an act of will. A decision. A *choice*. Once we see that love is something that we can strive to make happen, or change or enhance, we can turn to the question of means. Asking questions and staring into each other's eyes might do the trick for some. Adding love drugs might be necessary for others. Either way, the agency of the actors will play a central role (2020, 187; emphasis in original).

Since the initial formulation of medical love enhancement (Savulescu and Sandberg, 2008), the proposal has encountered objections on different fronts, both to the use of love-drugs (aimed at the continuation or return of love) and anti-love drugs (aimed against continuation of love).<sup>1</sup> A common objection to love drugs focuses on the value or the authenticity of enhanced love. Namely, whatever it is that you choose in this process, it cannot be authentic or valuable love, which cannot be the product of a deliberate choice. Sven Nyholm (2015) formulates this critique in terms of reasons of love: love for a person should be grounded in the

<sup>1</sup> In this paper, I draw from Earp and Savulescu (2020), which I consider the most comprehensive and updated version of their view. This updated version has been partly shaped through engagement with objections (see, for example Earp et al. (2017) for their reply to Jenkins (2017); or Earp et al. (2016) for short replies to Bamford (2015), Ferraro (2015), Hauskeller (2015), Nyholm (2015), Gupta (2016), and Naar (2016). Most relevant for this paper is Earp and Savulescu's abandonment of their initial proposal of love-preserving drugs being *morally obligatory* in some cases of divorce (Earp et al. 2012). Without this change, one of my arguments here would have been that such an ethical demand is unacceptably damaging for the autonomy of women. The proposed obligation would place undue further pressure on women to exercise their role as 'guardians of the family' and further limit their choices as individuals. Earp and Savulescu now acknowledge this limitation (2020, 79) and succinctly say that considering a separation is "a different sort of moral decision" for partners with children (*ibid.*, 78). Lotte Spreeuwenberg and Katrien Schaubroeck 2020 discuss how the current view still presents some risks in this respect.

person herself, and by choosing love enhancement you are grounding love in external factors – the drugs. Andrew McGee (2016) makes an analogous point, but he briefly adds a different, illuminating observation. Love shapes people’s choices, and a mutual shaping of choices is a requirement for there to be love proper (McGee 2016, 87). McGee’s comment is not so much about the thing that is chosen – whether it is love or not – but about the influence that love itself has on decision-making, which subsequently affects the choice of love enhancement. Earp and Savulescu (2016) do not address that part of McGee’s critique in their reply to him. My focus in this paper will be to explore this relation between love and choice in love enhancement – both love drugs and anti-love drugs. Earp and Savulescu’s ideas on choice and autonomy are disseminated throughout the book, so my first task here is to try and piece together their underlying approach.

### I. 1. Paradigmatic love enhancement

The paradigm case for the use of love drugs, which would allow for the continuation or ‘reignition’ of love, are what Earp and Savulescu call *grey relationships* (2020, 74; American English in the original). Their main example are Stella and Mario, who have seen how, over the years, their marriage has evolved from a “loving, fulfilling relationship” to a relationship “as parents to their children – not with each other” (*ibid.*, 73). However, Stella and Mario want to get the relations back to where it used to be: not a merely functional one (co-parents) but a reciprocal loving one (romantic partners). Earp and Savulescu say that this is the type of relationship that would benefit from the use of love drugs. It should be clear that they do not claim that love drugs *will definitely* help change the relationship in the desired direction or that all people in this type of relationship *should* take love drugs instead of ending their relationship. But for those who want to try an

alternative may have “a better shot” at “love and happiness” (*ibid.*, 81) with the use of love drugs. In summary: the classic example, then, is a couple who used to love each other and still cares about each other but has ‘lost the spark’, so to speak. A parallel argument is made in cases where mental illnesses, such as PTSD or depression, interfere in the relationship (*ibid.*, 3-4; 66-67). The underlying idea is that these people want to restore a pre-existent loving relationship.

On the flip side, we have anti-love drugs, which would allow someone to stop loving a specific person. The paradigms are abusive relationships and complicated unrequited love. Bonnie and Bob are their paradigm for the former. Bob violently abuses Bonnie physically. She wants to leave him, but she does not because, according to her own reports, she still loves him. Earp and Savulescu present another example of psychological abuse in Sofia, who “needed to get out of the relationship, but her heart kept saying no” (*ibid.*, 9). Anti-love drugs may help these women take the first step to leave abusive and dangerous relationships. They can also help those who, even after taking that first step, still love their abusers (*ibid.*, 137). Other example they give is complicated unrequited love, i.e. suffering due to love not being reciprocated (*ibid.*, 137; 142-143). Again, Earp and Savulescu do not claim that anti-love drugs should be the default treatment for victims of abuse, and see them as a complement to therapy or support from one’s inner circle (*ibid.*, 12).

## I. 2. Autonomy in love enhancement

Earp and Savulescu briefly describe their working concept of autonomy as freedom to make one’s own choices: “mature adults should be free to choose what they consider to be best for them, even if other think their choice is foolish, not in their best interests,

or simply not what they would do” (*ibid.*, 75). Choosing the best for oneself is understood as aiming at well-being: “the sheer pursuit of happiness” or what is “most likely to promote their flourishing” (*ibid.*, 76). Flourishing is not to be understood in objective terms – what flourishing is differs from person to person (*ibid.*, 78). Finally, individuals are often the most competent in determining what flourishing means for them. In short, for Earp and Savulescu, autonomy is the capacity of individuals to determine and choose what makes them happy without the influence of others. The details of happiness are agent-relative and self-determined. However, not all of an agent’s desires are conducive to their happiness, as the following description of Bonnie’s psychological states reveals:

She has a rational, second-order desire to leave [the relationship], but her more visceral feeling or romantic attachment is standing in the way. Her ancient biological machinery, in other words, is badly misfiring and causing her to feel emotionally addicted to someone who beats her up. She is in conflict with herself, and she wants a resolution (*ibid.*, 140).

For Earp and Savulescu, the ‘ancient biological machinery’ are our basic, primary drives, among which they count attachment and lust. These can be tackled with love enhancement when suffering is rooted in the dissonance between these basic drives and the features of life which are conducive to flourishing for a specific person. Earp and Savulescu believe that these basic drives ground the unhappiness of certain individuals, who would otherwise be happy if they had different drives – Stella and Mario would like to have the drive of being attracted to each other; Bonnie and Sofia would like the drive that attracts them to their partners to



disappear. This is expressed in terms of desires: the people in their examples *want to want* something (higher-order desires) which differs to what they currently *want* due to their biological drives (lower-order desires). As seen above, people determine the contents of their own happiness, and this, for Earp and Savulescu, is expressed better by higher- rather than by lower-order desires.

Underlying Earp and Savulescu's view is a stereotypical *hierarchical* account of autonomy. Hierarchical views got momentum in contemporary Western philosophy with Harry Frankfurt (1971), and still today constitute the mainstream approach to personal autonomy. In hierarchical accounts, autonomy is not determined by the content of one's choices. That is, it is not the fact that one chooses to stay with one's partner, or go to the beach, or retire to a monastery for a life of contemplation, that express a person's autonomy. It is, instead, the fact that these desires can stand the test of self-reflection, where an individual reaches the conclusion that these choices are, indeed, their own. In other words, these desires are what they want to want. There is a hierarchy of desires, with higher-order ones being truly expressive of the individual's will. The people in Earp and Savulescu's paradigmatic examples are unhappy because they do not currently want what they want to want – their lower-order desires are not in accordance with their higher-order desires. This is why, according to Earp and Savulescu, love enhancement can improve autonomy. They allow people to make choices based on their higher-order desires, which are truly expressive of their autonomy. Love drugs can create the physical conditions for the relevant lower-order desires to develop, by suppressing PTSD or by tickling the lust which, if the intervention is successful, will result in the re-ignition of love. Anti-love drugs, on the other side, can suppress the relevant lower-order desires to allow for people to start taking

action towards their happiness. This leads to a last, brief point on the issue of choice in love enhancement.

### I. 3. Choosing the good life

At times, Earp and Savulescu are ambiguous as to what is chosen with love enhancement. On several occasions, it seems as if they claim that with love enhancement people choose (for or against) love – see the quote above; chapter 12 is titled “Choosing love”. But love enhancement is not a choice for or against love. It is a choice of means to an end, like they also acknowledge (Earp and Savulescu 2020, 142). It is important to solve this ambiguity, given that love is traditionally valued as an end in itself, for two reasons. Firstly, if love enhancement results on love that is merely a means, the defence of love enhancement would be open to unnecessary objections on the value of love. Secondly, as I explain in §1.4, Earp and Savulescu rely on the freedom to define one’s good life is to defend love enhancement as a permissible choice, so it should be clear that it is indeed a choice *for the good life*, not for love.<sup>2</sup>

Lotte Spreeuwenberg notes that love drugs may be taken with different ends. Maybe your end is to go back to love a particular person (i.e., for Stella to love *Mario* again), but maybe your end is just to *love*, in general (Spreeuwenberg 2019, 250). Translating this to the anti-love drugs case, maybe Bonnie’s end is to stop loving Bob, but maybe her end is to stop loving, full stop, to stop feeling vulnerable.<sup>3</sup> These are important considerations to determine the

<sup>2</sup> Thanks to an anonymous referee for the invitation to clarify the distinction.

<sup>3</sup> I am thankful to Sophie Goddard for bringing to my attention the possible effects of anti-love drugs on vulnerability, and sharing details of her work in progress on this issue with me.

exact effects of love enhancement on love. Actually, the end towards which love enhancement is a means need not be love-related whatsoever. One might decide to take love-drugs in order to keep one's economic or social status, for the benefit of one's children (as the authors themselves discuss), or to act in accordance with one's character (a preference for avoiding conflict, valuing loyalty, etcetera).

Surely, at first glance seems better to be a rich Beverly Hills wife who loves her lavish-lifestyle-paying husband, than to keep the lavish lifestyle but not love the husband. If she took love drugs, yes, it would be as a means to the love, but love itself is not the main element of the good life that she is pursuing. I am, unlike Nyholm, not questioning whether this could mean that such love is valuable or not (it would certainly be a question whether love has *final* value, but as a life option this is, as far as I am concerned, perfectly permissible). I am just stating that the statement "choosing love enhancement is choosing love" is not accurate. Love drugs are a choice for the good life, of which one necessary or desirable component is love. Anti-love drugs are a choice for the good life, of which one necessary or desirable component is absence of love. Earp and Savulescu, however, establish some conditions in order for this choice to be morally permissible.

#### I. 4. Morally permissible love enhancement

Earp and Savulescu give three conditions that need to be fulfilled for a prescription of anti-love drugs to be morally permissible (Earp and Savulescu 2020, 147):

1. The feelings [the person wants to overcome] are clearly undesirable, both objectively and from the perspective of the person experiencing them;
2. The person wants to use biotechnology, believing reasonably that it will aid in the achievement of a higher-order rational goal; and this would be done voluntarily, under conditions of informed consent; and
3. The person cannot overcome the undesirable feelings without the help of biotechnology, or at least cannot do so without incurring extraordinary psychological or other costs that the person reasonably judges to be unacceptable, all things considered.

Although Earp and Savulescu only discuss these explicitly with regards to anti-love drugs, these conditions are easily translatable to love drugs, just changing the aim of the treatment and the content of the undesirable feelings (in this case, it would be a lack of desirable feelings). The third condition can be accepted as it is, since it is Earp and Savulescu's further clarification of the thought process which would lead to a justifiable choice for love drugs so these are not a rash, go-to option which may be used capriciously. The first and second conditions need further clarification.

The first condition uncovers a tension in Earp and Savulescu's account. Let us remember that for Earp and Savulescu, the contents of a good life are agent-relative and self-determined. Even in cases of abusive relationships, “[p]eople have to decide for themselves” what is the amount of suffering they can bear before anti-love drugs really seem as the only solution (Earp and Savulescu 2020, 146). In their post-script notes, Earp and Savulescu say that “one person's ‘love’ may certainly be called ‘insanity’ by someone else – or a delusion, or none of the above” (*ibid.*, 240). It may be, then, that objectively toxic relationships are not undesirable for certain people. The requirement of

undesirability of feelings cannot then be determined objectively, if we are to accept that flourishing is agent-relative and self-determined. I interpret that first condition in that sense, and not objectively.<sup>4</sup>

The second condition includes the requirement of love enhancement being a voluntary choice made under conditions of informed consent. Earp and Savulescu explicitly say that non-voluntary dispensation of love enhancement should be legally (and, I assume, morally) prohibited: “Just as it is illegal to spike someone’s drink at a party, it should be a crime to administer love drugs or anti-love drugs to any person under any condition without their informed consent” (*ibid.*, 251; see also 15). Earp and Savulescu do not give a specific definition of informed consent. Given their focus on choice and autonomy, their approach is highly compatible with the definition of informed consent offered in Thomas Beauchamp and James Childress’s widely used principles of bioethics. According to Beauchamp and Childress, an autonomous agent acts intentionally, with understanding, and without controlling influences that determine their action (Beauchamp and Childress 2013, 119). ‘Controlling’ is understood in terms of coercion and manipulation. However, as Earp and Savulescu acknowledge, defining coercion and manipulation can be a complex task:

Even adults face profound social pressure to change how they experience or express their feelings of love and sexual desire, so that merely having the option to change might place an unfair burden on them. In essence, they would be forced to justify why they decided to ‘retain’ their sexual orientation or relational

<sup>4</sup> See Spreuwenberg and Schaubroeck (2020) for a more detailed discussion of the tensions in Earp and Savulescu’s stance on agent-relative flourishing and love.

disposition, when joining the majority was a real possibility. Clearly, what it means to give informed consent without undue coercion cannot be analyzed [sic] in a cultural vacuum (Earp and Savulescu 2020, 151).

Earp and Savulescu dedicate considerable efforts to explain how oppressive social environments would affect people with non-heterosexual orientations or non-dominant relationship models (such as polyamory). These people may want to change their lower-order desires in order to conform to the higher-order desires which are acceptable in their social environment, rooted in damaging conceptions of love and sexuality (*ibid.*, 162). The very existence of biotechnology may in itself add to these oppressive circumstances (*ibid.*, 165).

So far, then, Earp and Savulescu discuss two possible scenarios of coercion in love enhancement: i) dispensation of love enhancement unbeknownst to the patient, and ii) the patient's choice of love enhancement being rooted in damaging cultural and social norms. There is a third scenario which is quickly considered. Given that some people in abusive relationships admittedly do not want to leave their abusers, would it be best for the abused to be forced to take an anti-love drug? (*ibid.*, 139).

Earp and Savulescu accept that in “a case of undeniable, serious, and persistent abuse, where a victim claimed that everything is fine and there was no need to worry, there might be an argument for overruling their decision and intervening against their will” (*ibid.*). However, they warn that “the risk of unjustified paternalism looms large” and that “people should be extremely hesitant to assume that they know what is in somebody else's own best interests” (*ibid.*). It would be more appropriate, they say, to target the abuser for intervention, rather than the abused. In summary, they do not then fully reject paternalistic intervention, but they clearly have

strong reservations about it. In any case, this adds a third possible scenario of coercion: iii) intervention by a third party in the context of an abusive relationships.

After piecing together Earp and Savulescu's views on choice and autonomy, we could synthesize the main claim of love enhancement as follows:

Love enhancement offers a means towards the good life by allowing us to act according to our higher-order desires, thus increasing our autonomy, as long as this decision is made under conditions of informed consent (free choice without undue external influence).

In what follows, I put this claim into question, first by motivating a refinement of the conditions for coercion, and then by arguing that this refinement calls for a more careful study of autonomy and informed consent within the debate on love enhancement.

## II

### **Non-paradigmatic love enhancement**

My first argument will be that Earp and Savulescu's view on coercion needs to be fine-tuned in order to make room for cases other than their paradigmatic examples. To motivate this claim, I bring in the protagonists of the film *Phantom Thread*.

The film starts with Reynolds, a well-known 1950s couturier who meets Alma, a young waitress. Reynolds takes Alma as his muse and they start a romantic relationship, marked by Reynolds's narcissistic attitudes and controlling behaviour towards Alma. The

more Alma tries to please him, the more Reynolds's contempt and subsequent psychological abuse intensifies. Every moment of intimacy is threatened by a potential (and most times inevitable) outburst or snarky comment from Reynolds – the film depicts well the oppressive atmosphere Alma finds herself in. After a particularly heinous fight, Alma poisons Reynolds's dinner. This puts Reynolds at death's door, but Alma nurses him back to health. Having been ill motivates a change in Reynolds, who starts behaving lovingly towards Alma and asks her to marry him. By all accounts, it seems like either seeing his own vulnerability, being moved by Alma's caring behaviour, or both, has allowed him to lower his defences and abandon his contempt towards her. However, not long after the wedding, he goes back to his old behaviour. So Alma poisons Reynolds again, this time not as a desperate reaction but as a calculated choice. She actually reveals her actions to Reynolds. "I want you flat on your back. Helpless, tender, open with only me to help. And then I want you strong again. You're not going to die. You might wish you're going to die, but you're not going to. You need to settle down a little", she says. As she speaks, Reynolds slowly comes to the realisation that his previous illness was Alma's doing. But he does not stop eating; on the contrary, he smiles throughout Alma's speech and, as soon as she is done, he replies: "Kiss me, my girl, before I'm sick". In the closing scene, Alma reveals through a voiceover that they have continued their relationship by periodically engaging in this same cycle, and that she hopes one day they will be able to love each other without it.

### II.1. Justifying the example

Although Alma and Reynolds's relationship is a rather uncommon, highly fictionalized one, it does, as I will show, reveal important features of standard relationships which Earp and



Savulescu have not taken into account. Before looking into those features, it is necessary to dispel possible objections on the example. It could be objected that, given that this is a toxic relationship for everyone implied, this is not really 'love' enhancement. Some theorists of love assert that damaging relationships like these cannot count as love, since it is a condition for love that it does not hurt the lovers.<sup>5</sup> Although I think this is definitely a factor to explore within the love enhancement debate, that is not necessary for the purposes of this paper. Earp and Savulescu refuse to endorse a normative view on love, i.e. a view which specifies what love should be.<sup>6</sup> This corresponds with their conception of flourishing as agent-relative and self-determined: whether this is or not a good relationship for Reynolds or for Alma, and whether it is love, depends on what they each believe.

A second objection would be that non-lethal poison cannot be compared to the drugs Earp and Savulescu propose for love enhancement, such as MDMA or psychedelics. While poison makes Reynolds suffer physically, these substances seem to do the opposite, creating a flood of oxytocin (the 'happy hormone') in our brains. This, however, would overlook the common side effects (i.e., hungover) reported by users of these substances. Also, for Earp and Savulescu it is not the experience of taking the drug which counts, but the aim to well-being; and some medicines aimed at well-being (such as chemotherapy drugs) are inseparable from a great deal of physical suffering.

<sup>5</sup> See hooks (2000).

<sup>6</sup> See Spreuwenberg and Schaubroeck (2020) for an argument in favour of normative views and for their questioning of Earp and Savulescu's stance against normative views, given that, as they observe, some of the claims they make seem to be in tension with that stance.

A third objection would be that this is clearly a case of abuse from Alma, so it is not morally permissible enhancement. It may seem uncontroversial that this falls in one of the three scenarios for coercion proposed by Earp and Savulescu. It is obvious enough that Reynolds is not under social or cultural pressure and, up to the moment of the first poisoning, is not the receiver of abuse – if anything, Alma is the one being abused. The first poisoning seems, however, a classic case of the first type or morally impermissible love enhancement, analogous to someone spiking your drink. There is no informed consent. However, the second and subsequent poisonings seem different, since Reynolds seems to freely choose love enhancement. This creates a problem for the clear-cut view of coercion reflected in Earp and Savulescu's paradigmatic examples: what happens if, after being coerced, someone ends up agreeing to continue engaging in love enhancement processes?

## II.2. Re-assessing coercion

In order to show what exactly is wrong with Earp and Savulescu's approach to coercion, I offer three possible interpretations of Reynolds's case, which I call *coercion*, *revelation* and *personal change*, respectively.

The first option, *coercion*, can be summarised as follows: since Reynolds did not choose the first poisoning, the subsequent decisions to engage in the love enhancement process are not a free choice either. In fact, Earp and Savulescu warn that some people stay in abusive relationships because they form emotional bonds with their abusers as a way to cope with trauma – a form of Stockholm syndrome (Earp and Savulescu 2020, 136). This is profoundly damaging for the victims' autonomy, given that their

choices are a method of self-defence, not a means towards what they would consider, upon reflection, to be a good life.

In this scenario, prior to the first poisoning Reynolds does not want to love Alma, i.e. not loving Alma is his higher-order desire. When he berates her, repudiates her and rejects her care, Reynolds is following what, according to him, will make him flourish. In that case, we interpret Reynolds as believing that being a genius with terrible character traits and immoral behaviour who does not love anyone is what will give him a happy life. We should remember that Earp and Savulecu think that the contents of flourishing are individually determined, so this has to be accepted as a possibility. Reynolds could be trying to live up to the trope of ‘misanthropist genius’. If this is the case, Reynolds’s higher-order and lower-order desires were in harmony, but this was disrupted by the intervention of love drugs. This is due to the fact that being poisoned by Alma creates a temporary lower-order desire of acting lovingly towards her. That is, love enhancement ‘creates’ a lower-order desire which somehow disappears after a while (i.e. Reynolds seems to lose the desire to love Alma). His reason to choose love enhancement in subsequent occasions is that he has blocked high actual higher-order desire as a method to cope with Alma’s abuse. Hence, for *coercion*:

Higher-order desire (HOD): Be a horrible person

Lower-order desire (LOD): Act horribly towards Alma

Love drugs effect: suppress original HOD and temporarily originate a new LOD, ‘Act lovingly towards Alma’, not in accordance with his HOD.

This structure would be analogous to forceful non-voluntary conversion therapy. This is the kind of forceful non-voluntary love enhancement that Earp and Savulescu reject *tout court* (they do not discuss forceful cases specifically, but it follows from their view that they would rightly condemn it). The victims of non-voluntary coercion therapy have their higher-order and lower-order desires in symphony before the love enhancement intervention. Taking the example of a young homosexual man in an orthodox religious environment, he has a higher-order desire to love men, which is in harmony with his lower-order desire to act lovingly towards men. If he was forced to undergo conversion therapy, the young man's lower-order desire would be suppressed, causing him to act temporarily against his higher-order desires (which is the reason that he would have to be forced again to go through the process, in the same way Reynolds needs to be poisoned again). This is genuine, clear coercion, and if Reynolds has the desire structure above, this case of love enhancement is already rejected by Earp and Savulescu given that it breaks their condition of voluntary choice.

However, Earp and Savulescu's quote their interview with psychiatrist Ben Sessa, according to whom "MDMA provides an opportunity for self-reflection, which is an enlightening experience, which you can then use to either leave a relationship or bolster a relationship" (Earp and Savulescu 2020, 143). Who is to say that Reynolds has not been enlightened by Alma's caregiving during his illness, realising that *he* is the one getting in the way of his own happiness by aiming at being a misanthropist genius? Like Scrooge and his ghosts of Christmas, Reynolds may have been 'shown' that he was mistaken in what he thought he wanted – this is the *revelation* scenario.

In this scenario, prior to the first poisoning loving Alma was Reynolds's higher-order desire. This, however, was blocked by his

misanthropic character, which materialized in a lower-order desire of acting horribly towards Alma. However, the extreme illness after the first poisoning allows him to distance himself from his misanthropic drives, and observe Alma's caring for him. Love enhancement in this case suppresses Reynolds's lower-order desire and temporarily reveals his true higher-order desire of wanting to love Alma. This, and not Stockholm syndrome, is the reason Reynolds chooses to go through the process again and again, fully aware of the risks and the physical suffering that the process entails. That is, he is not pressured to make this choice and he gives his informed consent ('I'm getting hungry', he tells Alma at the end of the film). Hence, for *revelation*:

Higher-order desire (HOD): Be in a loving relationship with Alma

Lower-order desire (LOD): Act horribly towards Alma

Love drugs effect: suppress original LOD and temporarily originate a new LOD, 'Act lovingly towards Alma', in accordance with his HOD.

This way of interpreting the example is analogous to several examples provided by Earp and Savulescu. Here, the non-lethal poison works in the same way they suggest love enhancement would work for PTSD patients (Earp and Savulescu 2020, 2-3), who want to be in a loving relationship with their partner but have lower-order desires of acting horribly towards them. In the structure suggested by Earp and Savulescu, PTSD patients are more autonomous if they can act from their higher-order desires – it is not far-fetched to say that narcissistic character and misanthropy act in the same way. If *revelation* is what applies to Reynolds's case, then Reynolds and Alma are not very different from Stella and Mario: they are choosing love enhancement to

fulfil their higher-order desires of loving each other. The difference, however, is that it is *love enhancement* itself which seems to have revealed Reynolds's higher-order desire of loving Alma, while for Stella and Mario this higher-order desire was known before engaging in love enhancement.

In the third option, *personal change*, Reynolds acquires a *new* higher-order desire in the process of love enhancement. His higher- and lower-order desires may have been in harmony before the first poisoning, but in virtue of being deprived of his ability to act horribly towards Alma, he has discovered a new route to his own flourishing. His new higher-order desire is to be in a loving relationship with Alma, and this suppresses both his pre-existent higher- and lower-order desires focused on being a misanthropist genius and acting horribly. However, as it is seen in the film, Reynolds needs to take the poison frequently to be able to act according to his newly acquired higher-order desire. This suggests that either love drugs make the higher-order desire of being a misanthropist genius disappear (and the conflict arises from a dissonance of his returning lower-order desire to act horribly); or that this desire remains, permanently in conflict with another higher-order desire of being in a loving relationship with Alma. It is perfectly plausible to be torn between two things that are truly expressive of your autonomy. In any case, for the scenario *personal change*, Reynolds's will would have the following structure:

Higher-order desire (HOD): Be a horrible person

Lower-order desire (LOD): Act horribly towards Alma

Love drugs effect: suppress original LOD and originate a new HOD, 'be in a loving relationship with Alma', which is either i) subsequently blocked by the resurgence of the original LOD; or

ii) in permanent conflict with the original HOD, with love drugs solving the conflict in favour of the newly acquired HOD.

The scenario of *personal change* is not contemplated by Earp and Savulescu within loving relationships (if anything, it is discussed indirectly in the context of sexual orientation, where such personal change is always undesirable). However, it should be at the centre of the analysis, given that it can have serious effects for our understanding of the paradigmatic cases they propose. Let us bring back the main claim of love enhancement:

Love enhancement offers a means towards the good life by allowing us to act according to our higher-order desires, thus increasing our autonomy, as long as this decision is made under conditions of informed consent (free choice without undue external influence).

In the *revelation* and *personal change* scenarios, Reynolds fulfils the necessary conditions for love enhancement being morally permissible. However, we cannot accept these cases of love enhancement as permissible while at the same time stating that all cases of coercion is impermissible. If we find them impermissible, these scenarios cannot be the same type of coercion as forced conversion therapy or forced love drugs within an abusive relationship if we want the idea of coercion to have weight. But then again, would we consider it impermissible if it does lead to a good life for Reynolds? After all, we may want to endorse Reynolds's personal change from a misanthropist genius to a kind husband (at least temporarily). He certainly seems to do so when he chooses to engage in the process again in the scenarios of *revelation* and *personal change*. We may even try and consider this an

acceptable case of forced intervention of the abuser – Reynolds –, which Earp and Savulescu suggest may be permissible.

The significance of this example, however, is not that it is a difficult case of love enhancement. It is that *personal change*, which is not part of the current discussion, reveals a feature of love which is not compatible with Earp and Savulescu's current view on autonomy.<sup>7</sup>

### III

#### Reformulating autonomy

In order to see how personal change triggered by love enhancement could be damaging for autonomy, let us apply to the paradigmatic case of anti-love drugs of an abusive relationship between Claire and Carl, who are in the same kind of abusive relationship as Bonnie and Bob. In the current debate, Bonnie is a paradigmatic candidate for anti-love drugs. However, let us imagine that Claire takes love drugs instead of anti-love drugs. Her aim is not to suppress her lower-order desire to act lovingly towards Carl, but to substitute her higher-order desire of leaving him for a higher-order desire to stay with him. It does not have to be the case for this to happen that Carl spikes Claire's drink. What if Carl *insisted* that Claire take the drugs? We already know the power that Carl has on Claire's decisions, since he is able to regularly

<sup>7</sup> At this point, it could be objected that if the explanation of personal change I present here is wrong, then my criticism is unwarranted. However, as I explain in § III.1, personal change as I have described it is *the* defining feature of love for many philosophers studying personal relationships – or at least *a* defining or important feature. If this claim is wrong, my criticism could be put into question, but this would require a substantive revision of philosophy of love which is beyond the purposes of this paper. I thank an anonymous referee for pushing on this issue.



convince her not to leave him. Why would he not be able to convince her to take love drugs, then?

I think Earp and Savulescu could reasonably say here that they have contemplated this scenario as the second type of coercion: where the person feels pressure to engage in love enhancement due to being in a socially oppressive environment (the abusive relationships). However, this kind of response would be in conflict with their reservations against paternalism. If we are to accept that some people's lower-order desires will drive them to stay in abusive relationships, why should we not accept that they would want to, at least, erase the conflict within themselves by trying to align their higher-order desires with those and not the other way around?<sup>8</sup> This, however, remains a concerning question which Earp and Savulescu do not address in the context of abusive relationships.

The concern extends beyond abusive relationships into seemingly less problematic examples such as grey relationships. Earp and Savulescu tell us that Stella and Mario both agree to take love drugs. But how do they come to this decision? Let us imagine a similar couple, Ingrid and Pedro. Again, imagine Ingrid insists that they take the love drug. There is no coercion, no manipulation, just persistence in her arguments that they should give their marriage a last chance. Maybe Ingrid is the most convincing of them both, so Pedro is used to accept her arguments. But with other less convincing partner, he would not choose love drug, in

<sup>8</sup> This question may sound odd to someone who assumes that the mainstream, by-default view of hierarchical autonomy is the right one. Within a hierarchical account, the higher value and/or prevalence of higher-order desires is self-evident—that is why they are called *higher-order* desires. However, the prevalence of higher-order desires is by no means universally accepted (cf. Watson 1975, Friedman 1986, Thalberg 1989), and shown to be problematic for individuals whose choices are shaped by being in situations of oppression (Oshana 2005, Noggle 2005). In § III.2 I discuss non-hierarchical accounts where the question I launch here are completely appropriate.

the same way Reynolds would not have normally chosen poisoning.

I can anticipate that the authors would say that Ingrid and Pedro would only be good candidates for love drugs if it is clear that they share the higher-order desire to be together. But this is what the example of *Phantom Thread* reveals. The structure, and even the content, of our desires, is not as transparent as Earp and Savulescu make them out to be. We really do not know if Reynolds's case is a case of coercion, revelation or personal change, because we do not know what his initial higher-order desire was. Maybe not even Reynolds knows. If acting according to one's higher-order desires is the ultimate expression of autonomy, then Reynolds *is* autonomous in the scenarios of revelation and personal change, *even if* he did not choose the route for those higher-desires to be revealed or formulated. But this is worrying for Claire, and it could be worrying for Pedro. In order to allay these worries, it is necessary to re-formulate the discussion of love enhancement by introducing more fine-grained views on relationships, autonomy and informed consent.

### III.1. How love shapes choice

Imagine that one of the signs of Ingrid and Pedro's relationship turn to the worse is that they do not want to do things together like they used to. Say, for example that they used to do a lot of rock climbing together while they were in a happy, loving relationship. However, before the relationship, Pedro had never climbed. As a matter of fact, he believed that the obsession of climbing of his fellow academics was nothing more than an obsession for following a trend of performative health-caring and nature-loving. He would have never tried climbing for himself until Ingrid – an avid climber – appeared in his life and asked him to do so. So Pedro

went climbing, and although he did not like it the first time, he did and continued doing it for Ingrid. Progressively, he started appreciating climbing more and more, until one day, climbing had also become one of his main interests (and losing the desire to do this with Ingrid, a sign of the problems in their relationship).

This process of changing one's preferences due to the influence of a loved person what Dean Cocking and Jeanette Kennett (1998) call 'direction', which not only is frequent and acceptable in love but is, in fact, a condition for love to be considered as such. It is a very softly normative view of relationships, and it simply requires openness to do, at least sometimes, what your friend would like, and openness for this to change you. A similar idea has been defended by Amélie Rorty (1986) and Benjamin Bagley (2015), with the added component of love requiring the lovers to improvise to the changes that love itself brings in each of them. Rorty specifically says that through living and acting together, lovers determine the contents of each other's flourishing (Rorty 2016, 351). In the climbing example, Pedro not only has taken up on climbing through Ingrid, but climbing is now, for him, a component of the good life. Similarly, for Ingrid a component of the good life is climbing with Pedro, and not being able to do that is one of the signs that she is not flourishing as she wishes to. Pedro has changed in that way. My claim here is that what happened with climbing could happen with love drugs. Pedro may choose love enhancement because he is directed by Ingrid in that sense, and not out of a desire or a preference he previously had to save the relationship. Just in virtue of caring about her, he might choose this as a means not to hurt her, for example, or because he doubts himself as truly not having that desire to save the relationship.

I do not intend to suggest that this is definitely problematic. It may well be not. But that is precisely the point. In this situation, each time Pedro goes climbing, he is freely choosing to do so, but

this choice is not a product of a process of introspection revealing he had, all along, a higher-order desire for climbing prior to the relationship. This higher-order desire is a product of personal change triggered by the relationship itself. Ironically, the phenomenon that love enhancement is meant to influence – i.e, love – itself demonstrates that individuals can impact each other's desires (higher-order, or otherwise) in non-coercive ways, undermining the account of autonomy that Earp and Savulescu use to justify love enhancement in the first place.

### III.2. Love and autonomy

The hierarchical view of autonomy implied in Earp and Savulescu's discussion has long been subject to multiple criticisms. For example, it is not clear why current higher-order desires are more autonomous than lower-order desires (see fn. 7). The most important problem for love enhancement is that Earp and Savulescu's view of autonomy is an individualist view. But love, as I explained above, transcends this individualism, and many of the choices we make not on the basis of our own desires of reasons.

This is what precisely has been the focus of feminist philosophers of love: the fact that love influences the lovers' choices can result in autonomy imbalances in romantic relationships. This imbalance need not be negative for autonomy, but it can be.<sup>9</sup> Marilyn Friedman sets up the issue in terms of imbalance between the lovers' *autonomy competences*:

<sup>9</sup> See Lopez-Cantero and Archer 2020 for an argument on how falling out of love can be beneficial for people in relationships with some types of imbalance, even if the process is one of disorientation. The long-term benefits that finishing a relationship can bring is something that should be considered when determining which kind of relationships should be allowed to end without the

Two lovers enter their relationship with prior differences in the competencies needed to be autonomous. A lover, for example, who is more articulate in expressing her views and more adept at defending them may have a greater say than her partner in determining what counts as a legitimate shared purpose or joint project. Linguistic competency is an important meta-attribute in autonomy; it is a particular rich skill for self-representation, critical reflection, and imagining and evaluating alternatives. To the extent that lovers depend on dialogue to forge their plans and settle their disagreements, the lover who is less skilled than her partner at linguistic self-expression will often have a hard time communicating and defending her perspective to her lover (Friedman 1998, 172).

The idea of autonomy competencies entails that autonomy is not just ability freely match your actions to your higher-order desires, but the realisation of a series of skills that develops over time. Friedman mentions “questioning, doubting, evaluating, criticizing, defending, reinterpreting, and imagining alternatives” like examples of autonomy skills (*ibid.*, 169). Diana Meyers distinguishes between several categories of relevant skills, such as self-discovery, self-definition and self-direction:

To achieve personal autonomy, one must know what one is like, one must be able to establish one’s own standards and to modify one’s qualities to meet them, and one must express one’s personality in action. Without self-discovery and self-definition, what appears to be self-direction could turn out to be disguised

prescription of love enhancement. That issue, however, is beyond the scope of this paper and shall be left for another discussion.

heteronomy, that is, others' internalized direction (Meyers 1989, 20).

Friedman and Meyers are two examples of *relational* accounts of autonomy which highlight the connection between personal relationships and decision making. Relational approaches offer an alternative to determine whether the changes brought by love are or not damaging for autonomy – and, by extent, whether love drugs are or not damaging for autonomy. For example, it may be that climbing has enhanced Pedro's skills of self-discovery, by seeing himself out of his medium and testing his mental and physical resistance. In such case, Ingrid's influence may have improved Pedro's autonomy, despite Pedro's initial choice to go climbing not having been his preference. In both the revelation and the personal change scenarios, Reynolds's autonomy may also be enhanced with the development of self-discovery skills, such as display of emotion and openness to vulnerability. Those could then be considered an acceptable case of love enhancement under this view on autonomy.

On the other side of the spectrum, Carl continuously acts in detriment of Claire's self-direction skills, so the choices which Claire makes on the basis of the relationship are not to be considered as a development of her autonomy skills. Admittedly, there is disagreement on whether Claire's choice of love drugs could be considered autonomous on the basis of the oppressive relationship she is in. Andrea Westlund, for example, defend the autonomy of what she calls 'deeply referential agents': "Pressed to explain why they always defer, such agents simply persist in deferring their interlocutor to the perspective of those to whom they defer" (Westlund 2009, 33). Deeply referential arguments need not be non-autonomous if they can reasonably defend to others their commitment to have are their choices decided by

others according to Westlund. In other words, Claire could be autonomous in her choice of love enhancement even if her reason is “I did it because Carl said so”, as long as she is able to reasonably defend this choice to others (see Christman 2004 for the opposite position; and Friedman 2003 for a different argument on autonomy being potentially maintained in coercive situations).

In relational accounts, determining what free choices are is more complex than just appealing to the fulfilment of higher-order desires. Different people can have different abilities, and the development of abilities is deeply influenced by socialization – women, for example, tend to develop skills of self-discovery, while education of men tend to prioritize self-direction (Mackenzie and Stoljar 2000, 18). Meyers warns that

self-discovery and self-definition can also be influenced socially. Introspection may find a thoroughly conditioned self. Likewise, a decision to change may reflect socially instilled values and preferences, and a meta-decision confirming that decision may again reflect socially instilled values and preferences. In sum, self-administered checks on the autonomy of the individual may themselves be products of socialization, and any review of these reviews may be socially tainted, as well (Meyers 1989, 20).

It is not my aim here to go into a detailed description of these accounts, or argue for one of them specifically. My aim here is to point out that departing from a hierarchical approach opens the debate of love enhancement to different views on autonomy, better suited to accommodate the possibility of personal change within the debate of love enhancement. By understanding better the different influences that come into people’s choices, instead of setting the impossible requirement that these choices are made without due influence, we will be better equipped to analyse the

actual risks and benefits of love enhancement. My last observation will be that this shift should be accompanied by a more extensive consideration of the notion of informed consent, where freedom from undue influence seems to be doing all the work in the current view.

Anita Ho discusses a case of a man who, just before his surgery, had decided to forego reanimation. However, after talking to his wife, he changed his mind (Ho 2008, 128). The doctor treating this patient considered he had been subject to undue pressure, but Ho argues that his interpretation results from working concepts of informed consent not accommodating how consulting people they are close to can improve a patient's autonomy in deciding treatment. Susan Dodds argues that making informed consent the "sole locus" for autonomy in medical treatment makes it easy to overlook other limitations of autonomy in healthcare (Dodds 2000, 2013). This stance, Dodds says, presupposes that all patients are autonomous in absence of pathologies and that lack of autonomy is often pathological; sees the patient as passive; and ignores that conditions of healthcare themselves influence consent (*ibid.*, 215). We saw a similar approach in the case of coercion and love enhancement. Earp and Savulescu assume that all potential patients of love enhancement are autonomous in absence of coercion (on the three scenarios described in § I.5). I have now argued that this is not true. In their view, coercion is always seen as an undesirable; but Reynolds seems to fulfil the conditions for permissible love enhancement despite his initial lack of consent. Crucially, Dodds argues that a skill-based approach to autonomy puts into question the 'informed' part of consent: "Depending on the array of autonomy competencies that can be summoned in a task, a person may be better or less able to use information critically to determine how to choose authentically" (*ibid.*, 231). Dodds acknowledges that relational approaches launch at least as many questions as they answer with respect to informed consent; I think



the same applies in the case of love enhancement. However, I follow Dodds in her assertion that “bioethicists who wish to respect autonomy should ensure, among other things, that they recognize autonomy in all its complexity” (*ibid.*, 232).

## Conclusion

In this paper, I have not tried to present an argument against love enhancement, or against Earp and Savulescu’s view wholesale. To be clear, I believe that if love drugs and anti-love drugs prove effective, they could help the people in their paradigm cases – Bonnie, Stella and Mario. What I do not believe is that we will find it easy to distinguish between Stella and Mario (who seem to individually reach the choice of love enhancement) and Ingrid and Pedro (who decide to undergo love enhancement on the basis of Ingrid’s convincing Pedro).

I do not intend to claim, either, that Earp and Savulescu’s account is completely incompatible with non-individualistic views of autonomy. It could be that once the tensions I have noted here and the challenges from non-paradigmatic cases are faced, there is a way to accommodate the examples I present. However, this is not the case in the current formulation of the view, with the current assumption of hierarchical autonomy as the obvious way to explain the choice of enhancement. Like Earp and Savulescu rightly point out, love and anti-love drugs are to be prescribed in combination with other psychosocial interventions, so determining the specific dynamics in particular relationships may just be a task for therapists. Nevertheless, it is up to philosophers to provide healthcare professionals with the best possible bioethical background in order to ensure that love enhancement is used only when it can improve autonomy. I consider the criticisms I present

a starting point to solve a gap in that ideal bioethical framework, which need to stretch beyond paradigmatic cases.

*Tilburg University*

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