

After Prozac

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I. Introduction

In *Listening to Prozac*, the psychiatrist Peter Kramer describes the dilemma he faced when patients cured of their depression by Prozac asked him to continue prescribing the drug in order to help them feel ‘better than well’:

After about eight months off medication, Tess told me she was slipping. ‘I’m not myself,’ she said. New union negotiations were under way, and she felt she could use the sense of stability, the invulnerability to attack, that Prozac gave her. Here was a dilemma for me. Ought I to provide medication to someone who was not depressed?¹

Kramer’s account illustrates both the striking transformative possibilities of pharmacological mood enhancers, and that there is a demand for such enhancers among those who know of these possibilities.

Despite the furore that followed Prozac’s introduction in the late 1980s, which focused debate on the acceptability of a drug that could do more than merely cure illness, pharmacological mood enhancement—that is, the use of drugs to improve mood beyond a level that is merely normal or healthy—is much older. Individuals have long been able to take caffeine, amphetamines, barbiturates, benzodiazepines, and other psychopharmaceuticals to affect their moods and emotions. Looking to the future, advances in neurotechnologies and genetic engineering may lead to the development of ‘neuroceuticals’—neuromodulators that target multiple subreceptors in specific brain neural circuits—and ‘geneceuticals’ that modify the genetic basis of our emotional capacities. With these advances, we may be able to produce effects similar to those of current pharmaceuticals with greater efficiency and fewer side effects. As the possibilities and demand for mood enhancement increase, existing legislation will prove inadequate, designed as it is to regulate pharmaceuticals mainly for therapeutic use. In this paper, we consider why mood enhancement might be desirable, explore some key ethical issues associated with it, and suggest how policy-makers can respond to ensure that people use mood enhancement safely and responsibly.²

II. Why mood enhancement might be desirable

¹ Kramer, P. D. (1993) *Listening to Prozac*, 2nd edition (London, Penguin); p. 10.

² We assume throughout this paper that it is possible to regulate or induce pharmacologically certain emotions in appropriate circumstances. See, e.g. Wasserman, D., and S. Matthew Liao. "Issues in the Pharmacological Induction of Emotions." *Journal of Applied Philosophy* 25, no. 3 (2008): 178-92; Liao, S. Matthew. "The Idea of a Duty to Love." *Journal of Value Inquiry* 40, no. 1 (2006): 1-22, for this point.

There are many reasons why we might seek to induce feelings we lack, in order to experience a particular emotion, or to experience it more fully. Emotions can be a source of insight into or appreciation of what we value in an object, situation, or person. For example, if someone with whom you thought you had a close relationship passed away but it turns out that you do not feel any grief, this may provide some insight into the nature of your relationship with this person. And we may be expected or required by our social roles and relationships to have certain feelings.³ There are occasions when emotions that seem appropriate for certain circumstances are not forthcoming, for a variety of psychological or physiological reasons. For example, we may want to be happy for a friend who is getting married, but we may be too stressed to enjoy the friend's wedding celebration. Or we may have neurological incapacities that prevent us from feeling a range of affective states. Being able to regulate or induce certain feelings in appropriate circumstances can help us in several ways. We might feel better just by being able to experience emotions that should come naturally. It can be frustrating not to be able to experience joy when one knows one should, and when all those around one seem joyful.

Moreover, we arguably owe the people to whom we stand in close personal relationships certain emotional responses—not because those responses promote their welfare directly or indirectly, but because we cannot relate to them in the way we should unless we have such responses⁴. For example, instead of feeling spontaneous love for their newborn child, it is common for mothers—perhaps owing to postpartum depression—to feel instead estrangement and resentment. Or, step- or adoptive parents might really want to love their step- or adopted children, but find it very difficult to do so. On these occasions, it can be frustrating not to be able to exhibit the kind of love that children need. If pills that could induce the feelings associated with parental love were available, this might enable one to provide the kind of love that children need, thereby relieving this frustration. Indeed, in being able to induce parental love that one does not feel spontaneously, one may also be able at least to partially fulfill a duty to love a child.

Mood enhancement could also benefit the community as a whole. Consider that many societal problems are the result of collective action problems, according to which individuals do not cooperate for the common good. In a number of cases, the impact of any particular individual's attempt to address a particular problem may be negligible, whereas the impact of a large group of individuals working together may be huge. For example, while air travel contributes to climate change, individuals may see little reason to avoid travelling by air, since commercial planes will make their journeys regardless of whether or not any particular individual decides to travel. However, if people were generally more willing to act as a group, and could be confident that others would do the same, we may be able to enjoy the sort of benefits that arise only when large numbers of people act together.

Mood enhancement drugs could potentially help with such collective action problems. While altruism and empathy have large cultural components and are strongly affected by individual moral choices, there is evidence that they also have biological underpinnings. Indeed, test subjects given the prosocial hormone oxytocin were more

³ See, e.g., Liao, S. Matthew. (2006) 'The Right of Children to Be Loved', *Journal of Political Philosophy*, 14, 4, pp. 420-40.

⁴ Liao, "The Idea of a Duty to Love," op. cit.

willing to share money with strangers⁵, and to behave in a more trustworthy way⁶. Also, a noradrenaline reuptake inhibitor increased social engagement and cooperation, and reduced self-focus during a mixed-motive game⁷. And, oxytocin appears to improve the capacity to read other people's emotional state, which is important for empathy⁸. This suggests that administering these chemicals to individuals could help us act together to solve important problems.

III. Would using mood enhancements harm others?

In modern, liberal societies like the UK and the US, much concern about novel developments centres on issues about harm and fairness: to what extent is developing these technologies safe, to what extent is using them likely to harm others, and to what extent might it exacerbate existing inequalities?

i. Harm That the development of mood enhancement drugs might harm people during clinical trials applies generally to drugs and experimental medical procedures. So the potential harms to people of developing mood enhancement drugs should be minimised using the same methods used to minimise potential harms arising from medical technology generally.

Once these drugs have been developed, tested, and made available to the public, assessing whether and how mood enhancement technology can be used without significantly harming others requires an assessment of its risks. It is worth remembering that when assessing the risks of novel technology, it can be tempting to focus only on the potential harms, without balancing them against the potential benefits. Many opponents of enhancement fail to take into account its potential benefits, leading to an overly pessimistic view of it⁹. The enormous market in self-help books alone should give us pause before discounting the potential benefits of mood enhancement: an enormous number of mentally healthy people want to improve their mood, and are willing to pay generously in order to do it.

In assessing how mood enhancement might be harmful, we should take care to distinguish genuine harms from what merely appear to be harms, perhaps because of our cultural viewpoint. In some cases, the circumstances in which using mood enhancement drugs is acceptable might be influenced by cultural considerations. Consider bereavement. In the US, it is common to prescribe antidepressants for the bereaved if their grief continues for longer than a year. In rural Greece, however, a mother's grief for a lost child, or a wife's grief for her dead husband, is expected to last five years¹⁰.

⁵ Zak, Paul J., Angela A. Stanton, and Sheila Ahmadi. "Oxytocin Increases Generosity in Humans." *PLoS ONE* 2, no. 11 (2007): 1-5.

⁶ Zak, P. J., R. Kurzban, and W. T. Matzner. "Oxytocin Is Associated with Human Trustworthiness." *Hormones and Behavior* 48, no. 5 (2005): 522-27.

⁷ Tse, W. S., and A. J. Bond. "Difference in Serotonergic and Noradrenergic Regulation of Human Social Behaviours." *Psychopharmacology* 159, no. 2 (2002): 216-21.

⁸ Domes, G., M. Heinrichs, A. Michel, C. Berger, and S. C. Herpertz. "Oxytocin Improves "Mind-Reading" In Humans." *Biological Psychiatry* 61, no. 6 (2007): 731-33.

⁹ See, for example, Kass, L. (2003) 'Ageless Bodies, Happy Souls: Biotechnology and the Pursuit of Perfection', *The New Atlantis*, Spring: 9-28; Sandel, M. (2004) 'The Case Against Perfection', *The Atlantic*, April: 1-11; Fukuyama, F. (2002) *Our Posthuman Future* (New York: Farrar, Straus and Giroux).

¹⁰ Schwartz, R. S. (1991) 'Mood Brighteners, Affect Tolerance, and the Blues', *Psychiatry*, 54, pp. 397-403. Cited in Kramer 1993.

Adherents to each of these cultures, then, are likely to disagree about what constitutes an appropriate duration of grief; and consequently views about when it might be appropriate pharmacologically to lift one's mood might vary between these cultures. However, mood enhancement should not be about helping people conform to cultural expectations,. Since it might be desirable to enhance mood even when doing so does not conform to what is culturally acceptable, it is important to give due consideration to cultural issues and how they might affect one's judgment about the acceptability and harmfulness of mood enhancement.

Keeping these considerations in mind, how might mood enhancement drugs harm others? One way is by inducing emotional and mood states that increase the possibility that the user will harm others. These states could be induced either as intended enhancement effects or as unintended side-effects. As an example of an intended affect, guilt is unpleasant to experience, and the anticipation of feeling it can inhibit our behaviour, such that we avoid behaving in a way likely to result in guilt. Since guilt, when functioning properly, is felt in response to acting immorally, our avoidance of acting in a way likely to result in guilt helps to prevent us from acting immorally. Except perhaps in cases of people whose guilt may be deemed pathological¹¹, altering mood such that our experience of guilt is subdued or diminished may turn out to be disastrous, since it may result in an increase in immoral behaviour, which is likely to be harmful to others. As examples of an unintended side-effect, someone who believes that he is too shy and unassertive, and who wishes to use mood enhancement drugs to change this, might fail to strike the right balance and render himself over-aggressive rather than merely assertive.

Devising policies to guard against this sort of effect demands a multifaceted approach. There is obviously a case for restricting those drugs that are known to induce potentially harmful mood states and for adopting a cautious attitude towards drugs whose effects are not yet fully understood, at least in the absence of known great benefits. But matters are more complicated when we consider the possibility of drugs whose effects are harmless to others when used responsibly nevertheless induce potentially harmful effects when used recklessly. In such a case, we might adopt similar policies to those governing alcohol use. In other words, we might restrict its use by those deemed incompetent, and respond to other cases of irresponsible use by punishing the resulting antisocial behaviour rather than further restricting the drug's use. The latter would introduce an incentive to use mood enhancement drugs in ways that are not harmful to others, and could be combined with educational campaigns designed to inform people about how to enhance responsibly.

Another way in which mood enhancement drugs might harm those who do not choose to use them is through their surreptitious use by unscrupulous governments. Imagine a drug that reduces aggression and renders users more easy-going. When taken by stressed individuals, it may improve well-being by making users more relaxed and contented. However, used on a population-wide scale, it could have the unpalatable effect of making people more accepting of an unjust political regime about which, unmedicated, they would be very angry. That some scientific knowledge and developments can, in the wrong hands, be used to promote unethical ends is a problem

¹¹ For example, some people feel guilt in response to eating. See, for example, Frank, E. S. (1991) 'Shame and Guilt in Eating Disorders', *American Journal of Orthopsychiatry*, 61, pp. 303-306.

that applies to scientific research generally¹². It is beyond the scope of this paper to discuss this matter at any length, but we envisage that citizens of liberal and democratic nations would require transparency from their governments and that they would expect to be informed and consulted regarding such possibilities.

ii. Inequality When they first appear on the market, many novel technologies are expensive and therefore available only to the few who can afford them. If mood enhancement is available only to the rich, the disparity between the quality of life enjoyed by the rich and the poor could become greater as the rich become happier in comparison to the poor, thus adding to the existing advantages that the rich enjoy. Any society that cares about equality should regard it as highly important to minimise this effect. There are a number of ways in which this could be done. One way is to tax those who enhance, and use the proceeds to subsidise enhancement for the disadvantaged. However, such an approach presupposes an infrastructure that recognises the benefits of using drugs for enhancement as well as for therapy. Such an infrastructure is currently lacking. Drugs are funded, developed and prescribed for therapeutic use, but not for enhancement use. That some drugs turn out to have enhancement effects is a lucky accident, and those healthy individuals wishing to take advantage of a drug's enhancement effects must currently either find an open-minded physician who is willing to prescribe the drug for this purpose, or become diagnosed with some condition that would bring the prescription of the drug under the umbrella of therapy. This infrastructure itself is a potential source of inequality, since those with sympathetic physicians, or with knowledge of how to get themselves diagnosed appropriately, will gain access to enhancement drugs while others go without. Rethinking the way in which we as a society uses prescription drugs therefore seems a necessary step on the way to ensuring that enhancement benefits everyone¹³.

However, even ensuring that the use of mood enhancement drugs does not significantly harm others or exacerbate inequalities is not sufficient for ensuring that it is used responsibly. Consider the users of the fictional soma in Aldous Huxley's *Brave New World*, who exist in a state contented of apathy despite living in a dystopic society. A drug like soma could be used in ways that do not significantly harm others, and could be distributed fairly and equally; but its effects are nevertheless highly disturbing, and few would relish living in a society in which large numbers of people used such a drug. This demonstrates that a society that embraces mood-altering drugs ought not to content itself with addressing concerns about harm to others and equality. We are uneasy about drugs like soma because of their effects on those who use them: users end up living lives that are in some sense impoverished.

We might categorise this worry as one about self-harm. In one sense, the idea of drugs harming those who use them is very familiar: drugs can cause all sorts of harmful side-effects that we attempt to minimise by testing them rigorously before making them available to the public. However, there are also varieties of self-harm that are peculiar to mood enhancement, and which should be considered by anyone intending to use mood

¹² For a discussion of the problem, see Selgelid, M. (2007) 'A Tale of Two Studies: Ethics, Bioterrorism, and the Censorship of Science', *Hastings Center Report*, 37, 3, pp. 35-43.

¹³ For a more detailed discussion of the problems created by the view that the proper use of drugs is exhausted by their therapeutic use, see Bostrom, N. and R. Roache, 'Smart Policy', this volume.

enhancement drugs, and by any society considering embracing them. We consider some of these issues in the next section.

IV. Would using mood enhancements harm users?

i. Authenticity One concern about self-harm relates to authenticity; in particular to the question of whether pharmacologically-induced emotions would really be ‘one’s own’.¹⁴ The notion of ownership here is akin to Harry Frankfurt’s notion of identification.¹⁵ According to Frankfurt, for one to be morally responsible for an action, the desire behind it must be one with which one identifies. For Frankfurt, this means that desire must be endorsed by a higher-order desire: we must desire to act upon that desire. Frankfurt goes so far as to hold that we are not fully responsible for actions that are not ‘wholehearted’; that is, actions that arise from desires opposed by other desires of the same order, or by any higher-order desire. Similarly, some philosophers claim that for an emotion to qualify as one’s own, the emotion must be fully consistent with one’s beliefs and attitudes.¹⁶

It is certainly true that an emotion unanchored in our beliefs and attitudes would be anomalous. If someone accidentally took a pill that made him feel happy when he thought about his life, but did not believe that he should feel happy, the pill would not have induced the emotions associated with happiness. Also, as Robert Nozick’s ‘experience machine’¹⁷ and the soma users of Aldous Huxley’s *Brave New World*¹⁸ demonstrate, what matters in life is not simply enjoying pleasant experiences. We also want our experiences to bear the right sort of relation to reality. We want to engage with the world, and we care whether things are going well or badly for us. As a result, we want to be able to recognise when life is going well or badly, and to respond accordingly. This points to the importance of maintaining what we might call a healthy outlook on one’s life and the world. Many drugs can induce delusions in users, especially when used recklessly; for example, cannabis can induce psychotic episodes¹⁹.

However, a ‘wholeheartedness’ requirement may be too strong. For one thing, it would deny ownership of emotion whenever we were ambivalent or conflicted. Moreover, we often feel recalcitrant emotions, which seem to conflict with our other attitudes and beliefs, e.g. jealousy at a friend’s success or pleasure at a friend’s humiliating faux pas. Sometimes, these anomalous emotions may reveal that our real attitudes or beliefs are different than we thought. But that is not always the case. We often have unresolved conflicts among our attitudes and beliefs. If our conflicting

¹⁴ This section draws on Wasserman and Liao, "Issues in the Pharmacological Induction of Emotions," op. cit.

¹⁵ See, e.g., Frankfurt, H. (1988) *The Importance of What We Care About: Philosophical Essays* (Cambridge, Cambridge University Press).

¹⁶ See, e.g., Salmela, M. (2005) ‘What Is Emotional Authenticity?’, *Journal for the Theory of Social Behaviour*, 35, 3, pp. 209-30; see also Helm, B. (2001) *Emotional Reason: Deliberation, Motivation, and the Nature of Value* (Cambridge, Cambridge University Press).

¹⁷ Nozick, R. (1974) *Anarchy, State and Utopia* (New York, Blackwell).

¹⁸ Huxley, A. (1932) *Brave New World* (New York, Harper Perennial).

¹⁹ See, e.g., Thornicroft, G. (1990) ‘Cannabis and psychosis. Is there epidemiological evidence for an association?’, *The British Journal of Psychiatry*, 157, pp. 25-33.

emotional responses arise from such conflicting attitudes and beliefs, we regard those responses as fully our own. Wholeheartedness demands too much. In any case, attempts to induce emotions pharmacologically will often be induced by consonant beliefs. It is just because we believe an emotion to be warranted, if not required, that we seek to induce it.

Related to this is the concern that pharmacologically inducing emotions can drastically alter one's temperament and thereby alienate one from one's older, 'genuine' self.²⁰ For example, a person with a morose temperament might develop a cheery one as a result of taking a euphoria-inducing drug to get through a crisis. If he valued and identified with his older, morose self despite his willingness to brighten his mood in exigent circumstances, he would likely find his new temperament profoundly distasteful; the drug would have alienated him from his older self.

It seems quite possible that some emotion-inducing drugs could have such long-term side-effects. If it turns out that they do, it is imperative to make people aware of the risk. On the other hand, a person might take such a drug voluntarily, fully aware of its personality-changing effects. If so, concern about alienation becomes less acute; there is no reason why he should be prevented from choosing to fashion himself into a different person and instead be encouraged to preserve his old personality.

ii. Self-knowledge Another concern is that pharmacologically induced emotions might undermine valuable opportunities to acquire self-knowledge. Our present emotions often give us important insight into ourselves, because they reflect and call attention to our present beliefs, especially those we ignore or suppress. Inducing emotions pharmacologically may obscure beliefs that we are reluctant to acknowledge and confront, by giving affective support to the contrary beliefs we more readily acknowledge. Perhaps we did not value the deceased as much as we think we should have, for reasons it is difficult for us to understand or admit to ourselves. Perhaps we have misgivings about our friend's wedding, out of prudential concerns about the match.

This said, it is worth noting that some people object to the use of SSRIs such as Prozac on similar grounds.²¹ The use of SSRIs is based on a belief that depression is caused in part by serotonin-deficit and can be treated by increasing the brain's level of serotonin. Critics of SSRIs argue that serotonin levels (also) change in response to external events and features of oneself. They fear that taking SSRIs can prevent one from having to confront those events and features. Like depression, a limited capacity to experience certain emotions may reveal hidden problems that we are better off knowing. If this is so, we should certainly be cautious about immediately resorting to pills to induce emotions whenever we find ourselves unable to experience them.

However, such caution is fully consistent with the recognition that in other circumstances, our emotional capacities may be incapacitated beyond our power to restore by self-examination. Very few people would argue against the use of SSRIs by an individual with severe, protracted depression.²² And severe depression is hardly the only

²⁰ See, e.g., Kramer 1993; Elliott, C. (2003) *Better Than Well: American Medicine Meets the American Dream* (New York, W.W. Norton & Company); President's Council on Bioethics. (2003) *Beyond Therapy. Biotechnology and the Pursuit of Happiness* (New York, Regan Books).

²¹ Manninen, B.A. (2006) 'Medicating the Mind: A Kantian Analysis of Overprescribing Psychoactive Drugs', *Journal of Medical Ethics*, 32, pp. 100-05.

²² Wolpert, L. (2001) *Malignant Sadness: The Anatomy of Depression* (London, Faber and Faber).

emotion-blocking condition that is beyond our control. If depression can blunt our capacity to feel emotion, trauma can cause us to repress it.

It is also possible that individuals can know the roots causes of their problems without being able to resolve them on their own. For example, a person with severe depression may already know why she is depressed, but simply be unable to get out of it by her own efforts.

Furthermore, whether it is appropriate to enhance one's mood might also depend on the manner in which the mood is experienced. For example, while the ability to experience acute pain can be beneficial since it can alert us to problems with the body, there is less to be gained from being able to tolerate chronic, pathological pain, such as the pain that amputees sometimes feel in their phantom limbs. In the case of the latter, it seems better where possible to alleviate the pain rather than to attempt to remove the source. The acute-chronic model is instructive in thinking about emotional and mood states. While some unpleasant states like anxiety and depression may be appropriate and valuable in some cases, they can be disruptive and disabling if they continue indefinitely and bear no relation to the state of the subject or the world around her. There may be a case for enduring some of the former, 'acute', types of state; but the latter, 'chronic', types of state serve no useful function and are better alleviated.

However, even if inducing emotions with a pill denies self-knowledge or self-protective insight, it is worth asking why we should object if someone with mild incapacities does so. Safety issues aside, why should we discourage him from trying to treat his emotional incapacities pharmacologically when we do not discourage people from taking medicine for mild colds and mild depression, even when it may be better in the long run for them to acquire natural resistance or work out their problems? Without conveying disapproval, though, we may remind the individual that that his mild incapacities can become more severe unless he takes the time to examine their root causes.

In this regard, it is worth noting that there is evidence to suggest that mentally healthy individuals hold a variety of overly positive illusions about themselves, and that their mental health is tied to their holding such illusions; whereas mentally unhealthy people perceive themselves, the world, and their future more accurately²³. This research has been disputed²⁴, but if there is any truth in the claim that illusions about oneself and the world promote can mental health, there are implications for our assessment of mood enhancement drugs. Specifically, focusing too heavily on the desirability of developing self-knowledge may be counter-productive for our attempts to enhance mood. We may ultimately be forced to choose between two highly valuable mental capacities: happiness and accurately perceiving reality²⁵.

²³ Taylor, S. E. and J. D. Brown (1988) 'Illusion and Well-Being: A Social-Psychological Perspective on Mental Health', *Psychological Bulletin*, 103, pp. 193-210.

²⁴ See, for example, Colvin, C. R. and J. Block (1994) 'Do Positive Illusions Foster Mental Health? An Examination of the Taylor and Brown Formulation', *Psychological Bulletin*, 116, pp. 3-20.

²⁵ For an account of how we might use enhancement to realise both increased happiness and an accurate perception of oneself and the world, see Roache, R. (2007) 'Should We Enhance Self-Esteem?', *Philosophica*, 79, pp. 71-91.

iii. Narcissism Emotions could become narcissistic, that is, overly self-absorbed, when the focus shifts from their object to their subjective experience.²⁶ One would certainly feel that the experience of mourning had become debased if the conversation at a funeral was almost exclusively about the survivors' feelings rather than the deceased's life.

At the same time, the claim can be overstated. It is surely not narcissistic for a parent to take notice of her lack of emotional sensitivity to her children's tribulations and triumphs, especially if that notice leads her to take a greater interest in her children's lives. Of course, if she took a pill to increase her emotional sensitivity without attempting to increase her involvement in her children's lives, her effort might well seem cosmetic. But if she took the drug to deepen her emotional and social involvement in her children's lives, it would appear to be an acceptable means to achieving a stronger relationship with them.

iv. Instrumentalization A further worry about the pharmacological induction of emotions is that it may involve treating ourselves as mere means, or instrumentalizing ourselves, rather than treating ourselves as ends.²⁷ According to this line of thought, we are ends because we are rational agents capable of moral deliberation. We treat ourselves as ends when we try to modify our emotions by engaging with our beliefs, but we treat ourselves as mere means when we fail to engage with our beliefs. Using pills to induce emotions means that we fail to engage with our beliefs. Therefore, in doing so, we treat ourselves as mere means.

This objection certainly has some force in third-person contexts, for example, where one person is advising another regarding whether to take this kind of pill. If a counselor advised someone to take a grief pill without finding out whether he really believed that he should grieve relative's death, it could be argued that the counselor was not treating the patient as an end. However, suppose that advice concluded a thoughtful, probing discussion with the patient, which revealed the strength of his attachment to his relative and his recognition of a duty to mourn the relative. Arguably, the counselor would have respected the individual as an end in advising him to take the pill.

This contrast is equally relevant in first-person contexts. If I took such a pill without even thinking about whether it was the right course of action for me, then I may indeed be instrumentalizing myself by failing to engage with my beliefs and values. However, if I take the pill after careful self-examination, I arguably have treated myself as an end. I hardly fail to engage with my beliefs if I seek to deepen or intensify them by inducing appropriate feelings. It is only if I ignore my beliefs or the conflicts among them that I treat myself with disrespect.

v. Duty One way in which the capacity to regulate emotions pharmacologically may affect our responsibility for our emotions is in limiting our excuses for failing to have the appropriate ones. Even if we have a duty to have certain emotions, we are excused from fulfilling it if our best efforts are unavailing. Alternatively, our duty may be only to make our best efforts. The availability of a pill may limit our excuses by making our efforts more likely to succeed.

²⁶ Pugmire, D. (2005) *Sound Sentiments: Integrity in the Emotions* (Oxford, Oxford University Press).

²⁷ See, e.g., Freedman, C. (1998) 'Aspirin for the Mind? Some Ethical Worries About Psychopharmacology', in E. Parens (ed.) *Enhancing Human Traits: Ethical and Social Implications* (Washington, D.C., Georgetown University Press), pp. 135-50.

This hardly means that someone who is initially deficient in a required emotional response must immediately take a pill. It is important to remember that when natural emotions are not forthcoming, there are various other means of coaxing or evoking them. Those other means may be at least as effective as a pill, and have fewer of the moral risks outlined above. That said, we might sometimes find a pill more efficient than, or simply preferable to, other means. If so, then assuming that the conditions of authenticity are all met, and that we are aware of the problems of self-knowledge, narcissism, and self-instrumentalization, it may well be acceptable to take a pill as means to discharge one's duty. It may even be morally incumbent on us to do so if no other means of inducing the emotion are effective.

vi. The government's role in preventing self-harm How can a government act to ensure that its citizens use such drugs in ways that do not cause the sort of self-harm described above?

We can begin by noting that, in most liberal societies, people expect the state to intervene and prevent mentally sound citizens from pursuing a given activity only when it has compelling reasons to do so. Such reasons usually involve the possibility of significant harm to others. For example, it is impermissible to drive whilst drunk because of the increased possibility of harming others in a collision. Legislation to prevent mentally sound people from pursuing activities unlikely significantly to harm anyone—such as legislation restricting the practice of homosexuality—is increasingly viewed as an unacceptable infringement on liberty, as attested by the increasing number of Western countries that legally recognise same-sex civil partnerships. Restricting the use of mood enhancement drugs because of concerns about the sorts of self-harm just described would, therefore, go against the grain of liberalism.

However, there are ways in which policy-makers can help to ensure that people do not harm themselves that do not involve restricting resources or activities that could potentially harm users. People can harm themselves by eating an unhealthy diet, having sex without using a condom, crossing the road without first checking for oncoming traffic, and getting insufficient sleep; yet the government does not respond by legally requiring that people eat healthily, have safe sex, cross the road responsibly, and sleep well. Instead, the government funds educational campaigns designed both to inform people about the importance of eating healthily, having safe sex, and so on, and to provide guidelines on what sort of behaviour qualifies as eating healthily and having safe sex. Consider, for example, the UK government's '5-a-day' campaign, which encourages people to eat at least five portions of fruit and vegetables per day²⁸. The campaign website explains why healthy eating is important and how to eat healthily, as well as providing resources to make the message easy to understand. As such, the government sets out to achieve its aim of having people eat healthy food by providing information, education, and encouragement, rather than by legislation that restricts consumption of less healthy food. A similar approach might be appropriate in the case of mood enhancement drugs: those drugs that pose a serious risk of harm to users and others could be restricted or made available only on prescription from qualified professionals, whilst other drugs could be made more freely available, and accompanied by a high-profile

²⁸ <http://www.5aday.nhs.uk>

awareness campaign to help ensure that people use enhancement in ways that do not cause more subtle forms of self-harm.

V. Policy implications

To summarise, the benefits of using mood enhancement drugs, both for the individual and for the community, are potentially great. In order to make the most of these benefits while still taking a responsible stance towards enhancement, policy-makers in liberal societies would be advised to guard against being overly risk-averse when evaluating this technology. It is easy to fall into the trap of supposing that the current status quo represents an acceptable state-of-affairs, from which point of view losses loom larger than gains. However, doing so could squander many beneficial opportunities.

Harm to others and inequality are of great importance when formulating mood enhancement policy. In assessing harms, policy-makers should take care to consider only genuine harms that are not overly influenced by cultural considerations. We have suggested that their aim should be to protect citizens, not to ensure that they conform to a culturally desirable model.

Guarding against inequality may require some fundamental changes to the way in which medicines are developed and licensed. While subsidising enhancement for the poor is worth considering, turning this into a workable solution requires viewing enhancement as a worthwhile use of medicines.

Considerations of harm to others and inequality take us only part of the way towards an acceptable mood enhancement policy, however. We have seen that the dangers of self-harm should not be underestimated. Minimising the risks of these dangers may best be achieved through educational and awareness campaigns rather than by legislation to restrict the use of mood enhancement drugs. Such an approach would be commensurate with the way in which liberal governments attempt to deal with issues of self-harm more generally.²⁹

²⁹ We would like to thank Steve Clarke for his very helpful comments on an earlier version of this paper.