

Issues in the Pharmacological Induction of Emotions

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Abstract

In this paper, we examine issues raised by the possibility of regulating emotions through pharmacological means. We argue that emotions induced through these means can be authentic phenomenologically, and that the manner of inducing them need not make them any less our own than emotions arising “naturally.” We recognize that in taking drugs to induce emotions, one may lose opportunities for self-knowledge; act narcissistically; or treat oneself as a mere means. But we propose that there are circumstances in which none of these concerns arise. Finally, we consider how the possibility of drug-regulation might affect duties to feel emotions.

I. Introduction

Individuals have long been able to take caffeine, amphetamines, barbiturates, benzodiazepines, and other psychopharmaceuticals, to affect their moods and emotions. In recent years, a number of selective serotonin reuptake inhibitors (SSRIs) such as Prozac (fluoxetine) have also been prescribed to individuals – with or without severe depression – to help them feel “better” – happier, more engaged, and more energized.¹ Advances in neurotechnologies and genetic engineering may lead to the development of “neuroceuticals” – neuromodulators that can target multiple subreceptors in specific brain neural circuits, and “geneceuticals” that can 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 precision and efficiency and fewer side effects.²

Setting aside issues of safety and justice, which are common to all new biotechnologies, this paper will address several distinct concerns raised by the possibility of regulating emotions pharmacologically.³

We first discuss the very possibility of inducing emotions pharmacologically, in terms of contemporary accounts of what emotion are. In light of this discussion, we then explore the reasons that people have for regulating emotions by drugs or other external means. Next, we consider whether, on the most plausible accounts of what emotions are and how they can be induced, pharmacologically-induced emotions could be “authentic.” We then examine whether, even if induced emotions could be authentic, inducing them pharmacologically would deny opportunities for self-knowledge, be narcissistic or self-indulgent, or treat those in whom they were induced as mere means. Finally, we consider, more speculatively, how duties to feel emotion would be affected if pharmacological regulation were possible.

II. Can We Induce Emotions Pharmacologically?

It will be helpful at the outset to say what we mean by emotions, and what assumptions we make about how they should be understood. First, we will treat feelings and emotions as distinct concepts. We will use “feeling” and “affect” synonymously, as mental states to which the subject has privileged access, if he has such access at all, and which are distinct from thoughts, beliefs, and desires. Though some older theories of emotions hold that emotions are nothing more than affect -- pure “qualia” -- most do not. Moreover, some theories hold that one can have an emotion without any particular feeling, although it

would seem that, by definition, one cannot have an unfeelt feeling.⁴ There are other differences, but for our purposes, we shall use “emotion” as a broader term than “feeling,” in the sense that feelings may on some theories be components or aspects of emotion, but emotions cannot be components or aspects of feeling.

There are at present a number of competing theories of emotions. For example, the perceptual theory first proposed by William James holds that an emotion is the internal perception of certain bodily changes such as heart fluttering, epigastric activity, and shallow breathing, which are produced immediately by our perception of certain features of the world.⁵ According to this view, different emotion-types just involve perceptions of distinctive sets of bodily changes. For example, on this view, being angry is just perceiving certain bodily changes such as faster heart beats, quicker breathing, and so on. One alternative to the perceptual theory is the behavioral theory, which holds that emotions are dispositions to act in a certain way.⁶ On this view, being angry is just being predisposed to act in various ways, such as pounding a table, picking a fight, slamming a door, etc. Finally, a third alternative, and one that many philosophers presently favor, is the cognitive theory, which holds that emotions should be understood as beliefs or desires or judgments.⁷ Robert Solomon says, for instance, “I cannot be angry if I do not believe that someone has wronged or offended me. Accordingly, we might say that anger involves a *moral* judgment . . . An emotion is an evaluative (or a ‘normative’) judgment, a judgment about my situation and about myself and/or about all other people”⁸ There are also combined theories, e.g., Stuart Hampshire’s view that emotions are a mix of feelings and cognitions.⁹ Hence, he writes, “Regret is a mode of unhappiness, or displeasure, conjoined with a thought about the past”¹⁰ Following writers such as

Hampshire, our view is that emotions are a complex of feelings, behavior and cognitions. One of us has argued for this view elsewhere, so we shall not defend this view here.¹¹

In adopting this comprehensive view of emotion, we will be concerned with all the recognized aspects of emotion; so that any pharmacological intervention that passes our muster should satisfy any narrower, less inclusive theory of emotion. Nevertheless, some of the problems discussed below will be more pressing for some theories of emotions than others. The real challenge for pharmacological induction is posed by comprehensive theories requiring a particular relationship between cognitive and affective. The challenge arises because the most attractive theories of emotions not only posit both a cognitive/perceptual and an affective/visceral aspect, but see the two as linked in the intentional character of emotion: the feeling affords a particular way of understanding, construing, or valuing the object of the judgment or belief. It might seem that on such theories, in contrast to simple cognitive and dispositional ones, feelings can be induced but not emotions, because an induced feeling could not bear the appropriate relationship to the object of the judgment or belief. We think this conclusion is too hasty, based on an overly rigid view of the relation between the two aspects of emotion.

The skeptical view about inducing emotion rests on two assumptions concerning the relationship between the affect in, and the object of, the emotion. The first is that the object must be the direct cause of the affect. This requirement can be stated in negative terms – if an emotion appears to be about an object, but its affective component was not caused by thinking about, perceiving, or apprehending that object, then the emotion is false or inauthentic, and the subject is mistaken or self-deceived. The second assumption, or requirement, is that the affect itself must somehow refer to the object, or bear its

stamp. It is not enough that the emotion itself be intentional, that it be about its object; the affective component must also be about that object, attributed to that object, or in some way unique to that object or kind of object. We find both requirements too strict.

The first requirement, that the object of the emotion play a direct or primary causal role in inducing the affective component of the emotion, is overly demanding. If it is understood to require that the object of the emotion trigger it, it is clearly not satisfied by many spontaneous emotions. Often, we are upset or saddened by some recent event, and its affinities to an earlier event induce sadness or grief about the latter. The resulting emotion is about the earlier event, although triggered by the more recent one. Moreover, as one of us has argued, we often try to induce the affective component of an emotion directly or indirectly, sometimes by thinking about its object, but often by directing our attention elsewhere.¹² For instance, we may give ourselves reasons to be joyful at a friend's wedding, in order to make ourselves feel greater joy. We might visit homeless shelters in order to feel greater compassion. We might repeatedly use such techniques to induce a particular affect, in order to become, over time, disposed to having that affect in the appropriate circumstances. If these efforts are successful at inducing the appropriate affect, the emotion seems as authentic as a spontaneous one. If a pharmacologically induced emotion is less authentic, it is not because its object has played only an indirect role in its induction.

Although we will focus on the induction of affect in this paper, we need to challenge even stronger assumption about the induction of the cognitive aspects of emotions – the judgments, construals or “evaluative beliefs” that the affect animates. It is commonly assumed either that we cannot alter these cognitive aspects, or that if we try to

do so, we engaging in self-deception or self-brainwashing. How could we in good faith seek to modify what we believe, and what reasons could we have for doing so?

As one of us has argued, however, these assumptions lose their force, and these question their rhetorical character, once we distinguish factual from valuational aspects of cognitive attitudes.¹³ Clearly, we cannot reasonably attempt to alter our beliefs about the world implicated in our emotions. That is also true of some value judgments, e.g. that it is wrong to gratuitously kill another human being. But many of the construals or evaluative judgments involved in ordinary emotions are more amenable to modification. Many of our positive and negative attitudes are based on the attention or weight we give to certain aspects of the objects towards which we hold those attitudes. We may be able to change our attitudes by altering our focus or emphasis, and we may have good reasons to do so.

Suppose we want to have a more positive attitude toward the environment. We can focus less on the hyperbolic claims of deep ecologists or the discomforts of summer campouts and focus on all the positive things that a better environment can bring us such as better air, nicer landscape, and more habitable climates. If we shifted our focus in a concerted way, there is a good chance we will develop a more positive attitude toward the environment. And, as we discuss in the next section, we may have good reasons for such attitude change. We may have a “higher order” desire to cherish the natural world, or all God’s creation, or we may recognize a duty to act as caring stewards for the environment. We believe, then, that it is often possible and appropriate to alter the cognitive aspects of our emotions. But let us return for now to the affective aspects.

The second requirement is that the affect or feeling itself stands in a particular relationship to the object. Either it must be intentional, referring to its object, or it must

somehow bear the unique stamp of that object or kind of object. We think it would be a category mistake to require the affect itself to be intentional – it is the emotion, as a complex whole, that is “about” its object. Nor do we think that the affect must be unique to objects of a certain kind. It may be a contingent fact that the mental states or events we label as distinct emotions have distinct physiological, neurological, or affective profiles. But we do not think that such uniqueness is necessary, required by our understanding of emotions. Because people with widely varying psychologies and physiologies are thought to experience the same emotions, we doubt that each emotion has a unique psychological or physiological “signature”. It seems more plausible to hold that a range of affective and bodily states can accompany evaluative beliefs about an object to deepen our appreciation of that object, to experience its value or disvalue more fully than we otherwise could. If these states are distinctive, it is because they are experienced in conjunction with those beliefs.

Once we reject the assumptions that the object of an emotion must cause, or be seen as causing, its affective component, and that the affect must refer to its object, it is easier to see how we might induce emotion pharmacologically by providing ourselves with appropriate affect. Take a mundane case of inducing an emotion with a familiar stimulant. You are not a “morning person” and typically spend an hour or so in a pleasant haze before your first cup of coffee. In this haze, you find it difficult to experience strong emotion, and that is part of your reason for prolonging it – it allows you to get a relaxed perspective on the day before plunging into it. But this morning, your spouse starts to tell you about an indignity she suffered at the office the day before, which she hadn’t wanted to disturb your evening by mentioning. You know that she is likely to be justified in her

indignation and you want to share it. But you can't in your present stupor, so you pour yourself a cup of coffee. You hear your spouse's tale of demeaning treatment and you share her anger. The caffeine is a "but-for" cause of your emotion, but so is your wife's narrative, your beliefs about her credibility and the undignified character of the treatment she describes, your valuation of her as an individual commanding not merely respect but admiration, as well as your valuation of your relationship of mutual support. By itself, the caffeine produces nothing more than a "buzz."

It might be objected that this wouldn't count as the pharmacological induction of emotion at all, that the caffeine merely dispelled the haze that blocked your emotional responsiveness. This would not be induction but facilitation, because the buzz from the coffee was not the affective component of the indignation. We agree that someone who merely felt the buzz of caffeine could not claim to feel indignation. But the line between facilitation and induction may not be clear, especially on theories of emotion – which we find more plausible – that do not require a unique or distinctive physiological or affective state for a given emotion. Consider the means at our disposal to promote our indignation if our attention was dulled not merely by a morning haze but by a nasty hangover. We could swallow caffeine pills, swill a hyper-caffeinated drink, or snort adrenalin from a non-prescription nasal spray. Once our heart was pounding louder than our head, we could be very receptive listeners to our spouse's story. The fact that we rightly attributed our initial arousal to the drug and not the story need not make our indignation any less genuine or less discriminating. The arousal, however "artificial", would allow us to share our wife's indignities. If we were listening to a string quartet instead, that state of arousal would hamper rather than enhance our appreciation. And although the detail recounting

of indignities might well alter our physiological and affective state in various ways, we doubt that any of these further changes would be necessary for our emotional response to qualify as indignation.

Moreover, lest one thinks that the indignation one experiences in this case qualifies as authentic only because we initiated the taking of the caffeine pills, or the swilling of a hyper-caffeinated drink, or the snorting of adrenalin from a non-prescription nasal spray, just imagine that our wife, who was very indignant about what she had suffered at the office the day before, decided to force us out of our hang-over by these means (with our groggy assent) before recounting her story. Suppose we still share her indignation after listening to her story, it seems that the fact that she has put us in a state in which we could be receptive to her story would not make the indignation we experience less genuine or discriminating. As another example, sometimes we give credence to the attitudes or opinions a friend expresses after a bout of heavy drinking -- "in vino, veritas"; other times, we dismiss his outburst -- "it's just the liquor talking." In other words, the commonsense ways of discriminating genuine from ersatz emotion would deny authenticity to induced emotions if they were inconsistent enough with the individuals' other emotions, beliefs, or actions, but not merely because they were induced.

It is, of course, a speculative matter whether pharmacology will be able to induce specific emotions, or merely make individuals more susceptible to a wide range of emotions. Our aim is not to make a case for optimism but against categorical pessimism, against the claim that drugs cannot succeed in inducing emotion just because authentic emotion cannot be induced by a drug. Our claim is very modest -- it does not prejudge the

success of pharmacological interventions; it merely holds that there is no a priori reason why a drug could not induce an emotion in someone who could not otherwise experience it.

III. Why Induce Emotions?

As we suggested in the last section, there are several 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. And we may be expected or required by our social roles and relationships to have certain feelings.¹⁴ While that expectation or requirement may to some extent be conventional or culture-based, it need be not be, any more than the role or relationship itself.

There are many occasions when the affect appropriate for certain circumstances is not forthcoming, for a variety of psychological or physiological reasons. For example, we may be too stressed about work to enjoy a friends' 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 feeling in appropriate circumstances can help us in several ways. We might feel better just by being able to experience emotions that should have come naturally. It can be frustrating and isolating 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 responses. This is obviously a controversial claim, and one which we cannot defend here. But if we do have such duties, we may be able to fulfill them by causing ourselves to feel the way that we should (see below, this section, and section. VIII).

To illustrate some of these points, consider the narrator in *Divining Rod*, who describes his response to his father's sudden death:

To my amazement, I found I couldn't muster sadness. I wanted to be in agony, like my mother, shattered and useless, feeling his absence in my body like a wound, but, more than anything else, his death had left me stunned and blank. . . . I spent the rest of that summer trying to be in misery. I went around the house heaving great, heartbreaking, sighs. I'd stand in the front door, glance longingly over my shoulder, and announce that I was going for a drive, as if a drive might be just the thing to get me back on my feet. I was terrified someone would discover I wasn't wretched with loss.¹⁵

For some reason, psychological or physiological, the narrator finds that he cannot grieve over his father's death like his mother. He is frustrated and embarrassed by his lack of grief, wants to share his mother's experience of almost visceral pain, and worries that someone might discover his lack of grief and blame him for his failure. As a result, he attempts to induce grief in himself by the method of external control, heaving great sighs – although to no avail.

The narrator's plight suggests some of the reasons a person would want to use pharmacological means to regulate emotions. Suppose there was a drug that he could

take to induce grief. He might welcome the opportunity to experience the affect that was appropriate to the death of a father, expected of him by his family and community, and perhaps required of a dutiful son. Still, many would doubt that taking such a pill would be an adequate substitute for “natural” grief. That suspicion may be based on a belief that affect invariably play a “diagnostic” role, in revealing the absence, presence, or strength, of pre-existing commitments and values. If the narrator’s inability to grieve revealed a lack of love and concern for his father, then on this view, his induced grief could at best serve as expiation; as penance for, rather than a belated fulfillment of, filial obligations.¹⁶ But even those who would deny emotions such a diagnostic role, that is, as reliable guides to prior commitment, may also deny that we have a duty to feel emotions, based on the conviction that “ought implies can” – that we are only morally required to do what we can -- and from the assumption that we cannot make ourselves feel emotions. One of us has argued elsewhere that this assumption is mistaken; that because we have a variety of direct and indirect methods to induce emotions in ourselves, there are circumstances in which we have a duty to do so. But even if this general point is accepted – and we will not argue for it further– some might doubt that emotions could be successfully induced by taking a drug, because no emotion induced by a drug would be genuine or “authentic.” It is to this claim that we now turn.

IV. Are pharmacologically induced emotions authentic?

The charge of inauthenticity can cover a variety of concerns. Some might contend that authentic emotions can only arise spontaneously, so that drug-induced emotion could not be authentic. But if authenticity requires spontaneity, no attempt to bring about an

emotion could succeed, whether we took a pill or employed one of the more familiar methods of internal or external control. The spontaneity requirement seems too strong.

Experiential Authenticity. A more plausible concern is that pharmacologically induced emotions might not behave like real emotions. If a pill produced only a coarse, ersatz feeling, lacking critical or important features of the spontaneous affect, even those with very different views of what emotion is would agree that such drug-induced feelings would be no substitute for the desired emotion. Indeed, if the narrator of *Divining Rod* took a pill that made him cry at every tribulation, his grief at his father's death, if it could be called that, would seem superficial. Call this the Problem of Phenomenology.

To address this problem, one might propose "success conditions" for drugs that purported to induce emotion. For example, one can normally "turn off" spontaneous affect if the circumstances evoking it no longer obtain. So, if one discovered that a friend whom one thought was dead was really alive, one would typically stop grieving (We say "typically," because, for example, one's grief may have arisen from the identification of one friend as the victim of a fatal crash, when the victim was actually another friend.) Hence, for drug-induced affect to qualify as authentic phenomenologically, one should typically stop having it, or be able to stop having it, if circumstances no longer warrant it. Call this the Responsiveness Condition. This condition may also require attenuation: over time, owing to intervening factors such as the occurrence of new events in one's life, the intensity of an emotion is likely to be reduced, even if one continues feeling it, or even if it can be strongly evoked by particular cues or occasions.

In addition, one can typically have several spontaneous emotions concurrently, e.g., one can typically be happy (about one friend's having a child), sad (about another

friend's death), and angry (about a third friend's dishonesty) at roughly the same time. Hence, in order for a drug-induced emotion to qualify as authentic phenomenologically, its induction should not prevent one from having other emotions, even if those emotions are temporarily muted or eclipsed by the presence of the one induced. Call this the Non-exclusivity Condition.

A further experiential condition might be called Discrimination or Proportionality. The intensity of the emotion produced by the drug must vary with its object. A pill that produced grief as deep and sharp at the death of a total stranger as the death of a parent would not be adequately discriminating. It is not clear if this Condition imposes absolute as well ordinal requirements. Would a drug-taker who felt intimacy-proportionate grief, but at far greater than average intensity, be undergoing an authentic experience of grief, an overdose, or perhaps both? We will not attempt to answer this question here, except to note that engaged, sensitive people vary considerably in the intensity of their emotional responses, so that the range of appropriate intensity appears to be very wide.

Authenticity and Ownership. Another general concern related to authenticity is whether pharmacologically-induced emotions would really be "one's own". Call this the Problem of Ownership.¹⁷ The notion of ownership here is akin to Frankfurt's notion of identification. 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, for 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.¹⁸

It is certainly true that an emotion unanchored in our beliefs and attitudes would be anomalous. If the narrator of *Divining Rod* accidentally took a pill that made him feel sad when he thought about his father, but did not believe that he should feel sad, the pill would not have induced grief. However, a "wholeheartedness" requirement may be too strong. For one thing, it would deny ownership of emotion whenever we were ambivalent or conflicted. While some philosophers, notably David Pugmire, claim that ambivalence reduces or limits the profundity of our emotional experience, ambivalence seems to be a pervasive feature of our emotional lives. Indeed, the presence of conflict may heighten the experience of emotion. Moreover, we often feel recalcitrant emotions, which seem to conflict with our other attitudes and beliefs, e.g. jealousy at a friend's triumph in areas in which we never tried to excel, or pleasure at a friend's humiliating but amusing 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 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. For example, the narrator in *Divining Rod* already believes that he should be grieving over his father's death, though for various reasons he

cannot. In such circumstances, a pill may be able to stimulate the affect that would have ordinarily accompanied the belief.¹⁹

However, even if one lacks strong bonds or fond memories, e.g., one does not believe that one's parent had been a valuable guardian, mentor or companion, one may have the minimal belief that one has a duty to grieve. That conviction, however threadbare, might be enough to encourage one to alter one's attitudes regarding one's father. For example, using non-pharmacological means, one might choose not to focus on the fact that "he was not a great father," and one might choose instead to focus on the fact that "he contributed greatly to society." And, one might use pharmacological means to decrease one's anger about the fact that one's father had not been a great father. If, as a result, one were able to grieve about one's father's death, even though the grieving was induced, it would still seem to be one's own.

Induced Emotions as Self-Alienating. A third general concern might be called the Problem of Alienation: 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 repeatedly taking a euphoria-inducing drug to get through specific crises or fulfill specific duties. 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, the concern about alienation becomes less acute; there is no reason why he should not choose to fashion himself into a different person if that is what he really desired, as long as he was not constrained by obligations to others, e.g., an obligation not to upset the delicate chemistry of a relationship that rested on the partners' contrasting but complementary dispositions.

V. Does using pills to induce emotions undermine self-knowledge?

The charge of authenticity is not the only worry one may have about inducing emotions pharmacologically. Another is that it 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 actually 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 do have misgivings about our friend's wedding, out of prudential concerns about the match or an awkward jealousy.

We argued in the last section that ambivalence need not make emotions less authentic. We often have acknowledged conflicts among our attitudes and judgments, and emotions induced in the face of such conflict may be authentic if they are consonant with some of our evaluative beliefs. But it would be heavy-handed to attempt to resolve such conflicts by inducing strong emotions on one side or the other, relying on dissonance-reduction to avoid the work of painful self-examination. Moreover, we may not fully

appreciate the source our character of our conflicts. In attempt to resolve them by main force, we may deny ourselves the opportunity to learn more about important but uncomfortable beliefs that have insulated from scrutiny and correction. Indeed, the narrator in *Divining Rod* may have been prevented from grieving by unresolved issues with his father. The effort to induce deeper feeling by reflecting on their relationship may have helped him understand and resolve those issues. Had a grief pill been available, he might have been able to avoid that process of painful reflection, with a resulting loss in insight. Call this the Problem of Self-Knowledge.

A first thing to note in response to this concern is 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. For instance, suppose Jane has mild depression. It might be that Jane's experience of depression reflects her awareness on some level that her approach to major life problems was not working. Without pharmacological intervention, she might have tried to deal with her condition by discovering its root causes. By coming to understand those root causes, she would have had a better chance of overcoming her depression. Moreover, this new self- knowledge might have enabled her to prevent more serious depression in the future. However, the argument goes, if Jane used pharmacological means to alleviate her mild depression, she would lose the opportunity, or at least the incentive, to work through her problem in this way. As a result, she would not acquire valuable self- knowledge. She would be more

likely to suffer serious depression in the future, because she had not understood the causes of her mild depression.

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 seriously 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 emotion-blocking condition that is beyond our control. If depression can blunt our capacity to feel emotion, trauma can cause us to repress it. Had the narrator in *Divining Rod* had been unable to grieve because he had repressed painful memories, we should not regard him as taking an objectionable short cut if he used a pill to liberate his emotions.

Moreover, it may well be 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. Perhaps the narrator in *Divining Rod* already knows why he cannot grieve his father's death, but that knowledge does not liberate his grief. If so, the claim that he can gain further knowledge if he does not resort to a pharmacological fix may be unrealistic.

But 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.

IV. Is the attempt to regulate one's emotions pharmacologically inherently narcissistic?

Although he does not directly address pharmacological induction, David Pugmire argues in *Sound Sentiment* that emotion becomes narcissistic when the focus shifts from its object to its subjective experience.²³ Such narcissism both cheapens the emotion and reduces its power to elicit sympathy and support; others are far more likely to share an individual's indignation if he focuses on the indignity he suffered rather than the anger he feels. But to make deliberate effort to regulate one's emotions is necessarily to focus on their subjective experience rather than their object. If one attempts to induce feelings for pleasure, camaraderie, or even out of a sense of duty, "emotion becomes a drug." This objection, it should be noted, applies to all the methods we use to deliberately regulate emotion, internal and external, and not merely to the use of actual drugs.

There is some truth to the concern about focus. One would certainly feel that the experience of mourning had become debased if the conversation at a wake or a funeral

was almost exclusively about the survivors' feelings rather than the deceased's life, goals, longings, and achievements.

At the same time, the claim can be overstated. The passage from *Divining Rod* suggests the difficulty in assessing one's focus and attitude towards one's emotions. Initially, the narrator sounds as if he strongly believes that it is his filial duty to feel his father's absence "like a wound." If he does believe this, the attempt to wound himself emotionally by taking a drug would not seem narcissistic. Perhaps Pugmire would insist that there could be no duty, just because its fulfillment would be inherently narcissistic. But the fact that many of us recognize some such duties suggests that whether one is acting narcissistically or not depends on one's reason for inducing a particular emotion, and that one is not being narcissistic if the purpose is to fulfill a duty to another. A more narcissistic orientation is suggested at the end of the passage from *Divining Rod*, where the narrator describes his terror that "someone would discover I wasn't wretched with loss." This may sound like his perceived deficiency is social, not moral; that is, he is embarrassed at not wearing the right emotions for the occasion. However, it may very well be that it was his sense of having defaulted on a serious duty that made him terrified that his breach of that duty would be discovered.

Moreover, Pugmire would surely not think it narcissistic for a parent to take notice of her lack of emotional sensitivity to her children's tribulations and triumphs, at least if that notice leads her to take a greater interest in her children's lives. Of course, if the parent 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.

VII. Does one instrumentalize oneself by taking pills to induce emotions?

A further worry about the pharmacological induction of emotions is that in manipulating our emotions this way, we may be treating ourselves as mere means, or instrumentalizing ourselves, rather than treating ourselves as ends.²⁴ 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 bypass our beliefs. Using pills to induce emotions bypasses 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 an individual advised the narrator in *Divining Rod* to take such a pill without finding out whether he really believed that he should grieve his father's death or was just trying to wear the right emotion for the occasion, it could be argued that the individual was not treating the narrator as an end. However, suppose that advice concluded a thoughtful, probing discussion with the narrator, which revealed the strength of his attachment to his father and his recognition of a duty to mourn him. Arguably, the individual would have respected the narrator 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 bypassing my beliefs and values. However, if I

take the pill after careful self-examination, I arguably have treated myself as an end. I hardly bypass my beliefs if I seek to deepen or intensify them by inducing appropriate feelings. It is only if I ignore my beliefs, fail to acknowledge, or try to suppress conflicts among them, that I may treat myself with disrespect.

VIII. How does being able to regulate one's emotions pharmacologically affect the duty to have certain emotions?

One way by 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 appropriate emotion, 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.

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 we outlined above. That said, we might sometimes find a pill more efficient than other means, or we might simply prefer a pill to those 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.

The availability of emotion-inducing drugs is relevant to moral assessment even if we see morality more in terms of virtue than duty. We must often struggle with warranted emotion to do what we think is right or best, e.g., to master our fear in order to calm our troops, to suppress our grief in order to help the family of a deceased friend. Following a line of thinking in Aristotle, we might even argue that a person who feels no fear can be bold but not courageous, and a person who can better assist the widow and children of his friend – because he feels no grief at his loss – may be dutiful and helpful, but is not really loyal and loving.²⁵ On the other hand, if an officer deliberately induces fear just so that he can master it and be courageous, or if a (would-be) friend induces grief just so that he can suppress it in order to be loving, we might find his decision to induce the (otherwise warranted) emotion self-indulgent, undermining the kind of virtue he hopes to achieve.

However, this objection may confuse the virtuous with the weak-willed, or akratic, individual. It might indeed be risky and perhaps unacceptable for an akratic individual to take an emotion-inducing pill, since he could succumb to fear or grief and thereby fail to perform his duties. But for the virtuous individual, as Aristotle sees him, fear or guilt are only evaluative, not motivational (Bates), so that a pill that enhanced fear or grief (up to a point) would merely sharpen his evaluation, not encumber his performance of his duties.²⁶

IX. Conclusion

The possibility of regulating emotions through pharmacological means raises a number of distinct and interesting issues. In this paper, we have argued that drug-induced emotions can satisfy reasonable conditions for authenticity. We have maintained that inducing

emotion pharmacologically need not cause self-alienation, undermine opportunities for self-knowledge, promote narcissism, or result in self-instrumentalization, although we recognize that these are significant concerns. Finally, we have speculated about how the availability of drug-regulation may affect duties to have certain emotions.

Our claim has been that it need not be either futile or morally problematic to use drugs or other means to make us have the kind of emotions we want or ought to. If we are correct, then the scope of our duties to others may be far more extensive than commonsense morality supposes. Common sense, of course, recognizes that intimate relationships can demand emotions as well as behavior. We believe that those demands have a moral character, and we have suggested that psychopharmacology may eventually give us a much wider array of means for satisfying them.

On a more theoretical level, we suggest that recognition of the possibility and permissibility of regulating emotions may reduce the extent to which we must have recourse to virtue ethics to explain a range of moral judgments. A person who at present cannot, try as he might, feel joy at his child's growth or sadness at the death toll in the Congo, can be judged as morally deficient only in virtue-ethical terms – as lacking in devotion or compassion. But if he were to acquire means of making himself feel that joy or sadness – means that were not objectionable in any way – his deficiency of character would become a blameworthy omission. Whether we find this consequence encouraging or disturbing may reflect our view of how demanding morality should be.²⁷

NOTES

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- ¹ Elliott, C. (1999) *A Philosophical Disease: Bioethics, Culture and Identity* (New York/London, Routledge).
- ² Lynch, Z. (2004) 'Neurotechnology and Society (2010-2060)', *Annals of the New York Academy of Sciences* 1013, pp. 229-33.
- ³ For discussions of safety and justice issues, see, e.g., Farah, M.J. & Wolpe, P.R. (2004) 'New Neuroscience Technologies and Their Ethical Implications', *Hastings Center Report*, pp. 35-45; Blank, R.H. (1999) *Brain Policy. How the New Neuroscience Will Change Our Lives and Our Politics* (Washington, D.C., Georgetown University Press).
- ⁴ But see Leighton, S. (1986) 'Unfelt Feelings in Pain and Emotion', *Southern Journal of Philosophy* 24,1.
- ⁵ James, W. (1967) 'What Is an Emotion?' in K. Dunlap (ed.) *The Emotions*, (New York, Hafner), pp. 11-13, 15-21, 25-6.
- ⁶ Skinner, B. F., and J. G. Holland. (1961) *The Analysis of Behavior* (New York, McGraw-Hill), p. 213-4. See also Green, H. (1970) 'The Expression of Emotion', *Mind*, 79, p. 552, who argues that definite sorts of behavior are conceptually linked with certain emotions.
- ⁷ See, e.g., Solomon, R. C. (1976) *The Passions* (Illinois, University of Notre Dame Press).
- ⁸ Solomon, R. C. (1977) 'The Logic of Emotion.' *Nous* 11, 41-49, p. 187.
- ⁹ Hampshire, S. (1971) 'Sincerity and Single-Mindedness', in *Freedom of the Mind and Other Essays* (Princeton, Princeton University Press), p. 239. See also Greenspan, P. (1988) *Emotions and Reasons: an Inquiry into Emotional Justification* (New York, Routledge, Chapman and Hall).
- ¹⁰ Hampshire, 'Sincerity and Single-Mindedness', p. 239.
- ¹¹ Liao, S. Matthew. (2006) 'The Idea of a Duty to Love', *Journal of Value Inquiry*, 40, 1, pp. 1-22.
- ¹² Liao, 'The Idea of a Duty to Love', op. cit.
- ¹³ Liao, 'The Idea of a Duty to Love', op. cit.
- ¹⁴ See, e.g., Liao, S. Matthew. (2006) 'The Right of Children to Be Loved', *Journal of Political Philosophy*, 14, 4, pp. 420-40.
- ¹⁵ Knight, M. (1998) *Diving Rod: A Novel* (Dutton).
- ¹⁶ Admittedly, it would seem contradictory to claim a non-instrumental duty to experience (to the extent we can) certain affect in certain relationships, while denying that a failure to experience such affect reveals a

lack of commitment to that relationship or attachment to that person. After all, how can we make sense of a non-instrumental duty to feel rather than to behave if not in terms of the commitment or attachment a relationship requires? We may disagree about what a relationship requires in the way of affect – perhaps, for example, as Dan Moller suggests, bereavement and commitment have a more tenuous relationship, conceptually as well as empirically, than we commonly assume ('Love and Death', *Journal of Philosophy* 2007, pp. 301-316). But whatever affective demands a relationship imposes, a failure or inability to satisfy those demands must reveal a deficiency in one's commitment. That deficiency, however, may not belie the depth and intensity of the relationship. One's commitment may be lacking only in affect, and that may not even suggest any broader deficiency.

¹⁷ See, e.g., Frankfurt, H. (1988) *The Importance of What We Care About: Philosophical Essays* (Cambridge, Cambridge University Press).

¹⁸ 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).

¹⁹ It is possible that inducing an emotion in the face of conflicting attitudes and beliefs might cause us to modify those attitudes and beliefs. We might be more inclined to accept attitudes and beliefs consonant with strong induced emotions, and reject ones dissonant with them. We thank Dan Brock for this suggesting this possibility.

²⁰ See, e.g., Kramer, P.D. (1993) *Listening to Prozac* (New York, Penguin); 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).

²³ Pugmire, D. (2005) *Sound Sentiments: Integrity in the Emotions* (Oxford, Oxford University Press).

²⁴ 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.

²⁵ Aristotle. (1925) *Nicomachean Ethics*, trans. D. Ross (Oxford University Press).

²⁶ Aristotle, op. cit., 1107. See Stark, S. (2001) 'Virtue and Emotion', *Nous* 35, pp. 440-55. In contrast, writers like McDowell hold that the courageous do not feel fear: to feel fear would be to be motivated by it, however slightly, thereby losing the unity of motivation that the virtuous person possesses. One holding this view of emotion and virtue would reject different prescriptions for the virtuous and akratic; neither should take a fear-inducing pill in order to be courageous. It is unclear whether those holding this view would approve pill-taking that promoted the unity of emotion; we suspect that they would reject any pharmacological expedients, although we are not sure what arguments they would offer. McDowell, J. (1997) 'Virtue and Reason', in R. Crisp and M. Slote (eds.) *Virtue Ethics* (Oxford, Oxford University Press), pp. 141-162.

²⁷ We would like to thank Julia Tao, Wibke Gruetjen, two anonymous reviewers, and audiences at the World Congress of Bioethics in Beijing, China, for their helpful comments on earlier versions of this paper. One of the authors also gratefully acknowledges support from NIMH/NHGRI Grant No. MH073685.