

Do mood-enhancement threaten our authenticity? Comparing pharmacological mood-enhancement and CBT¹⁾

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In this paper, I will discuss the ethical concerns about pharmacological mood enhancement, by comparing pharmacological means and psychotherapeutic interventions, which seem less threatening to our wellbeing, to find the reasons for concern for chemical means and mood enhancements in general.

The Problems of Mood Enhancement

In recent years, increasing number of Japanese scholars are interested in mood enhancement by technologies. I think it is because (1) they are less fanciful than any other enhancement technology (e.g. genetic enhancement). We already have varieties of psychoactive stuff (alcohol, caffeine, nicotine, tranquilizer, anti-depressant, stimulant, recreational, etc.). Sometimes anti-depressants can dramatically affect the personality of the patient of depression (Kramer 1993). Surely newer drugs and techniques will be developed in the near future. (2) It directly relates to our happiness/well-being in the sense both of felt happiness and of human activities, so that to think about such enhancement technologies will give us important insights.

Most of the Japanese critics seem to ground their case against mood enhancements mainly on that biochemical mood enhancements threaten our authenticity and our authentic happiness.

Findings of Positive Psychology

Mood enhancing techniques discussed so far by Japanese and other scholars are mainly pharmacological or genetic. But I would like to shift our focus to “Positive Psychology” and Cognitive Behavioral Therapy (CBT) for a while.

Since 1990's, Martin Seligman and his colleagues have advocated Positive Psychology, or psychological studies of happiness, and effective intervention. Instead of studying unhappy people as in the past, they began studying happy and active people. Now they suggest many interesting findings.

One finding of happiness studies is that our subjective wellbeing (happiness) is strongly influenced by

genetic factors. The Big Five personality traits (esp. “Neuroticism” and “Extroversion”) are strongly correlated with felt happiness. Such personality traits are known to be strongly influenced by genetic factors, and perhaps have biological bases. Each individual seems to have so-called “happiness set point”, and tends to maintain certain constant happiness level. It is suspected that nearly half of our happiness is determined by our genetic factors. Jonathan Haidt calls this “the Cortical Lottery” (Haidt, 2006). Winners of the cortical lottery tend to live a happy and active life. Our environments and our voluntary activities, of course, influence rest of our happiness. So if we are going to be happy, we must think carefully what activities we should have in our everyday life.

Another important finding is that happy feelings and moods are advantageous and rewarding. In general, happy people are more active, healthier and live longer. They are more likely to succeed in variety of social settings. They live happy married lives. They are expected to earn more. Happy people tend to have good relationships.

In addition, laboratory studies show that there is a causal relationship between happy moods and pro-social behaviors. People who are artificially induced happy mood tend to have positive perceptions of others, get more sociable and active, and enjoy their activities. They are also more likely to engage in kinds of helpful behaviors, such as giving charity and donating blood (Bao and Lyubomirsky 2013). One might well suspect that, in order for us to be more altruistic, we might have to be happier.

Evolutionary psychologists offer the account of the relation of our emotions and our evolutionary history. Sometimes, some of us are moderately influenced, and some of us are severely overwhelmed, by negative emotions. These strong emotions and moods are the results of our history of evolution. Negative emotions such as fear, anxiety, anger, sorrow and disgust are connected with different bad situations and relevant behaviors. For example, fear makes us run away; disgust make us avoid contamination; anger makes us prepared to attack; They are useful and appropriate for our survival in our long evolutionary history.

Positive emotions and moods sometimes do not have definite corresponding behaviors. But they broaden a person’s behavioral repertoire and this in turn helps to build one’s personal skills, resources, and personal relationships (Fredrickson, 2001).

In many people, the proportion of emotions is largely asymmetrical. Many people are prone to have more negative emotions than positive ones. This is the result of our evolutionary history. Our emotions were developed in the Paleolithic period, when we were insecure and living in a very small group. These negative emotions sometimes do not serve our well-being in our modern large society, which is much safer and less hostile (Buss 2000, Hope 2012). Our cognitions and emotions are often distorted negatively, so

that they often prevent some of us from living happily and actively enough.

Positive Interventions

Then, some people (at least the loser of Haidt's Cortical Lottery) may think that they have good reasons to have their moods enhanced. Do we need to take pharmacological means? That might be one possibility, but psychologists say that we can change and enhance our mood by changing our (somewhat "distorted") beliefs and attitudes, and it seems attractive. Seligman and other positive psychologists offer varieties of techniques as "Positive Interventions".

Many techniques are easy to learn, but they say it's evidentially effective. Some techniques are derived straightly from Cognitive Behavioral Psychotherapy (CBT). The ABC model is now one popular technique. An event (A, adversity) does not directly cause your negative emotion (C, consequence), but your beliefs (B, belief) about the event causes the emotion. Beliefs can be rational or irrational. Rational beliefs cause rational emotions, but irrational or "distorted" beliefs bring about excessively negative ones. So if you are in a bad mood, or are suffering from negative emotions, write down what adversary happened to you, and describe your beliefs and corresponding emotions, and try to dispute (D, dispute) your "distorted" beliefs, with reference to the list of "common cognitive distortions" and then encourage yourself (E, encourage). It is interesting that "beliefs" here include not only factual beliefs, such as "they dislike me", but also normative beliefs, such as "I should do such-and-such at any cost"²⁾. In this way, CBT is a process that is essentially critical of one's beliefs and values. One's second-order evaluation of one's emotions, beliefs and values changes one's emotions and moods.

Some other techniques are much easier. "Write three good things that happened in a day", "Write a letter of gratitude"; "Savor your meals". Perhaps these techniques are designed to make us reconsider our everyday pleasure, and make us aware of our cognitive distortions.

CBT and these techniques are said to be not less effective than standard anti-depressants for depressed patient, and also improve moods and activities of more healthy people (Peterson 2006).

Psychologists are also planning to intervene people's life at schools and workplaces, for example, by screening possible targets (perhaps the losers of the cortical lottery) and teaching the techniques. Some critics, such as Barbara Ehrenreich (2009), are skeptical of such projects. They may argue, that indeed such projects may make us happier, but at the same time they makes us too optimistic and rosy, so that they prevents us from seeing the world as they are, from trying to change the world really better, and thus from having authentic happiness and wellbeing.

Is Mood enhancement detrimental to our long-term happiness?

How can mood enhancement threaten our authentic wellbeing? One of the serious concerns about mood-enhancing technologies is that such enhancement will affect the person's long-term happiness negatively (Brülde, 2012).

Most, if not all, of our negative emotions are functional. As mentioned earlier, fear, anxiety, and anger have corresponding behaviors respectively, and they serve our survival and improvement of our life. Negative moods, which might have no definite objects, also make us reconsider our everyday life and our goals, suggest that we take rest, or urge us to develop new personal relationships. So, if negative emotions are appropriate responses to our undesirable situations, mood-enhancing drugs may have detrimental effects to our long-term happiness, by making us satisfied with such situations.

The same might be said to mood enhancement with CBT or Positive Interventions. If what CBT induces us is merely ideological "positive thinking" and it makes us "always look on the bright-side of life", it will be harmful for us. We might sing a song when our life be in danger. But as CBT is as effective for the patients of bipolar disorder, it is expected to make us see what our life really are, and have realistic and appropriate feeling toward it (Ellis, 1988). As said earlier, the main point of CBT is its criticalness.

Are Enhanced Moods Inauthentic?

But mood-enhancing techniques such as CBT seem somewhat artificial. Critics of positive intervention would argue that such techniques, as well as use of anti-depressants, are bad for our authenticity. Do CBT and other Positive Interventions also threaten our authenticity and authentic wellbeing? If they don't, what is the point of biochemical enhancements' threat to our authenticity?

To me, happiness and activities brought about by pharmacological enhancement sometimes may appear inauthentic or "cheating", while those by CBT or positive intervention doesn't seem to raise such concerns. Why?

To answer this question, we have to what we mean by "authenticity". It is often connected with the concepts like "be oneself", "*real* me" or "*truly* one's own". As is well known, Peter Kremer reported that, after taking SSRIs, his patients told him that they felt "like themselves" or "become themselves". Some psychoactive drugs can make people have experiences of authenticity. But Kass criticizes mood enhancement by SSRI as follows.

... While such drugs often make thing better — they often help individuals achieve some measure of the happiness they desire — taking such drugs may also leave many of the same individuals

wondering whether their newfound happiness is fully *their own* — and in this sense, fully real. (Kass, 2003, p. 288, italics by the author)

Kremer's patients and Kass' patients disagree. What is the point? Does SSRI make people's feeling of themselves change radically? After taking pills, does one come to feel radically different about who one are?

One interpretation of such problem of authenticity is that authenticity is related to one's natural personal history. If one's personality, character, emotions, desires and satisfactions are emerged in a natural way, it may well be called authentic. If they are formed by some artificial or coercive means such as brainwashing, they may well be said to be inauthentic. Another interpretation is that authenticity is related to one's second order judgment. If one knows and approves of one's having some feelings, desires, moods, etc., they can be said to be authentic. Perhaps Kramer's patients find their authenticity on the second interpretation, and Kass' patients' fear is related to the first.

I prefer the second interpretation, since it is not clear what should be counted as "natural" in our personal history. Upbringing and education, as well as influences of books, magazines, TV shows and Internet are somewhat artificial. Indeed, taking chemical pills is unnatural in a sense. But if someone, after deliberation, and without coercion, tries taking pills, or deciding to continue taking pills can be also "natural" in another sense in our personal history. It is as natural as a very shy person, after hesitation and deliberation, tries to propose to the loved one with a little help with alcohol drink. In any case, I think, if we don't lose our capacity for critical assessment of our own values, we can be seen as authentic³). If artificial mood enhancements deprive us of the critical capacity, like too much alcohol drink or illegal drugs, and we cannot recover it, we must say we lose our authenticity. This depends on what kind of the drugs are.

In any way, the goal of CBT is not to have "false" or inauthentic emotions or moods, but to lessen our cognitive distortions and to have functioning emotions and moods, which are apt to one's situations and environments. This process includes one's judgment about what one's emotion and mood should be. If this judgment can be said to be authentic and one's own, that is, if one can rationally want it to be his judgment, there seems nothing inauthentic. The person's enhanced wellbeing (whether "well-being" means happy feelings or human activity), can be said to be his authentic well-being.

Other reasons of concern for pharmacological enhancement

In the same way, if one take pharmacological means to enhance one's moods, there's no need to consider

the resulting emotions and moods to be inauthentic, as far as one can judge them to be apt and desirable in one's own situation.

Then, what's problem with pharmacological enhancement, compared with CBT or other Positive Interventions? First, it might display one's non-moral weakness. If, being faced with some adversity, one cannot change his moods and get relaxed without pills or alcohols or something like that, he might be considered as a weak person, in comparison with who fights his adversity with a book of Epictetus. But it is doubtful that by that he should be seen as morally inferior person.

Another concern might be that pharmacological enhancement is only a "quick fix" and temporary relief. Taking pills to change one's moods seems to be too easy. But if it cannot be permanent enhancement, it's not bad to start rebuilding one's life and activities as one wants with refreshed moods.

Interpersonal Relationships and Perspectives

Lastly, I would like to suggest that our anxiety about mood enhancement stems from our attitudes and preferences toward personal relationships. We might need to distinguish between the first-person and the second/third-person perspectives toward enhancement technologies.

If you find that very cheerful and attractive persons are cheerful and attractive because they always use some drugs or practice CBT everyday, their attractiveness may fade. Or, if your parents love you but in fact they take care of you under influence of some drugs or CBT, you may be not confident that their affections for you are authentic. In my account, if cheerful people are satisfied with their cheerfulness, they are authentic. If your parents value the fact that they really love you, their affection for you may well be count as authentic affection, even if they are under influence of some drug. From the first-person perspective, any enhancing techniques are, in general, advantageous for me. I can feel better, and feeling better tends to make me more cheerful, active, amiable person. As far as it is under my control, my autonomy and authenticity are safe.

But if I should happen to be in a position to decide whether to make friends with, or marry, a person, I would care and want to know what kind of person he/she really is (although I doubt, in reality, we could "choose" them. We love or make friends more involuntarily). This "really is" may mean his/her "natural" dispositions, that he/she has if he/she is not under artificial influences. We want a friend or spouse to be gentle, courageous, sociable, cheerful, or considerate etc. Other things being equal, we would prefer such "natural-born" attractive person to a person under influence of anti-depressant, or who has to practices CBT every night. This might be a source of our anxiety about mental enhancement. I can easily imagine such preferences, but do not see why we would have, or should have, such preferences. It might be because we

don't want such characteristics of our spouse or a new friend to be only temporary or transient.

In this respect, CBT is much safer than pharmacological means. The effect that CBT and Positive Intervention aim at is said to be not to make us feel good temporary, but to habituate us to think functionally and to activate our life. To see whether this optimistic prospect be established, we should take Positive Psychology seriously and examine what evidences psychologists can offer.

In conclusion, mood-enhancing technologies *per se* do not necessarily threaten our authenticity and our authentic wellbeing. It can be dangerous when it has detrimental effect on our long-term wellbeing, or when it impairs our power of critical assessment of our cognitions and values. CBT and Positive Intervention seem much safer than pharmacological means. If Positive Psychology and CBT combined can really enhance our mood and happiness without escalating our cognitive distortions, it may be as Tony Hope (2010) says, "a promising approach to enhancement of happiness".

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[Notes]

- 1) The earlier versions of this paper were presented at The 13th Conference of the International Society for Utilitarian Studies, Yokohama National University, 21 August 2014 and Sweden-Kyoto Symposium, Uppsala University, 12 September 2014.
- 2) The well-known list of "common cognitive distortions" by David Burns includes (1) all-or-nothing thinking, (2)

overgeneralization, (3) mental filter (4) discounting the positives, (5) jumping to conclusion ((a) mind reading (b) fortune telling), (6) magnification or minimization, (7) emotional reasoning, (8) “should” statements, (9) labeling, (10) personalization and blame.

3) These ideas come from Sumner on his “authentic happiness” (Sumner 1996, pp. 168 – 170).