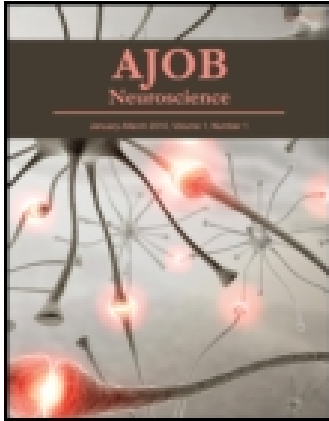


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We Can Make Room for SSRIs

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Kilgus (2009) write in the classic psychiatry textbook *Essential Psychopathology and Its Treatment* (3rd ed.), “First, if needed, the psychiatrist prescribes medication to rectify biological abnormalities” (100). They go on to add that “Correctly medicated patients gain more from psychotherapy,” and that “When used properly, biological and psychosocial therapies do not impede but *facilitate* one another” (101). In this conceptualization of psychiatric medicine, treatment with drugs is meant to enable to patients to move on from managing instinctive emotional and behavioral abnormalities to resolving more complex and cognition-related problems.

Perhaps a similar framework could be employed toward moral enhancement efforts in the future. Currently, there have been no large trials to study the effects of SSRIs in modulating things like aggression in individuals without psychopathology, but for the sake of argument let us assume that these kinds of compounds do attenuate behavioral and emotional states that would otherwise hinder moral enhancement in people regardless of the presence of absence of a mental illness. As in psychiatric treatment, the use of such compounds could serve as a tool toward moral enhancement efforts, but would not constitute the enhancement itself. Instead, SSRIs and SSRI-like compounds would *facilitate* moral enhancement efforts. How much of an aid this would be to moral enhancement has yet to be

investigated, but we should not summarily brush aside SSRIs and related medications simply because they would not by themselves bring about enhancement. Rather, we should make genuine efforts to find tools, both medical and nonmedical, to facilitate moral enhancement in healthy and nonhealthy individuals.

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We Can Make Room for SSRIs

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Harris Wiseman’s target article (2014) offers various persuasive arguments and examples about why we ought to be cautious regarding the use of SSRIs as moral enhancers. Wiseman cites Rakić (2014) and Chan and Harris (2011) as offering “interesting conceptual reflections” on Molly Crockett’s research on the effects of serotonin on moral judgment, but notes that his present concern has to do with “matters of practical viability” (22). Not disputing the accuracy and importance of Wiseman’s argument related to these matters, I nevertheless would like to take issue with two essential claims that Wiseman makes.

First, Wiseman notes that, “Perhaps the most damning suggestion against SSRI use as an effective moral enhancer is simply that pacification and moral improvement cannot be reasonably equated” (27).

Indeed, SSRIs create no authentic change in motivation, which is essential for us bridging the gap between what we

do and what we believe is right to do. As I have argued earlier, this gap might well be the greatest predicament of our existence as moral beings (Rakić 2012, 120). SSRIs simply deprive the treated person of the capacity to get overtly irritated, without inducing any personality growth, while their effects do not last after treatment. Hence, they do not lead to a permanent moral enhancement of our behavior. Thus concludes Wiseman:

It can only be the crassest form of consequentialism, one that cares not at all for means, that can argue that the mere pacification of a person can count as a moral improvement, that “because there is less harm in the world, a moral improvement has occurred,” regardless of how that improvement has come to be. Such an account seriously sells short what it is for something to count as a distinctly moral improvement in the character, or person, or performance of the individual in question. (Wiseman 2014, 27)

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I go along with Wiseman here, to a certain extent. A change in motivation caused by an SSRI robbing someone of her capacity to get overly exasperated is indeed not the same thing as true moral enhancement. The reason for that is that a tangible moral improvement of someone's behavior has to be based on her free choice of that type of behavior.

Moreover, the assumption that if there is less harm in the world a moral improvement has occurred is indeed not a very subtle consequentialist argument. Less harm in the world could be the result of various developments other than a moral enhancement of humankind. In spite of that, it is an outcome that is greatly to be desired. The question is, however, whether such an outcome can be brought about by moral enhancement being imposed on us (as Persson and Savulescu used to suggest)¹. I argued that moral enhancement that is being imposed is not genuine moral enhancement. If humans are deprived of their freedom, they are deprived of an essential component of their human existence (Rakić 2014).

But here is the caveat: Our very decision to take medication that enhances us morally can be based on our freedom of choice. This is one of the reasons why I advocated the concept of *voluntary* moral enhancement (Rakić 2014). Hence, Wiseman's concern does not seem to be founded in the case of this type of moral enhancement.

Second, Wiseman asserts that one of the reasons why we have to be skeptical about the use of SSRIs for moral enhancement is that such interventions might be nothing more than "partial mental health interventions for antisocial personality disorder being masqueraded as moral enhancement" (22).

Even if that is the case, however, SSRIs will still have a role in lowering the dangers of "ultimate harm" to humanity². If people with antisocial personality disorder are in positions of serious power, ultimate harm is a more likely outcome. Conversely, fewer people with antisocial personality disorder (as a consequence of this condition being treated with SSRIs) would mean a lower likelihood of such people being in positions of considerable authority, and consequently being in situations in which they can cause major

mischief to humankind. Hence, although the use of SSRIs might not enhance most of us morally, it has a moral purpose that might vastly exceed the value of the treatment of an individual patient.

SUMMARY

Wiseman's article, although a sobering approach to the use of SSRIs, falls short of proving that we should discard SSRIs as moral enhancement interventions. On the contrary, if my line of reasoning is correct, that is, if I have successfully countered Wiseman's two claims discussed here, we still can make room for such use of SSRIs. Moreover, in the future it is not unreasonable to expect to have access to SSRIs without the current abundance of side effects Wiseman points to, and more importantly, we may in the future have access to medication that is superior to SSRIs as moral enhancement interventions.

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1. For example, Persson and Savulescu (2008).

2. I follow here the definition of "ultimate harm" as an event or series of events that make worthwhile life on this planet forever impossible (see Persson and Savulescu 2014).