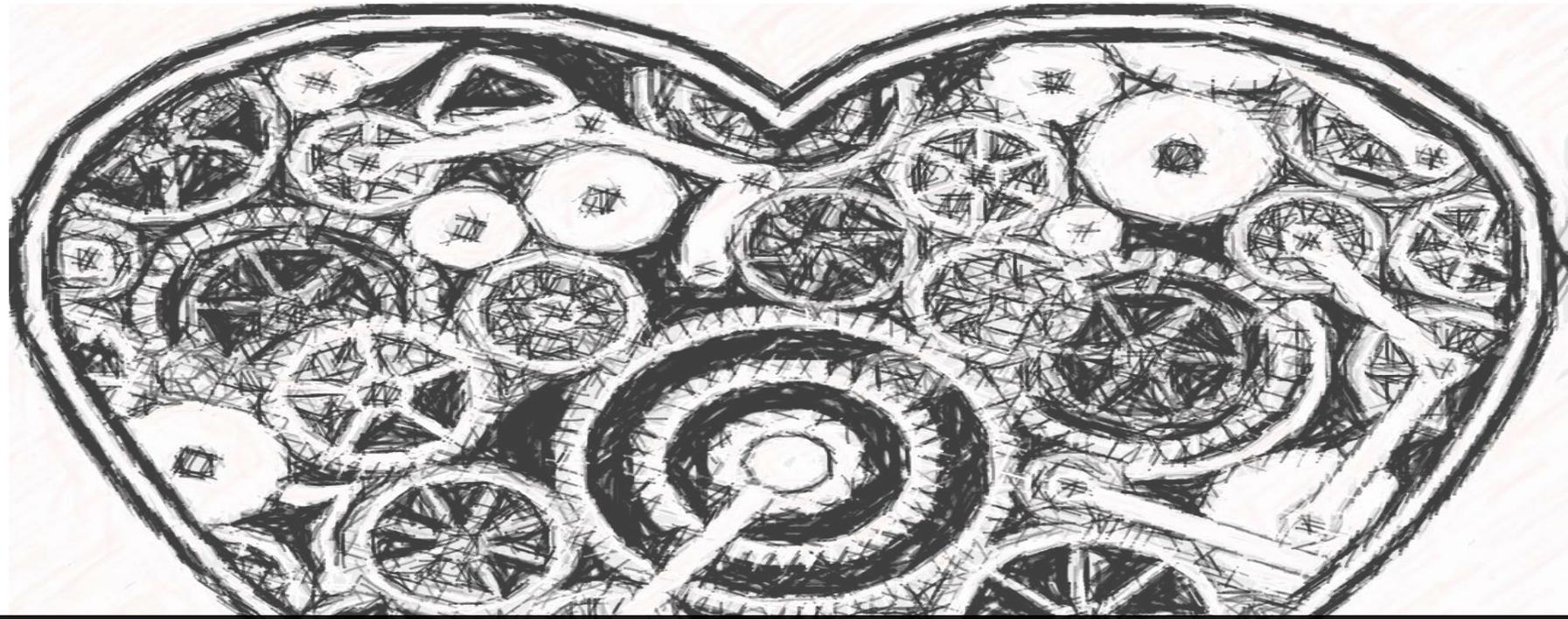


# THE MECHANIZATION OF LOVE



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# **EMOTIONAL ENHANCEMENT**

- **Earp, Sandberg and Savulescu identified a specific ramification of the possible applications of enhancing biotechnologies: our emotional response to the interaction with other human beings.**
- **More specifically still, their main attempt is to address the most sought of emotions –love.**
- **I define this kind of enhancement as Emotional Enhancement (EE).**

# LOVE DRUGS

- **It has been theorized that brain systems have developed so to fit both our need to reproduce and our overall quality of life through the building of emotional bonds.**
- **Classifying and delineating love is a very challenging task.**



# **LOVE DRUGS**

- **Biochemical substances such as dopamine, oxytocin, serotonin, and their levels in our brains are strongly associated with our relationships and ignoring this fact would be unwise.**
- **Although our emotions are not only chemical reactions- our high order conceptualization of love responds to *also* the presence of these substances.**

# **LOVE DRUGS**

- **Some studies on animals have shown that administering oxytocin can induce pair-bonding in voles that were not engaged in mating behaviour prior to the injection of the substance directly in their brain.**
- **In humans, synthetic oxytocin can be taken through nasal spray, intensifying the overall level of emotional engagement.**

# **LOVE DRUGS**

- **“Love preserving drugs”**: (e.g. useful to keep a married couple in love for the sake of their children)
- **“Love diminishing drugs”**: (e.g. useful to help a person detaching herself from an abusive partner).
- **“Love enhancing drugs”**: a combination of the two kinds will soon present ourselves with the possibility to re-direct our love towards any partner we would choose.

## **SIDE ISSUES**

- **Gupta addresses the potential problems for sexual minorities in terms of risk to achieve *non-progressive* ends. (e.g. a homosexual male might be pressed by his conservative family to redirect his sexuality towards a heterosexual partner).**
- **Sparrow highlights the “flattening side” of the Human Enhancement (HE) project, and this critique could be applied to EE as well.**

# **MEDICALIZATION OF LOVE**

- **In their paper “The Medicalization of Love”, Earp, Sandberg and Savulescu want to limit the scepticism towards the *medicalization* of love.**

- **On the issue, Giubilini writes:**

***“This is what makes the medicalization of love different from other forms of enhancement: the medicalization of love is about medicalizing a whole aspect of human biology (almost) ex novo.”***

# **MEDICALIZATION OF LOVE**

- **Enhancing love is very different from enhancing one's eyesight, strength or even cognitive capacities -also because it involves a large risk of deception for third parties in ways that differ from the type of deception involved in those other scenarios.**
- **Many unhealthy relationships in which a partner is constantly cheated on and yet remains unable -or unwilling- to end the love story represent one type of repeated [self] deception.**

# **MECHANIZATION OF LOVE**

- ***Mechanization* should help us understand how the conceptualization love relationships derives from a larger political scheme that can be directly linked to the industrial revolution.**
- **The proposed “emotional revolution” (alongside the wider “enhancing one”), appears to be exposed to the same risk of industrial revolution: having at its “justificatory center” productivity rather human experience.**

# **MECHANIZATION OF LOVE**

- **The parallel between the two occurred and proposed revolutions, links well with another reason for choosing to use the term *mechanization*.**
- **While *medicalization* implies a subaltern role of emotions to medicine, *mechanization* questions more in depth the legitimacy of such a prioritization of what is to be valued in one's life.**

# **PHARMACEUTICALIZATION OF LOVE**

- **They acknowledge the *pharmaceuticalization* of love as a more drug related definition.**
- **How does counselling differ from the use of neurochemical substances aimed at the same improvement between partners?**
- **While in the former scenario the agents involved could spontaneously choose to interrupt the therapy at any given time, in the latter situation the use of the drug will impair their “authentic” interaction with the other and themselves.**

# **MEDICALIZATION, LOVE & HEALTH**

- **The suggested way of portraying *medicalization* flattens -not only our way of intending love- but also our way of defining who is to be labelled healthy.**
- **The triadic definition of health provided by the WHO provides us with a useful tool that can help us understand that there is more than one layer attached to the definition of *medicalization*.**

# **MEDICALIZATION, LOVE & HEALTH**

- **This triad represents the three different spheres in which individual well-being can be assessed within a society: physical, psychological, and social.**

- **Da Rocha writes:**

***“The triadic approach distinguishes between disease (the condition as considered by the medical profession), illness (the condition from the subjective experience of the patient), and sickness (the condition from the perspective of society’s institutions).”***

# **MEDICALIZATION, LOVE & HEALTH**

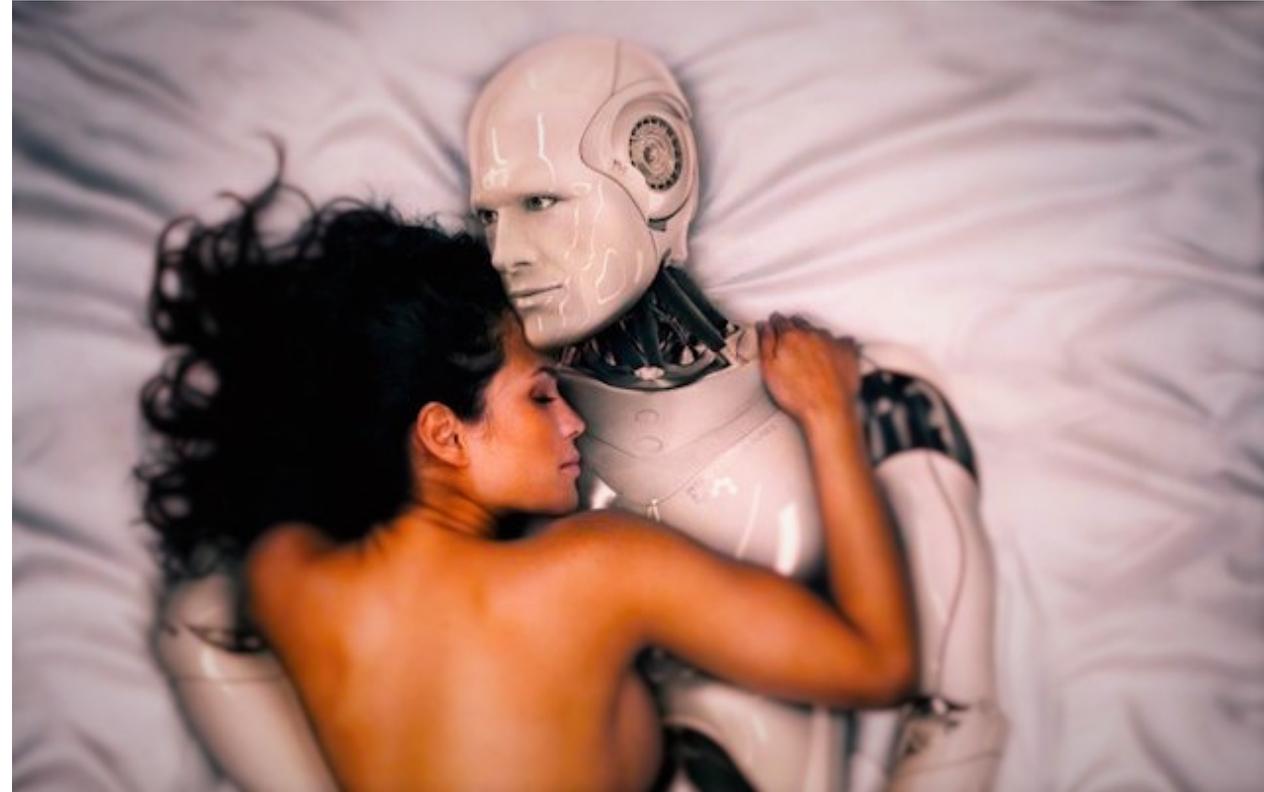
- **In Earp et al's characterization of *medicalization* there is no relevance given to the WHO tridimensional approach.**
- **Talking about a phenomenon of *mechanization* of love (in which the *disease* and *sickness* conditions are fused) appears more accurate in the present scenario than talking about a complete *medicalization* of love (in which the subjective experience -the *illness* condition- should be present).**

# **MEDICALIZATION, LOVE & HEALTH**

- **Accepting the WHO accounts of health as valid -and the absence of the subjective dimension in the case of love- *mechanization* seems like a more fitting definition.**
- **It restores a kind of love that is external to the subject, but that is defined by doctors and society as objectively valuable.**
- **This version of love obscures the profound link that the subject's inner self has with the emotion.**

# **MEDICALIZATION, LOVE & HEALTH**

- **We could get rid of love altogether were we to find alternative ways to ensure the same (or higher) level of individual well-being.**
- **Supporters of more extreme versions of HE focus on interpersonal relationships for their physical benefits suggesting sexbots as ways of ensuring a better life.**



# CONCLUSIONS

- **We must be careful in implementing drugs that will promise us to take charge over our love.**
- **Instead of a *medicalization* of love, we should be talking about a *mechanization* of love, as this term help us point out two important aspects not sufficiently stressed in the debate until now.**
- **First, as with the industrial revolution, *mechanization* has brought humanity additional freedom in some spheres of our lives, but it also carried new constrains with it.**

# CONCLUSIONS

- **Second, through the use of the WHO classification of health, I have defended that the definition of *medicalization* of love proposed by Earp et al. does not sufficiently take into account the *illness* condition in the equation.**
- **We might still defend such a change to amount to an improvement of our well-being nonetheless, but only as something fully separated from our lovers. Such a scenario does not appear to enhance any love!**

**THANK YOU!!!**

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