

Why Means Matter

A Critical Analysis of the Compatibility of Mood-Enhancement
with Self-Respect

Levinia Scotti

Abstract

This paper evaluates the compatibility of mood-enhancement drugs with the conception of self-respect as uncompromised self-acceptance. The first part of the paper defines two key concepts, namely self-respect and mood-enhancement. The second part is a twofold evaluation. In the first step, two lines of argument in favour of the use of mood-enhancers are presented, both of which are based on a standard account of recognition self-respect. These two lines of argument suggest the existence of instrumental value arising from mood-enhanced states of mind as well as a value that may or may not lie in the very act of enhancing one's mood. However, it is demonstrated that self-respect as uncompromised self-acceptance undermines the existence of such potential values. In a second step, it is demonstrated that the act of taking mood-enhancing drugs is incompatible with the conception of self-respect as uncompromised self-acceptance, because such mood-enhancement ignores the importance of acknowledging, understanding, and responding to one's emotional reasons.

Introduction

Our emotional lives deeply colour our perceptions, experiences and actions. Who has not found themselves in situations in which you have wished for more ‘fitting’ emotions that would have led you to more desired, or to socially more desirable attitudes and behaviour? In other words, who has not found themselves in a situation in which you wished you could relieve on the spot feelings of anxiety, regret, anger, disappointment, jealousy, or other similar unpleasant and afflictive feelings? But would the availability of such means be itself desirable? Or would such means deprive our life of something of equal or more moral importance?

Recent neuroscientific research and pharmacological developments have made the fulfilment of that very wish possible, demonstrating that the use of selective serotonin reuptake inhibitors (SSRI) can lead to positive, i.e. mood-enhancing effects on healthy people.¹ Mood-enhancement has, therefore, provoked a bioethical debate, ranging from discussions focusing on the individual level, to the raising of concerns on a political level (The President’s Council on Bioethics 2003; Parens 2007; Savulescu et al. 2011; Beck and Stroop 2015).

The task of this paper is to determine whether or not the use of mood-enhancement drugs is compatible with the conception of *self-respect as uncompromised self-acceptance*. The analysis is structured as follows: First, I define two key concepts self-respect and mood-enhancement. Second, I develop a twofold evaluation by first presenting one line of argument based on a *standard account of recognition self-respect*. This standard account can be called upon to support the use of mood-enhancers; and I show that by appealing to such an account an instru-

¹ These drugs were originally developed for the treatment of clinical depression and other mental illnesses. Currently there are two kinds of mood-enhancers: First, SSRIs (‘mood-improving drugs’) that are claimed by users to make them feel more energized, more alert and more able to cope with the world. Second, the class of beta-blocking agents (‘memory smoothing drugs’), that ease or reduce bad memories (see President’s Council on Bioethics 2003). Some studies have already assessed the effects of SSRI on mood and personality in normal subjects over short periods of a few months or less (Knutson et al.1998; Tse and Bond 2002; Scoppetta et al. 2005.) It is likely that in the future we will have so-called ‘euroceuticals’, which would be efficient neuromodulators with negligible side effects. Targeting specific (sub-) receptors in neural circuits, such neuroceuticals could create the possibility for dynamic intracellular regulation of individuals’ neurochemistry (Lynch 2004).

mental value can be ascribed to the mood-enhanced state of mind in addition to a value that may or may not lie in the very act of enhancing one's mood. I then turn to the conception of *self-respect as uncompromised self-acceptance* and highlight the limitations of these two lines of argumentation. Finally, I argue that the use of mood-enhancing drugs is in fact incompatible with *self-respect as uncompromised self-acceptance*, since it disregards the importance of acknowledging, understanding, and responding to one's emotional reasons.

Self-Respect

In order to provide a rough overview of different aspects and tendencies within the academic discussion about self-respect some general distinctions are outlined here.

First of all, a broad differentiation between *compromised* and *uncompromised self-respect* can be drawn (Meyers 1995). Someone has *compromised self-respect* if either the person in question is lacking the attitude to respect herself, or the object of respect (thus the person herself) is, in some regard,² not worthy of (her own) respect. Correspondingly, a person who has both a respecting attitude towards herself and is an object worthy of that very respectful attitude has *uncompromised self-respect*.

A second widespread distinction drawn within the philosophical literature dealing with self-respect is the distinction between so-called *recognition self-respect* and *appraisal self-respect* (Darwall 1977). The *standard account of recognition self-respect* is marked by three broad ideas, which have their main source in a Kantian school of thought:

a) Human dignity: Being worthy of respect in virtue of being a person. This implies having the status of a full and equal member of a moral community (Hill 1973).

b) Appreciation of one's agency: This incorporates the idea of human au-

² E.g. a person having a somewhat racist attitude. With regard to this particular attitude, the person in question has no 'reason' to respect herself for that very attitude. This is, however, not to say that the person has an overall compromised self-respect. It is only the person's racist attitude that is not worthy of her own respect.

tonomy, which, at the same time, implies the necessity of acting responsibly, especially with regard to preserving and manifesting one's dignity (Taylor 1995; Telfer 1968). This, in turn, requires the striving for a life that expresses personal ideals and commitments.

c) Being autonomously self-defining: This expands on the idea of committing oneself to certain standards, which in turn gives expression to a conception of life and the ideals that one values. The pursuit of personal projects thereby expresses a person's identity. People who 'sell out', betray their own values, live inauthentic lives, let themselves be defined by others, or are complacently self-accepting consequently lack this kind of recognition self-respect (Hill 1982).

In contrast to *recognition self-respect*, the notion of *appraisal self-respect* (Darwall 1977; also known as *evaluative self-respect*, as in Dillon 1997) assumes that there exists a different form of self-respect, which is constituted by a person's quality of character and conduct. Following this notion, self-respect is something earned by what we do or become (Dillon 1997). However, as *recognition self-respect* is a somewhat more fundamental notion, and may often be a precondition for developing and maintaining *appraisal self-respect*, the focus of this paper will be on considerations grounded on the notion of *recognition self-respect*.

The *standard account of recognition self-respect* is a specific understanding of self-respect, which is informed by a particular conception of personhood (Dillon 1992). The argument I advance here finds its source in Robin Dillon's feminist critique of that standard account. Dillon points out a pitfall within this account insofar as she diagnoses that the *standard account* provides only an abstract and universal understanding of personhood, which conveys an idea of respect for a somewhat 'generalized self' (Benhabib 1986). In such a conception, the very details of our selves seem irrelevant to our intrinsic worth. Thus, for example, insofar as Darwall states that, "... strictly speaking, the object of respect is a fact" (Darwall 1977: 39) he fails to take account of the particularity of a self (Dillon 1992). According to Dillon, such an abstract notion of personhood is likely to undermine the process of self-understanding, although this may be crucial for self-realisation and self-transformation (Dillon 1992: 57). On a more general level, insofar as the *standard account* does not leave room for valuing

Levinia Scotti

individual distinctness and particularity, as well as our affective dimensions and emotional engagement with ourselves, it actually requires that we disrespect (at least very important parts of) ourselves (Dillon 1992).

Facing this severe pitfall within the *standard account*, I suggest that Dillon's feminist conception of recognition self-respect as self-acceptance is a more suitable account for answering the question of whether or not mood-enhancement is compatible with self-respect. For Dillon, recognition self-respect has to give expression to the idea of respecting and valuing the very details of our personhood. The essence of this account thus consists in a self-accepting attitude, which implies

“[...] to respect our limitedness and imperfection, and thus to attend to and expect others to attend to our needs and frailties. It encourages us to take seriously our complexity and fragmentation, to not reject or ignore our incoherence, but to confront and deal with it, and so to avoid enervating self-deception” (Dillon 1992: 60).

This account of *recognition self-respect as self-acceptance* is indeed open to critique, which is why some further aspects shall be clarified in what follows. First, with regard to aspect c) of the *standard account*, which emphasises the value of the realisation of individual life plans and the striving for a life that is autonomously and authentically defined by the individual, it can be asked in what sense the *standard account* actually disregards an individual's particularity. After all, the *standard account* explicitly points out the importance of individuality. However, in contrast to Dillon's account, it leaves the term empty in the sense that it fails to specify what exactly individuality incorporates except from living in accordance with certain individually defined principles. By explicitly including human imperfection, incoherence and flaws into her account, Dillon 'de-idealises' the self and, at the same time, acknowledges the value of these all-too-human parts of individuality. Secondly, the *self-respect as self-acceptance account* does not require us to approve of all aspects of ourselves, nor to regard incoherence and fragmentation, for example, as intrinsically valuable (Dillon 1992: 60). Thirdly, this account of self-respect does not discourage, reject or exclude the idea of self-improvement. Actually, it is to the contrary:

accepting instead of ignoring, denying or rejecting our imperfections is an important precondition for self-improvement. For it is only if we are willing to accept the presence of both desired and undesired parts of ourselves that we are able to confront unpleasant ones, and most importantly, to engage and deal with these unpleasant parts. Finally, and for the sake of argument, I assume that the object of respect - the self in question - is not compromised in its worth and therefore self-acceptance is warranted.

The definition of self-respect underlying the following considerations will incorporate two aspects: The distinction between compromised and uncompromised self-respect and the feminist account of *recognition self-respect as self-acceptance* as proposed by Dillon. Correspondingly, I understand self-respect as uncompromised self-acceptance and self-disrespect as compromised self-acceptance, thereby assuming that only the attitude of self-acceptance is compromised and not the object of acceptance (i.e. respect).

Mood-Enhancement

According to a very broad definition given by Kahane, moods are “... dispositions that govern one’s entire emotional orientation for a certain period” (Kahane 2011: 167). They can be distinguished from feelings and emotions: “Feelings are episodes of consciousness. [...] Emotions are broader behavioural dispositions which include dispositions to have certain feelings, as well as dispositions to behave, think, and attend in certain ways” (Kahane 2011: 167). Precisely because there are these distinct nuances, it is important to underline that the term mood-enhancement is henceforth to be understood as an umbrella-term incorporating all of these three categories of affective states (Beck & Stoop 2015: 117).

From a *descriptive* point of view, the term mood-enhancement can be defined relatively unambiguously as “... interventions designed to improve human health beyond what is necessary to sustain and restore good health” (Juengst 2007: 29). On a *normative* level, however, there is a debate all the more controversial about the specific interpretation of the term ‘health’. Due to the difficulty of univocally defining a clear-cut boundary between treatment and enhancement,

there is now a growing literature about the meaning of ‘health’³ as well as the proper goals of medicine.⁴

Against the background of these ambiguities present within the normative debate on enhancement, the following definition of mood-enhancement is exclusively descriptive in scope.⁵ In line with the previously given definitions for the terms ‘mood’ and ‘enhancement’, I understand the term ‘mood-enhancement’ henceforth as “... the improvement of feeling, emotion, and mood, beyond what is necessary to sustain or restore good health”⁶ (Beck & Stroop 2015: 118).

There is a tension emerging out of a consideration of these two concepts, which essentially consists in the concern that someone taking mood-enhancing drugs may lack a certain respecting (i.e. accepting) attitude towards states of mind that represent natural⁷ parts of a healthy emotional life. If, and to what extent this lacking attitude can actually be considered as an instance of *compromised* self-respect is evaluated in the next sections.

³ There is no universally accepted conception of the exact meaning of health. There is a range from disease-based accounts of health rooted in the idea that health can be defined as ‘freedom from disease’ to very broad conceptions of health, such as defined by the WHO: Health refers to a “... state of complete physical, mental and social well-being” (e.g. Parens 2007; Juengst 2007).

⁴ Depending on which concrete account of health is embraced, the proper goals of medicine will vary correspondingly: A very narrow understanding of health (‘freedom from disease’ account) would imply that a treatment qualifies as enhancement much easier, whereas a very broad understanding of health (see e.g. WHO definition) would necessarily count much more as a mere treatment.

⁵ This assumes that there is a delineation between treatment and enhancement, which is not uncontroversial. For further discussion of this issue see e.g. Berghmans et al. 2011; Savulescu et al. 2011: 4-7; Parens 2007; Sabin & Daniels 1994: 5-13, Gottschalk-Mazouz & Zurhorst 2007; The President’ s Council on Bioethics 2003: 237-242; Walter & Palmers 1997: 110f.

⁶ Alternatively, there is the term, ‘Cosmetic Psychopharmacology’ marked by Peter Kramer (1993), who characterises mood-enhancement similarly as the use of drugs to enhance mood and temperament in the absence of illness.

⁷ Natural meaning here: within the spectrum of non-clinical emotional states

A Critical Analysis of the Compatibility of Mood-Enhancement with Self-Respect

Subsequently, I present and challenge two lines of argument in support of the use of mood-enhancement drugs. First, the ‘means-to an end’ line of argument, stating that the decision to take mood-enhancing drugs is a legitimate means to realizing certain life plans which, in turn, bears a value in terms of the *standard account of recognition self-respect*. Second, I deal with a line of argument according to which the very act of enhancing one’s mood can be considered an expression of a self-respecting attitude in the sense that it is an action of autonomous self-definition.⁸ Throughout the presentation of these two arguments, I adopt the perspective of the *standard account* as presented above. The counterarguments following this presentation are based on my definition of *self-respect as uncompromised self-acceptance*.

Let us consider the following example: There is a young man called Michael who leads a happy relationship with his girlfriend Senna. They are at the point of moving together and everything seems just perfect. However, Michael has always worried about his tendency to get a little possessive. So far, this has never caused him any serious troubles. Yet, after some weeks, he learns that Senna is pregnant from her previous boyfriend. Although Michael is very upset, it is clear to him that this will not cause a break-up, since he feels Senna is ‘the one and only’ for him - he wants to move in with her, maybe marry her - in short, he wants her to be front and center of his imagined future. Still, Michael realizes that the regular contact with Senna’s ex-boyfriend as well as the fact that the child that will be born is not his, will lead him to feel jealous in a way that, so he fears, will eventually destroy their relationship. Now, Michael has heard of a drug that may help him to prevent this very course of events: A drug capable of calming his jealousy, helping him to avoid entering into the maelstrom of his destructive emotions. Considering it the easiest, most effective and safest way to realize his life plan of living in a happy relationship with Senna, one which isn’t overshadowed by his jealousy, Michael decides to take the drug. From Michael’s point of view, the decision to take the mood-enhancer is motivated and justified

⁸ Which is notably valuable for self-respect according to the *standard account of recognition self-respect*.

by his desire to realize his conception of a lasting relationship: Insofar as the drug prevents Michael from curbing Senna's freedom and well-being with his jealousy, the mood-enhancement drug is a legitimate means to uphold and live in accordance with his ideal of a good relationship.

Michael's decision seems to be in perfect harmony with the *standard account of recognition self-respect*: He has committed himself to a certain standard, specifically, not to behave jealously, which in turn gives expression to a conception of life and ideals that he values, namely living in a relationship that is not dominated by his jealousy but characterised by mutual trust and understanding. The pursuit of this particular vision of a relationship constitutes a source of self-respect in the sense that it gives expression to Michael's values and beliefs, thus to his individual identity. However, the objective of successfully realizing a personal life plan is not the only aspect to consider. Since the choice of the means, thus the mood-enhancement, is (even if only an instrumental) part of his overall striving, this very means has to be evaluated in terms of its compatibility with a self-respecting attitude, too.⁹ Thus, questions arise as to what extent the choice of a particular means affects a person's self-respect. One important concern may lie in the following: the choice of this particular means does, at least to some extent, reflect the way we conceive of ourselves (see Parens 2007: 14; Cole-Turner 2007). In this respect, Michael's decision to take mood-enhancer in order to overcome his jealousy reveals something about his self-perception and self-valuing (see Parens 2007). Evidently, there is a part of himself that Michael considers to be an obstacle to the realization of a life plan that he values, which, in turn, is valuable in terms of the *standard account of recognition self-respect*. However, in so far as Michael doesn't reflect upon possible reasons that may have led to his jealousy in the first place, he disre-

⁹ This argument relies on a somewhat agency-centred account of self-respect, emphasising that all parts of an actions must be attributable to the agent. A 'taking the bad with the good' attitude is not warranted insofar as, for example Korsgaard (2009) would argue, all our actions constitute our identity.

gards a particular part of himself. In deciding to take a shortcut¹⁰ that spares him the examination of the reasons, which led to his jealousy, Michael refuses to take himself seriously in the sense that he doesn't respond to reasons that may have caused his jealousy in the first place (Kahane 2011). It is important to emphasise that, on this interpretation, Michael doesn't need any psychological treatment, for Michael enjoys, by assumption, physical and psychological health. He only needs to allow himself to consider the following question: What are the reasons for my jealousy and are they justified? Notably, no matter if Michael actually has justified reasons to be in a certain (unpleasant) emotional state or not, the self-respecting component would lie in the first step: the act of trying to understand himself. This very attempt constitutes what Dillon refers to as self-acceptance. So, to the extent that Michael is not willing to take account of his own emotional reasons with insight and understanding (see Freedmann 2007), his use of mood-enhancing drugs manifests a self-disrespecting attitude and his self-acceptance is thus *compromised*.

To sum up, depending on the account of self-respect one takes as a basis, there are different aspects of Michael's decision that become relevant in terms of their influence on his self-respect. From a *standard account* perspective, the realization of life plans reflecting a person's values and ideals constitute an important source of *recognition self-respect*. From a *self-respect as self-acceptance* perspective, however, the aspect of taking oneself seriously in the way that we should try to understand the reasons underlying our emotions (Dillon 1992) turns out to cause a serious conflict with regards to the use of mood-enhancers as a means to the end of self-respect, since the very use of that means seems to amount to a self-disrespecting attitude.

There is another potential value that may be derived from the use of mood-

¹⁰ The intuition that mood-enhancement constitutes a 'biomedical shortcut' (see Beck & Sroop 2015) is a very common subject of discussion within the bioethical debate on enhancement. For example, The President's Council on Bioethics suggests that mood-enhancers may "... estrange us from the forms of pleasure that depend upon discipline and devotion" (The President's Council on Bioethics 2003: 208). The idea is that certain states of mind, e.g. happiness should be earned and not just achievable by taking a drug. However, this line of argument risks to convey a certain fetishism of pain and suffering that I would like to avoid. As I have argued elsewhere, the engagement with one's (emotional) reasons (see Freedmann 2007) is, in my understanding, a productive undertaking that is perfectly compatible with the desire for self-improvement.

Levinia Scotti

enhancers. The underlying provocative question of the following line of argument is: Why should not mood-enhancement be considered as an instance of the most natural human endeavour, namely self-improvement? And why should the conscious, autonomous decision to improve oneself with regard to a particular state of mind, be in any way reprehensible?

These questions become all the more pressing with regard to an aspect of the *standard account* that underlines the importance of a person's autonomous actions, which, in turn, give expression to certain values and ideals. In that very sense, a person's conscious, autonomous decision to enhance a certain aspect of her emotional life could be understood as an expression of a self-respecting attitude: The person taking mood-enhancing drugs is, when deciding to change herself for the better, actively self-defining; she chooses a way to feel, and with that, at the same time, to live.

However, it remains disputable whether the act of taking mood-enhancers in itself actually expresses such an attitude. Is it really the case that we can actually choose to feel in a certain way? According to the argument just stated, we do. Yet, only in virtue of taking the mood-enhancing drug. The crucial question then is whether this alters the degree of autonomy within the decision. There are two distinct aspects to consider with regard to such a decision.

- a) The question of whether the object (the enhanced emotional state) was *chosen* autonomously.
- b) The question of whether the object of choice (the enhanced emotional state) is *realized* autonomously.

From an empirical point of view, the first aspect may be open to critique. For who is to say that it is not our achievement-oriented society that provokes performance pressure, or our friends, partners, and families with their particular expectations, that trigger our desire to be, as desired, a more disciplined, cheerful

or easy-going person?¹¹ However, these external influences on our preferences, aims, and dreams can never be excluded, as they are inevitably developed and shaped within the context of our environment. Thus, the mere fact that the decision to take mood-enhancing drugs may have been subject to external influences cannot be a sufficient reason to reject the act of taking mood-enhancing drugs. Otherwise one would have to reject any action influenced by external influences on the grounds of self-respect, which would apply to almost any human action. Evidently, this is line of argument cannot serve the purpose of challenging the value of the action of taking a mood-enhancer.

Aspect b), however, raises the question of agency and responsibility present within and after the decision to take a mood-enhancer. The fact that it is the mood-enhancer and not the person herself that causes and defines the emotional state consequently reduces the degree of personal autonomy in the course of that very decision. Again, external influences will always potentially influence, or even cause particular emotional state. However, in contrast to e.g. a pleasant encounter with a friend, a mood-enhancer only constitutes a purely physical cause for a certain emotional state. In that sense, the effect of a mood-enhancer can only be explained in mechanistic terms, whereas other external influence that have an impact on our mood, can be explained with reference to certain (emotional) reasons that are inevitably connected to the specific person in question (see Freedmann, 2007). It is thus questionable whether actions taken in a mood-enhanced state are still attributable to the whole person.¹² If this is not the case, how can a person be held responsible for succeeding actions at all? Just because of one initial (assumed) autonomous decision to alter her emotions for the better?

Facing these quite fundamental doubts concerning the degree of autonomy within and after the decision to take mood-enhancers, it remains questionable whether the mere act of taking a mood-enhancement drug can constitute an

¹¹ Connected to this objection, there is the question in how far mood-enhancement contributes to a medicalization of normal psychological states leading to other, more desired and socially rewarded psychological states. For further reading see e.g. Cottle 1999; Elliott 2003; Lane 2007; Moynihan & Cassels 2005. For a more general discussion of the dangers associated with the progressive extension of the boundaries of psychiatry and psychopharmacology, see e.g. Berghmans et al. 2011; The President's Council on Bioethics 2003: 261.

¹² For further discussion see: Korsgaard 2009.

expression of a self-respecting attitude. In order to further elaborate on the resulting hypothesis, namely that mood-enhancement is in fact not compatible with a self-respecting attitude, I argue in the following that mood-enhancement represents a manifestation of a self-disrespecting attitude. In order to do so, the example of the jealous Michael shall again serve as illustrative scenario.

As already outlined, Michael is lacking a certain willingness to explore and respond to the reasons that may have caused his disliked state of mind. To the extent that Michael does not want to engage with this particular emotional dimension of his self, he refuses to acknowledge that there may be (justified or unjustified) reasons for his jealous feelings and actions. However, acknowledging that there are reasons that we act upon constitutes a way of valuing ourselves as rational agents (Freedmann 2007). When it comes to emotional reasons, this aspect becomes all the more relevant, since our emotional reasoning,¹³ and the resulting state of mind, may be in fact mislead, because our reasoning may be based on false beliefs.¹⁴ The essential implication is that we human beings, as rational agents, should strive for the correction of such false beliefs: “Valuing the fact that we act on reasons means trying to correct mistakes in reasoning with other reasons” (Freedmann 2007: 143).

Beyond that, it is, as already discussed above, also possible that our emotional reasons are in fact completely justified, even though they have caused an unpleasant state of mind. In that case, the use of mood-enhancement drugs would all the more conflict with the conception of *uncompromised self-acceptance*. In fact, there seems to be no more evident way of unjustified non-acceptance than enhancing a completely justified emotional state. In that very sense, what follows from self-acceptance is not a passive, complacent attitude. Rather it is an active engagement with ourselves, an exploration of maybe very unpleasant and uncomfortable thoughts and feelings. Most of all, however, it is a learning process that is required when we want to get an understanding for the reasons that lie behind our moods and emotions. Respecting ourselves from this

¹³ Referring here to a broader understanding of reasoning that goes beyond rationality: Emotional reasoning is then to be understood as a train of thought or an attitude that causes a particular state of mind as well as a corresponding way to act. These attitudes and thoughts may be supplied by certain beliefs that are not warranted.

¹⁴ Often derived from past bad experiences, that are then projected into the future (see Freedmann, 2007).

perspective of a ‘productive’ process accompanying self-acceptance is not compatible with mood-enhancement, because the use of mood-enhancers eliminates a person’s ability to address potentially false beliefs that may have caused a particular (unpleasant) state of mind. Moreover, it deprives us of the possibility of an important insight, which is that the way we feel may be perfectly justifiable, although very unpleasant. Thus, acknowledging the legitimacy of an unpleasant emotional state is part of *uncompromised self-acceptance*, too. The argument just presented should also dispel doubts about the compatibility of such an *uncompromised self-accepting attitude* with self-improvement. As I have demonstrated, it is even the case that such a self-accepting attitude can be understood as a precondition for a productive process of self-understanding and with that for self-improvement. For if we ignore, deny or reject the existence of reasons that have led to a certain emotional state, we won’t be able to feel and act upon the right reasons. So, self-improvement is in fact very much based on our ability to get in touch with ourselves (Elliott 2007). Only when we acknowledge that we are worth of being known and understood, not only by others, but especially by ourselves, we can get an understanding of the reasons that have caused an emotional state. And with that we are able to integrate, transform and in the end, change for the better - all by ourselves.

References

- [1] Beck B, Stroop B. A biomedical shortcut to (Fraudulent) happiness? An analysis of the notions of well-being and authenticity underlying objections to mood enhancement. In *Well-Being in Contemporary Society 2015* (pp. 115-134). Springer International Publishing.
- [2] Benhabib S. The Generalized and the Concrete Other: The Kohlberg-Gilligan Controversy and Feminist Theory in Feminism As Critique. *Praxis international*. 1986;5(4):402-24.
- [3] Berghmans R, ter Meulen R, Malizia A, Vos R. Scientific, ethical, and social issues in mood enhancement. *Enhancing human capacities*. 2011:151-65.
- [4] Cole-Turner R. Do means matter. *Enhancing human traits: Ethical and social implications*. 1998.
- [5] Council on Bioethics United States. *Beyond therapy: biotechnology and the pursuit of happiness; a report of the President's Council on Bioethics*. Dana Press; 2003.
- [6] Darwall SL. Two kinds of respect. *Ethics*. 1977 Oct 1;88(1):36-49.
- [7] Dillon RS. Toward a Feminist Conception of Self-Respect. *Hypatia*. 1992 Feb 1;7(1):52-69.
- [8] Dillon RS. Self-respect: Moral, emotional, political. *Ethics*. 1997 Jan 1;107(2):226-49.
- [9] Elliott C. *Better than well: American medicine meets the American dream*. WW Norton & Company; 2004 Jun 17.
- [10] Elliott C. The tyranny of happiness: Ethics and cosmetic psychopharmacology. *Enhancing human traits: Ethical and social implications*. 1998:177-88.
- [11] Freedman C. Aspirin for the mind - some ethical worries about psychopharmacology.
- [12] Mertens W. Krankheit und Gesundheit. In *Freud-Handbuch 2006* (pp. 264-270). JB Metzler.

- [13] Hill TE. Servility and self-respect. *The Monist*. 1973 Jan 1:87-104.
- [14] Hill TE. Self-respect reconsidered. *Tulane Studies in Philosophy*. 1982 Jul 1;31:129-37.
- [15] Juengst ET. What does enhancement mean. *Enhancing human traits: Ethical and social implications*. 1998.
- [16] Kahane G. Reasons to feel, reasons to take pills. *Enhancing human capacities*. 2011:166-78.
- [17] Knutson B, Wolkowitz OM, Cole SW, Chan T, Moore EA, Johnson RC, Terpstra J, Turner RA, Reus VI. Selective alteration of personality and social behavior by serotonergic intervention. *American Journal of Psychiatry*. 1998 Mar 1.
- [18] Korsgaard CM. *Self-constitution: Agency, identity, and integrity*. Oxford University Press, USA; 2009.
- [19] Kramer PD. *Listening to prozac*.
- [20] Lane C. *Shyness: How normal behavior became a sickness*. Yale University Press; 2008.
- [21] Lynch Z. Neurotechnology and society (2010 - 2060). *Annals of the New York Academy of Sciences*. 2004 May 1;1013(1):229-33.
- [22] Meyers DT. Self-respect and autonomy. Dillon RS (ed). 1995:218-50.
- [23] Michelle C. Selling shyness. How doctors and drug companies created the “social phobia” epidemic. *New Repub*. 1999:22-9.
- [24] Parens E. Is better always good?: The enhancement project. *Hastings Center Report*. 1998 Jan 2;28(1):s1-7.
- [25] Sabin JE, Daniels N. Determining “medical necessity” in mental health practice. *Hastings Center Report*. 1994 Nov 12;24(6):5-13.
- [26] Savulescu J, ter Meulen R, Kahane G, editors. *Enhancing human capacities*. John Wiley & Sons; 2011 May 12.

Levinia Scotti

- [27] Scoppetta M, Di Gennaro G, Scoppetta C. Selective serotonin reuptake inhibitors prevents emotional lability in healthy subjects. *European review for medical and pharmacological sciences*. 2005;9(6):343.
- [28] Taylor G. Pride, shame, and guilt: Emotions of self-assessment.
- [29] Telfer E. Self-respect. *The Philosophical Quarterly* (1950-). 1968 Apr 1;18(71):114-21.
- [30] Wai ST, Bond AJ. Serotonergic intervention affects both social dominance and affiliative behaviour. *Psychopharmacology*. 2002 May 1;161(3):324-30.
- [31] Walters L, Palmer JG. *The ethics of human gene therapy*. Oxford University Press, USA; 1997.

Levinia Scotti is an MSc Student in Business Administration and Philosophy at Copenhagen Business School (2016-18). She holds a Bachelor's degree in Philosophy & Economics from the University of Bayreuth. During her time in Bayreuth, she has developed a particular interest within the fields of applied ethics and political philosophy. Her current studies at CBS allow her to further pursue her interest in applied philosophy at the intersection of business and society. You can contact her at [leviniascotti@googlemail.com].