Enhancement Technologies and the Modern Self

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Many people feel uneasy about enhancement technologies, yet have a hard time explaining why. This unease is often less with the technologies themselves than about the desires and aspirations that they express. I suggest here that we can diagnose the source of that unease by looking at three themes that emerge in Taylor's writings about the making of the modern self: the importance of social recognition, the ethics of authenticity, and the rise of instrumental reason.

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I. INTRODUCTION

When the U.S. President's Council on Bioethics began meeting in 2001, the chairman, Leon Kass, made two unusual decisions. The first was to put at the top of its agenda not an issue of acute national controversy, such as the use of embryonic stem cells, but rather the ethics of enhancement technologies. The phrase "enhancement technologies" refers to the use of medical technology not merely to cure or control illness but to enhance a person's appearance, personality, or capacities (e.g., stimulants to improve concentration, growth hormone to increase height, antidepressants for shyness, and so on). The second was for the Council to begin its discussion of medical enhancement by reading Nathaniel Hawthorne's short story, "The Birthmark." Hawthorne's story concerns a young physician who marries a beautiful woman with a single flaw, a birthmark. The physician becomes so obsessed with fixing her birthmark through increasingly dubious means that he accidentally kills her.

Kass was widely criticized for having the Council begin its deliberations by reading fiction, particularly fiction that takes such a cautionary attitude

toward medical technology.[1] But the problem with "The Birthmark" is not that it is fiction or even that it casts a skeptical eye on medicine. Its problem is that it fails to capture the motivations and fears that drive the demand for enhancement technologies.

Many of us have mixed feelings about enhancement technologies. While their benefits are obvious, it is hard to feel unreservedly positive about the degree to which Americans seem to embrace them—medicating schoolchildren with stimulants at rates unprecedented anywhere else in the world, turning antidepressants and anxiety drugs into billion-dollar blockbusters, offering cosmetic surgery makeovers to unhappy housewives on television game shows. Certainly the Council was right to worry about blind trust in medical science and the American enthusiasm for technological solutions to social problems. These currents run deep in American life. But to control these technologies, we need to understand where the demand for them is coming from. The source of that demand lies in the pressures and fears of ordinary American life. The users of enhancement technologies are often shy people who find that their lives are a little more bearable once they discover that beta blockers can help with their stage fright; self-conscious girls who find that they are a little less self-conscious once a cosmetic surgeon has taken the bump off their nose; and lonely, anxious, or alienated people who find that they are a little less lonely, anxious, or alienated once they start taking an antidepressant. These enhancement technologies are often "enhancements" in name only. Their use is less a search for perfection than a search for social acceptance, less a desperate effort to win the race than to avoid finishing last.

The ethical debate over enhancement technologies has settled into a fairly predictable pattern. On the proenhancement side is a common sense, often utilitarian philosophical approach that asks, in effect, "What's wrong with self-improvement? If a drug or procedure can make you happier, stronger, better-looking and more attentive, shouldn't it be encouraged?" Critics of the technologies, left with the project of answering that question, often point to the social injustices involved in the distribution of enhancement technologies and their potential side effects. Some critics also see the demand for enhancement as a sign of social decay. For critics on the left, the technologies represent crass consumerism driven by the pharmaceutical industry; for those on the right, they represent an affront to human dignity. For example, Kass writes, "If there is a case to be made against these activities—for individuals—we sense that it may have something to do with what is natural, or what is humanly dignified, or with the attitude that is properly respectful of what is naturally and dignifiedly human" (Kass, 2003, 17).

Many people feel uneasy about an unqualified endorsement of enhancement technologies, yet have a hard time putting their finger on just why. This unease is often less with the technologies themselves than about the desires and aspirations that they express. What I want to suggest here is that we can diagnose

the source of that unease by looking at three themes that emerge in Taylor's writings about the making of the modern self: the importance of social recognition, the ethics of authenticity, and the rise of instrumental reason.

II. SOCIAL RECOGNITION

For many Westerners today, it is very important that others recognize and respect them for who they are as individuals. This point may seem obvious, but things were not always this way. The critical social development, according to Taylor, was the collapse of social hierarchies in the late 18th century (Taylor, 1991). In these older hierarchical social systems, public recognition of a person's individual identity was not really an issue because identity was based on categories that everyone took for granted. Recognition was built into the system; a person's identity was determined by his or her social place. Not that these social hierarchies have completely disappeared, of course. Westerners still attach a lot of importance to status, and many people derive their identities from their social roles, like being a teacher or a mother. The difference today is that a person's identity is not longer entirely given to them. They must generate an identity for themselves. And as Taylor points out, we now expect that this will be an *individual* identity.

In premodern times people did not speak of identity and recognition not because people did not have (what we call) identities or because they did not depend on recognition, but rather because these were then too unproblematic to be thematized as such (Taylor, 1991, 48).

What makes this effort perilous is the possibility of failure. For an identity to succeed, it must be recognized by others. You may think of yourself as an American, whereas other Americans call you a foreigner. You might think of yourself as white, whereas others tell you that you are black. You may think of yourself as husband or wife to your longtime partner, whereas others insist that your marriage is invalid. It is always possible for other people to refuse to recognize your identity or refuse to grant it equal moral status or insist on seeing you in a way other than the way in which you see yourself. Identity is not simply something that a person can decide upon privately. As Taylor writes:

My discovering my identity doesn't mean that I work it out in isolation, but that I negotiate it through dialogue, partly overt, partly internalized, with others. This is why the development of an ideal of inwardly generated identity gives a new and crucial importance to recognition. My own identity crucially depends on my dialogical relations with others (Taylor, 1991, 47–48).

As Taylor points out, social hierarchies were supported by a moral foundation of honor. Yet honor goes hand in hand with inequality. In the same way

that an honor such as a knighthood, a Nobel Prize or an Olympic medal would lose its meaning if it were handed out to everyone, the notion of honor becomes meaningless when everyone in a society has it. (As Gore Vidal once said: "It is not enough to succeed. Others must fail."). As these older hierarchies have been replaced by structures of social equality, honor has been replaced by dignity. And unlike honor, dignity is egalitarian and universal. Everyone is entitled to dignity, not just a select few.

Yet not everyone has it. A society shapes the identity of its people by reflecting an image back to them. And if that image does not serve as the basis for self-respect and dignity, it can be psychologically damaging. It is a desire to avoid this kind of damage that drives the demand for many enhancement technologies. For small-breasted women, it may be breast augmentation surgery; for struggling college students, it may be Ritalin or Adderall; for people who are shy and anxious, it may be Paxil or Zoloft. When cosmetic surgery is used for so-called "Asian eyes" or the "Jewish nose" or when African-Americans use skin lightening creams or hair-straightening solutions, it is at least partly because of social norms that reinforce the notion that these aspects of their identity are something to be ashamed of.

Much of the moral justification for prescribing enhancement drugs comes from the desire to remedy this kind of shame. Many of the enhancement technologies are not mere enhancements, in the same moral category as cosmetics; they are ways of repairing or preventing the damage of social stigma. So today, doctors give growth hormone to ordinary short to fix the stigma of being short, perform double eyelid surgery on Asian-Americans to fix the stigma of having "Asian eyes" and give Propecia and Rogaine to middle-aged men to fix the stigma of premature baldness. Once we take on the idea that a legitimate purpose of medicine is to counteract the effects of social stigma, then the range of justifiably treatable conditions expands enormously.

The problem, of course, is that the widespread use of the technologies simply reinforces the social norms whose damaging effects they are intended to remedy (Little, 1998). The more Asian eyes that are surgically altered to look more European, the more deeply entrenched the social norm that says Asian eyes are something to be ashamed of. The more skin lightening cream that is sold, the more stigmatized dark skin will become. An enhancement technology may increase individual well-being, but it often does so as the expense of a larger social good.

In fact, once the use of an enhancement technology becomes widely accepted, it paves the way for changing social institutions in a way that drives the demand for the technology even further. Stimulants are a good example. It is not hard to see why overworked sleep-deprived surgical residents might start taking Provigil (modafinil) in order stay alert in the hospital while working the long hours required of their job. The drug might even

improve their surgical performance and prevent mistakes. But once the use of Provigil becomes taken for granted, it might easily provide the rationale for increasing the working hours expected of residents. Once training directors see how easy residents taking Provigil can manage two nights without sleep, they might well start designing call schedules in which two nights without sleep is the norm.

The result is a kind of looping effect. The availability of stimulants allows to us to design schools and workplaces in a way that loops back and reinforces the need to use stimulants. And in the new workplaces and the new schools, people feel as if they need stimulants just to keep up. We introduce a new technology to satisfy a need, but it changes society in such a way to increase the demand of the technology, which then forces more and more people to use it, even if they would prefer not to.

III. THE ETHIC OF AUTHENTICITY

Several years ago, Ricky Williams, the NFL running back and a spokesman for GlaxoSmithKline, began speaking to the press about his difficulties with social anxiety disorder. "When I was drafted to New Orleans, it got to the point where I didn't want to leave my house," said Williams in an interview. "I didn't want to go anywhere. I didn't want to go to the grocery store. I didn't go out on dates."[2] His anxiety about public scrutiny eventually got so severe that he started giving media interviews with his football helmet on. It was only after Williams began taking an antidepressant approved for social anxiety disorder that he was able to get in touch with his true identity again. "As part of my treatment program, my physician prescribed the antidepressant Paxil, in combination with therapy," Williams said. "Soon thereafter I was able to start acting like the real Ricky Williams."

The psychiatrist Peter Kramer (1993) in his book, *Listening to Prozac*, coined the term "cosmetic psychopharmacology" for the kind of self-transformation that Williams describes. Kramer wondered if the antidepressants he was prescribing for some of his patients were actually treating a mental disorder or if it would be more accurate to say that the drugs were enhancing these patients' personalities. But the self-descriptions given by many of his patients suggested something else, not so much an enhancement of the self as a return to a more authentic self. This theme was later taken up by manufacturers of other antidepressants, such as GlaxoSmithKline, which advertised Paxil with the slogan, "Relieve the anxiety; reveal the person."[3]

Bioethicists debating the ethics of "enhancement technologies" have largely overlooked one of the most striking aspects of these technologies, which is the degree to which people seem drawn to describe them in the language of identity and authenticity. The technologies may change people or make them feel different, yet they somehow find a way to describe

the change as a process of becoming themselves, or putting them in touch with themselves, or showing them a part of themselves that was previously hidden from them. Antidepressants, stimulants, psychedelic drugs, cosmetic surgery, anti-aging treatments, sex-reassignment surgery, and even healthy limb amputations: all have been described as way of getting in touch with the true self.[4]

This language is the product of a moral ideal that has very deep roots in Western society and which Taylor has articulated better than any other contemporary philosopher. This is the notion that there is something morally important about being true to yourself as an individual and that a meaningful life involves getting in touch with your own inner depths. Taylor summarizes the ideal of authenticity this way: "There is a certain way of being human that is my way. I am called upon to live my life in this way, and not in imitation of anyone else's life. But this notion gives a new importance to being true to myself. If I am not, I miss the point of my life; I miss what being human is for me" (Taylor, 1991, 29).

Taylor traces the ethic of authenticity to the 18th century notion that each of us has a moral sense or conscience, a feeling for what is right and wrong. The ideal of authenticity, says Taylor, comes out of a displacement of this idea. The original notion was that you needed to be in touch with your feelings so that you can know how to do the right thing. But soon being in touch with your feelings came to be a moral ideal in itself (Taylor, 1989, 248–265; Taylor, 1991, 26). A crucial philosophical figure here, writes Taylor, is Herder. Herder wrote that each of us has a unique way of being human. Each person has his or her own "measure." Taylor sees Herder's insight as part of a dramatic turn in modern culture: the notion that each person is an individual with unique inner depths. Before the late 18th century, he writes, nobody had ever given individual human beings this kind of moral significance (Taylor, 1991, 28).

As Taylor points out, the obligation to generate an individual identity (rather than simply inheriting a social identity) heightened the importance of originality. This new emphasis on the individual meant that each person's inner voice was different and unique and each had something significant to say. It became important to find and listen to your own voice and not simply conform to a model given to you by someone else (Taylor, 1991, 30). The obligation to generate an individual identity also heightened the importance of what Taylor calls self-determining freedom, a notion he traces to Rousseau (Taylor, 1991, 362). This is the idea that freedom means deciding for yourself what concerns you, rather than allowing yourself to be shaped by external influences. Self-determining freedom moves a level beyond what is sometimes called negative liberty or the liberty to do what you want without external interference. The demands of self-determining freedom and originality are part of what gives rise to the modern sense, lurking always in the undercurrents of American life, that a life lived in unreflective conformity

with the norms and rules of society is somehow a less fulfilling life than one that is wholly of your own devising.

There is a reason why Taylor calls authenticity an ethical ideal. It is because an authentic life has come to be seen as a *better* life. Being in touch with your inner feelings, desires and aspirations have become essential for self-fulfillment, and self-fulfillment has become a necessary component of a meaningful life. If you are not fulfilled, your life is not measuring up to the promise of what a human life could be. This shift has meant that technologies such as Prozac, Ritalin, cosmetic surgery, growth hormone, and sex-reassignment surgery are not just ways to look and feel better or even ways of combating social stigma. Once they become ways of getting in touch with the true self, they become instruments for the pursuit of a meaningful life.

It is important to recognize the moral pull of this ideal. Many people today have the sense that an authentic life is somehow a higher life, a more fulfilled life and that if they do not discover a path that is true to their own aspirations and talents, they are missing out on what life could be. Some critics of the idea of self-fulfillment treat it as mere vanity or selfishness. What Taylor emphasizes is the degree to which many people today feel *called* to pursue self-fulfillment—to devote themselves single mindedly to a career, for example, while ignoring the other things that people in other periods or cultures have thought essential to a good life.

Most of us understand this ideal, even if we disagree with it. If we had no sense of the moral pull of authenticity, we would have no way to see anything admirable about Paul Gaugin abandoning his wife and children to paint masterpieces in Tahiti. Of course, some of us would not be able to justify this kind of abandonment no matter how important it might have been for Gaugin's self-fulfillment. But without some notion of the way that authenticity can exert a moral pull, we would not be able to make sense of the idea that there is a moral dilemma here at all.

Yet it is also important to put the language of authenticity into perspective. The phrase "authentic self" suggests a search for that nugget of true identity buried inside a person, like hidden treasure. Pathology can hide the true self, it suggests, and medication can reveal it. But selves are never simply discovered. They are also made. We shape ourselves by the choices we make, and we are also shaped by others—our families, friends, peers, societies, and cultures.

Nor is self-discovery the only image that these kinds of descriptions conjure up. Patients do not use the vocabulary of identity consistently—not from one kind of intervention to the next, not from one person to the next, and not even from one sentence to the next for the same person. Sometimes the description sounds deliberate and reflective; at other times, it sounds like a throwaway remark. Sometimes it seems to capture something deeply significant about a transformation; at other times, it just sounds shallow. Even the people who are inclined to use a vocabulary of identity to describe their

transformation often struggle with clarity. A person may say that an intervention helped them become the person they always wanted to be, or used to be, or were meant to be, or which they felt they ought to be. We need to understand the language of authenticity not as a literal description of the effects of a drug or procedure but as one way to express a modern moral aspiration.

IV. INSTRUMENTAL REASON

Many arguments for enhancement technologies begin by comparing them to commonly accepted practices with similar aims. If it is good to give children extra tutoring to improve their grades, why should it be a problem to improve their grades with stimulants? If it is acceptable to undergo psychotherapy to become happier, more confident, less anxious, or more fulfilled, why should we have reservations about doing the same things with antidepressants? If it is morally acceptable to improve plants and animals through selective breeding, what is wrong with improving them through genetic manipulation?

When critics of enhancement technologies reply to this argument, they often express concerns about human control. In *The End of Nature*, for example, Bill McKibben argues that we no longer see nature as something that controls us. "We are no longer able to think of ourselves as a species tossed about by larger forces—now we *are* those larger forces" (Mckibben, 1989, xviii).[5] We have come to see the world as something to be molded and shaped by our own will. This way of seeing the world has brought us great technological progress, of course. But once we begin to see the world as crude materials for our own projects, it becomes, as Weber famously put it, disenchanted. It is transformed from an object of mystery and reverence to an instrument for our own designs.

Taylor characterizes this way of seeing the world as a product of instrumental reason. "By instrumental reason I mean the kind of rationality we draw on when we calculate the most economical application of means to a given end". "Maximum efficiency, the best cost-output ratio, is its measure of success". Instrumental reason encourages us to see the world as a project to be shaped and used—each meadow a potential golf course, each bird a potential meal. The value of the world is measured in terms of what it can give us. Taylor writes:

Once society no longer has a sacred structure, once social arrangements and modes of action are no longer grounded in the order of things or the will of God, they are in a sense up for grabs. They can be redesigned with their consequences for the well-being and happiness of individuals as their goal. (Taylor, 1991, 5)

Many critics of enhancement technologies have echoed Taylor's concern. Sandel (2006) argues that the desire for enhancement is an expression of

"the drive to mastery," the notion that the world is there for us to remake it. He contrasts this attitude with what William May calls an "openness to the unbidden," a willingness to accept the world as it is. Remaining open to the unbidden requires a kind of humility in the face of chance and accident (45). It means a recognition that there will always be aspects of human life that resist our control. This does not mean blind resignation to chance, or mere submission to misfortune, but it does require an attitude toward the natural world that preserves the possibility of reverence.

Kass agrees with Sandel, but he believes that an appreciation of the "gift-edness" of life does not quite go far enough. He argues that the word gift does not just mean "given," but also "granted," as in definitely fixed and specified. All creatures, he writes, have

their species-specified natures: they are each and all of a given sort. Cockroaches and humans are equally bestowed and differently natured. To turn a man into a cockroach—as we don't need Kafka to show us—would be dehumanizing. To try to turn a man into more than a man might be so as well. We need more than a generalized appreciation for nature's gifts. We need a particular regard and respect for the special gift that is our own given nature (and, by the way, also that of each of our fellow creatures). (Kass, 2003, 20)

Kass hastens to point out that he does not wish to preserve anything simply because it is natural. Look at the needle and the fig leaf, he says. We use art to improve life and have done so from the start. It is true that some enhancement technologies come off as "cheating," as biological short-cuts, but others help us achieve excellence without cheapening it. Some kinds of enhancement technologies may even help people to perform their civic duties or pursue their craft, like a neurosurgeon who takes beta blockers to steady her hands. This can hardly be seen as cheating. Kass worries more about the use of technologies as a means of enhancement that does not involve human agency.

Human education ordinarily proceeds by speech or symbolic deeds, whose meanings are at least in principle directly accessible to those upon whom they work. . . . In contrast, biomedical interventions act directly on the human body and mind to bring about their effects on a subject who is not merely passive but who plays no role at all. He can at best *feel* their effects *without understanding their meaning in human terms.* (Kass, 2003, 22)

The more general worry here is that once we are able to engineer our appearance, our mental abilities, and our emotions, they become less like gifts, to be accepted with gratitude, and more like projects, to be worked on with anxiety. Just as we have come to see the natural world instrumentally, we may begin to see ourselves—and our children—as objects of potential control. This is less a concern about the effect of technology on the world as a concern about its effect on our own sensibilities. What would it mean to see everything, including ourselves, instrumentally—as

an object of entertainment, something to eat, a commodity to be bought or sold?

V. CONCLUSIONS

Faced with individuals whose desires for enhancement seem misguided, perverse, or self-destructive, many critics of enhancement technologies want a broad-ranging moral concept to give some moral weight to their objections. For Fukuyama (2002), that anchor is human nature; for Kass, whose worries are more nuanced, the common thread appears to be something closer to human dignity. In many ways, these normative concepts function for critics of enhancement in the same way that, say, "the greatest good for the greatest number" would function for a utilitarian or "God's will" would function for some kinds of religious believers. They provide a grounding principle which the use of an enhancement technology appears to betray. The problem is that the anchor works for only for those who have bought into the larger theoretical framework (natural law theorists, utilitarians, evolutionary psychologists, Christians, etc.) Anyone who is unconvinced by the larger theoretical framework, however, is likely to be left unmoored.

Any argument against enhancement technologies needs to begin by acknowledging their appeal. And that appeal is not simply a drive to succeed, or to win, or to compete more effectively at school or in the market, although these are all important. The appeal of many enhancement technologies comes from a simple wish to get along a little better, to feel a little more comfortable, and to avoid embarrassment or social humiliation. And sometimes, of course, the cost of a little medical self-improvement is very minimal. Few of us will begrudge a self-conscious teenager a prescription for acne cream, even if the condition it treats does not quite qualify as a serious medical condition.

Yet this does not mean that worries are unwarranted. The worry shared by many critics of enhancement technologies concerns the spirit of the technological age and where our trust in technology is leading us. The problems that enhancement technologies are intended to fix have social roots, and often these social roots are objectionable. Yet it feels easier to use technology to change the individual than to fix the social problems. Many people have soul-deadening jobs that require them to spend long periods of time staring at a computer screen performing boring mental tasks. It is not hard to see why they are interested in stimulants. But the larger problem is their boring soul-deadening jobs. Many racial minorities feel ashamed of the way they look, and it is not hard to see why they want cosmetic surgery. Yet the larger problem is the social norms that say their looks are something to be ashamed of. Taylor's work does not just show us how deeply embedded in modern culture these social forces are; it also reveals the spirit that leads us to see technology as the best solution.

NOTES

1. See, for example: Gillespie (2002).
2. http://www.drdonnica.com/celebrities/00007874.htm (Accessed December 14, 2008).
3. So persuasive was the this script that it was eventually used not just for antidepressants, but for a whole range of drugs, such as Aricept, a treatment for dementia ("Helping people be more like themselves longer"), and Zelnorm, a drug marketed for irritable bowel syndrome ("Be yourself again").
4. I write about this at great length in Elliott (2003).
5. See also McKibben (2004).

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