ANTIDEPRESSANTS, BIOENHANCEMENTS, AND THE ETHICS OF SELF-RESPECT

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ABSTRACT

Antidepressants and bioenhancement technologies raise special concerns – both for those who use them and those who don’t – about who we are and how we should treat ourselves. In this dissertation, I confront these concerns by asking and answering two ethical questions about different forms of self-treatment. These are: 1. Is antidepressant use morally problematic insofar as it is self-objectifying?, and 2. Is bioenhancement use morally problematic insofar as it undermines self-respect? (Note: by “morally problematic,” I mean “possessing a wrong-making feature,” not “always wrong, all things considered.”)

The first two chapters focus on the former question – the question of whether antidepressant use is morally problematic insofar as it is self-objectifying. In order to answer this, I first step back, in Chapter 1, and look at the phenomenon of self-objectification generally construed. I draw from Martha Nussbaum’s and Rae Langton’s work on objectification to formulate my own definition of “self-objectification.” I then argue that self-objectification is indeed possible, and that it assumes a number of interesting forms.

The second chapter turns to the specific bioethical question of whether antidepressant use is morally problematic insofar as it is self-objectifying. I argue that the answer is “yes.” Although I’m not the first to voice this particular objection to antidepressant use, I extend this previous scholarship in two principal ways. First, I draw from my definition and analysis of self-objectification in Chapter 1 to characterize exactly how antidepressant use is self-objectifying, and to pinpoint the accompanying specific moral offense. Second, I argue in detail against Neil Levy’s contention that some cases of self-objectification with antidepressants are completely permissible.

In my third and final chapter, I turn to the second question: whether bioenhancement use is morally problematic insofar as it undermines self-respect. I argue that it is, while also acknowledging that there are other senses in which it, simultaneously, can promote self-respect. I offer a few options for conceptualizing this tension, and maintain that the undermining of self-respect nevertheless constitutes one reason to worry about bioenhancement technologies.

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Introduction

In this dissertation, I explore the moral dimensions of antidepressant and bioenhancement use by looking at certain varieties of self-treatment they involve—specifically, by looking at their influences on self-respect and self-disrespect. One overarching theme is that the way we treat ourselves—specifically, the type of respect or disrespect we afford ourselves—is an indispensable consideration in keeping a "moral scorecard" of biotechnologies like antidepressants and bioenhancements. In particular, I argue that antidepressant use is self-objectifying (a certain breed of self-disrespect), and that some instances of bioenhancement use are self-disrespecting, and that these are reasons we should be reluctant to blindly and zealously embrace these technologies.

To do this, I bring together two separate areas of philosophical discourse. The first is the field of applied bio- and psychiatric ethics, specifically, the debate about the moral significance of certain biotechnologies like antidepressants and bioenhancements. The second is the moral, moral psychological, and metaphysical discussions of the types of relationships we have with ourselves. I also, however, forge connections with feminist theory. There are explicit connections insofar as I draw from previous contributions from feminist theory, particularly in the area of objectification. And there are implicit connections insofar as my conclusions have significant implications for feminist concerns: women are thought to, on the whole, suffer from ailments of self-disrespect more than men, self-respect has been posited as a tool for feminist change, and women sometimes use antidepressants and bioenhancements for reasons intimately tied to their gender and their corresponding place in the social hierarchy.

My interest in these topics is fueled by a number of factors in addition to the above implications for feminism. First, it is not difficult to see that antidepressant and bioenhancement use are tremendously prevalent. According to CNN, a 2005 Centers for Disease Control and Prevention study found antidepressants to be the most commonly

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1 Bioenhancements are enhancements that target one or more features of an individual’s biology, and include surgeries, genetic manipulation, and pharmaceutical interventions.
prescribed drug in the U.S. And one need not look far for an example of bioenhancement use: cosmetic surgery, Ritalin use for cognitive enhancement, and steroid use are all bioenhancements that are pervasively consumed. Second, taking antidepressants, and partaking of bioenhancements, raises serious and fascinating questions about how we choose to live our lives. These questions include: How do we treat ourselves when we take antidepressants, or when we enhance, and is that sort of treatment decent and morally appropriate? Do we have an obligation to engage in or refrain from certain forms of self-treatment? Do we have an obligation to enhance ourselves, or to refrain from enhancing ourselves? Do we have an obligation to respect ourselves? Do we have an obligation to be happier? Must happiness or self-improvements be earned? Does it matter where we get our happiness from; is there anything wrong with getting it from a pill?

This dissertation does not, unfortunately, address all of these questions. I present them only to give a sense of the rich philosophical landscape surrounding antidepressant and bioenhancement use. As stated above, my dissertation focuses on those questions concerning the forms and ethics of self-treatment in antidepressant and bioenhancement use. And, importantly, note that I will not specifically assess whether we have obligations, strictly speaking, to practice certain types of treatment. I will, instead, advance what I believe are critical pro tanto moral considerations in assessing the use of antidepressants and bioenhancements. And I will use the term “morally problematic” to mean that the activities in question possess one (or more) pro tanto considerations against them. Additionally, without necessarily invoking the heavy deontological machinery of “duties to oneself,” I nevertheless operate on the assumption that different ways we treat ourselves have moral consequences: that we can engage in better or worse treatment of ourselves, and we owe it to ourselves to have this type of self-treatment considered in the overall moral assessment of our actions.

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Please note that, as is reflected by my *pro tanto* approach, I do *not* argue that using antidepressants and bioenhancements is always wrong, all things considered. I recognize that the moral considerations surrounding the use of these technologies are complex, and that use of these technologies is often prompted by, and can often relieve, intense suffering. Instead, in cautioning hesitance in availing oneself of antidepressants and bioenhancements, I believe I offer certain salient considerations that should be taken into account *along with* these more familiar ones.

The first two chapters of this dissertation focus on the ethics of antidepressant use. Specifically, in them I take up the previously-made claim that antidepressant use is morally problematic because it is *self-objectifying*, and I uphold that claim both by 1) advancing more detailed considerations in its favor and 2) defending it against a looming objection that has recently been presented in the literature. What does it mean to say that an act is self-objectifying? This question, and my detailed answer to it, are the focus of Chapter 1. In this chapter, I concentrate exclusively on the phenomenon of self-objectification: defining it, describing it, defending its possibility, and noting interesting peculiarities of this way of treating ourselves. The very rough idea is that self-objectification is a way of treating oneself in a manner appropriate to a mere object, or a mere machine. To better explicate it, I draw from feminist work by Martha Nussbaum and Rae Langton on objectification generally, and consider how this work does and does not apply to self-objectification specifically. In so doing, I develop my own definition of “objectification,” which is fully compatible with Nussbaum’s and Langton’s analysis, but offers a slightly more concrete strategy for determining whether an act is objectifying or not, and also better illuminates the possibility of self-objectification.

After the first chapter sets the stage with a thorough exploration and definition of self-objectification, the second chapter tackles the specific question of whether antidepressant use is morally problematic because it is self-objectifying. I argue that it is, and use my analysis of self-objectification from Chapter 1 to substantially add to the previous claims in the literature to that effect. I also defend this claim against a recent and substantial objection made by Neil Levy: that, roughly, some mental states “deserve
our respect” and some don’t, and that changing the latter class with antidepressants is therefore completely innocuous.

The third chapter turns to the topic of bioenhancements, and argues for a novel moral consideration against their use and promotion: that, in some cases and some senses, bioenhancement use undermines self-respect. I argue for this consideration, however, with an appreciation of a greater tension within which it is situated. Namely, in some senses bioenhancement use undermines self-respect, but in other senses it promotes self-respect. That is, by enhancing we can both 1) realize and manifest a dissatisfaction and lack of acceptance with ourselves, and simultaneously 2) exhibit self-love and self-respect. I think these two effects of bioenhancements are, perhaps surprisingly, compatible, and I maintain that, to the extent that enhancements uphold the “self-disrespecting side” of the tension, they are morally problematic.

Thus, there are three big themes or theses that emerge in this dissertation. The first is that antidepressant use is morally problematic because it is self-objectifying—the conclusion of Chapter 2. The second is that bioenhancement use, in some cases and some senses, is morally problematic because it is self-disrespecting—the conclusion of Chapter 3. And finally, the last theme is roughly the conclusion of Chapter 1, but it surfaces in all three chapters. This is that there are multifarious and complex ways in which we can mistreat ourselves, including several varieties of self-disrespect and self-objectification. Furthermore, these varieties of ill-self-treatment may arise and exist simultaneously with gestures of self-respect and self-love. Sometimes, certain actions may give rise to both self-disrespect and self-respect, and thus the ways in which we deal with ourselves can be richly complex.
Chapter 1
Self-Objectification

1. Introduction

Objectification, roughly speaking, is the act of treating someone or something as a mere object when it is not. It is an act that is usually regarded as a serious moral failing; its moral shortcomings are highlighted especially by Kantians and recent feminist theorists. Regarding the latter, “objectification” is a widely recognized diagnosis of (part) of what is wrong with many sexist practices. Treating women like mere objects (whether by ogling them in a strip club, or regarding them as valuable only for their appearance, or engaging in rape, or any one of a number of other unsavory sexist practices) is clearly morally problematic.3

Importantly, not only can individuals objectify others, they can also, presumably, objectify themselves. And this sort of self-treatment has interesting moral ramifications. However, this specific notion of self-objectification has received relatively little attention in feminist theory and moral philosophy. Thus, my central aim in this chapter is to explore the concept of self-objectification in greater detail. I will argue that self-objectification is indeed possible, and that there are myriad ways in which we may objectify ourselves, many of which are importantly different from instances of one person objectifying another (what I will often refer to as “other-objectification”).

My plan for this chapter is as follows. First, in Section 2, I will define what objectification, generally, consists in, relying heavily on Nussbaum’s and Langton’s accounts. Here, I develop my own definition of “objectification,” one that is compatible

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3 One entryway into understanding how objectification is morally problematic is via Kant’s categorical imperative: “act that you use humanity, whether in your own person or in the person of any other, always at the same time as an end, never merely as a means.” (Kant, *Groundwork of the Metaphysics of Morals*, trans. Mary Gregor, 429). This is because objectification tends to violate this imperative (however, as we will see, objectification can be more than just a violation of this imperative).
with Nussbaum’s and Langton’s accounts. In Section 3, I turn to the specific phenomenon of self-objectification, showing how my definition can be adapted to this special form of objectification. Then, in Section 4, I examine the ten notions of objectification that Nussbaum and Langton have proposed, and ask what each looks like in the case of self-objectification. Finally, in Section 5, I explore Langton’s important distinction between different objectifying activities, and propose that the two main types of activities she identifies, regarding and making, may be more closely intertwined in self-objectification than in other-objectification.

2. What is Objectification?

Most of us have a fairly robust conception of the difference between 1) mere objects (such as stones, stars, trees, pocket calculators) and 2) things that are more than mere objects (such as humans, dogs, canaries). In this paper, I will use “mere object” to refer to things in the former group, and “non-mere object” or “more than a mere object” to refer to things in the latter group. To give a more robust characterization of the distinction between the two groups, I will define “non-mere object” as anything that has mental features (where mental features include mental states, mental capacities, and strong dispositions towards having mental states), and “mere object” as everything else. Thus, objectification, very roughly speaking, involves the treatment of a non-mere object

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4 Although this chapter derives primarily from Nussbaum’s and Langton’s influential accounts, this is not to say that there aren’t other influential treatments of objectification in the literature. I am thinking especially of those from Haslanger (Haslanger, “On Being Objective and Being Objectified”) and MacKinnon (MacKinnon, Feminism Unmodified).

5 I introduce the terminology “mere object,” and use it instead of “object,” to acknowledge that, at least on many definitions, humans count as objects too (we take up space, have mass, carry out mechanical processes like pumping blood and maintaining electrolyte balance, etc.).

6 I could also choose to define “non-mere object” as anything that has conscious mental features, or has at least some conscious experience. Why? Because, depending on how one defines “mental,” it may turn out that things like thermostats have mental states, and I certainly want to classify thermostats and the like as mere objects. However, I will evade this definition of “mental” and assume a relatively folk definition instead: one that rules out the possibility of thermostats having mental states.

7 In the present paper, I will focus on the objectification of persons (leaving aside the issue of objectification of other sentient beings), so will often use the word “person” in place of “non-mere object.”
as, or in a manner appropriate to, a mere object. Nussbaum describes objectification in this way: "One is treating as a [mere] object what is really not a [mere] object, what is, in fact, a human being." This first pass at a definition is not quite satisfactory, and I will offer my own improved version shortly.

Before I do this, however, I think it is best to recap Nussbaum’s and Langton’s strategy for elucidating the concept of “objectification,” for three reasons. First, this strategy is canonical, and presents an in-depth way to delve into the notion of objectification. Second, it offers several different illustrations and examples of how objectification might occur, examples that will be pivotal in establishing my own definition. Third, I intend for my definition to be compatible with Nussbaum’s and Langton’s strategy, not in tension with it.

2.1 Objectification as a cluster concept: Nussbaum’s and Langton’s strategy

So, what is Nussbaum’s strategy? Nussbaum famously defined “objectification” as a “relatively loose cluster concept,” with the different strands of the cluster each representing a different way to treat a person as a mere object. To identify these strands, the basic procedure is straightforward. First, identify a feature that persons have but mere objects (tend to) lack. Second, treat the person as though she, also, lacks this feature. Some candidate features include: autonomy, subjectivity, the right not to be owned, etc. Nussbaum lists seven different types of treatment, each focused on one of seven such features, as the key strands of the cluster concept. They are:

1. Instrumentality: one treats it as a tool of one’s own purposes.

2. Denial of autonomy: one treats it as lacking in autonomy and self-determination.

3. Inertness: one treats it as lacking in agency and activity.

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10 In the present paper, I will assume a very broad definition of “autonomy”—one that includes the notions of self-governance, self-determination, and freedom.
4. **Fungibility**: one treats it as interchangeable (a) with other things of the same type, and/or (b) with things of other types.

5. **Violability**: one treats it as lacking in boundary-integrity, as something that it is permissible to break up, smash, break into.

6. **Ownership**: one treats it as something that is owned by another, can be bought or sold, etc.

7. **Denial of subjectivity**: one treats it as something whose experience and feelings (if any) need not be taken into account.11

Rae Langton adds three more:

8. **Reduction to body**: one treats it as identified with its body, or body parts.12

9. **Reduction to appearance**: one treats it primarily in terms of how it looks, or how it appears to the senses.13

10. **Silencing**: one treats it as silent, lacking the capacity to speak.14

According to Nussbaum’s strategy, as members of a cluster concept, none of these ten individual notions15 are meant to be necessary or sufficient for objectification. The basic idea is that some notions are more central than others, and that if a certain act fulfills the right combination of these criteria, then it counts as objectification. Which notions are particularly central? Nussbaum singled out notions (1) **Instrumentality** and (2) **Denial of autonomy**, while Langton suggested we also consider (8) **Reduction to body** as particularly central.16 I myself also want to identify (7) **Denial of subjectivity** as especially central, because I think that it more or less encapsulates what is definitional of the activity of objectification, at least, according to my own definition. I will now turn to

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13 Ibid., p. 229.
14 Ibid., p. 229.
15 I will refer to the strands of the cluster concept as “notions.”
16 Specifically, Langton argued that (8) **Reduction to body** captures what most of us think of when we think about sexual objectification.
this definition, and, in the interests of elaboration and explication, walk through the process by which I arrived at it.

2.2 My definition of "objectification"

In my definition, I wish to lay out some broad necessary and sufficient conditions for objectification. Using the above definitions of "mere object" and "non-mere object,” a first pass is as follows:

(a) A objectifies B if and only if A treats B as a mere object.

This definition has some problems. One of these is that, in most cases of objectification, the objectifier (A) does not treat the objectified (B) completely or utterly as a mere object. That is, a husband who sees his wife as a “possession” and values her entirely for her appearance is clearly objectifying her, but does not literally think she is entirely devoid of mental features, like a lump of concrete. He engages with her mental features to some extent, although in his treatment of her they are considerably downplayed. So, two things that are essential to note are: 1) objectification hardly ever consists in treating someone utterly as a mere object, and 2) one may treat another more or less like a mere object. For example, we can imagine a series of different husbands who downplay their respective wives’ mental features to a lesser or greater extent. At one end of the spectrum, a husband may only slightly overvalue his wife’s appearance and only minimally downplay her other (mental) features, and at the other end, a husband may essentially treat his wife as a slave. Noting this, we can replace “as” with “in a manner appropriate to” to obtain the following:

(b) A objectifies B if and only if A treats B in a manner appropriate to a mere object.

Although this definition doesn’t strictly tell us that objectification can come in degrees, it is just a short step from it to defining a graded or comparative notion of objectification. This would be something like:

(b)\text{graded} A objectifies B more than A objectifies C if and only if A objectifies B and A objectifies C and the manner in which A treats B is more appropriate to a mere object than the manner in which A treats C.
So (b), in conjunction with \( (b)_{\text{graded}} \), fixes the above problems, but it retains a few others, one of which is that it incorrectly classifies many non-objectifying cases as objectifying. In other words, it is too broad. For example, it fails to recognize that it is often appropriate to treat a mere object as non-violable or non-fungible (e.g., a wedding ring, a painting, etc.). So “treating as non-violable” will sometimes count as “treating in a manner appropriate to a mere object.” Thus, when person A treats person B as non-violable (as he should), this would incorrectly be counted as objectification. This leads to the following modification:

(c) A objectifies B if and only if A treats B in a manner only appropriate to a mere object.

The addition of “only” here succeeds in ruling out the above sorts of cases because treating something as non-violable is not the sort of treatment appropriate only to a mere object—clearly, treatment as non-violable is appropriate to persons as well! It’s possible, though, that this new definition may implicitly veer too far in the other direction: towards too stringently failing to count objectifying cases as objectifying. That is, it may be too narrow. To see this, recall the case of the husband who treats his wife as his possession and values her only for her appearance. Even though he is objectifying her, he nevertheless engages with some of her mental features (he presumably talks to her, for example). Because of this, we would certainly not describe his overall treatment of her as appropriate only to a mere object—there are ways in which it is not even appropriate to a mere object at all. This leads to:

(d) A objectifies B if and only if A treats B in a manner more appropriate to a mere object than to a non-mere object.

(d) improves upon (c) because it emphasizes the graded nature of objectification: it is critical to stress that a person may be treated more or less like a mere object. To fully understand (d), however, we need to clarify the phrase “in a manner more appropriate to a mere object than to a non-mere object.” Imagine a continuum of types of treatment ranging from “appropriate to a mere object” to “appropriate to a non-mere object,” and a mid-point bisecting the continuum. I believe this phrase is ambiguous between: 1) being anywhere to the “mere object” side of the mid-point (so, on the “mere
object” half of the continuum), and 2) being anywhere on the continuum that is not exactly at the “appropriate to non-mere object” endpoint. I mean (2). Thus, another way to phrase “treatment in a manner more appropriate to a mere object than to a non-mere object” might be: “anywhere on the axis of treatment spanning treatment of mere objects to treatment of non-mere objects that falls short of the ideal of treatment appropriate to a non-mere object.” I use my original locution “in a manner more appropriate to a mere object than to a non-mere object,” with the qualification that I mean it in this second sense, because it is slightly less bulky.

Now, the trouble with (d) is that it fails to handle certain other cases: cases of objectification that are based on a violation of non-mere objecthood. An example of such a case is that of the sadistic rapist, described by Langton, who is driven not by the prospect of having intercourse with a lump of matter, but instead is specifically motivated by the possibility of actively violating the autonomy of someone who already has it. Langton says: “it’s not that he [the sadistic rapist] doesn’t listen to her saying ‘no’—he wants her to say ‘no.’” His action depends very much on the status of his target as a non-mere object; the entire evil point is to violate and change this status—making the target more mere object-like (by making her less autonomous). So, at least in one sense, we would be reluctant to say that he is treating B in a manner more appropriate to a mere object than to a non-mere object; his attribution and subsequent violation of autonomy are very much directed to those aspects of B that make her a non-mere object. Yet clearly the sadistic rapist’s act is objectifying.

To handle the case of the sadistic rapist and other cases where autonomy or other features of non-mere objects are destroyed or squashed, I propose the following modification:

(e) A objectifies B if and only if A treats B in a manner more appropriate to a mere object than to a non-mere object or A treats B in a manner that makes, or aims to make, B more like a mere object.19

17 Langton, Sexual Solipsism, p. 234.
18 Langton, Sexual Solipsism, p. 234.
19 I have included “aims to make” because I believe, intuitively, that the intention to make someone into a mere object is sufficient for objectifying her, even if the attempt to do so fails.
These two disjuncts—1) treating in a manner more appropriate to a mere object than to a non-mere object, and 2) making more like a mere object—are both inappropriate ways to treat a non-mere object.

Now, an important clarification about the word “appropriate” is in order. Although I take “appropriate” as a moral and normative notion, it is not meant to capture all forms of moral treatment. That is, the type of inappropriate treatment to which I refer in my definition is one type of morally inappropriate (or, morally problematic) treatment, but not the only type. In other words, there may be forms of treatment appropriate to a non-mere object that are nevertheless immoral. For example, consider the case of the sadistic torturer. Unlike the sadistic rapist, the sadistic torturer devises a situation where she maximally engages with her victim as a person—she is concerned solely with producing an agonizing subjective experience for her victim—perhaps, for instance, by employing sophisticated psychological torture techniques. I maintain that the sadistic torturer’s treatment counts as appropriate to a non-mere object in the sense I am employing. That is, it does not treat the victim more like a mere object, since it very much revolves around and engages mental features of the individual. But it is clearly not an appropriate form of treatment in the broadest moral sense of “appropriate”—it is, in fact, utterly condemnable. Thus, in my definition of “objectification,” I am using “appropriate” in the narrower moral sense. Note: this demonstrates an important point about the link between objectification and moral wrong-doing: namely, objectification is not the only type of moral wrong-doing. That is, there are other ways to be bad besides objectifying. More will be said about the moral dimensions of objectification shortly.

There is one more addition that needs to be made, and this will dictate that objectification is something that can only happen to non-mere objects; it doesn’t make sense to say that we can objectify tables or hunks or metal or the like, especially when objectification is considered as a sort of moral wrong:

\[(g)\] A objectifies B if and only if \([B \text{ is a non-mere object}] \text{ and } [A \text{ treats } B \text{ in a manner more appropriate to a mere object than to a non-mere object or } A \text{ treats } B \text{ in a manner that makes, or aims to make, } B \text{ more like a mere object}].\]
This is the definition I will adopt. I will call it, not surprisingly, “objectification”:

**Objectification:**
A objectifies B if and only if [B is a non-mere object] and [A treats B in a manner more appropriate to a mere object than to a non-mere object or A treats B in a manner that makes, or aims to make, B more like a mere object].

2.3 The relationship between Nussbaum’s definition and my own

I offer the above definition in order to provide a slightly more concrete handle on objectification than the one offered by Nussbaum. In so doing, I have tried to capture a common conception of what objectification is, and have offered and incorporated a more precise way to differentiate mere objects from non-mere objects, and thus a more definitive way to identify acts of objectification. The spirit of my definition, however, is not meant to rival Nussbaum’s. Although, officially, I have challenged Nussbaum’s and Langton’s strategy of using a cluster concept, my competing necessary and sufficient conditions are sufficiently broad to leave room for utilizing the strands of the Nussbaum/Langton cluster. That is, I believe that the bulk of the right side of my definition (“A treats B in a manner more appropriate to a mere object than to a non-mere object or A treats B in a manner that makes, or aims to make, B more like a mere object”) can be further analyzed by applying Nussbaum’s and Langton’s cluster analysis to it. In other words, the strands of the cluster describe various ways that B could be treated in a manner more appropriate to a mere object than to a non-mere object, or that B could be made more like a mere object.

2.4 Different types of treating: regarding and making

Thus, my definition serves as a portal for fleshing out the different varieties of objectification using the ten strands of the Nussbaum/Langton cluster. But this is not the only way to dissect the concept of objectification. The ten notions refer to different ways of being “mere object-like”—that is, different ways that non-mere objects can be more like mere objects. But, as noted by Langton in “Autonomy Denial and Objectification,”

and as showcased by my definition, there is also the question of exactly how one can be *treated* as more mere object-like. In other words, there are (at least) two ways to expand upon the idea of objectification. 1) On the Nussbaumian analysis, different notions of objectification take the form: “One treats it as _____,” where the blank is to be completed with different ways of being more mere object-like (i.e. various features that mere objects have but non-mere-objects lack: inertness, fungibility, etc.). 2) As per Langton’s suggestion, we can also fill in the blank in the following template: “One _____ it as a mere object,” where the blank is to be completed with different types of treating activities one may engage in.

What types of activities may one engage in when one objectifies another? One may believe or act as if the person in question is mere object-like, one may regard the person in question as mere object-like, or one may make the person in question mere object-like by stifling or diminishing or masking or permanently destroying, say, her autonomy. Langton categorizes these types of activities into two groups: one group is comprised of *attitudes* the objectifier takes towards the objectified, and the other is comprised of something else, what Langton calls a “more active doing.” Thus, one may treat the objectified as an object by either 1) regarding him as such (the “attitude” type of treating, what I will call “regarding”) or 2) making him as such (the “more active doing” type of treating, what I will call “making”).

My own definition honors Langton’s suggestion, roughly, with each of its two disjuncts. Clearly, the latter disjunct—“A treats B in a manner that makes, or aims to make, B more like a mere object”—corresponds to the *making* type of treatment. And the former disjunct—“A treats B in a manner more appropriate to a mere object than to a non-mere object”—tends to correspond to the *regarding* type of treatment. This is because a reliable way to treat someone in a manner more appropriate to a mere object than to a non-mere object is to regard him as a mere object, or to regard him as more mere object-like. Regarding him as lacking certain mental states, or as lacking autonomy, for example, are two clear instances of this type of treatment. Thus my

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21 This is taken from Langton, *Sexual Solipsism*, p. 232.
definition points the way to elaborating upon the concept of objectification in this manner, just as it points the way towards elaborating upon the concept of objectification using the Nussbaum/Langton ten notions.

One thing that is important about this distinction between regarding and making is that these two modes of treating may have vastly different moral repercussions. Presumably, for example, it is markedly worse to actually destroy another’s autonomy than to simply believe another is non-autonomous. This might not be the case for every notion or for every instance of objectification, but this particular example of autonomy-denial shows that distinguishing regarding from making could shed much light on the moral dimensions of objectification. It is now time to say more about these moral dimensions more generally.

2.5 The moral significance of objectification

Like Langton and others, but unlike Nussbaum, I assume that “objectification” is a value-laden term. And I assume that acts of objectification are morally problematic. By “morally problematic,” I mean that objectification counts as a wrong-making feature of certain acts—that it comprises a pro tanto consideration against the act in question. As such, I believe that, depending on the situation, the morally problematic nature of objectification can be overridden by other right-making features that happen to be present.

What makes objectification morally problematic? The answer to this assumes, first, that non-mere objects have a higher moral status than mere objects. Non-mere objects have a dignity and special moral worth that mere objects lack. Thus, by treating a non-mere object in a manner that is more appropriate to a mere object, or by making a

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23 In Sexual Solipsism, Langton remarks: “A related conceptual question is whether to take “objectification” as necessarily pejorative... I tend to assume a pejorative usage.” (Langton, Sexual Solipsism, p. 15 n.28).

24 In so doing, I am assuming a roughly Rossian strategy, but I do not adopt all aspects of Ross’ moral theory. Like Ross, however, I do believe that wrong-making features persist even after they are overridden by other features of the situation. Thus, the overall situation on the whole may be permissible, but if objectification is still a component of this overall situation, then it remains wrong to that extent. See Ross, The Right and The Good.
non-mere object more like a mere object, the objectifier engages in a type of devaluation. She is denying the dignity and special moral status of the non-mere object, and it is this denial and devaluation that is morally problematic.

By assuming a pro tanto system, my claim that objectification is morally problematic is not as radically different from Nussbaum’s as it may at first seem. Nussbaum insists that, in some cases, objectification is morally innocuous or even “wonderful.” However, although she does not explicitly specify exactly when and when not objectification is wonderful, she emphasizes that much of this calculation has to do with the context. In this way, it is not radically dissimilar to my adherence to a pro tanto system.

To better demonstrate 1) how my definition of objectification works and 2) my claim that objectification is morally problematic, I will now turn briefly to a few test cases.

2.6 Test cases for my definition of objectification

I will start with some oft-discussed cases of objectification. A paradigmatic example is the average ogling strip-club patron. My definition correctly classifies this patron as objectifying: he treats the stripper in a manner more appropriate to a mere object than to a non-mere object by caring primarily about her body and more or less discounting the importance of her mental life. My definition also correctly classifies cases of rape as objectification: among other heinous things, the rapist makes the victim more like a mere object by violating her autonomy: mere objects lack autonomy; non-mere objects do not. Now, as discussed above, the specific case of sadistic rape is not as obviously straightforward, but my definition still correctly classifies it as objectifying. The sadistic rapist’s recognition of autonomy in his target, as such, is not objectifying. But his violation of that autonomy is: in this violation, he is making his target more like a mere object.

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25 I use “rape” to refer to non-consensual sex. Thus, on my usage, it does not include consensual cases of statutory rape.
Now, what about cases of consensual sex within the context of a solid and loving relationship? I take it that most would agree that such cases are not morally problematic, and therefore not objectifying. In these cases, I don’t believe that A is treating B in a manner more appropriate to a mere object than to a non-mere object, and I do not believe that A is making B, or aiming to make B, more like a mere object. Consider the former: consensual sex is an activity that is perfectly appropriate to non-mere objects; in fact, consensual sex is part of one type of normal and gratifying healthy human life. This is not surprising: there are many pursuits that concentrate on the physical that are perfectly appropriate to non-mere objects, including eating, exercising, having sex, and defecating, to name a few. This follows from the fact that, even though we are not mere objects, we are still objects. Now consider the latter condition: I take it as obvious that A is not making, nor is aiming to make, B more like a mere object.

Now, there are different types of consensual sex, and those that “push the envelope” in terms of animality and raw physical manipulation may seem exempt from the above considerations. Consider a case where a party aims to be treated as mere object-like, and aims to be utterly consumed by the physical act itself. This presumably is the general type of case that Nussbaum wishes to address, especially when she quotes the passage from D.H. Lawrence’s *The Rainbow*:

> to receive the consummation of himself, be received within the darkness which should swallow him and yield him up to himself. If he could come really within the blazing kernel of darkness, if really he could be destroyed, burnt away till he lit with her in one consummation, that were supreme, supreme.

Is this individual objectifying himself? There are a number of options for addressing this case. First, we might hold that this act is objectifying, and is, accordingly, morally problematic. I tend not to favor this response, because I don’t have the intuition that this sort of undertaking is morally problematic. However, I believe my intuition may rely on

26 Of course, some [including Kant (see Kant, *Lectures on Ethics*)] would require that this sex take place within the context of legal marriage; I do not share this position.


28 Although I have not yet discussed the phenomenon of self-objectification, I will explore it in detail shortly, and will proceed to consider this example anyway.
the presumption that this is an occasional undertaking. That is, I think that a frequent sort
of self-abnegation into "darkness and destruction" could indeed be a problem. Second, it
seems that the primary aim in these sorts of cases is not, actually, to become mere object-
like, it is rather to have a particular subjective experience, the experience that comes from
being treated as "mere object-like." And undertaking an act for the sake of having a
subjective experience certainly does not fit into the definition of "objectification":
cultivating a subjective experience is not more appropriate to mere objects than to non-
mere objects, since mere objects don't have subjective experiences to begin with. Note:
this second result diverges from Nussbaum's, which says that this sort of case is a case of
objectification, but that it is not a morally problematic one.

Now, how does my definition classify cases that are morally unproblematic but
also, like consensual sex, focus heavily (sometimes exclusively) on non-mental aspects
and processes of the person? I am thinking, in particular, of cases of medical intervention
for maladies outside of the brain: heart disease, a broken bone, etc. Does taking ACE
inhibitors for heart disease, or bandaging a broken bone, count as objectification? Prima
facie, it might seem that the answer is "yes," since these acts seem to contain a reduction
to body (Langton's notion (8)). However, using my definition of objectification, these
cases are correctly (I believe) classified as non-objectifying, because neither of these
treatments treat the patient in a manner more appropriate to a mere object than to a non-
mere object, nor do they make, or aim to make, the patient more like a mere object. As I
have expressed above, persons are, in many ways, objects. They carry out many "purely
mechanical" processes, and, when these go awry, it is perfectly appropriate to treat them
in a purely mechanical way. The key point, as spelled out above in my definition, is that
persons are not mere objects: they have many non-purely mechanical features also. So,
attending to the mechanical features of a person mechanically is a perfectly appropriate
form of treatment of a person. What is inappropriate to a person is treatment as if she
lacked mental features, or some other type of denial or neglect of those mental features.
But mending a broken bone does not treat a person as if she lacked mental features: there
is no alternate form of treatment for her bone that would engage mental features. More
will be said about this in Chapter 2.
Of course, there are many other examples with which to test my definition, but I think the above are a good starting group. In sum, I think the strategy of employing both my definition of “objectification” and Nussbaum’s and Langton’s cluster analysis yields a relatively robust understanding of the morally interesting process of objectification. Now that I have established a firm grounding for understanding objectification, I will now turn to my principal task of investigating and explicating the phenomenon of self-objectification.

3. Self-Objectification

Because objectification is such a peculiar and interesting breed of morally problematic behavior, it is very worthwhile to ask if it is something we can do to ourselves, and, if so, how this might happen. In fact, this is the central project of the present chapter. Self-objectification has been mentioned in a number of places\(^{29}\); however, to my knowledge, no one has undertaken an extensive philosophical analysis of it, at least not one drawn from Nussbaum’s and Langton’s cluster-concept, nor from my own definition of “objectification.” Because the Nussbaum/Langton construal is canonical, and because, as I argued above, I believe my own definition is helpful in clarifying some confusing aspects of objectification, I believe that the phenomenon of self-objectification deserves to be scrutinized thusly. To draw the fullest picture of self-objectification possible, I will also examine how Langton’s distinction between objectification as an act of regarding and objectification as an act of making applies specifically to acts of objectifying oneself (this will be the topic of Section 5).

Now, if one were to consider self-objectification prima facie, appealing to neither the above discussion nor to my definition of “objectification,” one might be tempted to think that self-objectification is not possible. In fact, self-objectification might even seem paradoxical or self-contradictory (this is often a worry for many phenomenon concerning the self: self-deception is one notable example). For example, if we spell out self-

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\(^{29}\) For example, it has been awarded a place as a topic of interest in psychology research (see Fredrickson and Roberts, “Objectification theory: Toward Understanding Women’s Lived Experiences and Mental Health Risks”), and is mentioned in Haslanger’s analysis of objectification (Haslanger, “On Being Objective and Being Objectified”).
objectification using the notion of (2) *Denial of autonomy*, it seems that we run into trouble, because it appears that, if I am doing the treating, no matter what sort of treating it is, then this is an instance of my exercising my autonomy and self-determination, and that therefore autonomy is not denied. This sort of worry applies to (3) *Inertness*, and potentially to several other of the eight notions. However, this sort of worry completely neglects the idea that objectification is partial—that, even in classic cases of clear other-objectification, objectification is hardly ever a complete treatment of the individual as a literal mere object. As I described above, it’s not as though the ogling strip-club patron literally thinks the stripper is like a lump of concrete. When we apply my definition of “objectification” to self-objectification, this is apparent. Recall, again, my definition of “objectification”:

> **Objectification:**
> A objectifies B if and only if [B is a non-mere object] and [A treats B in a manner more appropriate to a mere object than to a non-mere object or A treats B in a manner that makes, or aims to make, B more like a mere object].

Here is my adaptation of this definition to the phenomenon of self-objectification:

> **Self-Objectification:**
> A objectifies herself if and only if [she is a non-mere object] and [she treats herself in a manner more appropriate to a mere object than to a non-mere object or she treats herself in a manner that makes, or aims to make, her more like a mere object].

On this definition, we can see that undertaking an act of treating in no way precludes the possibility of the treater being objectified. On this definition, *any* sort of treatment of the individual that is *more* appropriate to a mere object counts as objectification, even if that individual still retains many non-mere object-like attributes—objectification comes in degrees. So, on my definition, self-objectification is perfectly plausible.

We can see that self-objectification is also possible when we look more closely at different ways of “treating in a manner more appropriate to a mere object”—that is, when

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30 That is, any treatment that falls short of perfectly appropriate treatment to a non-mere object on the “appropriate to a mere object – appropriate to a non-mere object” axis
we explore how the ten notions offered by Nussbaum and Langton apply specifically to the case of self-objectification. I will discuss this in much detail shortly. Before I do, however, a few points are in order. First, we can streamline the definition of “self-objectification” by noting that the necessary and sufficient condition of the individual being a non-mere object is, de facto, met once the second necessary and sufficient condition (“treating herself in a manner more appropriate to a mere object than to a non-mere object or treating herself in a manner that makes, or aims to make, her more like a mere object”) is met. This is because anyone that is capable of treating is not a mere object. Thus the following definition of “self-objectification” is equivalent to the original:

**Self-Objectification:**
A objectifies herself if and only if she treats herself in a manner more appropriate to a mere object than to a non-mere object or she treats herself in a manner that makes, or aims to make, her more like a mere object.

Next, in order to make the phenomenon of self-objectification more vivid and concrete, I will outline three general ways that self-objectification can be realized: synchronically, diachronically, and increasing the likelihood of other-objectification.

1. **Synchronic Self-Objectification:** This is what we likely typically think of when we imagine self-objectification. Here, the objectifying individual treats herself (specifically, her present self) in a manner more appropriate to a mere object, or in a manner that presently makes, or aims to make, her more like a mere object. For example, one may treat herself as a sort of chattel (a wife may treat herself as her husband’s property), one may discount or devalue her mental life by focusing disproportionately on her bodily attributes or appearance, one may think of herself in overly reductionist or deterministic terms and thereby abdicate control over her life, etc.

2. **Diachronic Self-Objectification:** This is like synchronic self-objectification, except (as is obvious from its name), it involves treatment of one’s future self. A paradigmatic example of this sort of self-objectification would be selling one’s future self into slavery (say, agreeing to become a slave in a year’s time)
in order to receive immediate pleasure or benefit presently (say, in order to get an advance of a million dollars).  

3. Increasing the Likelihood of Other-Objectification: Here, the treatment in question consists in putting oneself in a position that makes it the case, or makes it more likely the case, that others will objectify her. Although this is not a typical example of direct self-treatment, I believe it technically fits my definition of self-objectification. That is, making it more likely that others objectify you presumably counts as treating yourself in a manner more appropriate to a mere object than to a non-mere object, or in a manner that makes, or aims to make, yourself more like a mere object. Here is an example. An opportunistic prostitute in no way regards herself as mere object-like: she is confident and savvy and has a grand plan of making money in order to start a business. However, by being a prostitute she makes it much more likely that others will objectify her.

4. Self-Objectification and the Ten Notions

I have just used my definition of “objectification” to demonstrate that self-objectification is, indeed, possible, and I have spelled out how to adapt my definition of “objectification” to the phenomenon of self-objectification. But there is much more to say about what self-objectification is, and what forms it might take. Recall that I described two principal ways of fleshing out the concept of objectification, and these can be applied to self-objectification as well. First, there are the ten notions offered by Nussbaum and Langton; these offer ways of understanding how someone might be more object-like (the “object” side of objectification). Second, there is the “treating” side of objectification, which addresses types of treating activities that an objectifier may undertake. These activities tend to fall under one of two categories, as discussed by Langton: regarding and making. Since a principal aim of the present paper is to gain as comprehensive an understanding of self-objectification as possible, I will now explore how self-objectification fares on these two approaches, starting with the Nussbaum/Langton ten notions. In answering this, note that I will spend a

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31 At various points throughout the dissertation, I will use the terminology of present and future selves, and I will use it in such a way that aspires to evade specific metaphysical commitments, say, to three- or four-dimensionalism about identity over time.

32 I will not say much else about this third formula for self-objectification in the present work.
disproportionately large amount of time on (1) Instrumentality, partly because it is very central to the concept of objectification, partly because its moral import is especially obvious, and partly because there have already been some previous discussions of it in the context of self-treatment.

1. **Instrumentality:** *one treats it as a tool of one's own purposes.*

   Can one treat herself as a tool for her own purposes? In one (trivial) sense, of course she can. In fact, presumably one *necessarily* treats herself this way whenever she acts to achieve one of her own purposes. But what I believe the notion of instrumentality is really meant to capture is not treatment as a means but treatment as a mere means.\(^{33}\) So the question of whether instrumental self-treatment is possible is a question of whether one can treat oneself as a mere means.

   Kant, famously, answered this question in the affirmative, offering the examples of suicide, lying, and masturbation as ways to treat oneself as a mere means. Take suicide. Here, Kant says:

   If he [the man who contemplates suicide] destroys himself in order to escape from a difficult situation, then he is making use of his person merely as a means so as to maintain a tolerable condition till the end of his life. Man, however, is not a thing and hence is not something to be used merely as a means; he must in all his actions always be regarded as an end in himself.\(^{34}\)

   But I'm not convinced that Kant is correct about the possibility of self-treatment as a mere means. In order to explore whether he is, it is first necessary to understand what qualifies as treatment as a mere means in the first place. And to do this requires understanding what sets treatment as a mere means apart from treatment as a means. The rough distinction between the two can be well-illustrated with examples. Spouses treat each other as means for producing one another's offspring, but they (hopefully!) do not treat each other as mere means (where "mere means" means something like "only as a tool for one's purposes"). Likewise, friends routinely treat one another as means for feeling better, but certainly do not thereby treat each other as mere means.

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\(^{33}\) Nussbaum does not say this explicitly, but I believe it best serves her stated aim.

However, the above examples only give an intuitive flavor of the difference between treatment as a means and treatment as a mere means; a more refined articulation of this difference will help us to get a better sense of whether self-treatment as a mere means is possible. There are two popular ways to go about this articulation, each representing a different factor that distinguishes treatment as a means from treatment as a mere means. One such factor is consent, and the other is what I will call “containing an end” or “containment.” Both are adumbrated in Kant’s passage on false promising:

He who has it in mind to make a false promise to others sees at once that he wants to make use of another human being merely as a means, without the other at the same time containing in himself the end. For, he whom I want to use for my purposes by such a promise cannot possibly agree to my way of behaving toward him, and so himself contain the end of this action. \(^{35}\)

I will discuss these two possible factors in turn.

**Factor 1: Consent**

The idea of using consent as a way to differentiate treatment as a means from treatment as a mere means is represented in the “cannot possibly agree” part of the passage above. The rough idea is this: if an individual consents\(^{36}\) to participate in some scheme of action that another cooks up, then he is not being used as a mere means. Additionally, if the individual “cannot possibly agree (read: consent)” to what is happening to him, then this counterfactual lack of consent is sufficient for the treatment in question to count as treatment as a mere means (as opposed to treatment as a means). \(^{37}\)

This can be formalized as:

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\(^{36}\) I will assume “consent” means a verbal or written act of agreement, authorization, permission, or allowance.

\(^{37}\) Using consent as a way to differentiate treatment as a means from treatment as a mere means has been deeply explored by Onora O’Neill. For example, she writes: “To use someone as a mere means is to involve them in a scheme of action to which they could not in principle consent.” (O’Neill, “Kantian Approaches to Some Famine Problems,” p. 640). My use of consent will be slightly different from O’Neill’s.
Consent: A uses B as a mere means (as opposed to a means) if and only if A involves B in a scheme of action to which B does not consent, or to which A would have involved B even if B had not consented.38

In other words, either a lack of consent or a counterfactual lack of consent is necessary and sufficient for being used as a mere means as opposed to being used as a means. It is essential to note that the necessary and sufficient conditions here concern treatment as a mere means as opposed to treatment as a means. Clearly, lack of consent in general is not sufficient for treatment as a mere means if the situation is not already such that there is treatment as a means. For example, I may not consent to your shooting me on a whim, but this does presumably not qualify as a case where you are treating me as a mere means or as a means. You are simply harming me, without using me as a tool. However, in a case where you are already using me as a means (say you are a record producer using a recording of my voice to make money), my consent makes all the difference in determining whether you are using me as a means or as a mere means.

Factor 2: Containing an end

To contain an end just means to have an end, and Kant’s false promising passage suggests that failing to contain an end that the relevant act aims towards is sufficient for being treated as a mere means as opposed to a means, at least in the case of being made a false promise. The basic idea here is that if one person (A) involves another (B) in a particular scheme, if B has an end that that scheme aims towards, then A is not using B as a mere means. Additionally, if B does not have any ends that are being aimed towards by that scheme, then she is being used as a mere means. We can state the criterion of containing an end as follows:

38 I am intentionally replacing Kant’s and O’Neill’s use of “cannot” with the counterfactual “would not,” because I don’t believe that an inability to consent (I take “cannot” to signify an inability) is necessary for treatment as a mere means versus treatment as a means. For example, a business partner uses my investment to buy a new building, rather than to raise his employees’ salaries, and I do not consent to this use (I had wanted her to raise employees’ salaries). But this use of the money for a new building is something to which I could consent; it just so happens that I don’t. So my partner’s action violates the stricture “to which the one does not consent” but does not violate the formulation “to which one cannot consent.” We would still, I maintain, want to say that the partner treats me as a mere means rather than as a means.
Containment: A uses B as a mere means (as opposed to a means) if and only if A involves B in a scheme of action whose end B does not contain.\textsuperscript{39,40}

Consent and containment in self-treatment

I have just reviewed two plausible principles for differentiating treatment as a mere means from treatment as a means, Consent and Containment. These principles help us get a better handle on what it means to treat an individual as a mere means. We are now ready to return to our original question, the question of whether this sort of treatment can take place within a single individual. This question, specifically, is whether one can treat oneself as a mere means.

There are (at least) two ways to answer this question: we can look at treatment that takes place presently, and concerns the present self (what I call synchronic treatment), or we can look at treatment that takes place over an extended period of time, and concerns the future self (what I call diachronic treatment). We could also look at treatment that affects the way others treat oneself, but I will leave this last possibility aside for future work.

Treating oneself as a mere means synchronically?

Let’s start with synchronic treatment. Can I treat my present self as a mere means? The answer, I believe, on both Consent and Containment, is “no.” Take Consent, which says that A uses B as a mere means (as opposed to a means) if and only if A involves B in a scheme of action to which B does not consent, or to which A would have involved B even if B had not consented. In the case of self-treatment, A = B. Now, presumably, any time A involves her (present) self in a scheme of action, she is automatically (perhaps necessarily) consenting to be involved in this scheme. This is obvious: this scheme was initiated by her, or self-initiated, to begin with; if she hadn’t

\textsuperscript{39} The phrasing here is admittedly somewhat tricky. “Whose” is referring to the scheme of action, not A or B.
\textsuperscript{40} Note that Containment may simply be a restatement of Consent, depending on the definition of “consent” that one adopts.
consented, the scheme would not have taken place. Consider Kant’s example of suicide. Here, the individual arguably consents to commit suicide—it is his idea to begin with. The necessary presence of consent in self-treatment was also noted by Samuel Kerstein. He concurs that individuals consent to their own actions, and that, if Consent (or something like it, Kerstein does not specifically mention my exact formulation) is correct, this means that one cannot treat oneself as a mere means.

Containment yields a similar result: the individual initiating a particular scheme of action has the end of doing just that. For example, in the case of suicide, the individual who undertakes to commit suicide has the end of committing suicide, or the end of curtailing his suffering. No matter how we describe his end, it seems obvious that he is involving himself in a scheme of action (suicide) whose end he contains (the end may either be described as “curtailing his suffering” or “committing suicide.”)

So whether we subscribe to Consent or Containment, both rule out the possibility of treating oneself as a mere means, at least synchronically. This, of course, does not imply that one cannot treat oneself as a means, nor does it imply that one’s treatment of oneself as a means cannot be morally deficient. That is, even if cases of self-treatment do not technically qualify as treatment as a mere means, they may be further or closer to that notion. In other words, I think that treatment as a means can be more or less like treatment as a mere means, and, correspondingly, worse or better.

It is more vivid to spell out this idea of graded treatment as a means using examples of other-treatment. First, consider an “innocuous” example of treatment as a means, one that is very far from treatment as a mere means: my students treat me as a means (and not a mere means) by using me to learn. This, almost everyone would agree, is an utterly harmless case of treating as a means. In contrast, consider an example of

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41 By saying “self-initiated,” I mean cases where one freely chooses to act, and am excluding actions done under coercion. Actions performed under coercion (being forced to tell a lie at gunpoint, for example) may be examples of another individual (the coercer) treating one as a mere means, but are not, I maintain, cases of treating oneself as a mere means.


43 Incidentally, Kerstein then takes this observation in a different direction. Unlike myself, he uses it as a reason to reject Consent, and to offer in its place his own criterion for differentiating treatment as a means from treatment as a mere means.
treatment as a means that does not technically qualify as treatment as a mere means, but is much closer to that notion: a businessman treats a prostitute as a means to have intercourse, and this seems like a more malevolent example of treatment as a means.\footnote{Why does the businessman’s treatment not fall into the “mere means” category? The answer to this, of course, depends on what formulation of the distinction between means and mere means we adopt. Take Consent. Here, since the prostitute consents, this is sufficient for treatment as a means instead of a mere means. Containment yields the same result: the prostitute contains the end of making money by having intercourse.}

So what’s the difference between the case of the teacher and the case of the prostitute? If neither is an example of treatment as a mere means, isn’t this fact enough to exonerate both acts equally? To see how the cases differ, let’s focus on Containment. On the principle of Containment, neither the prostitute nor the teacher is treated as a mere means, because they each contain the end that the action in question is directed towards: the teacher has the end of helping her students learn, and the prostitute has the end of making money. Now, note that the action in question does not, unsurprisingly, necessarily fulfill all of their ends. What’s more, the action may even hinder some of their other ends. In effect, I wish to claim that every agent has a certain “balance” of ends, and it may be that some actions, even when they support one of the individual’s ends, nevertheless disrupt the individual’s balance of ends.

In the case of the prostitute, for example, her end of making money is achieved by having intercourse for money. And this end of monetary gain may support other of her ends, such as, let us suppose, sending herself to college, and traveling to places she has never been to. However, if the prostitute’s balance of ends gives massive weight to education and travel, although making money will certainly help achieve these ends, it does so by taking up a fair amount of time and emotional energy, and thus at the same time works to divert her from these ends. In contrast, in the case of the teacher, one of her most central and important ends is helping her students learn. She does spend considerable time and energy doing this, but this time and energy is proportional to how central the end is to her. As such, the students’ using her as a means to learn does not disrupt her balance of ends. In contrast, the businessman using the prostitute as a means does disrupt her balance of ends. Now, we can run the exact same story for the teacher’s
treatment of *herself*, and the prostitute’s treatment of *herself*. Both the teacher and the prostitute use themselves as a means for achieving certain of their ends, but the prostitute, because she is more seriously disrupting her balance of ends than is the teacher, uses herself in a way that is closer to a mere means than does the teacher.

Thus, this idea of disrupting one’s balance of ends “more or less” is the way in which we can achieve a graded notion of treating as a means. One can treat others or herself as a means in such a way that is closer to or further from treatment as a mere means: treatment that is *closer to* treatment as a mere means disrupts the individual’s balance of ends *more*, and *vice versa*.

Therefore, in considering the moral valence of various forms of treatment as a means (or as a mere means), I believe there are two questions to consider: 1) Is the relevant individual being treated as a means or as a mere means?, and 2) If the relevant individual is being treated as a means, is this treatment closer to or further from treatment as a mere means? These two questions can be represented by two criteria:

1. **Containment**: A uses B as a mere means if and only if A involves B in a scheme of action whose end B does not contain.\(^{45}\)

2. **Balance of Ends.** Treatment as a means is graded. The more the scheme of action in which A involves B disrupts B’s balance of ends, the closer it is to treatment of B as a mere means.

Summing up, and letting B = A in the above formulation, synchronically, I do not believe that one can treat oneself literally as a mere means, using either *Consent* or *Containment*. However, I do think that one can treat oneself as a means in a way that is very close to treatment as a mere means, and this treatment presumably has negative moral ramifications.

*Treating oneself as a mere means diachronically?*

But what about diachronic treatment? Here, I wish to argue, it may in fact be possible for an individual to treat his (future) self as a mere means. I am thinking of a

\(^{45}\) Or we can also use *Consent*, if desired.
case (briefly described above in Section 3) where one promises to sell his future self (say, in a year) into slavery in order to receive some benefit now (for example, a million dollars). In this case, I believe we can say that one is treating one’s future self as a mere means. Whether or not this example actually works on consent and containment is open to debate, depending upon what views we adopt towards the metaphysics of personal identity over time. Leaving this debate aside, however, I offer this example as one where our intuitions rule it a case of treating oneself as a mere means, at least diachronically.

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So, summing up, is self-treatment possible on notion (1) Instrumentality? Diachronically, I very briefly argued that it is. I also argued that, synchronically, although it may not be technically possible to treat oneself as a mere means, there may be synchronic self-treatment that is strikingly close to treatment as a mere means, and this may be close enough to matter morally. We are now ready to look at the possibility of self-objectification on the other nine notions.

2. Denial of autonomy: one treats it as lacking in autonomy and self-determination.

Can one deny her own autonomy? At first glance, autonomy-denial appears especially immune to cases of self-treatment. After all, one’s very act of autonomy-denial itself would seem to be self-initiated and therefore autonomous. So we must keep in mind the three possible ways self-objectification might be realized. First, because (I believe) autonomy can come in degrees, one can partially deny her autonomy synchronically. Second, one might limit one’s own autonomy in the future, or diachronically. Third, one might make it the case that others treat her as, or make her, less autonomous. I will not discuss this third possibility here. Now, consider the second. Here, I am thinking of cases like selling oneself into slavery. In such a case, one denies (or, more accurately, suppresses) his own autonomy after a particular point in time. He is autonomous when making the commitment to slavery at time $t_1$, but then becomes non-autonomous at $t_2$, the point at which the slavery contract begins.
Now, consider the possibility of synchronic partial self-objectification. Why might we think that autonomy-denial can be partial? To see this, first consider cases of other-objectification via autonomy-denial. We certainly don’t think that all cases of one person denying another’s autonomy necessarily involve a complete denial of autonomy. For example, an oppressive husband may limit his wife’s autonomy in some ways but not others. He may constrain how she dresses and looks, demanding that she is “presentable” at home and in public, and mandating that she stay thin and wear certain types of clothes. But he may also allow her to spend her time during the day as she pleases (she may work, or volunteer, or do something else). I think this qualifies as a case of partial autonomy-denial. A different example might be a mother who restricts her child’s ability to view certain television channels, or certain websites, and restricts her child’s ingestion of certain foods, but may also allow the child to “self-determine” in other ways (by choosing to take pottery rather than football lessons, or by choosing what books to read, for example). Here, the child’s autonomy is denied in some realms, but not in others. So I believe that this, also, qualifies as a case where autonomy is partially denied.

So it seems that partial autonomy-denial is possible. Now, does this fact help establish the possibility of autonomy-denial within oneself? I’m not sure that it does. For any putative cases of self-autonomy-denial that are strictly analogous to the appearance-limiting husband or television-limiting mother don’t seem to count as autonomy-denial at all. What is such a case? Consider a case that is analogous to the television-limiting mother. I limit the channels I watch or the types of food I eat, without limiting which activities (football or pottery) I pursue. But these examples of limiting television channels or types of food don’t seem to be limitations of part (or all) of my autonomy; in fact, just the opposite seems to be the case. This sort of self-discipline is, if anything emblematic of the effective exercise of autonomy. So the examples provided above showing how one person can partially limit another’s autonomy do not, actually, make the case for the possibility of synchronic self-autonomy-denial.

It seems, however, that there may be a different sort of synchronic self-autonomy-

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46 Presumably, an example of a complete denial of autonomy would be something like slavery, where the individual’s freedom is entirely taken away.
denial that exists. I’m thinking specifically of cases where one unfairly attributes her decisions, desires, and/or behaviors to a “mental illness,” or one blames her genes or a “chemical imbalance” for her actions and intentions.\footnote{I don’t believe that having an appreciation that genes are one part of the causal story about our desires, behaviors, etc. (I think they are) is an example of autonomy-denial. I am talking instead about cases where one blames her genes or disease \textit{instead of} herself. Of course, individuals’ attitudes about the links between who \textit{they} are and “who” their genes are, are complicated. Also, it’s important to note that sometimes individuals’ actions \textit{are} indeed governed by diseases or things that can properly be said to be external to the self (think of General Paralysis of the Insane, a mental disorder caused by \textit{Treponema pallidum}, the microorganism responsible for Syphilis). I am thinking of cases unlike these, cases where the blame is incorrectly placed.} Here, one is denying her own autonomy, arguably, by treating or regarding herself as non-autonomous. And, although this attribution of mental illness (or genetic determination, or the like) itself is presumably made autonomously, this doesn’t preclude the fact that one still \textit{treats} herself as non-autonomous in important ways. And treatment as non-autonomous seems to be all that the criterion for this type of objectification demands. So, at least in this sense, I believe that one can deny her own autonomy in a synchronic fashion.

In sum, I have spelled out two ways in which one may deny his own autonomy: diachronically (as in selling oneself into slavery) and synchronically (by treating oneself as if one were non-autonomous; for example, as if one were governed entirely by his genes).

\subsection*{3. Inertness: \textit{one treats it as lacking in agency and activity.}}

Can one self-objectify by treating oneself as \textit{inert}? If inertness is characterized as “lacking in agency,” then the scenario I offered above (where one treats oneself as governed by her genes or a “chemical imbalance” or mental illness, and thus as lacking in autonomy) could qualify as an instance of such treatment. But what about a case where one treats oneself as lacking in \textit{activity}? It’s certainly possible that one can treat oneself as inert (or, as partially inert) by making himself more inert: by, for example, maximizing time spent sitting on the couch staring at the television. Presumably, also, stewing in a deep lethargic depression is a way of treating oneself as inert (although, of course, one might not be responsible for this form of “treatment”!). Likewise, one can...
regard oneself as lacking in activity. The breed of self-abnegation characterized by viewing oneself as bed-ridden, sick, or incapacitated when one is not might be another example of a self-objectifying type of inertness.

4. **Fungibility:** one treats it as interchangeable (a) with other things of the same type, and/or (b) with things of other types.

It’s not entirely obvious what sort of activity would count as treating oneself as fungible. It is difficult to envision how one could technically treat herself as interchangeable with, say, another person, since she has certain special relationships with herself which would presumably be disrupted. (For example, the relationship of identity is a special metaphysical relationship she has with herself. She also has special psychological relationships with herself as well.) But there may be some ways in which one can treat oneself as fungible. One could, for instance, make it the case that another individual could treat her as interchangeable. Perhaps cultivating an intentionally mainstream appearance, mannerisms, or even interests might be an example of treating oneself as fungible. I am thinking of someone who strives to erase any signs of deviation from the norm, or any signs of “unusualness” from her appearance and behavior: one who makes sure her clothes and hair are completely normal (and who even studies how to do so via fashion magazines), who develops an interest in and discusses topics that are appealing to all—the weather, etc. Note: this is only a first pass at identifying a type of self-treatment as fungible, and the extent to which this treatment is related to or sufficient for self-objectification is not clear. Striving to be “mainstream” certainly does not seem like a paradigmatic case of objectification. So, although there is interesting potential here, I don’t believe that fungibility entirely obviously applies to self-objectification.

5. **Violability:** one treats it as lacking in boundary-integrity, as something that it is permissible to break up, smash, break into.

Here, it isn’t difficult to see how one could treat oneself as something that is violable. One could literally violate her own boundary-integrity by engaging in various forms of self-harm (cutting, stabbing, etc.). However, like fungibility, violability does not
seem critically central to the notion of self-objectification. That is, activities like stabbing or cutting oneself need not signal objectification specifically, they may simply be more general cases of self-harm.

6. Ownership: one treats it as something that is owned by another, can be bought or sold, etc.

A quintessential example of self-treatment under the “ownership” notion would be selling oneself into slavery. By doing this, one literally treats oneself as something that can be bought or sold—as something that is owned by another. And there are other examples of objectification via ownership that are less literal. For example, a woman may agree to enter into a marriage where she sees herself as her husband’s property. Here, also, the woman views herself, in some sense, as owned by another.

7. Denial of subjectivity: one treats it as something whose experience and feelings (if any) need not be taken into account.

Because subjectivity, according to my stipulation, just is what differentiates non-mere objects from mere objects, notion (7) overlaps a fair amount with my definitions of “objectification” and “self-objectification.” Of course, there are different senses of “denying” and “need not be taken into account,” and which senses we adopt will determine the closeness of this overlap. One example: treating oneself as if she lacked certain mental features outright is clearly an instance of treatment in a manner more appropriate to a mere object than to a non-mere object, since mere objects lack mental features, and non-mere objects do not.

What are some specific cases of treatment under notion (7)? Ignoring or disregarding certain feelings one has (because she had previously deemed them to be silly or irrational) may plausibly count as a type of self-objectification. Although one must first recognize and evaluate these feelings, and this initial act of recognition is not more appropriate to a mere object (since mere objects do not have feelings), the subsequent act of ignoring these feelings, I believe, is more appropriate to a mere object.
8. Reduction to body: one treats it as identified with its body, or body parts.

See below; because (8) and (9) are quite similar, I will discuss them together.

9. Reduction to appearance: one treats it primarily in terms of how it looks, or how it appears to the senses.

I take it that (8) and (9) are also very central to the concept of self-objectification. The notion of self-objectification, like objectification, is preeminent in feminist discussions about concern with bodies and appearance. (Some) men objectify (some) women by reducing them to their bodies. They exaggerate the importance of their physical appearance, and minimize the value of their mental lives and mental talents. We know that women do this to themselves too, and this is what is often taken to be the meaning of “self-objectification.” In fact, there is a growing literature in the field of psychology on self-objectification that characterizes it thusly:

Individuals may be coaxed to internalize an observer’s perspective on self, an effect we term self-objectification. Girls and women, according to our analysis, may to some degree come to view themselves as objects or “sights” to be appreciated by others. This is a peculiar perspective on self, one that can lead to a form of self-consciousness characterized by habitual monitoring of the body’s outward appearance.\(^{48}\)

10. Silencing: one treats it as silent, lacking the capacity to speak.

One can treat oneself as silent by making oneself silent. That is, one can intentionally forego opportunities to speak her mind, raise her voice, or make her opinions known. And I believe this counts as yet another form of self-objectification.

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Summary

Where does this leave us? I have just reviewed the ten notions of objectification offered by Nussbaum and Langton, and how and whether they can be adapted to cases of

self-treatment. A reminder: because Nussbaum and Langton view objectification as a cluster concept, none of these notions individually are meant to be necessary or sufficient for objectification or self-objectification. Nevertheless, they give us a rich sense of the different forms objectification and self-objectification may take. I believe that, of these ten notions, the ones that are particularly adaptable to self-objectification are:

(1) Instrumentality
(2) Denial of autonomy
(3) Inertness
(6) Ownership
(7) Denial of subjectivity
(8) Reduction to body
(9) Reduction to appearance
(10) Silencing

Although, of course, this is not to say that the others ((4) Fungibility, and (5) Violability) do not sometimes also contribute to the concept of self-objectification in interesting ways, as noted above.

Having reviewed the Nussbaum/Langton notions which spell out different ways someone might be object-like (the “object” side of objectification), I will now turn to the “treating” side of self-objectification. Specifically, I turn to how we might understand Langton’s distinction between regarding and making in the context of those acts in which we objectify ourselves.

5. Self-Objectification and Regarding and Making

Applying Langton’s distinction between regarding and making to the specific phenomenon of self-objectification yields interesting results. Prima facie, it seems that regarding and making may be more tightly linked in self- than in other-objectification, and the closeness of this linkage may have significant moral implications. How? As mentioned earlier, one of the reasons this distinction between regarding and making is so significant is that these two modes of treating tend to have very different moral valences; regarding as mere object-like is presumably less objectionable than making more mere object-like. So, if the link between these two activities is tighter in self-objectification,
then more innocuous forms of self-objectification may more quickly or more easily lead to more pernicious forms.

To see how this link might be tighter in self-objectification, first consider other-objectification. In other-objectification, it is clear that one person may believe another is more like a mere object than he is without having any effect whatsoever on whether that person is, indeed, more like a mere object. This is especially easy to see in cases where one believes something about someone with whom he has no absolutely no interaction and no causal connection (for example, a supermodel in a magazine). And, even in cases of other-objectification where there is interaction between the objectifier and the objectified, the step from regarding to making is a substantial one: there are a number of things that can get in the way of regarding leading to making.

In the case of self-objectification, however, things are different. In the first place, we know that the very distant types of cases of other-objectification (the supermodel, for example) are ipso facto ruled out: I always, necessarily, have “interaction with myself.” Also, we might, at least prima facie, think that the step from regarding to making is much smaller within a single individual. In general, one’s beliefs about herself have tight and copious connections to other aspects of herself—many of her other mental states, much of her behavior, etc. And the richness of this network of such connections, we might expect, makes it the case that one’s regarding herself as X is very likely to lead to her being more X, at least, more likely than in cases of other-treatment. In cases of other-treatment, there are certainly such connections, but they aren’t as tight and they aren’t as plentiful.

However, this is not to say that regarding necessarily leads to making in cases of self-treatment generally or self-objectification specifically. To consider this more closely, it is important to think about exactly how the link between self-regarding and self-making might be realized. To do this, I will consider two different forms this link may take: the first is causal, and the second is constitutive. I will first step back and consider these two forms as applied to self- and other-treatment in general. Once this territory is mapped out, I will explore how these two forms apply specifically to our
phenomenon of interest: self-objectification (and, by way of comparison, other-objectification).

5.1 Self-treatment in general

5.1.1 Causal link in general treatment

In this link, falsely believing that an individual possesses a certain feature actually causes that individual to come to possess that feature. In other words, individual A’s belief that individual B is X causes individual B to be X. This causal connection may hold either when A and B are distinct individuals (i.e. in cases of other-treatment) or when A = B (i.e. in cases of self-treatment). Take the example of intelligence. A parent may believe his child is very intelligent (when in fact the child has average intelligence), and this belief may actually cause the child to become very intelligent. How? The parent’s belief may cause the parent to enroll the child in honors classes, have the child read more challenging books, etc. Similarly, in the case of self-treatment, believing that oneself is very intelligent may, likewise, cause one to enroll in more challenging classes, read more challenging books, etc. And being in more challenging classes and reading more challenging books may, in turn, make oneself, or the child, more intelligent. This causal link is one example of what one would call a “self-fulfilling prophecy,” a phenomenon that has been previously documented and widely studied by philosophers and psychologists alike.

Is this type of causal connection such that it is more likely to hold in cases of self-treatment as opposed to other-treatment? In general, I believe the answer is “yes.” And

49 Alternately, veridically believing that an individual possesses a certain feature causes the individual to continue to possess that feature.
50 Of course, this causal connection may not always work. Presumably, for some children who have average intelligence, enrolling them in honors classes may not actually make them very intelligent. Instead, it could have the opposite effect (struggling in honors classes could lower a child’s self-esteem about his intelligence and thereby cause him to flounder in his attempts to learn, with the result that his intelligence does not increase).
52 Note, again: here I am talking about self-treatment generally, not self-objectification specifically.
the reasoning for this is similar to the reasoning I offered above. Although there are
certainly myriad and vast ways that one person can influence another, very often a
separate agent is better able to shield herself from these external spheres of influence than
from internal ones. That is, in cases of self-treatment, it seems that there are more (or
more likely) opportunities for beliefs to influence reality. Once one holds a certain belief
(say, about his high level of courage), many aspects of his comportment can change all at
once: his own behaviors (he may enter into more dangerous situations), motivations (he
may have the motivation to act more courageously once in a dangerous situation), and
ways of relating to others (he may see himself as “the more courageous one” and
therefore behave accordingly). In contrast, if individual A believes that another
individual (individual B) is highly courageous, the effect A has on B is likely much more
limited. A can treat B as courageous (for example, by telling him as much), and this can
certainly serve to affect B’s actual level of courageousness. It may, for example, inspire
B to act more courageously. But it seems that there is more that can get in the way of this
influence. For example, B may simply think A is failing to give an honest assessment of
his level of courage. Thus, it seems that the degree of influence is likely less far-reaching
in cases of other- than in cases of self-treatment.

This may not always be true, however. Let’s return to the example of
intelligence. Here, it may be that others’ beliefs about an individual’s intelligence are
more likely to alter that individual’s intelligence than are the individual’s own beliefs.
For example, in the above example of the parent and child, if we assume the child is
relatively young, the parent simply has more say than does the child himself (we will
presume) over what classes the child is enrolled in and what books he reads. The parent
is the one consulted about enrollment, and is also the one who selects and purchases
books for the child and decides how the child spends his time outside of school. Of
course, the child likely has some say in the matter, but, in the case I am thinking of, she
simply doesn’t possess the level of potency that the parent does. We can point to a
parallel example with the child’s teacher. Like the parent, the teacher may simply have more power than does the child herself to affect a change in the child’s intelligence.\textsuperscript{53}

Thus, whether or not this causal link between regarding and making is actually stronger in cases of self-treatment than in cases of other-treatment will depend on specific features of the individual case.\textsuperscript{54} But, very generally speaking, it is not unreasonable to think that there may be more opportunities for a successful causal connection between regarding and making in cases of self-treatment than in other-treatment, and this is an interesting fact to note about self-treatment in general.

5.1.2 Constitutive link in general treatment

Another possible kind of link between regarding and making is a constitutive link. That is, there might be cases where believing an individual is X just counts as that individual being X, i.e. just is an instance of that individual being X.

5.1.2.1 Constitutive link in general self-treatment

What are examples of a constitutive connection between regarding and making in the case of self-treatment in general (and not self-objectification specifically)? I will present examples from two different areas in the philosophical literature.

Example 1: Richard Moran presents a few prima facie cases of a constitutive link in self-treatment, and I add a few of my own. Together, these are: my belief that I am insecure, or worried, or uncomfortable, or ambivalent.\textsuperscript{55} Prima facie, it seems like each of these properties are such that the belief that one has them simply counts as a case of one having them. If I believe I am worried, for example, this, arguably, just is an instance of my being worried.

\textsuperscript{53} An exception would be the child who is given complete freedom to pursue exactly what she wants and at the level she wants (say, in a very liberal home school setup), or a child who hordes math textbooks secretly in her room and reads them religiously with a flashlight under her bed.

\textsuperscript{54} For example, how much power others have over the relevant domains of the individual in question.

\textsuperscript{55} The examples of discomfort and ambivalence were previously offered by Moran in Authority and Estrangement. I add the examples of insecurity and worry.
Of course, the trick for these (or any other putative) examples is to make sure that there is no self-deception going on. Take a different example: shyness. I may certainly believe I am shy without actually being so. The same is true for any number of characteristics. But I think (and so does Moran, for the examples of discomfort and ambivalence) that the examples of insecurity, discomfort, ambivalence, or worry differ from shyness in that they are, for some reason, more immune from self-deception.

There is another trick for these examples as well, and that is to make sure that any intuitions we have about them are not actually stemming from implicit “behind the scenes” causal connections. That is, it may be that my belief that I’m worried causes me to be worried, but does not, itself, constitutively count as my being worried. Admittedly, this possibility is not easy to rule out. Thus, I present these examples in a preliminary spirit.

Example 2: Outside of these prima facie cases, there is further discussion about how one’s beliefs about oneself carry a special sort of authority in constituting oneself. This is the sort of self-constitution that is featured in narrative views about personal identity. These views say that some of our beliefs determine different aspects of our identities: our values, our desires, some of our character traits, and even our “true selves.” Schechtman writes:

Some, but not all, individuals weave stories of their lives, and it is their doing so which makes them persons. On this view a person’s identity … is constituted by the content of her self-narrative, and the traits, actions, and experiences included in it are, by virtue of that inclusion, hers.

In these views, our “true” selves are those selves that are described in our self-told narratives about our lives. Furthermore, these self-told narratives are partially comprised of beliefs we have about ourselves. In this way, the beliefs we have about ourselves constitutively determine our “true” selves.

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56 See, for example, Schechtman, The Constitution of Selves, and Dennett, “The Self as a Center of Narrative Gravity.”
58 By way of preview, this notion of the “true self” as determined by our own self-narratives will appear in Chapter 3.
This notion of a true self, albeit somewhat murky, helps resist the possibility of self-deception. The thinking is that one may be deceived about how one is actually behaving or even feeling, but one’s avowed true self is ostensibly the sort of thing that one cannot be self-deceived about. That is, it seems that our avowed traits, values, or desires are specially invulnerable to self-deception (this is a point that Moran makes as well).

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These are two general examples of how a constitutive link within a case of self-treatment might hold. Of course, the prevalence of such constitutive links is limited, and it is undeniable that there are many instances of regarding (i.e. belief-holding) that clearly do not count as making. In fact, there might even be some cases of a “reverse” constitutive link between regarding and making. For example, it may be that one’s belief that one is perfect itself suffices to make him imperfect (this is if we assume that holding such a belief is a liability – that it counts as a sort of off-putting arrogance). Similarly, an individual’s belief that she is unique could, in some situations, suffice to make her otherwise. For it could be that a number of people hold the belief that they are unique, and that the individual in question would be unique except for the fact that she also holds this belief. So clearly, regarding certainly does not count as making in all instances of self-treatment. These examples show that it can do just the opposite.

5.1.2.2 Constitutive link in general other-treatment

Are there also examples of a constitutive link between regarding and making in the case of other-treatment? Yes, but such examples, I believe, are much rarer. Here’s one: individual A believes individual B to have a certain feature: the feature of being believed by individual A to be, say, foolish. Here, individual A’s belief that B is foolish just counts as individual B having the feature in question [the feature of being believed by A to be foolish]. So although this presumably counts as a bona fide constitutive link between regarding and making in the case of other-treatment, it is rare and highly
gerrymandered one. Now, to be fair, there are cases of constitutive links in other-
treatment that are not so esoteric. Take the example of attractiveness. Here, individual
A believes B to have the feature of attractiveness. Now, the feature of attractiveness just
is the feature: [being believed by another to be attractive]. Since A counts as “another,”
attractiveness can also be described as: [being believed by A to be attractive]. So A’s
believing that B is attractive just is B’s being attractive. With some minor modifications,
a similar story could be told for the features of popularity, unpopularity, being irritating,
or other relational properties.

So constitutive links can hold between regarding and making in both self- and
other-treatment. Nevertheless, I suspect that such links are more prevalent in cases of
self- than other-treatment; for instance, the narrative theories of the self provide copious
examples—more than we see for cases of other-treatment. Of course, I have not gathered
all of the information necessary to fully corroborate this suspicion, so, pending further
analysis, officially it remains just a hunch.

5.2 Self-objectification in particular

So far, I have been talking about the link between regarding and making in self-
and other-treatment generally. But how does this apply to the particular type of treatment
in which I am interested, namely, objectification? Is the link between regarding and
making tighter in cases of self-objectification than other-objectification? In other words,
if one regards oneself as object-like, is that more likely to make one object-like than is
another individual regarding one as object-like? If so, as I mentioned earlier, this may
have moral import. Presumably, we think that making object-like is a more serious
offense than regarding as object-like. And if simple regarding can lead to making more
quickly or reliably in the case of self-objectification, then this is a morally interesting and
salient feature of self-, as opposed to other-, objectification.59

59 To say that the link between regarding and making is tighter in self-objectification doesn’t
mean it isn’t already tight or salient in other-objectification. Haslanger, MacKinnon, and Langton
have all shown, in different ways, how regarding and making are intertwined in other-
objectification (see Haslanger, “On Being Objective and Being Objectified,” MacKinnon,
Feminism Unmodified, and Langton, Sexual Solipsism).
I believe that the regarding-making link is indeed tighter in cases of self-objectification than in cases of other-objectification. The way that regarding leads to making in self-objectification is usually causal, but there are arguably some constitutive relations also.

5.2.1 Causal link in objectification

Let’s first explore a causal regarding-making link. What would this look like in the context of self-objectification? Regarding oneself as more mere object-like than she is can lead her to behave in certain ways that are more appropriate to a mere object. And this behavior can, in turn, make her into something closer to a mere object than she is. For example, if I believe that I have little autonomy, this belief may well cause me to behave as though I have little autonomy, and this may make me less autonomous. For instance, my belief may prompt me to enter into agreements that suppress or even destroy my autonomy. Or recall the case of one who wrongly blames his behavior entirely on his genes or his mental illness. This act of abdication of autonomy can cause the individual to behave more and more in accordance with his picture of himself as at the mercy of his genes or disease, even though he is not. And this restriction of behavior itself serves as a restriction of autonomy. Or take notion (10) Silencing. If one believes he is silent, this belief may contribute to an actual suppression of voicing his thoughts and opinions.

Contrast these examples with examples of other-objectification. Although A’s belief that B has little autonomy could cause B to behave in certain ways that make it the case that he has little autonomy, it seems that this influence is, in general, less likely. That is, the link between regarding and making must somehow traverse the gap between one individual and another. Whether or not a separate individual’s act of regarding will result in making will, of course, as discussed above, likely depend upon the type of relationship A has with B. If A is B’s lover, or parent, or is otherwise very close with B, then A’s regarding may (potentially) have a good deal of influence over B. However, I believe that in the balance of cases, it is overall less likely that A would have this influence than would B herself.
Also, note that sometimes A’s influence may actually work by changing B’s own beliefs about herself, that is, by causing B to self-objectify. So many (but not all) times the route from [A regarding B] to [A making B] travels through [B regarding B], which is of course a case of self-treatment or self-objectification. In other words, one way for another’s belief that one is object-like to turn into making it the case that one is object-like is to influence one’s own beliefs about oneself.

5.2.2 Constitutive link in objectification

Now, consider a constitutive (not causal) link between regarding and making in self- vs. other-objectification. In other-objectification, it is extremely hard to see how such a link could be possible. Individual A regarding individual B as being more like a mere object than she is, I believe, cannot count as it being the case individual B is more like a mere object than she is. I am assuming, in other words, that the property of being “more like a mere object” is not a relational one like attractiveness or popularity.

A constitutive link also seems very unlikely for cases of self-objectification. For example, my believing that I have little autonomy does not count as my having little autonomy, my believing I am instrumental does not count as my being instrumental, etc. However, importantly, there are two Nussbaum/Langton notions that are possible exceptions: (7) Denial of subjectivity, and (9) Reduction to appearance. This is because these notions are (or are sometimes, in the case of (7)) based around valuing activities. In other words, the notions are already such that certain types of regarding can automatically simply just count as making. For example, for (9), say I immensely value my appearance to the point of undervaluing many of my mental attributes and abilities. That is, say I consider my appearance to be one of my most central attributes. If we accept something like a narrative theory of the self, then, arguably, this type of regarding and valuing simply makes it the case that my appearance is a more central feature of my self.

So for both constitutive and causal types of connections, I believe regarding is more tightly coupled to making in cases of self- as opposed to other- objectification. This tighter link is more difficult to show for a constitutive connection, although I believe it can be done with notions (7) and (9) if we assume certain facts about self-constitution.
To conclude: the fact that the link between regarding and making tends to be tighter in cases of self-objectification is a salient peculiarity of self-objectification, one that deserves consideration when assessing the moral dimensions of this type of treatment of ourselves.

6. Conclusion

The primary goal of this chapter has been to call attention to self-objectification as an important and interesting way of treating ourselves. I am of course not the first to describe self-objectification, but, to my knowledge, no one has applied Nussbaum’s or Langton’s insights about objectification specifically to it. I have undertaken an extensive exploration of self-objectification using three main approaches. The first approach utilizes my own definition of “objectification” and “self-objectification,” which I have developed and introduced in this chapter. My definitions are:

Objectification:
A objectifies B if and only if [B is a non-mere object] and [A treats B in a manner more appropriate to a mere object than to a non-mere object or A treats B in a manner that makes, or aims to make, B more like a mere object].

Self-Objectification:
A objectifies herself if and only if she treats herself in a manner more appropriate to a mere object than to a non-mere object or she treats herself in a manner that makes, or aims to make, her more like a mere object.

Note: my definitions are not meant to be incompatible with Nussbaum’s and Langton’s cluster approach to objectification. I use them alongside of this approach, and capitalize on a few advantages they have. First, they offer a slightly more concrete handle on what counts as objectification. Second, they draw attention to the graded nature of objectification, which is crucial to demonstrating that self-objectification is possible in the first place.

After describing how self-objectification is, indeed, possible, I turned to my second main approach: applying the ten notions of objectification provided by Nussbaum and Langton to the case of self-objectification. This application yielded some interesting
and unexpected results, and points the way towards possible future investigations. I afforded the notion of instrumentality, specifically, special consideration, since treatment as a mere means is taken to be very central to objectification and has significant and direct moral implications.

Finally, I considered how Langton’s distinction between regarding and making applies specifically to self-objectification and concluded that, on average, the link between regarding and making is often tighter in cases of self- (as opposed to other-) objectification. I further postulated that this could have noteworthy moral implications.

All in all, self-objectification is an important and fascinating species of misconduct we can show towards ourselves. And, not only is self-objectification an interesting phenomenon in its own right, but it has important applications to specific questions about the ethics of the use of various biotechnologies. In the next chapter I turn to one of these applications by considering whether the charge of being self-objectifying is a valid complaint that can be levied against the use of antidepressants.
Chapter 2
Antidepressants and Self-Objectification

1. Introduction

   Consider the following real-life scenario. Lucy is a college student who experiences intense feelings of rejection and sadness when she perceives her boyfriend as evasive. Peter Kramer (who treated Lucy and was the first to present her case) writes:

   She cannot bear it when her boyfriend looks away for a moment. If he turns his back on her to glance at the television screen, her heart sinks... If he says “I” instead of “we” in talking about something they have done together, or if he says goodbye in the wrong way, Lucy may experience pain for days... These moods are often deep and protracted. She is disorganized, paralyzed, hopelessly sad, overtaken by unfocused feelings of urgency.60

   Lucy has a few options for trying to change her painful reactions: 1) she can undergo talk therapy (for example, cognitive-behavioral therapy),61 or 2) she can take an antidepressant.62 She knows (and here is where I am deviating from Kramer’s original account) what each sort of therapy entails, and she also knows that either one carries an equal chance of working: several studies have shown antidepressant treatment and cognitive-behavioral therapy to be equally effective for depression and a variety of other disorders.63 Imagine that Lucy chooses antidepressants over therapy. Has she done

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61 Cognitive-behavioral therapy is a type of psychotherapy that centers on 1) identifying negative thoughts causing painful emotions, and 2) reasoning about those thoughts, both by recognizing certain distortions or logical flaws they possess and by gathering evidence for or against them. Although cognitive-behavioral theory has many varieties, I am assuming that the practice of reasoning about the accuracy of thoughts is a necessary and central component to cognitive-behavioral therapy. I have been told that some practitioners will call therapies that are strictly behavioral (such as snapping a rubber band on one’s wrist) “cognitive-behavioral therapy”; I reject this definition.
62 Or, she could do both. However, for the purposes of the present paper, I will ignore this option. Since my project here is to examine the moral dimensions of antidepressant use, it is more illuminating to consider this practice in isolation, contrasted with a different practice in isolation, than to grapple with a hybrid of the two.
anything at all morally problematic? This is the central question I will explore in this paper, and the answer I will argue for is: “yes.” [Please note: I wish to say at the outset that I do not take “morally problematic” to mean “always impermissible.” I will more explicitly define “morally problematic” shortly (alternately, see my usage in Chapter 1).]

Many bioethicists and others have used the case of Lucy as a litmus test for intuitions about the moral dimensions of antidepressant use, and many of them have concluded, as I will, that Lucy has indeed done something morally problematic. Further, they have offered a number of explanations of why Lucy’s choice is morally problematic: it is “inauthentic,” it is a form of “taking the easy way out” or “cheating,” it encourages blind acceptance of unjust circumstances, or it promotes harmful social norms. But there is a further explanation that has also been offered: that it is self-objectifying. This is, very roughly, the view that, by taking an antidepressant, Lucy treats herself as a mere object or a mere machine—as a thing to be manipulated rather than reasoned with. This is the claim that I will focus on and support in the present paper. Specifically, my central thesis is that antidepressant use is morally problematic, and it is morally problematic because it is an act of self-objectification.

I am not the first to voice the self-objectification worry about antidepressants: Carol Freedman and Neil Levy have both identified and discussed this concern. In the present paper, however, I extend their work in a number of vital ways. First, I draw from my own definition and analysis of self-objectification, as well as from Nussbaum’s and Langton’s classic work on objectification (presented in Chapter 1), and thus I offer a more thorough understanding of the phenomenon than do Levy and Freedman, as well as a more in-depth diagnosis of the specific moral failure that (I believe) accompanies it. Furthermore, importantly, I disagree with both Levy’s and Freedman’s conclusions about Lucy’s act, arguing that, no matter how Lucy’s distress is classified, it is nevertheless morally problematic for her to choose antidepressants over cognitive-behavioral therapy.

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64 See Elliott and Chambers (eds.), *Prozac as a Way of Life*, for a good introduction to these previous complaints about antidepressant use.


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What does it mean to say that antidepressant use is self-objectifying in a morally problematic way? To provide an initial understanding of this claim, I turn to Levy’s and Freedman’s original articulations of it. Levy calls the self-objectification worry “the worry about ‘the mechanization of the self.’” He states:

The problem with Prozac, then (where “Prozac” refers to any chemical means of treating mental problems) is that it treats people in the manner appropriate to machines.

and

when we treat ourselves as if we were machines, by modifying our brains, our emotions and our cognitive processes using direct means, we risk everything that makes us more than mere machines.

Freedman expresses a similar worry:

To think it is appropriate to ‘cure’ mistakes of reasons mechanistically is to regard our rational capacity as of little significance or importance. That—insofar as we live in a world of selves—is something we are in no position to do. It is in this sense that it matters what means we use to ‘cure’ our psychological problems.

So the basic form of the worry is something like the following. Persons are the sorts of things that are amenable to reasoning, appeals to experience, and other ways of exercising rational capacities; mere machines and mere objects are not. By eschewing reasoning and appeals to experience as our chosen means of changing ourselves (in favor, instead, of antidepressants or other forms of “direct manipulation” of our brains)

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70 Which include other drugs, deep brain stimulation, and the like, and, following Levy, will be referred to in the present paper as “direct manipulations.”
we are, in effect, treating ourselves as mere machines or mere objects. And further (the claim goes), this treatment is morally problematic.

Before I begin arguing for this claim, I need to offer a crucial clarification of the meaning of “morally problematic.” When I say an action (such as taking an antidepressant) is “morally problematic,” I mean that it possesses one or more wrong-making features. I do not maintain that it is always wrong, all-things-considered, or that these features are never overridden by other considerations. For example, one such overriding consideration might be an inability (for whatever reason) to undergo cognitive-behavioral therapy or other alternatives to antidepressant therapy. Thus, when I argue that antidepressant use is morally problematic because it is self-objectifying, I am arguing that it possesses one or more moral considerations against it—but that, depending on other relevant factors, it may end up being morally permissible on sum.\(^7\)

In order to evaluate the cogency of the claim that antidepressant use is morally problematic because it is self-objectifying, several things must happen. Here is my plan for the rest of the paper. In Section 2, drawing from my definition and analysis of “self-objectification” in the previous chapter, I pinpoint what sort of self-objectification takes place when antidepressants are chosen over cognitive-behavioral therapies. In Section 3, I examine the way in which this type of self-objectification is, indeed, morally problematic. In Sections 4 and 5, I argue in detail against Levy’s contention that direct manipulation of certain types of mental states (including Lucy’s) is morally innocuous. Finally, I consider and dismiss two objections to my arguments (Sections 6 and 7).

2. The Form of Self-Objectification Pertaining to Antidepressant Use

It is now time to further develop Freedman’s and Levy’s initial articulations of the self-objectification worry about antidepressant use. To do this, I will employ my investigation of the concept of “self-objectification” from Chapter 1. Recall that, there, I recommended a two-pronged approach to understanding self-objectification. That is, in

\(^7\)A similar strategy is adopted by Levy in his discussion of the moral significance of antidepressants. (Levy, 73). This strategy also draws from a Ross-inspired reliance on pro tanto moral considerations. Indeed, it is the same moral strategy I borrow when talking about the morality of objectification in the previous chapter.
order to assess whether an act is self-objectifying, one should both 1) see if it qualifies as such on my definition of “self-objectification,” and 2) refer to Nussbaum’s and Langton’s list of ten notions of objectification to better understand the specific character of self-objectification occurring. This is the strategy I will adopt in assessing Lucy’s use of antidepressants.

2.1 Antidepressant use and my definition of “self-objectification”

Recall my definition of “self-objectification” from Chapter 1:

**Self-Objectification:**

A objectifies herself if and only if she treats herself in a manner more appropriate to a mere object than to a non-mere object or she treats herself in a manner that makes, or aims to make, her more like a mere object.

**where:**

“non-mere object” = anything that has mental features (where mental features include mental states, mental capacities, and strong dispositions towards having mental states)

“mere object” = everything else.

Does Lucy qualify as self-objectifying on this definition? That is, does she treat herself in a manner more appropriate to a mere object than to a non-mere object, or in a manner that makes, or aims to make, her more like a mere object? I believe the answer is “yes,” specifically concerning the former type of treatment. Recall: Lucy has a choice as to whether to change her unwanted mental states either: 1) through “mental” means (reasoning about them using cognitive-behavioral therapy), or 2) through “purely

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72 Recall that Nussbaum and Langton advance these notions in order to provide a richer understanding of the concept of objectification. Because they maintain that objectification is a cluster concept, technically, none of these notions are either necessary or sufficient for an act to count as objectification.

73 Again, I use the example of cognitive-behavioral therapy because 1) it focuses on reasoning about mental states, 2) it happens to have a relatively wide body of empirical evidence supporting its efficacy.
mechanical means" (taking antidepressants). Lucy chooses the latter, and I contend that this choice of “purely mechanical” means is more appropriate to a mere object than to a non-mere object.

Now, why is this so? Because, after all, it can’t be just that the use of any mechanical means in any situation is always more appropriate to a mere object than to a non-mere object. For example, consider the example of ACE inhibitors discussed in Chapter 1. Using ACE inhibitors to control heart disease does not count as objectifying, since it is not more appropriate to a mere object than to a non-mere object. In fact, it is a perfectly acceptable and appropriate form of treatment for a non-mere object’s heart disease. So how is the case of antidepressants different? I believe that it is different insofar as it actively disregards certain mental features of the individual; in essence, it treats the individual as though she lacked certain mental features, whereas the use of ACE inhibitors does not. When taking ACE inhibitors, one is not treating oneself as though she lacked certain mental features—one is not actively evading or denying any mental features. Since it’s not as if there is an alternate form of treatment for heart disease that would engage those features.

2.2 Antidepressant use and Nussbaum’s notion (7) Denial of Subjectivity

As discussed in Chapter 1, Nussbaum defines “objectification” as a cluster concept and offers seven different notions that she believes counts as strands of the cluster. Langton adds three more. If we refer to Nussbaum’s and Langton’s list of ten notions, we can immediately see that the above characterization of Lucy’s act as one of “denial of certain mental features” maps quite nicely onto notion (7) Denial of

74 “Mechanical” here refers to “non-mental.” Even though antidepressant use might be more aptly described as chemical than mechanical, I assume the term “mechanical means” refers also to chemical means.

75 This is assuming that there are no effective “mental” treatments for heart disease. I realize this may be a substantial assumption. I am very open to the possibility of “mind-body” treatments (placebo treatments, social therapy, etc.) for “physical” ailments (like heart disease), but, until more evidence is gathered (if it is gathered), I will operate on the assumption that there are no effective “mental” cures for heart disease.

76 See Chapter 1 for a further explication and discussion of the Nussbaum/Langton approach to understanding objectification in this manner.
subjectivity. I will first explain in depth how Lucy’s act maps onto this particular notion, and afterwards I will turn to the other nine notions to provide a broader exploration of how antidepressant use relates to the Nussbaum/Langton approach.

Notion (7) is characterized by Nussbaum as “one treats it as something whose experience and feelings (if any) need not be taken into account.” Now, in order to establish exactly how Lucy’s act fits into this notion, we need to ask: “What mental features, exactly, is Lucy denying?,” and “How, exactly, is she denying them?”

First consider what aspects of Lucy’s subjectivity—what mental features—might be “denied” when she chooses antidepressants over psychotherapy. I think there are two main aspects worth focusing on: 1) those mental states that Lucy hopes to change by taking antidepressants, and 2) those mental capacities that Lucy would have used to change these mental states, had she chosen psychotherapy (i.e. her reasoning capacities). Let’s examine each separately, starting with (1).

(1) Mental states

What mental states, exactly, does Lucy aim to change with antidepressants? She presumably aims to change intense feelings of sadness, “unfocused feelings of urgency,” and various beliefs. These beliefs may include: her belief that her boyfriend doesn’t love her, (perhaps) her belief that she will never find anyone who loves her, and (perhaps) her belief that she is essentially unlovable and flawed. In what follows, I will concentrate mainly on these latter types of mental states: i.e. certain beliefs that she holds.

Now, let’s first rule out one sense of “denying” that I do not believe is relevant here. This is the sense of “eliminating or substantially altering.” Lucy is, indeed, eliminating or substantially altering (or aiming to eliminate or substantially alter) these mental states, but I am adamantly not interested in the morality of elimination or alteration as such. In contrast, I am interested in the morality of the means of this elimination or alteration. I want to emphasize that what I am arguing is morally

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78 I could also focus on her emotions, assuming that we adopt the position that emotions possess some sort of propositional content (for example: Lucy is sad that her boyfriend doesn’t love her).
problematic is not *that* Lucy aims to alter her mental states—it is, rather, *how* she aims to alter them. Recall that I am interested in comparing the morality of two ways of altering mental states: antidepressants and psychotherapies like cognitive-behavioral therapy.

So what sense of “denying” *do* I think is relevant here? This is the sense of refusing a particular, more involved type of engagement. It is a refusal to engage with certain of her mental states mentally (listening to them, reasoning about them, etc.), and instead choosing to manage them physically (using direct manipulation).

This refusal to engage might also be thought of as a form of *silencing* (and thus Langton’s notion (10) of objectification is also relevant here—see below for further discussion). When Lucy directly manipulates her belief, say, that her boyfriend doesn’t love her, she is silencing this belief, and therefore, in some way, silencing herself. After all, *she* is the one who holds this belief—*she* is the one who believes that her boyfriend doesn’t love her.

Levy says something similar in an analogy he offers about one person encountering another’s argument:

> If I reject your arguments because I think they are false, and especially if I give reasons why I reject them, I manifest respect for you as a rational being. But if I reject your arguments without even engaging with them, ... I treat you with profound disrespect. I treat you as an object to be managed...\(^79\)

Here, “I” and “you” are both analogous to the individual in question (say, Lucy), and “your arguments” are presumably analogous to those beliefs that Lucy wants to eliminate. Importantly, note that Levy points out that this refusal to engage—this silencing—is a type of devaluing. And this is consistent with what I believe to be the moral dimension of objectification (as discussed in Chapter 1 and below). So, to conclude, I think the type of denial of subjectivity that Lucy practices with respect to some of her mental states is a refusal to engage, a disregarding, or a silencing. Let’s now examine whether Lucy is denying another aspect of her subjectivity: her reasoning capacities.

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\(^79\) Levy, *Neuroethics*, p. 79.
(2) Mental capacities

Carol Freedman articulates the self-objectification worry about antidepressants by focusing on how the antidepressant user treats her rational capacities:

To think it is appropriate to ‘cure’ mistakes of reasons mechanistically is to regard our rational capacity as of little significance or importance. That—insofar as we live in a world of selves—is something we are in no position to do. It is in this sense that it matters what means we use to ‘cure’ our psychological problems.\(^{80}\)

According to Freedman, what is troubling about cases like Lucy’s is the regarding of “our rational capacity as of little significance or importance.” I’m not convinced, however, that this exactly describes the way in which Lucy is treating her rational capacity. At least prima facie, it doesn’t seem that Lucy is necessarily regarding her rational capacity as of little significance or importance; she may simply be bypassing an opportunity to use it. In fact, by bypassing this opportunity, she may be using it in other ways instead. It could even be that she regards her rational capacity as so important that she doesn’t want to “waste” it by thinking about things like her beliefs about her boyfriend, and would rather “save” it for, say, deriving abstruse math equations.

Now, if Lucy’s act is really just an instance of disuse instead of an instance of disrespect,\(^{81}\) then it seems to be perfectly appropriate to a non-mere object, and thus presumably does not count as self-objectification. To see this, think about other examples of disuse of rational capacities. Presumably, taking a nap constitutes a bypassed opportunity to use one’s rational capacity, and we certainly think napping is appropriate to a non-mere object. Or, consider a situation that is more parallel to Lucy’s: using a calculator to compute a math problem instead of figuring it out oneself. Like Lucy, presumably, the calculator-user chooses an alternate, “mechanical” method over her reasoning capacity. And presumably we don’t think the calculator-user is self-objectifying. If this is right, then it seems Lucy is not self-objectifying either, at least not in this manner (i.e. the manner of “denying” her rational capacity).


\(^{81}\) I take it that “regarding as of little importance” amounts to a type of disrespect.
One response is to counter that the calculator-user actually is self-objectifying. Remember, objectification and self-objectification come in degrees, and using the calculator every once in a while may indeed by very mildly objectifying, so mild, in fact, that it fails to cross any meaningful moral threshold. After all, a complete refusal to do any simple arithmetic paired with constant calculator use might more easily be seen as more appropriate to a mere object, and therefore self-objectifying. And Lucy’s decision to forego reasoning about her beliefs is arguably somewhere between occasional and constant calculator use, perhaps closer to constant. Remember, Lucy’s commitment to antidepressants is more sustained than the occasional calculator-user’s commitment to his calculator. It’s not as if Lucy can take Prozac “as needed”—she must take it every day, and wait for it to become effective (which usually takes anywhere from two to eight weeks). In other words, she must embark on a chronic drug-taking regimen, and this may result in many more bypassed opportunities to reason about her beliefs. This is very different from a one-off occurrence like using a calculator.

82 Because objectification is inherently morally problematic (at least this is what I am assuming here), the act of using a calculator, on this analysis, is officially morally problematic, but I take it that it is so mildly problematic that it fails to register very significantly as a consideration against an action. That is, it does provide a consideration, but one that is very easily overridden by others.

83 Even if taking antidepressants allows Lucy to use her rational capacity in other ways (it may even enhance it in some sense), she is still bypassing opportunities to reason about her unwanted beliefs. Now, what if Lucy is so depressed that she can’t even use her rational capacity to begin with? My first response to this is simply that this is not the case I’m talking about: I am assuming that Lucy is not severely depressed, that her reasoning capacity is not impaired. If we want to consider a different case of someone who does have a greatly impaired reasoning capacity, then I believe a case could be made that the most “non-objectifying” option for treatment is to do what is needed to restore this capacity (and this, presumably, includes taking antidepressants). In other words, the way to treat oneself most like a non-mere object would be to rehabilitate any impaired reasoning capacity one has (since, after all, reasoning capacity is a feature that non-mere objects have but mere objects lack). We might hold that taking antidepressants to do this is objectifying oneself in one way, but combating objectification in another, and that, on sum, this is the least objectifying course of action.

84 If this chronic nature of antidepressant treatment marks the difference between something like the calculator case and the Lucy case, then I must also conclude that, if Lucy were to take an antidepressant that could work on an “as-needed” basis, that the level of her objectification could be considerably less—depending on amount of use, it could be somewhere nearer to the calculator case. I am happy to conclude this. Of course, if Lucy avails herself of this new “as needed” antidepressant constantly, then the level of objectification occurring would be relatively
Additionally, there may be another difference between Lucy and the calculator-user. It may be salient that Lucy is failing to use her rational capacity on something very important and central to her self: namely, her own beliefs about things of great import to her—her beliefs about whether she is loved or lovable. Perhaps disuse of one’s rational capacity for *these* sorts of central and important ends (e.g. reasoning about one’s own beliefs about oneself or those close to oneself, or perhaps engaging in practical reasoning) is, somehow, more objectifying and thus more morally problematic than disuse of one’s rational capacity for something that is less central or important to the self (such as the outcome of a math problem).

In short, we have two options. First, if we accept that the occasional calculator-user is very mildly self-objectifying by failing to use her rational capacities, then we can accept that Lucy is self-objectifying in this way as well. Admittedly, not everyone will be comfortable with conceding that the occasional calculator-user is very mildly self-objectifying, and my own intuitions about it are still somewhat fluid as well. However, even if this assumption fails to hold, we have our second option: we might think that failure to use rational capacities to address something particularly central to the self (one’s own beliefs about things of great import to her) counts as self-objectifying in a way that using a calculator for a math problem does not. And remember that these two options concern only one aspect of subjectivity: Lucy’s mental capacities. We mustn’t forget the conclusion of the previous section [(1) Mental states] regarding a different aspect of Lucy’s subjectivity: that Lucy is self-objectifying by failing to engage (and by silencing) certain of her mental states.

As such, I believe Lucy’s use of antidepressants fits into the description of Nussbaum’s notion (7) *Denial of subjectivity*. Furthermore, as I concluded in the previous section, it also counts as an act of self-objectification on my definition. I would now like to broaden my exploration of the ways in which antidepressant use might be high—presumably as high or almost as high as if she takes a currently available antidepressant. Conversely, if Lucy takes this new antidepressant only once in a while (say, as often as the calculator-user avails herself of her calculator), then the level of objectification would, I contend, be closer to that of the occasional calculator-user.
self-objectifying by considering how it fares on the other nine Nussbaum/Langton notions.

2.3 Antidepressant use and the other nine notions

I have just discussed how Lucy’s act pertains to notion (7) Denial of subjectivity, but I think it is worthwhile to at least briefly explore the full set of Nussbaumian/Langtonian notions in order to get a broad sense of how antidepressant use might be self-objectifying in different ways, and to point the direction to possible future work on the topic. In this investigation, I will sometimes speak about antidepressant use generally, in lieu of sticking strictly to the specifics of Lucy’s case. However, everything that I say is meant to apply to at least Lucy’s case, and may also have application beyond it.

1. Instrumentality: one treats it as a tool of one's own purposes.

In the previous chapter, I stated I would assume “instrumentality” meant “treatment as a mere means,” and concluded that, synchronically, one could not literally treat oneself as a mere means. I also explained how one could, however, treat herself closer or further to that notion, and could thus treat herself as “almost” a mere means. And I contended that this treatment “almost” as a mere means could still count as morally dubious. I also argued that one could treat oneself literally as a mere means diachronically.85 Does Lucy’s antidepressant use count as treating herself as a means in either of these two senses (either as a mere means diachronically or “almost” as a mere means synchronically)? I am not sure that it does. This is largely because I am not sure who or what would count as being treated as a means at all. Treatment as a means is tool-like treatment, and it is not clear who or what is the tool in the case of antidepressant use. The obvious candidate, of course, is Lucy’s entire self, but I find it difficult to conceptualize how she is literally using her entire self as a means (or as a mere means), like in the classic sense we see with, say, selling oneself into slavery in the future in order

85 Furthermore, one might also be able to treat herself as a mere means by making it more likely that others treat her as a mere means, but I will not explore this possibility here.
to attain some benefit in the present. I am not completely ruling out the possibility that Lucy’s antidepressant use counts as self-treatment as a mere or almost as a mere means, but presently I can’t see exactly how it would.

This contrasts with what another author, Bertha Manninen, says about antidepressant use. In her article “Medicating the Mind,” Manninen argues that using antidepressants does qualify as self-treatment as a mere means:

... just as the suicidal man disrespects his rational agency and intrinsic worth by killing himself in order to alleviate himself of the pains of life, individuals who decide that they would rather circumvent the process of self discovery and self knowledge that only interpersonal methods of coping can provide, in the interest of alleviating their pain and feeling better sooner, also disrespect their rational agency. This is because they are sacrificing an integral part of their humanity, their ability to engage in introspection, achieve self knowledge, and engage in personal development, in the interest of alleviating themselves of emotional pain through drugs. Thus, they too are “making use of [their] person merely as a means so as to maintain a tolerable condition in life.”

86 What Manninen says here about sacrificing humanity and disrespecting rational agency is not dissimilar from my claim that antidepressants deny subjectivity in a self-objectifying way. I do not see, however, how it follows that Lucy or other antidepressant users literally “make use of their person merely as a means.” Again, it is unclear who or what is being used as a tool in this scenario.

2. Denial of autonomy: one treats it as lacking in autonomy and self-determination.

It is hard to see how antidepressant use in itself qualifies as denial of autonomy diachronically; one does not seem to be stripping one’s future self of any autonomy by taking antidepressants. In fact, in many cases it seems to be just the opposite, especially if antidepressants are taken as a cure for an autonomy-crushing depression, and they end up ameliorating that depression. The same might be said synchronically: antidepressants have varying effects on different individuals, and there seems to be no trend of them stifling autonomy (if anything, anecdotal evidence suggests that they tend to promote it).

However, when we consider antidepressant use *relative* to other therapies (as we do in Lucy’s case), our conclusion might be different. Even if antidepressant use is not especially autonomy-denying in itself, it may be far less autonomy-promoting than something like cognitive-behavioral therapy. Paul Biegler has an elegant argument to this effect.\(^{87}\)

Additionally, we should recognize that the decision to take antidepressants is often coupled with a belief that the mental states one seeks to change are “nothing more” than a “chemical imbalance,” or are just a product of her “illness” (whether or not there is an illness) and that one is therefore helpless with respect to changing these mental states “on her own.” And I think that these sorts of beliefs, as discussed in the previous chapter, can constitute autonomy-denial. However, using antidepressants is not necessarily linked to these beliefs, so this brand of autonomy-denial is not necessarily linked to antidepressant use.

3. **Inertness:** *one treats it as lacking in agency and activity.*

Taking antidepressants in lieu of engaging one’s thoughts actively *(via, for example, cognitive-behavioral therapy)* may count as a form of inertness. By bypassing an opportunity to engage with, challenge, and reason with one’s mental states, one is, in a sense “sitting back” and “letting the drug do all of the work.” Interestingly, however, as mentioned in the previous chapter, allowing oneself to stew in a deep lethargic depression (when one could do otherwise) is also, potentially, an example of self-objectification on the inertness notion. Given this, taking antidepressants would seem, instead, to count as an instance of *combating* inertness. Nonetheless, a *less* inert intervention such as cognitive-behavioral therapy could, in all likelihood, carry out this act of combating just as well. So presumably there can be simultaneous opportunities for different *types* of inertness, and antidepressant use could support one and undermine the other. In contrast, cognitive-behavioral therapy would presumably undermine both.

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\(^{87}\) Biegler, “Autonomy and Ethical Treatment in Depression.”
4. **Fungibility:** one treats it as interchangeable (a) with other things of the same type, and/or (b) with things of other types.

   It doesn’t seem that this notion is particularly relevant to cases of antidepressant use. It’s not immediately apparent how one would be treating oneself as interchangeable by taking antidepressants. It is possible, however, that the previously-made charge that antidepressant use is “inauthentic”\(^8\) may be somehow adapted to the notion of fungibility. In Chapter 1, I tentatively proposed that suppressing one’s uniqueness (or, if we like, what is “authentic” about oneself) may be a form of fungibility. Whether this is actually the case, and whether antidepressant use is really inauthentic, are questions for future work.

5. **Violability:** one treats it as lacking in boundary-integrity, as something that it is permissible to break up, smash, break into.

   Although it’s true that antidepressants are ingested, this sort of trespass of boundary-integrity is no different from eating or drinking. Thus it does not seem to typify a violation of boundaries, nor does it seem particularly objectifying (or, for that matter, objectionable).

6. **Ownership:** one treats it as something that is owned by another, can be bought or sold, etc.

   It also doesn’t seem that this notion is particularly relevant to cases of antidepressant use; it’s not as if one becomes “owned” by antidepressants, or is otherwise involved in activities of purchasing or selling oneself when one takes antidepressants.

7. **Denial of subjectivity:** one treats it as something whose experience and feelings (if any) need not be taken into account.

   Above, I argued that this notion is especially relevant to cases of antidepressant

\(^8\) For two classic articulations of this charge, see Carl Elliot, “The Tyranny of Happiness: Ethics and Cosmetic Psychopharmacology” and The President’s Council on Bioethics, *Beyond Therapy: Biotechnology and the Pursuit of Happiness.*
use. Lucy, in particular, denies her subjectivity by refusing to engage with certain of her mental features: specifically, some of her mental states, and also, perhaps, her reasoning capacities.

8. Reduction to body: one treats it as identified with its body, or body parts.

It is plausible that choosing antidepressants over cognitive-behavioral therapy is one way of identifying oneself with one’s body. In this choice, there is certainly an emphasis on the “physical” over the “mental.” However, I want to be clear that everything I say about objectification is entirely consistent with a physicalist stance towards the relationship between mind and body. Mental states may be physical states, but this does not mean that they are not morally “special.” After all, it’s perfectly plausible that some physical states (in this case, ones that happen to be mental) have a higher value or status than other physical states. I realize that (8) is not necessarily meant to address philosophical stances on the mind-body problem, but I want to be explicit about such implications of this interpretation nevertheless.

9. Reduction to appearance: one treats it primarily in terms of how it looks, or how it appears to the senses.

It doesn’t seem that this notion is especially relevant to cases of antidepressant use.

10. Silencing: one treats it as silent, lacking the capacity to speak.

Although one certainly is not completely silencing oneself by taking antidepressants, it may be the case that one is silencing certain thoughts, beliefs, or feelings. Instead of “listening” to certain mental states, one is, arguably “shutting them up” with antidepressants. Above, I suggested that silencing was one way to elaborate on the type of “denial” (in (7) Denial of subjectivity) in which Lucy participates with respect to certain of her mental states.
The results of this short tour of the application of Nussbaum’s and Langton’s ten notions to antidepressant use are as follows. In general, I believe that there are several notions besides (7) Denial of subjectivity that may also aptly characterize the type of self-objectification that occurs with antidepressant use (especially in a case such as Lucy’s where antidepressant use is chosen over a competing alternative like cognitive-behavioral therapy). Especially relevant are notions:

(2) Denial of autonomy
(3) Inertness
(7) Denial of subjectivity
(8) Reduction to body
(10) Silencing.

As I mentioned above, these all point towards possible future work. However, in the present paper, I will restrict my focus to (7) Denial of subjectivity (and to the other notions insofar as they relate to (7)).

Now that I have established that Lucy’s antidepressant use is, indeed, self-objectifying, I must say something more about how and why this self-objectification is morally problematic.

3. The Moral Significance of Self-Objectification

Recall that this chapter’s central thesis is “antidepressant use is morally problematic, and it is morally problematic because it is an act of self-objectification.” But why, exactly, is self-objectification morally problematic? I discussed this in Chapter 1, where I arrived at the following points. First, I think it is reasonable to assume that the terms “objectification” and “self-objectification” are inherently value-laden, and that objectification and self-objectification are inherently morally problematic. This corresponds to widely-held understandings of objectification in general: to accuse someone of objectifying another is to accuse him of something bad. Why? To treat a person in some manner appropriate to a mere object is to, in a certain way, devalue or denigrate that person. I assume that non-mere objects have a higher moral status than

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89 And, in some cases (like (2) Denial of autonomy), previous work by other authors.
mere objects, and treating the former like the latter is therefore a type of devaluing. And, further, I take it that this type of devaluation of persons is uncontroversially morally problematic.⁹⁰

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Summary

Above, I have demonstrated that Lucy is indeed self-objectifying by taking antidepressants, and that this self-objectification is morally problematic. Furthermore, I characterized the specific form of self-objectification that Lucy undertakes as one of denial of subjectivity, where the types of subjectivity that Lucy is “denying” are 1) some of her mental states, and 2) (perhaps) her reasoning capacities. Note: I want to emphasize that what is morally problematic here is not that Lucy aims to alter her mental states—it is, rather, how she aims to alter them. Recall that I am interested in comparing the morality of two ways of altering mental states: antidepressants and psychotherapies like cognitive-behavioral therapy.

My work is not done, however, because there is one especially looming objection to what I have said thus far, and I will spend most of the remainder of the chapter addressing it. This objection is presented by Neil Levy. It states, plainly, that we can draw a distinction between two types of mental states: those that are morally fine to directly manipulate, and those that are not, and that, furthermore, Lucy’s mental states fall into the former camp.⁹¹ What I will do now is introduce this distinction, and explain why I think it is ultimately unsuccessful at rendering Lucy’s act of antidepressant use morally innocuous.

⁹⁰ Although these moral assumptions gain their force most obviously from Kant, they are not necessarily inconsistent with other normative frameworks. I will not further pursue this in the present work, but note it for future consideration.
⁹¹ This objection is presented in Levy, Neuroethics.
4. Levy’s Distinction

4.1 Levy’s distinction: a description

Levy claims, plainly, that some mental states (specifically, some “affective responses”) deserve our “respect” and some don’t. He states: “we should always treat peoples’ affective responses with the respect they deserve, and in this case [the case of Lucy] they deserve little respect.”92 Levy’s implication, of course, is that if a mental state is of the type that “deserves little respect,” we can directly manipulate it to our hearts’ content, without any moral consequences. Now, how can we translate Levy’s objection to bring it into line with what I have said thus far about objectification? First, I assume that what Levy really cares about is the respect or disrespect of persons, not of mental states. So when Levy says that some of our mental states deserve little respect, I take it that this is shorthand for saying that the disrespectful treatment (such as direct manipulation) of these mental states does not result in disrespecting or devaluing the person who possesses them.93 Presumably, this is similar in spirit to saying that direct manipulation of blood vessels does not result in disrespecting or devaluing the person to whom they belong. In effect, Levy seems to be claiming that some mental states are at the same “moral level” as blood vessels (or other non-mental states).

My definition of “self-objectification” may rule out this objection definitionally: mental states are mental features, and they are definitionally what separate non-mere objects from mere objects. Thus it seems that neglecting or disregarding any mental states may therefore automatically be a form of objectification, and may therefore be automatically morally problematic. However, much more can be said by way of defense against Levy’s objection, and this is what I will undertake now. That is, instead of relying on my initial definition of “self-objectification,” I will ask how Levy proposes to draw his distinction, and whether his proposed criterion is successful at marking a moral difference between those mental states that are okay to directly manipulate and those that are not.

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92 Levy, Neuroethics, p. 117.
93 Note: I will be adopting this shorthand as well.
Now, there are many candidate ways to draw the distinction between those mental states that deserve our respect and those that do not, and I believe the one Levy emphasizes has to do with whether a mental state is proportionate to relevant events in the external world. He says:

in cases in which the content of the emotional response is excessively disproportionate to the stimulus, [direct] manipulation may not be disrespectful.94

and

[if] the feeling of despair is not a response to life events, or that it is a response that is far out of proportion to the objective import of the stressor that brought on the episode, [it may be okay to directly manipulate].95

This leads (with a few minor modifications96) to the following principle, which I call “Disproportionality”:

**Disproportionality:**
If a mental state is an excessively disproportionate response to its apparent triggering event (the “external” event that it is about), it is not morally problematic to change it via direct manipulation.

*Disproportionality* has to do with the extent or type of communion that mental states have with external or life “triggering” events. Roughly, a disproportionate response is one that is not “hooked up to the world” in the right way. Some examples of “classic” disproportionate responses are: 1) a woman who is experiencing a premenstrual surge (or depletion, as the case may be) of hormones may experience intense and overpowering rage that the car in front of her is going too slowly; 2) a man is debilitated with anxiety about a minor deadline, in large part due to the vast quantities of caffeine he drank; 3) Lucy. Now, these examples share a number of features; one of which is that the response in question seems *prima facie* disproportionate, inappropriate, or incommensurate to the “real world” event that caused it.

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95 Levy, 2007: 117.
96 For example, from “it may be okay” to “it is okay” and “is disrespectful” to “is morally problematic.”
Take Lucy. Presumably, and according to Levy, her “pain for days” is excessively disproportionate to the event it is about: for example, her boyfriend’s saying “goodbye” in the wrong way. Because of this, according to Disproportionality, it is not at all morally problematic to directly manipulate it with antidepressants.

4.2 Two ways to be disproportionate

Now, in order to better understand how Disproportionality functions, and whether it does the work Levy requires of it, I think it is necessary to separate out at least two ways in which a mental state may be disproportionate. For simplicity, let’s assume the mental state in question is an emotion, and let’s assume (as many others have), that emotions have representational content. The first way an emotion could be disproportionate is that its representational content could be inaccurate—the content could fail to faithfully correspond to the relevant external state of affairs. And the second way that an emotion could be disproportionate is that the intensity that “accompanies” (if that is indeed the right way to think about it) its representational content could be inaccurate.

To better understand this division between inaccurate content and inaccurate intensity, let’s examine two examples. First, consider Igor. Igor’s roommate ate all of Igor’s cookies, and Igor is very angry about this. In fact, Igor is so angry that he punches several holes in the wall and is beside himself with fury for days. Here, Igor’s response is presumably disproportionate, presumably because the intensity is off. The content of Igor’s anger is accurate (his silly roommate did eat all of those cookies), but the intensity is awry.

Next, consider Esmeralda. Esmeralda is also very angry, so angry that, like Igor, she punches several holes in the wall and is beside herself with fury for days. Esmeralda

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97 Even if emotions do not have representational content, my analysis will still work with mental states that do have representational content: say, beliefs.

98 Note that this distinction between content and intensity is similar (but not identical to) the distinction between “external reception” and “internal amplification” discussed by Kramer and Freedman. (Kramer, Listening to Prozac, pp. 103-104, and Freedman, “Aspirin for the Mind? Some Ethical Worries About Psychopharmacology,” pp. 135-136).
is not angry about cookies; Esmeralda is angry that her roommate stole $5,000 from her. However, the fact of the matter is that Esmeralda’s roommate did not steal $5,000 from her. The $5,000, in fact, was simply misplaced by Esmeralda herself. Thus, Esmeralda’s response is presumably disproportionate, presumably because the accuracy is off. Here, the content of Esmeralda’s anger is inaccurate (her roommate did not steal $5,000), but, given that it has this content, the intensity is perfectly appropriate.

So both Igor’s and Esmeralda’s responses are disproportionate, although they are disproportionate in different ways. According to Disproportionality, then, it is not morally problematic to directly manipulate either Igor’s or Esmeralda’s anger. I will now argue that: 1) it is morally problematic to directly manipulate Esmeralda’s anger (and other cases of mental states with inaccurate content), and 2) it is morally problematic to directly manipulate Igor’s anger (and other cases of mental states with inaccurate intensity). That is, I will argue that neither type of disproportionality (neither the “inaccurate content” type nor the “inaccurate intensity” type) is sufficient to render direct manipulation of mental states morally innocuous. Therefore, I will conclude that Disproportionality is false.

How does this apply to Lucy? It is unclear whether Lucy’s reaction is more like Igor’s or Esmeralda’s—that is, whether it is disproportionate due to inaccurate intensity or due to inaccurate content.99 However, if my considerations (that it is morally problematic to directly manipulate either type of disproportionate mental state) succeed, then it doesn’t matter which camp Lucy’s response falls into: it is, either way, morally problematic to directly manipulate.

99 Freedman, for example, thinks Lucy’s reaction is disproportionate due to inaccurate content, and that, because of this, “we have a basic commitment to addressing it with insight and understanding” (Freedman, “Aspirin for the Mind? Some Ethical Worries About Psychopharmacology,” p. 145). She very strongly implies that if Lucy’s reaction were due to inaccurate intensity, however, then there would be no problem with directly manipulating it. Levy also seems, at least at some points, to think that Lucy’s reaction has inaccurate content (although it’s not entirely clear that he’s using the content/intensity distinction I have described, so his position on the matter is not easily discernible). But whether or not Lucy’s reaction suffers from inaccurate content or inaccurate intensity, I hold that, either way, it is morally problematic for Lucy to directly manipulate it.
4.2.1 Esmeralda and content

Let’s start with Esmeralda. Again, our question is whether it is morally problematic to directly manipulate Esmeralda’s anger. The principle of Disproportionality dictates “no.” I suspect, however, that the strength of the intuition that underlies this answer draws its entire force from the (presumably very overwhelming) intuition that it is morally unproblematic to change Esmeralda’s anger. In fact, looking at Esmeralda’s situation, not only does it seem unproblematic to change her anger, it seems almost required. Esmeralda is suffering (that intensity of anger is not pleasant), and if she knew the truth, she could be mollified. This overwhelming intuition that changing Esmeralda’s anger is permissible and good, however, does not imply that changing her anger using any means possible is permissible and good. Thus, my claim is that any intuition here that appears to support direct manipulation (and therefore, to support Disproportionality) is almost certainly being confused with the intuition that supports change using methods like reasoning and appeals to evidence.

Furthermore, it seems outright wrong to hold that inaccuracy of content as such could morally warrant direct manipulation. All of us have a profusion of mental states with inaccurate content (I believe that taking Wormwood Rd. is the shortest way (it isn’t); I’m happy that the hats are on sale (they aren’t); etc.). And we certainly wouldn’t say, I assert, that changing all of such mental states with drugs, injections, brain stimulations, or the like (if that were even possible) is morally innocuous. I am arguing via reductio here, and I take it as given that the conclusion (“it is morally unproblematic to directly manipulate all of our mental states with inaccurate content, just in virtue of the fact that they have inaccurate content”) is indeed absurd. Thus, I conclude that inaccuracy of the content as such does not warrant direct manipulation, contra Disproportionality.

4.2.2 Igor and Intensity

I have just offered two reasons to think there is no support for Disproportionality in Esmeralda’s case (and in other cases with inaccurate content). But what about Igor? Igor’s anger, recall, has content that is representationally accurate (his roommate did steal
the cookies), but an intensity that is inaccurate (resulting in several holes punched in the wall). "Now," asks the defender of Disproportionality, "shouldn’t we think this anger is perfectly acceptable to directly manipulate?" Levy thinks so, but I do not. In fact, I think there are a number of reasons to refrain from directly manipulating Igor’s mental state (and others like it); I will now describe these in turn.

**Reason #1: what is an “appropriate” intensity, anyway?: the epistemic worry**

When we consider Igor’s case, it seems, prima facie, that the intensity of his response is out of line with its content (and that therefore the intensity of his response is inaccurate): fury and punching holes in the wall certainly seem to be quite exaggerated reactions to the pilfering of cookies. But I’m not sure that we should be so confident in this assessment. To see this, first think about what would count as an accurate intensity in the first place. Slightly milder fury? Moderate anger? A glimmer of annoyance? Nothing? Although we may find it easy to blurt out a ballpark answer (perhaps mild anger), it’s clear that our answers depend at least partially upon potentially morally irrelevant factors—for example, the norm for our cohort in our culture at a particular historical moment. Consider mourning: what is the “right” amount of time to mourn the death of a loved one? The DSM-IV provides one answer for us (no more than two months\(^{100}\)), but clearly this answer is one that varies greatly across different cultures and historical periods. We can even tell a story about how Igor’s response may seem perfectly reasonable in a different cultural or historical context. This context, for example, might place colossal value on fairness and individual rights of ownership, and it might be that being a victim of any violation of these virtues (even one with relatively minor consequences, such as the loss of cookies) would merit a very severe reaction indeed.

This is where our current discussion of self-objectification as one ethical worry about antidepressants dovetails with another major ethical worry about antidepressants:

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namely, that antidepressants may cloud our moral (or other) perceptions, and, in doing so, may “numb” us to unfortunate and unjust external circumstances.\(^{101}\)

Take Lucy. Imagine, for the sake of the present discussion, that the disproportionateness of her reaction stems from a failure of intensity. In other words, imagine that she represents the situation with her boyfriend accurately; say the situation is that her boyfriend loves her but is mildly aloof. Upon initial inspection, we would not think that mild aloofness would warrant “pain for days.” However, it could be that her boyfriend really should pay a great deal more attention to her, but that, because we live in a society where independence is highly valued (and where women are presumably socialized to expect and put up with a certain amount of aloofness from men), we consider her response disproportionate.

Or consider two slightly cleaner (although perhaps somewhat over-used) cases: a landowner in the antebellum South experiences “pain for days” when he thinks about his neighbors owning slaves, or a housewife in the 1950s experiences “pain for days” when her husband mandates that she take on 100% of childcare responsibilities. In the context of the antebellum South, the landowner’s response would certainly have been deemed to have an inaccurate intensity (it would have clearly seemed too intense), and the same would be true of the housewife’s response in the Fifties. Today, however, their responses would not seem to suffer from inflated intensity at all.

These are all examples (Igor, Lucy, the landowner, and the Fifties housewife) where an initial pronouncement of a mental state’s intensity as inaccurate or inappropriate turns out (we may now think) to be mistaken. Because of this, I claim there is a real epistemological difficulty in ascertaining what counts as an appropriate intensity. In other words, using the distinction between accurate and inaccurate intensity is not a reliable way to sequester a subset of mental states as “undeserving of respect.” Because of this lack of reliability and the attendant risk of directly manipulating a mental state that

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\(^{101}\) For example, see Parens, “Kramer’s Anxiety,” Hansen, “Affectivity: Depression and Mania,” and The President’s Council on Bioethics, *Beyond Therapy: Biotechnology and the Pursuit of Happiness.*
is “deserving of respect,” I claim that it is morally problematic to directly manipulate a mental state on the basis of apparent inaccuracy of intensity.

Reason #2: what is an “appropriate” intensity, anyway?: the metaphysical worry

Alternately, there might be a problem that runs deeper than the epistemological one just discussed. There may simply be no fact of the matter about which intensity would count as appropriately “matched” to a particular content in the first place. That is, there might not even be such a thing as an “appropriate” intensity to begin with. After all, it’s not as though events and objects in the external/natural world are clearly “tagged” with some sort of guide that tells us what the appropriate intensity of human reaction to them is. And note that this may be the case even if we embrace certain naturalistic metaethical theories, and believe that things like value and normative facts are fundamentally natural (or, loosely, are “out there in the world”). Since, even if value is “out there in the world,” it isn’t necessarily the case that what counts as an appropriate reaction to that value is also “out there in the world.”

Thus, there may be a fact of the matter that stealing is wrong, or that being an aloof boyfriend is wrong, but this does not imply there is also a fact of the matter about what counts as appropriate reactions to these (objectively bad) moral failures. For example, say there is a fact of the matter that stealing is wrong. What can we conclude from this about the appropriate intensity of our reaction to stealing? Is the appropriate reaction one of cool disapproval? Or intense anger? There simply may not be a correct answer. If this is indeed true, a distinction based on “appropriate” intensity would completely lose its grounding.

I will remain agnostic about whether there is a fact of the matter about appropriate intensity, or whether we simply encounter serious epistemological difficulties in determining the correct intensity. Either way, I maintain, direct manipulation of mental states on the basis of their intensity is morally dubious.
5. Lucy’s Case and Disproportionality

How does all of this apply to Lucy? As mentioned earlier, it is not obvious whether Lucy’s reaction is disproportionate due to inaccurate content, or whether it seems disproportionate due to inaccurate intensity. However, because I have argued that neither type of disproportionality is sufficient to render direct manipulation morally innocuous, the results of the classification of Lucy’s reaction don’t matter, at least not for the moral question at hand. That is, no matter what makes a mental state disproportionate (that is, whether it has inaccurate content or has purportedly inaccurate intensity), I maintain that it is morally problematic to directly manipulate it. Thus, Levy’s distinction does not succeed in “earmarking” certain mental states as ones that can be directly manipulated without moral consequence. Therefore, I maintain, even though Lucy’s reaction may indeed be disproportionate, she still self-objectifies in a morally problematic way by choosing antidepressants over cognitive-behavioral therapy.

6. Objection 1: Disproportionality is Not the Right Distinction to Begin With

Now, an objection to my considerations above against Levy’s distinction could be waged as follows:

Objection 1: Disproportionality is not the correct distinction in the first place. What is important when considering the moral implications of direct manipulation is not the disproportionality of the mental state as such, but why it is disproportionate. Specifically, the distinction between those states whose direct manipulation is morally innocuous and those whose direct manipulation is morally problematic is that the former have “arbitrary factors” in their causal histories, and the latter do not.

What is an “arbitrary factor?” Consider the following example (this example happens to concern Esmeralda, but we could easily concoct one that concerns Igor instead). Say that Esmeralda has a genetic predisposition to mistrust people without reason (let us imagine this is possible; it may or may not be), and thus to form emotions with correspondingly inaccurate contents (such as her anger that her roommate stole

102 As per the above discussion about Igor and intensity, it may be that Lucy’s reaction is not, strictly speaking, disproportionate, but it only seems that way.
$5,000 from her). The arbitrary factor in this case is the complement of genes that constitutes her genetic predisposition. Thus, "arbitrary factor" refers to a factor that has nothing to do with the "real world" event that the mental state in question is about. Arbitrary factors include things like a fluctuation of hormones, a certain mutation in a certain gene, a stroke, or a virus, since these all tend to function independently of various "real-world" triggering events.

I present two responses to this "arbitrary factor" objection.

*Response 1

First, I want to insist that the ability of a mental state to confer a higher moral status on the being who possesses it is independent of this mental state's causal history. According to my definition of "objectification," mental states and other mental features are what separate non-mere objects from mere objects. The presence of such mental features alone (I have stipulated) confers a special moral status on non-mere objects. The peculiarities of the causal histories of these mental features are irrelevant.

It is not unprecedented or strange to think that causal history is unconnected to current moral status. This is perhaps even more clear when we think about an "entire" non-mere object: a person. Persons have a lot of "arbitrary factors" in their causal history (chemicals influencing which sperm meets which egg, etc.), and we certainly assume that persons have a special moral status. So, I think there is a sharp distinction between a mental state's causal history and the moral ramifications of our current treatment of it. Or, at very least, it seems that the burden of proof is on those who want to claim otherwise.

*Response 2

Furthermore, it is important to realize that all (or virtually all) of our mental states have something "arbitrary" in their causal history. In Esmeralda's case, the presence of an arbitrary factor happens to be especially noticeable, since she has (we are stipulating) a genetic predisposition obviously related to her anger. But of course this doesn't mean
that arbitrary factors are absent from the causal histories of other mental states, even when these factors are not especially conspicuous.

Consider a random mental state, such as a brother’s belief that his sister is enjoying the concert. Clearly, this belief is partially caused by the sister’s behavior (enthusiastic cheering). But an intermediary causal link between her behavior and the brother’s belief contains both 1) the brother’s perception of her behavior, and 2) the brother’s interpretation of this perception. And both the perception and the interpretation will be partially caused by an enormous host of factors. Here are a few examples: a) the brother’s emotions and/or moods at the time (if he is excited by the show he may be more likely to perceive his sister’s actions in a positive light), b) the brother’s ability to empathize with his sister and to genuinely understand how she is feeling, and c) the brother’s beliefs about himself (whether he is good company, etc.). It’s not difficult to see that (a) can be partially caused by arbitrary factors: we know that one’s circadian surges in hormones, for example, can clearly influence moods and emotions. (b) can likewise be caused by arbitrary factors too, although it need not be (there may, possibly, be some genetic contribution to the ability to empathize,103 and the utilization of this ability is likely also influenced by hormones, etc.). And (c) is another belief that is also almost certainly partially caused by moods and emotions, and therefore (following the reasoning for (a)) also has some arbitrary factors in its causal history.

Thus, I maintain that all or most of our mental states include at least some arbitrary factors in their causal histories. Unless we think it is completely fine to directly manipulate all or most of our mental states (and I assume we do not), the presence of an arbitrary factor in a mental state’s causal history is not sufficient to render direct manipulation morally innocuous, and it is not sufficient to render mental states any less “deserving of respect.” Thus, the new distinction proposed by my objector (the one based on arbitrary factors) fares no better than the original distinction (Disproportionality).

103 This is far from established. I mention it only as a possibility (it is not hard to imagine how genes could play at least a small role in our ability to empathize with others).
7. Objection 2: It Seems Incorrect to Say that Lucy is Devaluing Herself

In articulating what, exactly, is morally problematic about Lucy’s act of self-objectification with antidepressants, I concluded that the moral failing lay in the fact that Lucy is, in a sense, devaluing herself. Specifically, she is devaluing herself via certain devaluing relations she takes towards certain of her mental states. But, an objector could point out, in choosing to take antidepressants, Lucy is demonstrating a great deal of value and respect for herself: she cares about how she feels and wants to alleviate her suffering. So how can I say that she is devaluing herself?

In response, I don’t deny that Lucy values herself in certain ways when taking antidepressants. I believe, however, that the sort of self-valuing she exhibits by taking an antidepressant to relieve suffering is compatible with the sort of devaluation that occurs when she self-objectifies—i.e. when she treats her mental states as the types of things that don’t “deserve” to be reasoned with. Clearly more work needs to be done on the notion of self-valuing, but I believe it’s prima facie plausible to think there are several different species of self-valuing, and that one can value herself in one way while devaluing herself in another, and that the latter devaluation is indeed still morally problematic.

8. Conclusion

Above, I evaluated the claim that Lucy’s choice to take antidepressants was self-objectifying, and that it was self-objectifying in a morally problematic way. (Again, “morally problematic” signifies that it possesses a wrong-making feature. It does not mean that it is always impermissible, all things considered). This claim is not new; Levy and Freedman (among others) have made and argued for it. However, I have expanded upon their work in a number of ways. First, I situated this claim in a larger context of work on objectification generally, and self-objectification specifically. I demonstrated that Lucy’s act counts as self-objectification on my definition (presented in Chapter 1), and I argued that Lucy’s act falls under (at least) one of the Nussbaum/Langton notions of objectification: that of (7) Denial of subjectivity.

104 And, importantly, not necessarily via any conscious devaluing attitude she holds towards herself.
After that, I took on the further task of attempting to explain exactly how Lucy’s act of self-objectification was morally problematic, drawing, again from my own definition and analysis of “self-objectification.” Levy and Freedman have done some work in this regard, but I have augmented it using the specific features my definition offers—specifically, the emphasis on devaluing as a morally problematic act. Finally, I offered a number of reasons why I believe that Levy’s defense of the direct manipulation of some types of mental states fails. Specifically, Levy maintains that, in the end, Lucy’s act is not morally problematic because we can make a moral distinction between those types of mental states she is directly manipulating and those she is not, and the ones she is directly manipulating do not “deserve” her respect in the first place. I advanced a number of arguments showing why I think that Levy’s distinction does not hold. In the end, I conclude that Lucy’s antidepressant consumption is self-objectifying in a morally problematic way, and that this is one (of many) considerations that should be taken into account when assessing the overall moral permissibility of antidepressant use.

In the next chapter, I switch gears to look at the moral dimensions of bioenhancement use generally. Note: even though antidepressants are one sort of bioenhancement, in this current chapter I haven’t been talking about them specifically in this way. Lucy, indeed, is either clinically depressed or somewhere close to it, so it is inaccurate to say she is using antidepressants for enhancement purposes. The next chapter is different also in that it does not address self-objectification specifically. Instead, it looks at the phenomenon of self-disrespect much more broadly construed.
Chapter 3

“I Love You, You’re Perfect, Now Change”: Bioenhancement Technologies and Self-Respect

1. Introduction

There are many ways in which we could be better: we could be more intelligent, more kind, more physically fit, more cheerful, and more productive. And there are many ways we can achieve these results, often thanks to novel biotechnologies: steroids, antidepressants, stimulants, cognitive enhancers, cosmetic surgeries, and others. For many people, the formula stops here: better equals good, and if a technology makes us better, it is therefore also good. However, this reasoning is obviously quite hasty, and many bioethicists (not to mention doctors, students, patients, and others who hear about the existence of bioenhancements) have argued that things are not so simple. In fact, many of us feel a vague moral unease about enhancing, but, when trying to articulate the exact moral problem, we often find it difficult to do so. Nevertheless, a number of different articulations have been offered, and many of these have been discussed extensively in the bioethics literature. In this paper, I will offer and argue for a new reason to worry about bioenhancement technologies: that bioenhancement technologies, in some cases and some senses, undermine self-respect.


106 Hereafter, I will use the terms “bioenhancement” and “enhancement” interchangeably. Bioenhancements are simply enhancements that target one or more aspects of an individual’s biology, and include things like genetic engineering, pharmaceuticals, and surgery.

107 More specifically, this worry is that bioenhancement technologies, in some cases and some senses, promote self-disrespect. However, I will often use the wording “undermine self-respect” instead of “promote self-disrespect” strictly for ease of exposition. I do not think that undermining self-respect and promoting self-disrespect are equivalent, but I do hold that promoting self-disrespect is one way to undermine self-respect. Thus I feel justified in employing this substitution. As is I hope clear from the previous chapter and will become clear below, I do not in any way mean to imply that “self-respect” is unidimensional and that one can simply have more or less of it. I believe there are many varieties of self-respect and self-disrespect, and that one may be consequently simultaneously self-respecting in one way and self-disrespecting in
In arguing this, I will be undergirding one side of what I believe is a puzzling tension about the relationship between self-enhancement and self-respect: that is, *prima facie*, it is not obvious whether the use of enhancement technologies *undermines* self-respect or *promotes* it. On the one hand, it seems that enhancing is a way to extend and/or realize a pre-existing dissatisfaction with the self; *something*, after all, must be underpinning or driving the enhancement, and a likely candidate is a feeling of inadequacy, or an active lack of self-acceptance (i.e. the presence of self-disrespect). On the other hand, it seems that enhancing might be an act of self-love or "self-pampering": one's self-respect leads one to believe she deserves to be as good as possible, and is worth "perfecting," and *this* is what drives the act of enhancement.

I will have more to say about this tension throughout the paper. And, although my central aim is to argue that the "undermining side" of the tension is real and, as such, poses a worry for enhancement technologies, I will not deny that there are certainly some senses in which the other side of the tension (the "promoting side") holds as well. Thus, I will argue for my thesis (that, in some cases and some senses, enhancement technologies undermine self-respect, and that this undermining is a bad thing) with an appreciation of its placement in a larger context of the aforementioned tension, and an appreciation that there are indeed some ways in which bioenhancing also *promotes* self-respect.

The plan for this chapter is as follows. First, I will elaborate on what I mean by "enhancement," and will offer a very brief review of some classic objections to enhancement previously mounted by bioethicists (Sections 2 and 3). Then, I will elaborate on what I mean by "self-respect" and "self-disrespect," and will discuss, again briefly, when and why undermining self-respect is a bad thing (Sections 4 and 5). In Section 6, I come to my main claim, arguing that the use of enhancement technologies undermines self-respect in two different ways, and focusing this argument on one type of enhancement technology: cosmetic surgery. In Section 7, I discuss the "tension" of which this undermining claim is a part — specifically, I describe how there is a tension between the idea that enhancement technologies *undermine* self-respect, and the idea that another. I only mean that the type of self-disrespect that enhancing can promote is one way to undermine one type of self-respect.
they promote it. I offer some ways to conceptualize this tension and, in doing so, raise and respond to one objection to my main “undermining” claim. In Section 8, I integrate my discussions from the previous two sections, providing a “sum moral assessment” of enhancement technologies. Finally, in Section 9, I talk about how my preceding arguments, which primarily concern cosmetic surgery, can extend to other bioenhancement technologies.

2. Defining “Enhancement”

In order to examine the moral dimensions of the use of bioenhancement technologies, and the way in which these technologies can undermine self-respect, we need to say more about what counts as a bioenhancement technology in the first place. In this paper, I target bioenhancements as very broadly construed. These range from enhancements that may be available in the not-so-distant future, like genetic manipulation to dramatically increase life span or neurosurgery to selectively delete memories, to techniques that are currently available and widely used. These latter techniques include cosmetic surgery, antidepressants to enhance mood, and stimulants to increase attention [a recent study has indicated that, on average, 7% (and up to 25% at some schools) of college students use drugs like Ritalin and Adderall specifically for enhancement purposes]. Although in most of this chapter I focus primarily on one particular bioenhancement (cosmetic surgery), I believe what I say about it can, with some small limitations, be extended to other bioenhancements. I will talk about this possibility of extension towards the end of the chapter (in Section 9).

It is necessary to distinguish the above and other enhancements from other forms of modification. To do this, I will borrow Eric Juengst’s definition of “enhancement”: “[enhancements are] interventions designed to improve human form or functioning beyond what is necessary to sustain or restore good health.” In relying on this definition, my primary aim is to exclude cases that are quite clearly treatments of existing

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pathologies. Assuming there is some way to distinguish between treatment and enhancement, I will restrict my discussion to the latter.\textsuperscript{110}

3. Problems with Enhancement: A Brief Background

In arguing that enhancement technologies are problematic insofar as they undermine self-respect, I am building upon a long list of ethical and other worries previously put forth against bioenhancements. Although a detailed review of such objections to bioenhancement is not within the scope of this paper, I will briefly mention a few of the most influential:

\textit{The Easy Shortcut Objection}

This objection states that the use of enhancement technologies counts as an “easy shortcut” to certain results. That is, certain results are only deserved when they are achieved by a certain amount or a certain type of work. Enhancement technologies are morally suspect, the objection claims, because they aim to achieve these results while bypassing this necessary work. Martha Farah articulates this objection as follows: “A concern unique to enhancement is the moral objection to, in effect, gain without pain. Most people in our society feel there is value to earning one’s happiness, success, and so on.”\textsuperscript{111}

\textit{The Unfairness Objection}

This objection states that access to and ability to use enhancement technologies is uneven and that, therefore, those who are lucky enough to have this access (for example, those who are wealthy) and ability to use these technologies (for example, those who happen not to experience debilitating side effects from the use of the technologies) gain

\textsuperscript{110} The line between treatment and enhancement is notoriously difficult to draw, as can be seen from an extensive literature on this distinction alone. I hope to sidestep this debate, however, by focusing on cases that lie more or less uncontroversially in the realm of enhancement. My thesis, moreover, may be applied to cases of treatment as well, but I will not address this possibility in the present paper.

\textsuperscript{111} Farah, “Emerging Ethical Issues in Neuroscience,” p. 1125. Also see Schermer, “Enhancements, Easy Shortcuts, and the Richness of Human Activities.”
an unfair advantage in certain endeavors. For instance, those who happen to have financial access to steroids will gain an unfair advantage in sports competition. Or, those who happen to have a doctor who will prescribe Ritalin for off-label use will gain an unfair advantage in studying for and performing on their college entrance exams. One expression of this objection is from Erik Parens: “Those who already have economic resources will readily gain access to new technologies, and those new technologies will make them stronger competitors for more resources.”

My aim in this paper is to add the following objection to the list:

The Self-Disrespect Objection

This objection states that enhancement technologies, in some cases and some senses, undermine individuals’ attitudes of self-respect, and that this is a bad thing.

In order to establish this objection, I must do a number of things. I need to determine the relevant cases and the relevant senses of how the use of enhancement technologies undermines self-respect, I need to say what sorts of self-respect are at issue here, and I need to say how undermining self-respect is a bad thing. I also need to address the *prima facie* tension that I briefly mentioned earlier: a tension between the claims that the use of enhancement technologies undermines self-respect and that such use actually promotes self-respect.

4. Defining “Self-Respect” and “Self-Disrespect”

“Self-respect” has been defined in different ways by different people. On my initial construal, self-respect is, among other things, a positive attitude one adopts towards oneself. It is an attitude of approval, valuing, or recognition of worth. As a starting point, we can refer to Robin Dillon’s description of self-respect: “Self-respect,

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then, involves perceiving and valuing oneself as a being of genuine worth, someone whom others would have reason to respect." For the time being, I will use "self-respect" as a term that's neutral among a host of positive self-regarding attitudes: self-love, self-esteem, self-acceptance, etc.

5. Why and When is Undermining Self-Respect Bad?

Essential to my thesis is the premise that undermining self-respect is a bad thing. I will not say an overwhelming amount on this subject, even though I could; there is, elsewhere in the literature, significant discussion of the moral dimensions of self-respect. Instead, I will operate more or less on the assumption that self-respect is a basic good, and that any diminishment of it is therefore something bad. This assumption draws inspiration from John Rawls, who has provided one of the most influential contemporary discussions of self-respect. He says: "perhaps the most important primary good is that of self-respect," and offers some of the following as reasons: "without it [self-respect] nothing may seem worth doing...we sink into apathy and cynicism." I agree (and think it is fairly uncontroversial) that self-disrespect tends to bring with it a not insignificant amount of suffering. And it is also uncontroversial, I take it, that that suffering is a bad thing.

Dillon provides another articulation of the connection between self-respect/self-disrespect and morality:

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114 I realize that, in doing so, I am disregarding some pivotal work that has been done to separate out these and other notions (see, for example, Dillon (ed.), Dignity, Character, and Self-Respect). Latter on, I will offer my own preliminary and very partial attempts to tease apart different notions of self-respect.
115 Again, see Dillon (ed.), Dignity, Character, and Self-Respect.
117 Ibid.
118 Now, Rawls' conception of self-respect is broader than the one I rely on here, since it includes not only a recognition of one's own value, but also, among other things, "a confidence in one's ability... to fulfill one's intentions" (Rawls, A Theory of Justice, p. 440). So what Rawls says about the importance of self-respect may not apply exactly to the breed of self-respect at issue in this chapter. However, I take it that the spirit of his claims are still relevant.
... when we experience a profound and pervasive sense of ourselves as inconsequential, inadequate, worthless, not good enough, not as valuable as others, ... when living is like this, living well is impossible. And to the extent that living well is morally significant, then having a secure sense of worth is morally significant.  

Thus I will operate on the working assumption that undermining self-respect, or promoting self-disrespect, is indeed a bad thing.

There is an immediate concern here, however, and this is that it seems apparent that, in some cases, the undermining of self-respect (or the presence of self-disrespect) may actually be a good thing. Consider the following. An individual exhibits racist tendencies and behaviors even though she doesn’t want to. In fact, she disrespects herself for being racist. One might argue that her self-disrespect, in this case, is a good thing. Contrast this with a case where an individual disrespects himself for having a relatively large nose. Here, one might argue that this self-disrespect is a bad thing. In this paper, I will focus only on those cases that are like the latter. That is, I will assume that the self-disrespect in question is not deserved, or warranted, and is therefore a bad thing. In other words, I will concern myself with cases where the self-disrespect in question does not concern features that are obviously morally bad (like racism, misanthropy, etc.)

6. How Does Enhancement Undermine Self-Respect?

Recall that I am undertaking my project (establishing that enhancement technologies, in some cases and in some senses, undermine self-respect) within the context of a tension: that is, on the one hand they seem to undermine self-respect, and on the other they very much seem to promote it. Thus essential to my project is a specification of those cases and those senses in which I believe that enhancement technologies erode, or undermine, self-respect. To do this, I will start by adducing a fictional example. Imagine a woman named Brenna. Brenna has below-average sized

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119 Dillon, “Introduction,” p. 34.
120 Of course, there is a further question about how one determines what qualifies as “obviously morally bad.” I want to try to sidestep this question by avoiding border cases, and focusing on cases that concern attributes that are clearly not morally bad. I believe my argument can go through even with this restriction to these clear cases.
breasts. Brenna, furthermore, is extremely dissatisfied with the fact that her breasts are small. Additionally, Brenna defines herself and her worth by how she looks. That is, she considers her appearance (including her breast size) to be very central to who she is—she considers it to be an essential feature of herself. And because her appearance is so central to her self, and Brenna is so dissatisfied with her appearance, she is dissatisfied with her self as a whole. Brenna feels that, because of her small chest, she is somehow flawed, she is not acceptable as she is, and she is inadequate. In short, she disrespects herself because of her alleged flawed appearance. And, because of this, she avails herself of a particular enhancement technology: breast augmentation surgery.

The question here is whether, somehow, breast augmentation surgery promotes Brenna’s self-disrespect, and, if so, how.\textsuperscript{121} I will argue that it does, and that it does so in two different ways. First, however, a comment about my methodology is in order. Although Brenna is not real, I firmly believe that there are, indeed, real people who fit her description. If there is any doubt about this, a relatively brief perusal of message boards about breast augmentation should dispel it.\textsuperscript{122} Thus I am positing Brenna as an extreme, “limit” case, someone who represents at least some real people who enhance. However, I am assuredly not claiming that all enhancers are like her (much more on this to follow). Now, it is a further question as to just how many people are like Brenna in the relevant respects, and indeed, just how widespread the consequences of my present analysis are. This is a question that needs to be answered empirically, and this task is outside of the scope of this chapter. But, as long as I’m right that there are at least a few people like Brenna, then I believe it is worthwhile to develop my argument with respect

\textsuperscript{121} Recall that I am considering a promotion of self-disrespect to be one kind of undermining of self-respect.
\textsuperscript{122} For example: “I actually cry sometimes over having small boobs. It really kills my self esteem.” (http://www.experienceproject.com/stories/Have-Small-Breasts/337120) and “This is probably the millionth time I am thinking about my breast size. I am very desperate, very sad because I have small breasts. And I dont have the money, or the trust to go out and try all those products or techniques that claim to increase bust size... Has God made this a curse, and there is no way out of it?” (http://www.uncommonforum.com/viewtopic.php?t=8373&postdays=0&postorder=asc&start=0)
to her case. And I maintain that this procedure will lead to a successful identification of a legitimate concern about bioenhancements.

6.1 Enhancement undermines self-respect causally

Now, as I’ve described Brenna thus far, one may understandably be suspicious of the existence of any meaningful sense in which enhancement technologies can have a causal influence on self-respect or self-disrespect. This is because, in Brenna’s case, her self-disrespect is present long before she seeks out enhancement. So, unless we want to subscribe to the existence of backwards causation, Brenna’s own particular use of enhancement technologies must not cause her own attitude of self-disrespect. What is the connection, then, between the use of enhancement technologies and self-disrespect?

I do believe that there is a causal connection between the use of enhancement technologies and attitudes of self-disrespect, but not necessarily within a single individual. Specifically, I believe that the broad use and acceptance of enhancement technologies in the larger society can cause particular attitudes of self-disrespect in certain individuals. So we can stipulate, in the case of Brenna, that her feeling of self-disrespect was at least partially caused by the existence and widespread use of breast augmentation technologies in the society of which she is a part.123

Now, how, exactly, does the existence and widespread use of enhancement technologies in society cause self-disrespect in Brenna and others like her? First, when a certain technology is intentionally used as an enhancement technology, and is recognized in the broader society as enhancement, this conveys a broad societal message that the end result of this technology is better—that it is to be esteemed and valued. So, for example, acts of surgically inserting silicon breast implants as a means of breast enhancement signal that larger breasts are better and more valuable. By extension, this also conveys a broad societal message that smaller breasts are worse, less valuable, etc.124 So, because

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123 Recall: many individuals will not be like Brenna in this (or other) respects. However, I stipulate Brenna’s case with the confidence that it accurately describes at least a few individuals, along with a strong suspicion that it extends to a substantial number of cases beyond this.

124 Of course, the use of breast augmentation enhancement technologies is not by any means the only signal that larger breasts are better and more valuable; there are plenty of other things.
breast augmentation is used by so many individuals as a form of enhancement, this sends a cultural message that larger breasts are valuable, smaller breasts are not as valuable, and that those with smaller breasts may be inadequate or lacking. Of course, not every individual in the society in question makes this string of deductions (either consciously or unconsciously), and my claim is clearly not that these deductions are correct. My claim is only that many individuals do, in fact, acknowledge and accept this message, and that this can lead to increased self-disrespect for those individuals with the devalued trait in question.

Second, not only does the use of enhancement technologies qua enhancement technologies signal what is desirable and, by extension, what is less desirable, but the more people who enhance, the more the average value for the trait in question will be shifted. So, the more people who undergo breast augmentation, the larger the average breast size in a certain population becomes. And therefore any given individual who, before the advent of breast augmentation, had average-sized breasts, now will have below-average-sized breasts. Because of this “raising the bar” phenomenon, individuals who are prone to disrespect themselves because of their small breasts will now be more likely to do so.

So the broad use of enhancement technologies can both 1) help designate certain traits as desirable and certain traits as not, and 2) make it the case that, on average, certain individuals’ traits will be less desirable. In sum, these are two ways in which the broad use and acceptance of enhancement technologies in the greater society can help cause self-disrespect in certain individuals. But there is another sense in which enhancement technologies may undermine self-respect, and this is a constitutive (rather than causal) sense. I will discuss this now.

6.2 Enhancement undermines self-respect constitutively

Even though a given act of enhancement (say, Brenna’s breast-augmentation surgery) does not retroactively cause a particular attitude of self-disrespect in the generating this societal message. I believe that the use of breast augmentation enhancement technologies is, however, one among many such causes.
individual who is enhancing, I believe it contributes to self-disrespect in a different, non-causal way: it itself counts as an instance of that individual’s self-disrespect, it is an act of self-disrespect. That is, in an individual who disrespects herself because she has a certain feature, changing this feature may, I believe, be classified, among other things, as an act of self-disrespect. I think it is helpful to think of this relationship between the use of enhancement and self-disrespect as a constitutive one as opposed to a causal one.

Now, respect and disrespect are typically thought of as attitudes, so it may seem peculiar to classify acts of enhancement as “acts” of disrespect. However, I think this classification is appropriate. It is not entirely without precedent; for example, insulting, ignoring, and interrupting all ostensibly are actions that (sometimes) count as acts of disrespect. For instance, one may harbor an attitude of disrespect towards another individual, and this disrespect may be further realized as an act of, say, verbally insulting that individual. Here, I think it makes sense to classify this act as an act of disrespect. Another, more distant, analogy is anger. If I am angry, slamming the door may count as an act of anger. This is the spirit in which I claim that acts of enhancement can count as acts of self-disrespect.

*The constitutive relation is limited: not all acts of enhancement are acts of self-disrespect*

In describing this second type of relation (the constitutive relation) between enhancement and self-disrespect, it’s important to emphasize that not all acts of enhancement are acts of self-disrespect; the relation is only constitutive in some cases. The analogy with anger applies here too. There are certainly cases of door-slamming that are not instances of anger (the door may be sticky and require slamming to shut properly). I believe Brenna’s case, however, is a case where the constitutive relation holds. Brenna disrespects herself because of her breast size, and her action of undergoing cosmetic surgery is a realization of this negative attitude. Thus, it is an act of self-disrespect.

125 It may also be classified as an act of self-respect; hence, the “tension” I mentioned earlier. More will be said about this tension shortly.
In contrast to Brenna's case, there may be many acts of enhancement that do not count as acts of self-disrespect (or, for that matter, as instances of self-respect). One example is a brunette who dyes her hair blond on a whim, or for fun, and who does not disrespect herself for having brown hair. Clearly, for this hair-dyeing individual, her act of enhancement (dyeing her hair blond) does not count as an act of self-disrespect. My claim is only that, when enhancement is undertaken to correct a perceived flaw, and this flaw is such that the individual in question disrespects himself in virtue of possessing this flaw, then the act of enhancement is an act of disrespect.

There are a few "telltale" factors that render acts of enhancement exempt from the self-disrespecting species I have attributed to Brenna, and reviewing these factors will help us get a clearer picture of the extent of the connection between enhancement and self-disrespect. Each of the following three factors, what I will refer to as "disqualifying factors" are meant to be roughly sufficient to render an act of enhancement not disrespecting. Note that this list is not meant to be exhaustive.

*Ways in which the constitutive relation may fail to hold*

Disqualifying factor (1): *The trait in question is not central to the self*

First, it may be that the individual in question doesn't place much value on the trait being enhanced. He may externalize it, and, as a result, fail to appeal to it in considerations of his self-worth. For example, someone may be a terrible basketball player, but if this is something that she has no interest in whatsoever, and believe is in no way definitive of who she is, presumably this doesn't affect her self-respect in the least. Accordingly, if she undertakes an act of enhancement of this trait, I don't believe this act is constitutive of self-disrespect (or, for that matter, of self-respect). Furthermore, an individual could even care about and identify with the trait in question a considerable amount, but not so much that dissatisfaction with the trait affected dissatisfaction with herself. Indeed, many people may be unhappy with certain features of themselves, but

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126 Now, in this situation it may be puzzling why the individual undertakes to enhance this trait in the first place, but her motivation could be for purely pragmatic, opportunistic, or other reasons (more on this below).
not to the point where this actually affects their self-respect as a whole; they may respect themselves while simultaneously disrespecting a feature of themselves. 127

Disqualifying factor (2): The individual enhances for reasons unrelated to self-respect.

Clearly, individuals may engage in enhancement for reasons other than dissatisfaction with themselves. As mentioned above in the hair-dyeing example, an individual may not disrespect herself at all for having brown hair, and may not even disrespect brown hair, but may undertake hair-dyeing “just for the fun of it.” Or an actress may fully respect herself, and may earnestly believe that her below-average size breasts are perfectly acceptable. But she may also know that she would be more likely to succeed in Hollywood were she to enlarge her breasts, so she elects breast augmentation surgery for purely opportunistic reasons.

Disqualifying factor (3): The individual respects her natural capacity to improve the trait in question.

Imagine an individual who enhances her violin playing ability by practicing arduously, or a student who enhances her cognitive skills by doing extra chemistry problems. These individuals need not be disrespecting themselves for their current (we will assume relatively low) level of ability, and thus their acts of enhancement need not be instances of disrespect. This could be for the reasons (1) and/or (2) above, or it could be for a third reason: because they have a respect for their natural capacities to play the guitar or solve chemistry problems. Here is how I am distinguishing abilities and

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127 Interestingly, this scenario may look different (in some instances) in the case of the causal connection between the broad use of enhancement technologies in society and feelings of disrespect in individuals. Here, individuals who originally don’t identify with or care about, say, the size of their breasts, may in fact be swayed to care more about this feature after witnessing the broad use and acceptance of breast augmentation surgery. In fact, this might be a third way (in addition to the two I have already described) that such a causal relation might hold. The effect is roughly that of encouraging individuals to focus on and/or worry about features of themselves that they originally might have not deemed important. Again, I certainly do not want to claim that this happens to everyone, or even most people, but presumably it happens to at least a few.
capacities. Roughly, abilities are what one currently possesses, and capacities are potentials one has to realize new or improved abilities in the future. Presumably when it comes to skills, each of us has 1) a current level of ability, and 2) a natural capacity to reach a higher level of ability. Thus, even though someone may not be particularly happy with his current level of ability, he may be very proud of (what he believes is) his natural capacity to reach a high level of ability. For example, I know I am not currently the most stellar arithmetician, but what I consider important to myself is my natural arithmetic capacity, which I suppose is rather good. Thus I respect myself for this natural capacity, and my efforts to realize it (particular enhancement efforts) are therefore not self-disrespectful.

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The above three considerations are provided in the interests of full disclosure, and are meant to show that there are a number of possible situations where the constitutive link between enhancement and self-disrespect will not hold. Nevertheless, I firmly believe that there are some examples where none of these disqualifying factors apply. And my aim is only to establish the argument for these particular cases (and, as I mentioned above, I will leave it to empirical inquiry to determine just how widespread such cases are). So, returning to Brenna, we can see that she, indeed, is one of the cases where the disqualifying factors do not apply. First, we know she values breast size greatly and holds it as central to her self, so she does not meet disqualifying factor (1). Second, we know she has an already-standing attitude of disrespect due to her breast size, and is enhancing out of a grave dissatisfaction with her body and herself, and not for opportunistic reasons. So she does not meet disqualifying factor (2). Finally, we know she does not respect her “natural capacity” for bigger breasts (since she is an adult, her breast size has reached its full “natural capacity”). Thus she does not meet disqualifying factor (3).

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128 I am making a rough and ready distinction between the two for the sake of brevity. This is not to deny that the matter is complicated, and that substantial work has been done on it.
Thus it seems Brenna qualifies as enhancing in a self-disrespectful way. But we have yet to resolve the deep-seated tension, namely, that it seems equally apt to describe her act of enhancement as one of self-respect. I turn to this tension now.

7. The Tension

Thus far, I have made a case that the use of enhancement technologies, at least in some instances, undermines self-respect. But I recognize that the relationship between enhancement and self-respect is not altogether simple, and that one could make the opposite case that enhancing might actually promote or otherwise support self-respect.\(^{129}\)

At this point, I will more thoroughly explore this "tension" and attempt to offer some preliminary insight into what is happening. I will maintain that my arguments above supporting the "undermining" ("self-disrespecting") side of the tension still hold, but that there are nevertheless other ways in which the "promoting" ("self-respecting") side of the tension is in play as well. Note: in this exploration, I will be restricting my remarks to Brenna and to cases that are like her in the relevant respects—that is, cases where the individual is indeed enhancing out of self-disrespect, and that are not excluded according to one or more of the three disqualifying factors above.

Now, what is the motivation behind this "promoting" side of the tension: i.e. behind the claim that enhancement technologies may promote self-respect? Recall that, when I briefly mentioned this side of the tension earlier in the paper, I appealed to the idea of "pampering" and "deserving the best." That is, maybe enhancement is an expression or form of self-love: I enhance because of my attitude that I deserve to reach perfection, or because I believe I am worthy of improvement.

So what is going on here? How might we resolve this tension? There are a number of possibilities for understanding what is happening. For example:

\(^{129}\) Note: this opposite case, and the tension in general, is meant to apply to my constitutive claim about enhancement being an instance of self-disrespect; this tension is not, on the face of it, directly relevant to my causal claim. Of course, it could be that the broad use and acceptance of an enhancement technology causes attitudes of self-respect in those individuals who have the qualities that the enhancement aims towards, but this is not the sense of "promoting self-respect" with which I am concerned here.
1. The enhancing individual could be respecting her future self but disrespecting her present self.

2. The enhancing individual could be respecting her ideal self but disrespecting her actual self.

3. The enhancing individual could be respecting "how she feels" but disrespecting "who she is."\textsuperscript{130}

7.1 (1) and (2)

First, let's focus on (1) and (2), and think about how they apply to Brenna. Brenna, I have claimed, disrespects herself for having small breasts. Presumably, however, she will respect herself after her breast augmentation procedure. This is because, in her case, the sole cause of her self-disrespect is her small breast size,\textsuperscript{131} and this smallness will no longer exist after the procedure. Thus, given that we have some intuitive grasp on the concepts of the present, future, actual, and ideal self, it makes sense to say that Brenna respects her future (post-surgery) self but disrespects her present (pre-surgery) self, and respects her ideal (big-breasted) self but disrespects her actual (small-breasted) self.

Now, it’s clear that what’s at issue in this tension (at least in formulations (1) and (2)) is the relevant sense of “self” in “self-respect.” Ostensibly, if we can locate one relevant sense of “self” in “self-respect,” this will allow us to ascertain whether Brenna, is, ultimately, self-respecting or self-disrespecting (or both or neither). That is, it might be that some senses of “self” “outweigh” others when we are ascertaining Brenna’s act of enhancement. And if the ideal or future self is the sense of self we should be looking to, instead of the present or actual self, then my thesis that enhancements undermine self-respect seems to be on shaky ground indeed. This general line of reasoning is, in fact, the

\textsuperscript{130} This formulation of (3) is admittedly quite vague, and I will say more about what I mean by (3) shortly.

\textsuperscript{131} Recall that Brenna considers her appearance and her breast size to be very central to her self, so if she disrespects her breast size, she disrespects her self.
basis of one objection to my thesis, an objection I call “The DeGrazian Objection.” I will say more about this objection now.

7.1.1 The DeGrazian Objection

The form of the DeGrazian objection is as follows. It might seem that, in focusing on the present self and actual self in arguing that enhancement undermines self-respect, I have been somehow *privileging* the present and actual selves as the relevant senses of “self” in “self-respect,” and, in so doing, have been relying on antiquated and inaccurate models of the self. More specifically, it might seem that I have been fallaciously supposing that the self is stagnant, fixed, and unchanging, or that it cannot, in some sense, be a product of its own creation. In a separate body of literature about enhancement and authenticity (distinct from but related to my main concern about the relationship between enhancement and self-respect), David DeGrazia articulates this worry about the temptation to facilely rely on outdated notions of a “stagnant self.” DeGrazia, referring to reasoning not dissimilar from my own, says:

> It suggests, misleadingly, that the self is given as a largely fixed, unalterable entity. This static model of the self fails to recognize, or at least respect, the sort of self-creation in which we deliberately change *ourselves* — or, more specifically, our personality, character, or abilities.

So the concern is that the relevant sense of “self” in “self-respect” is a self that 1) is changing, and 2) can be a product of its own creation. And, furthermore, the concern is that if this is really the relevant sense of “self” in “self-respect,” then my previous claims about enhancement undermining self-respect are in danger, because these claims presuppose a different, opposing sense of self (i.e., a self that is stagnant).

*Response to The DeGrazian Objection, take 1*

As a preliminary, I wish to state that I do not deny that the self is changing, nor do I deny that it can be a product of its own creation. In fact, stating that the self is changing and can be a product of its own creation is not saying anything I haven’t said already. On

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the contrary, in focusing on the phenomenon of enhancement, of course I have been assuming that the self changes and that, furthermore, it can mastermind its own creation. This is just what self-enhancement is.

However, in order to respond more fully to the DeGrazian objection, more needs to be said specifically about how the self can "be a product of its own creation." This is because there is a different sense of "self-creation," a sense that is not addressed in my response directly above. To understand what this second sense is, contrast it with the sense that is addressed in my response above: in this first sense, one creates oneself by taking steps to enact certain changes in herself. For example, Brenna has say over who she is by undergoing breast augmentation surgery, thereby making it the case that her breasts are larger. My response to this type of self-creation was just stated: to say that the self can create herself in this way is not to say anything new. It is this sense of "self-creation" that is typified by the very practice of enhancement.

But here is the second sense of "self-creation": one can self-create by defining oneself in a certain way; that is, one gets to have some "special say" about who she "really" and "truly" is; she is the author of her "true self." And, furthermore, it might be that this "true self" is what counts as the relevant sense of "self" in "self-respect." The concept of the "true self" has done many different types of work in many different contexts, and I will not do justice to its multifarious meanings here. Instead, I want to rely on a basic, pre-theoretical idea of the true self as the "authentic self," or "essential self," or "the self that counts," or "the self the individual really is."

An example will help clarify how this second sense of "self-creation" can work. Consider a different individual: Jeremy. Jeremy is a high-school student who excels in hockey, chemistry, cooking, and telling jokes. Someone who knows Jeremy might define his "true self" as a hockey-player, chemist, cook, and comedian. But Jeremy may not identify with himself as a hockey-player or comedian—these are both things he tends to do, and has done for a while, but he doesn’t particularly value them, nor does he really see himself as the type of person who is, truly, a hockey-player or a comedian. So, in determining Jeremy’s "true self," it seems imminently reasonable to give his own definition of his true self special weight. For Jeremy, I think we are inclined to say that
his true self is a chemist and a cook (and not a hockey player and comedian). This is what it means for an individual to self-create by defining himself (more specifically, his "true self") in a certain way.

Given that we grant this power of one's definition of oneself to carry special weight, what does this mean for cases of enhancement like Brenna's? For Brenna, couldn't it be that she simply defines herself as bigger-breasted, and that, therefore, her true self is bigger-breasted? And, if so, wouldn't her breast augmentation procedure then simply be a procedure that helps her realize her true self, and not one that disrespects it? If this is right, then it would then seem that my original claim that acts of enhancement count as instances of self-disrespect would be false.

*Response to The DeGrazian Objection, take two

My first response is that this possibility of "self-definition" cannot be applied to Brenna in this way. Those theorists who posit a "self-definition" theory of the self (and I am speaking primarily of those who support a narrative theory of the self133) do not allow that there are no limits whatsoever on self-creation via self-definition. In fact, they would (most likely) say that just because Brenna believes she has large breasts certainly does not make it the case that she has large breasts, or that her "true self" has large breasts. Instead, self-definition theorists allow that there are reality constraints on self-definition, and that the power of self-definition resides primarily in the ability to determine which traits are most important, not what the traits are like. Jeremy is a case in point. Jeremy's beliefs about himself dictate, according to the self-definition theorist, how important cooking and chemistry are in relation to hockey and joke-telling in determining his true self, but they do not dictate whether he is a good or bad hockey player, cook, chemist, or comedian. Similarly, Brenna's belief that breast size is a very important part of her self dictates (according to the self-definition theorist) that it is an important part of her self, but it does not, on its own, determine that she has larger breasts, or that somehow her "true self" is larger-breasted.

133 For instance, Schechtman (The Constitution of Selves), and DeGrazia (Human Identity and Bioethics).
7.1.2 The DeGrazian Objection, take 2: Geraldine

So, if what I’ve said above about “reality constraints” is correct, the self-definition theory of the self does not jeopardize my claim that enhancement counts as self-disrespect in cases like Brenna’s. However, my above response may be too hasty. This is because one can think of examples where reality constraints are violated, yet one’s self-definition nevertheless really does seem to have the power to dictate what someone’s true self is really like (and not just what traits are important in determining that true self). Here, I am thinking primarily of some examples of transsexuals, where an individual truly believes, in a very deep and robust way, that he (or she) is a different sex.¹³⁴

Consider the case of an (imaginary but representative) individual whom I call “Geraldine.” Geraldine is biologically male, and identifies strongly as a female. For as long as she¹³⁵ can remember, Geraldine feels that she “has been trapped in the wrong body,” and ardently believes she is a woman. In Geraldine’s case, it really does seem like her self-definition carries enough weight to dictate that, in an important and fundamental sense, her “true self” is a woman. That is, in Geraldine’s case, it seems that the self-definition theory actually allows that her self-definition can dictate what she is like (she is female), and not just what is important to her (her sex). So why can’t we say the same of Brenna?

*Response to The DeGrazian Objection, take three

I think the relevant difference between Brenna and Geraldine is that Geraldine believes she is (truly) a woman, whereas Brenna merely wants to be bigger-breasted. In her heart of hearts, I imagine, Brenna does not really believe she is (truly) bigger-breasted. That is, I think there is something importantly different in the phenomenology

¹³⁴ Although transsexualism is not the only such example. Another one that comes to mind is self-demand amputeeism (what is also known as Body Integrity Identity Disorder), where individuals with all four limbs deeply and robustly believe that their true selves are lacking a leg or an arm, or both. Often, they feel “trapped in the wrong body.” See Bayne and Levy, “Amputees by Choice: Body Integrity Identity Disorder and the Ethics of Amputation.”

¹³⁵ I will refer to Geraldine as “she” out of respect for her self-definition.
of Brenna’s and Geraldine’s attitudes toward their post-surgery selves, and this is what makes a difference in how we answer the question of what type of potency they have in self-creating via their self-definition. Because Geraldine’s identification with and view of her true self as a woman is so strong and so extraordinary, it seems (I submit), that it should be sufficient in making it the case that her true self is a woman. In contrast, when Brenna thinks about her bigger-breasted self, I think it is unlikely that she feels that it is truly her self in the way that Geraldine feels that her female self is truly her self.

Of course, in considering this response, we need to recall that I have stipulated the case of Brenna from the start, and so of course I can also stipulate that she does not truly identify with herself as bigger-breasted. But I offer this description of Brenna in the spirit of plausibility. I think it is likely that most women like Brenna simply desperately want to be bigger-breasted without deeply identifying with themselves (in a strong and robust way like Geraldine) as bigger-breasted. This is not to say, however, that there are no cases of women who deeply identify with themselves as bigger-breasted. I acknowledge that the line between 1) one’s ideal self, and 2) one’s true self, can get quite fuzzy. That is, it may be that someone like Brenna wants bigger breasts so badly, and has wanted them for so long, and detests her smaller-breasted self so much, that she, in some sense, believes that her bigger-breasted self is her true self.

My ultimate aim is not to adjudicate, definitively, the line between the ideal self and true self. I will simply allow that there can be two different categories of women: 1) women like Brenna who simply very much want bigger breasts, but do not truly believe that their true selves are bigger-breasted (and who therefore have not successfully defined their true selves as bigger-breasted), and 2) women who deeply identify as bigger-breasted, in the same way that Geraldine identifies as female (and thus who, let us say, have successfully defined their true selves as bigger-breasted). Consider the first category. It is enough for my argument, I believe, that there are at least some women who fall under this category. For these women, in the end, the DeGrazian objection does not succeed. I contend that they are still self-disrespecting in a sense. Because they do not succeed in defining and therefore constituting their true selves as bigger-breasted selves, their true selves are smaller-breasted, and are thus disrespected.
Now, what about the women in the second category who have successfully defined their true selves as bigger-breasted? For these women, the relevant sense of “self” in “self-respect” is a bigger-breasted self, so there is, officially, no self-disrespect going on. So, for this second class of women it seems I must concede that my argument linking enhancement technologies and self-disrespect does not hold. I am perfectly willing to make this concession; after all, my claim is not that this link holds in all cases, but only for those women who are like Brenna in the relevant respects.

However, I think there is a way in which I can avoid this concession, as follows. For this second category of women who truly believe their true selves to be bigger-breasted, breast-augmentation surgery may not even count as enhancement to begin with. Instead, it may be more accurately described as a correction of a mistaken self. For these women, just like for Geraldine, the surgery in question presumably counts as a way to realize one’s true self, not to enhance it. In fact, these women may not even be self-disrespecting to begin with. Consider Geraldine. Geraldine, I presume, does not disrespect her male self, she simply thinks it is a mistake. She believes her self—her true self—is female, so there is nothing to disrespect; there are only corrections to be made. I assume the same can be said for women who deeply believe their true selves are bigger-breasted.

To review: I have just applied the DeGrazian objection to two classes of women: 1) those who are like Brenna insofar as they do not truly believe their true selves are bigger-breasted—they simply desperately want bigger breasts, and 2) those who are like Geraldine insofar as they deeply identify as bigger-breasted. For the first class of women, I have argued that the DeGrazian objection does not work: their bigger-breasted selves do not get to count as their true selves, and thus there remains a very real sense in which they self-disrespect when enhancing; they self-disrespect their actual, smaller-breasted selves. For the second class of women, the DeGrazian objection might work. This depends on whether these women can legitimately be said to be enhancing.
suspect that they are not enhancing, but are instead better described as correcting a mistake or mismatch. If this is the case, then for these women there is no link between enhancement and self-respect or self-disrespect, because there is no enhancement, period. However, even if they can be said to be enhancing, I am happy to concede that my argument simply doesn’t apply to this class of women (it does, remember, still apply to the former class).

Recall: my thesis states that Brenna’s act of enhancement counts as an instance of self-disrespect, and I believe I have just successfully defended this thesis against the DeGrazian objection. This does not mean, however, that Brenna’s act does not also, simultaneously, count as an instance of self-respect. Now, it’s time to explore one way in which we can construe enhancement as being both self-respecting and self-disrespecting simultaneously. This is possibility (3) above: the idea that, when enhancing, one is respecting how she feels but is disrespects who she is.

7.2 (3) Respect for how one feels but disrespect for who one is

Think back to one of the implications of the self-definition theory of the self: even if Brenna does not succeed in defining her true self as bigger-breasted, she does succeed in designating how important breast size is to her true self. And Brenna, clearly, deems breast size to be very important in determining her true self. Furthermore, she values large breasts, and devalues small ones. Given this, she is deeply affected by the fact that her present, actual breasts are small. In fact, Brenna happens to place so much value on larger breasts, and so little value on smaller ones, that the fact that hers fall into the latter category causes her a not-insignificant amount of suffering. Now, presumably, Brenna chooses to enhance, as least partly, to alleviate this suffering. And, what’s more, Brenna may well believe that she doesn’t deserve to suffer in this way. Given this, doesn’t it seem that Brenna’s act of enhancement is a sign of self-respect or self-love?
This type of self-respect—the type that is manifested by relieving one’s own suffering—is what I call “respect for how one feels.”136 Above, I contrasted it to “respect for who one is” in formulation (3). The basic idea is this: Brenna has enough respect for herself, or, perhaps more accurately, a certain type of respect for herself, that she takes actions to ameliorate her suffering. Still, she disrespects herself (in a different way) for having certain features—in her case, for having small breasts. I think that these two types of attitudes are compatible, and that Brenna is a good illustration of how they can occur simultaneously in the same individual.

The simultaneous co-existence of self-respect and self-disrespect is not as surprising or paradoxical as it might at first sound. To help make this phenomenon more vivid, consider similar examples in the realm of other-respect.137 First, a doctor grants a patient’s wish to perform a skin lightening procedure. Here, presumably, the doctor is respecting the patient insofar as she is respecting his autonomous choice, but is disrespecting the patient insofar as she is, in a sense, disrespecting “who he is.”138 Or consider the parents who give their daughter rhinoplasty and breast augmentation as a graduation gift (this has, indeed, been known to happen). Presumably they are exhibiting respect for how their daughter feels. They are also presumably exhibiting respect for her in the sense of believing she deserves to achieve (what they think is) a better appearance. But, at the same time, they are simultaneously exhibiting a sort of disrespect for who she is.

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Recall the original three ways I proposed to spell out the tension: 1) respect for one’s future self but disrespect for one’s present self, 2) respect for one’s ideal self but

136 Note: I discussed this type of self-respect at the end of the last chapter in the context of Lucy. Even though Lucy is self-objectifying (and therefore self-devaluing or self-disrespecting in some sense—I am taking “devaluing” and “disrespecting” to be equivalent), she still possesses respect for how she feels by taking pains to alleviate her suffering.
137 These examples are not necessarily meant to be strictly analogous, but are presented to give a fuller picture of how respect and disrespect can co-exist.
138 Thanks to Richard Holton for this example.
disrespect for one’s actual self, and 3) respect for “how one feels” but disrespect for “who one is.” I have argued that, at least for Brenna, the “disrespecting” side of the tension, on any of these three formulations, is real: for Brenna, her actual and present selves are relevant senses of “self” when we assess her self-respect, and “who she is” is also relevant to this assessment. But this is not to say that the “respecting” side of the tension does not hold as well. (3), in particular, is instructive in illuminating how acts of enhancement can be self-respecting. I think that acts of enhancement such as Brenna’s are simultaneously self-disrespecting and self-respecting, and that, to the extent that they are disrespecting, we have reason to be morally concerned about them.

8. Brenna’s Case, An Overall Assessment

At this point, I have argued that some acts of enhancement (chiefly, Brenna’s) are simultaneously self-disrespecting and self-respecting. So I have supported both my thesis and the larger tension of which it is a part. As I stated above, I do not think it is that unusual or impossibly odd to think that an act can be simultaneously self-disrespecting and self-respecting. However, my task is to think about the overall merit or flaws of enhancement technologies as a whole, and one might think that the badness from the disrespecting side of the tension and the goodness from the respecting side of the tension cancel one another out, rendering my overall assessment of enhancement technologies neutral. I do not think that this sort of “cancellation” happens, for two reasons.

First, the above “cancellation” neglects the causal story about the broad use and acceptance of enhancement technologies in society that I told earlier. In the above discussion about “the tension,” I have focused only on the constitutive relation between enhancement and self-disrespect. But recall that I also posited a causal relation as well; I proposed that the broad use and acceptance of enhancement technologies in the greater society can contribute to causing attitudes of self-disrespect in certain individuals. So even though, on the constitutive story, Brenna’s act may be good insofar as it respects

139 Note: this is a slightly different project from thinking about the moral dimensions of a given individual’s (e.g. Brenna’s) choice to enhance, given the situation she finds herself in. I will say more about this below.
how she feels and bad insofar as it disrespects who she is, and we might be tempted to think that these two moral appraisals cancel one another out, we should not neglect the influence that enhancement technologies have on the presence of the self-disrespecting attitude to begin with. Presumably, this attitude would not have been present at the same intensity (or it would not have been as likely that it was present) were it not for the broad use and existence of enhancement technologies. One way to think about the causal and constitutive stories together is that, in effect, enhancement technologies exacerbate a problem and then offer to solve it. Enhancement technologies contribute to self-disrespect in some individuals, so that, even if such individuals’ own acts of enhancement count, in one sense, as acts of self-respect, this self-respect is only undoing the self-disrespect that these enhancement technologies amplified to begin with.

Second, one way to assess the overall merit of enhancement technologies is to compare them to alternative activities. I believe the case can be made that, compared to other plausible alternatives, the self-disrespect side of enhancement technologies (even when the self-respect side is simultaneously present) renders enhancement technologies inferior to other alternatives. Take Brenna. She disrespects herself for her appearance, and this self-disrespect is intense and uncomfortable, so much so that it makes sense for her to aim to alleviate the suffering it is causing. Brenna can presumably alleviate this suffering in (at least) two ways: 1) she can alter her appearance to fit her attitude by undergoing breast augmentation surgery, and 2) she can alter her attitude to fit her appearance by cultivating self-acceptance. Both options are self-respectful but, as I have argued, (1) is additionally self-disrespectful: for Brenna, option (2) respects “how she feels” and “who she is,” but option (1) respects “how she feels” and disrespects “who she is.” So Brenna should, all other things being equal, choose option (2). That is, if

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140 I am claiming attitude changing is preferable, but here I have said nothing about the means of attitude changing. Presumably, Brenna could change her attitude with psychotherapy, or with drugs, or via other means. There are completely independent and separate ethical considerations concerning which means she should use. My discussion in Chapter 2 is relevant here.
Brenna can achieve self-respect without also engaging in self-disrespect, then this is the option she should select.\footnote{This discussion has some notable parallels to my discussion about Lucy in Chapter 2. One important difference to remember is that, here, we are talking about a quite general sense of “self-disrespect.” In Brenna’s case, the self-disrespect is a lack of acceptance, or an assessment of the self as possessing lower worth. With Lucy, there is also a self-disrespect (or, a self-devaluation), but it is of a very particular kind: specifically, the self-objectifying kind. As I have discussed in detail, self-objectification is a very specialized way we may devalue ourselves. It is not incompatible with other forms of self-disrespect (or, for that matter, other forms of self-respect, as mentioned at the end of Chapter 2), but it is worth singling out as having a character of its own.}

Of course, it may be that cultivating self-acceptance is no easy task; it may, indeed, just not be feasible in some cases. In these cases, I certainly wouldn’t say that the individual in question is obligated to refrain from enhancing. If enhancing is the only way to abate one’s suffering, then it seems like a fine option. Obviously, the question of whether a particular individual should enhance is distinct from the question of whether enhancement technologies, on the whole, should be promoted and developed. Imagine that, indeed, the only way for Brenna to mollify her suffering is for her to undergo the surgery. Even though, in so doing, she is (in a very small “drop in the bucket” way) contributing to “the broad use and acceptance of enhancement technologies,” and therefore contributing to attitudes of self-disrespect in others, the urgency of relieving her suffering presumably takes precedence.\footnote{One suggestion, given by Margaret Olivia Little, would be for Brenna to undertake some separate activity to promote women’s body acceptance, to “offset” the (albeit small “drop in the bucket” amount of) harm she’s done by participating in enhancement herself. See Little, “Cosmetic Surgery, Suspect Norms, and the Ethics of Complicity.”}

9. Other Enhancement Technologies

I have developed my thesis—that enhancement technologies, in some senses and in some cases, undermine self-respect—focusing almost exclusively on one such bioenhancement technology: breast augmentation surgery. Because I intend my thesis to apply to bioenhancement technologies in general, I need to explicitly address how my argument extends to other kinds of bioenhancements as well. Recall, bioenhancement technologies include things like concentration enhancement (with Ritalin et al.), mood enhancement (with Prozac et al.), memory enhancement, steroids, and many more.
I believe what I have said above regarding breast augmentation is directly applicable to other bioenhancement technologies. Recall from above that I have already built into my discussion a concession that the link between enhancement and self-disrespect will not hold in all cases, and I offered three "disqualifying factors" to guide in the assessment of which cases are, and which are not, relevant. The same strategy can be employed for other types of enhancements. That is, one of the chief things to consider when applying what I have said about breast augmentation to other bioenhancement technologies is whether any "disqualifying factors" are present.

Take the case of using Ritalin to enhance concentration, and consider Ricky, an undergraduate who is taking Ritalin so he can concentrate better on his final exams. Ricky (we will stipulate) doesn't disrespect himself for his concentration ability (we can even stipulate it is even somewhat below average, but not to the point where it would be considered "impaired" or "in need of treatment"). So Ricky does not take Ritalin because he disrespects himself. He takes it purely for pragmatic or opportunistic reasons: to do better on his exams. Because Ricky's act adheres to the second disqualifying feature, it does not count as an instance of self-disrespect. And many undergraduates taking Ritalin for enhancement purposes are likely like Ricky in this respect.

However, two points are relevant. First, there are some individuals who may, unlike Ricky, take Ritalin because they disrespect themselves for having average or lower than average concentration. This scenario seems especially likely in certain environments—environments that greatly value high concentration and greatly denigrate low concentration. Take M.I.T., where many students base their self-worth and value on their ability to churn out massive amounts of work—often complicated proofs or other exercises requiring high levels of concentration—in short periods of time. Here, it is not too difficult to imagine that some students may self-disrespect for having a relatively low concentration. Thus, for these students, I believe my argument holds: taking Ritalin counts as instance of self-disrespect. And, presumably, like breast augmentation, it counts as an instance of disrespect for "who one is" but an instance of respect for "how one feels."
Second, if Ritalin becomes widely enough used for enhancement purposes, this could (and perhaps already has) stimulated attitudes of self-disrespect in some individuals. The more people are enhancing with Ritalin, the more likely any given person is to feel that low concentration is *not* acceptable, or constitutes a flaw, or is something to be ashamed of, etc. Of course, this is not a foregone conclusion, but I think that widespread use can often fuel attitudes of disrespect in this way, as I believe is the case for breast augmentation enhancements and attitudes towards breast size.

Now, one may have trouble applying my thesis to Ritalin, because one may insist that individuals *should* self-disrespect for having average or below-average concentrations. Certainly, there is a disanalogy here between Ritalin use and breast augmentation surgery insofar as it is easier to regard breast size as value-neutral than it is to regard concentration levels as value-neutral. However, just because a trait may not be value-neutral, this doesn’t mean that one should go so far as to disrespect *oneself* for having that trait. That is, we can accede that low concentration is undesirable, and still resist the idea that one should disrespect one’s *entire self* for possessing low concentration. And it is this self-disrespect (disrespect of an entire self) that I take to be a bad thing. Thus, if one is using Ritalin to bolster the worth of what she believes to be a flawed and inadequate self, then this use is regrettable. Self-disrespect due to low concentration, I believe, is inappropriate and to be avoided. And, in those cases where Ritalin use fuels and constitutes this self-disrespect, it is condemnable on those grounds.

*Antidepressant use for enhancement purposes*

It is only appropriate that I say something about how my argument applies to use of antidepressants for enhancement, since 1) antidepressant use is the theme of the previous chapter, and 2) it poses, in some respects, an unusual and interesting case for my above argument. However, although interesting, this case is not altogether straightforward, and I will only be able to suggest one possible way to begin thinking about it. First, it bears emphasizing that here I am focusing on the use of antidepressants *specifically* for enhancement purposes, in contrast to my approach to them in Chapter 2, where I considered them for both treatment and enhancement purposes (although mainly...
for the former). So, how do people use antidepressants to enhance? A thorough answer was first offered by Peter Kramer in *Listening to Prozac*, where he described a number of instances of what he dubbed “cosmetic psychopharmacology.” Cosmetic psychopharmacology is the phenomenon of using antidepressants (or other psychopharmaceuticals) to enhance moods and/or certain personality traits. One can always be more happy, or more vivacious, or more assertive, and one may avail himself of antidepressants to achieve these sorts of enhanced results.

For many such occasions of antidepressant use, I think my argument applies more or less straightforwardly. First, one should look to the disqualifying factors to see if they apply to the case in question: to the extent that the individual externalizes the trait, or wishes to enhance it for opportunistic or other purely pragmatic reasons, my claims about self-disrespect will not hold. And it seems likely that many cases of enhancement with antidepressant use will disqualify due to such reasons. If I take antidepressants because I want to be that much happier, it seems unlikely that I disrespect myself for failing to be happy all the time! Or if I take antidepressants to make myself more outgoing for purely pragmatic reasons, and not because I disrespect myself for being shy, my argument also fails to apply.

Now, it is interesting to contemplate an example of antidepressant use where an individual takes antidepressants specifically to enhance her self-respect. Assuming this individual is not doing this for opportunistic reasons, and that she feels that she is inadequate because her self-respect is not where it should be, we might say, perhaps, that she possesses a second-order self-disrespect. That is, she disregards herself for being self-disrespecting. The application of my argument clearly becomes complicated here. First, the causal story likely holds vis à vis the fueling of this second-order self-disrespect. Something like the following likely happens: the more people who choose to enhance their confidence (read: their first-order self-respect) with antidepressants, the more likely one will feel flawed, and develop a second-order self-disrespect, for not having enough (first-order) self-respect. Second, in those individuals who already are

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143 Kramer, *Listening to Prozac*. 
(second-order) self-disrespecting for having low (first-order) self-respect, the act of enhancement itself counts as self-disrespectful. Again, it may also count as self-respectful insofar as it is “respecting how one feels.” Additionally, it may also count as self-respectful insofar as it increases (first-order) self-respect. So this is a further, more complicated, example of how many different varieties of self-respect and self-disrespect can simultaneously co-exist. Now, it is important to remember in this example that quickly relegating the very messy feelings one has about oneself to a neat two-tiered system of first and second-order self-disrespect is highly oversimplified. However, this may be one way to begin to think about this particular, and particularly thorny, situation of using antidepressants to enhance one’s level of self-respect.

10. Conclusion

I have described what appears to be a tension in conceptualizing the relationship between enhancement technologies and self-respect. On the one hand, it seems that enhancement technologies are an effective way to bolster self-respect, and that using them counts as an act of self-respect. On the other hand, it seems that using enhancement technologies shows disrespect for oneself—a sign that one is not “good enough” as he is. In this paper, I have suggested some ways in which we might better understand this tension. And I have done this as an adjunct to articulating and arguing for my central thesis: that, in some cases and some senses, using enhancement technologies causes and constitutes self-disrespect, and that this is a bad thing. I believe this claim is a valuable contribution to an already-compelling list of other worries about enhancement previously offered by bioethicists.

More specifically, I have argued the following points:

1. There are two main types of relations that hold between the use of enhancement technologies and self-disrespect: a causal one and a constitutive one. I have described these as applied to one fictional case of enhancement—Brenna’s breast augmentation surgery.

2. Regarding the constitutive relation: acts of enhancement are not always acts of self-disrespect. We can appeal to three disqualifying factors to help us mark out the ambit of acts of enhancement that count as instances of self-disrespect. Any of these factors
An act of enhancement is meant to render an act of enhancement "exempt" from being self-disrespecting.

3. Just because some acts of enhancement are instances of self-disrespect does not mean that they aren't also, simultaneously, instances of self-respect. For example, by enhancing, Brenna is presumably exhibiting respect for "how she feels."

4. One objection to my thesis (that enhancement technologies undermine self-respect) is that the self that counts when we assess self-respect (i.e. "the true self") is one's ideal self. This is because the true self is a product of its own creation, and gets to self-define in critical ways.

5. My response to this objection is that the true self cannot always be equated with the ideal self. The true self is a product of our own definitions and creation in many ways, but we don't get unrestricted power in determining our true selves. For example, Brenna gets to define her true self as one whose breast size is important to her, but not one who literally has bigger breasts.

6. When assessing the overall merit of enhancement technologies, I do not think that the self-respect and self-disrespect "cancel one another out" in the equation of whether enhancement technologies are good forces in the world. This is because:
   1) We should not forget the causal power the broad use and acceptance of enhancement technologies have to help cause attitudes of self-disrespect in the first place.
   2) There are other ways in which Brenna can harbor self-respect without also committing an act of self-disrespect; for example, by cultivating self-acceptance for her body. Of course, this may be a difficult task, and I do not claim that Brenna necessarily has a duty to undertake it.

7. I considered how the case of breast augmentation could be extended to other enhancement technologies. I hold that my arguments work for other enhancement technologies, as long as the disqualifying factors are not in operation.
Bibliography


