

CAN SUCCESSFUL MOOD ENHANCEMENT MAKE US LESS HAPPY?

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ABSTRACT

The main question is whether chemically induced mood enhancement is (if successful) likely to make us happier, or whether it may rather have detrimental effects on our long-term happiness. This question is divided into three: (i) What effects are mood-enhancing drugs likely to have on the long-term happiness of the person who takes these drugs? (ii) How would these drugs affect the happiness of the immediate environment of the people who take them, e.g. children or spouses? (iii) What effects would a wide-spread use of mood-enhancing drugs have on society as a whole, and how would this affect the long-term happiness of its citizens? My answers to these questions are very tentative, partly because we know too little about what non-hedonic effects these drugs can be expected to have. It is possible that these drugs would have detrimental effects on some determinants of happiness, however, e.g. marriage and friendship, social and physical activity, rational problem-solving and mental effectiveness, political participation and interpersonal trust. But on the other hand, there are also a number of determinants of happiness that might be positively affected by a wide-spread and frequent use of mood-enhancing drugs.

1. Introduction

There are many different kinds of biotechnologies, ranging from neurosurgery to pharmaceutical and other drugs. The existing repertoire of interventions may well be expanded by e.g. genetic engineering, neural interfaces, transcranial magnetic stimulation, and “neuroceuticals”. The possible uses of these technologies are not restricted to therapy, they can also be used to amplify or extend our cognitive abilities, to increase our physical fitness, and to enhance our moods.

These (remote) possibilities give rise to a number of questions, many of which are ethical in character. The perhaps most general of these questions is when, if ever, enhancement is a legitimate goal of medicine (cf. Brülde, forthcoming 1, 2). There are also more specific questions, related to specific technologies or specific areas of enhancement. For example, is it more morally acceptable to enhance mood through cognitive psychotherapy than through electrical stimulation of the brain? And are some areas of enhancement more appropriate than others, e.g. is it more acceptable to improve physical functioning than to improve mood?

In this contribution, I will restrict myself to a question that is not ethical, but of high ethical relevance, namely whether chemically or electrically induced mood enhancement is (if successful) likely to make us happier, or whether it may rather have detrimental effects on our long-term happiness. Suppose that effective and harmless mood enhancing drugs can be developed, and that we will, as individuals, gain access to these drugs. It might seem obvious that the existence of such a drug would make the world a happier place, but would this really be the case? For example, what indirect effects would a wide-spread use of mood enhancers have on the determinants of happiness, on the individual and societal levels? My answer to this question is both tentative and somewhat speculative, and it has no clear implications for policy.

To be able to answer the question, we first need to know what mood enhancement is, e.g. what exactly is supposed to be enhanced. We also need to have some idea of how mood enhancers are supposed to work (i.e. through which neurological mechanisms), and what other effects they can be expected to have, apart from enhanced mood. Finally, we need to know what happiness is. How can the concept of happiness be defined, how should it be defined, and how is happiness related to e.g. pleasant mood? Let us take a brief look at these three preliminaries.

2. What exactly is mood enhancement, and what exactly is enhanced?

As a first approximation, let us define “mood enhancement” as any intervention or method that aims at improving or increasing people’s mood in some dimension or other. This suggestion gives rise to several

questions, namely: (i) Should any method that aims at enhancing mood count as mood enhancement, including certain kinds of psychotherapy? This question is related to (ii): Should we conceive of methods which aim at enhancing mood indirectly, e.g. through manipulating cognitive factors (like optimism or acceptance), as mood enhancement? Or should we restrict ourselves to those interventions that have direct (physiological) effects on mood? (iii) Should all “induced” (and perhaps direct) improvements in mood count as enhancements, e.g. regardless of where on the hedonic scale they occur? (iv) Should an (intended) improvement in any mood dimension count as mood enhancement, or should we restrict ourselves to e.g. improvements in the pleasantness dimension (or hedonic dimension)?

(i) What interventions should count as mood enhancements? Most people who are engaged in the topic seem to have biotechnologies like psychopharmaceuticals, recreational drugs, deep brain stimulation (DBS), transcranial direct current stimulation (tDCS), transcranial magnetic stimulation (TMS), or neurofeedback in mind. In this paper, I will restrict myself to these cases as well, but maybe methods like meditation, tai chi, yoga or psychotherapy should also be included.

(ii) A possible reason why we should exclude meditation and psychotherapy from the category of mood enhancement is that the effects on mood are, in these cases, indirect rather than direct, e.g. mediated by cognitive factors. This requirement would perhaps exclude some chemical or electric interventions as well, e.g. those drugs that make people feel better by making them more socially confident and competent, more out-going and courageous, more loving, or less sensitive to rejection and loss. I have no clear view on this matter, but I think the effect on mood has to be relatively direct, e.g. to make someone feel better by improving their social skills or relationships should not count as mood enhancement. In these cases, it is primarily the person’s *functioning* that is improved, e.g. her motivational, emotional, or cognitive functioning.

(iii) Should all intended improvements in mood count as enhancements, e.g. does it matter whether someone’s mood is improved by reducing the amount of negative affect or by increasing the amount of positive affect? On a more general level, enhancement is often contrasted with treatment or therapy. If we apply this view to the case of mood, an intervention must not count as mood enhancement if it aims at making

someone feel better by curing a mental disorder, e.g. a mood disorder (or by relieving the symptoms). This is a rather problematic view, e.g. because it makes the notion of enhancement dependent on the notion of disorder, and the highly contested issue of what conditions we have good reason to pathologize (cf. Brülde, 2003). Another possibility is to make the notion of enhancement dependent on where on the hedonic scale the (intended) improvement occurs. If an intervention aims at improving mood above a certain critical hedonic level, it should count as enhancement. If the critical level is specified in terms of normality, we may arrive at the idea that an intervention counts as mood enhancement if it aims to improve the mood level in “hedonically normal” or happy individuals. A third possibility is to define “mood enhancement” in terms of positive and negative affect (two categories which stand in a rather complicated relation to hedonic level): an intervention counts as an enhancement if it aims at increasing the amount of positive affect, but not if it aims at reducing the amount of negative affect. This is nonetheless a questionable suggestion: to enhance mood by reducing fear, worry or sadness in normal individuals is no less mood-enhancing than to enhance mood by increasing the amount of joy. In my view, the second suggestion is the most plausible of the three: mood enhancement aims at making a normal or pleasant hedonic state even more pleasant. (But note that it is often quite “normal” to be in a negative hedonic state.) There is also a fourth and more inclusive option, however, namely to let all intended improvements count as enhancements.

(iv) When people are talking about mood enhancement, what kind of “mood variable” do they have in mind? In what dimension or dimensions of mood is there supposed to be an increase or improvement? (Rein Vos refers to this as the “Mood State Selection Problem”; cf. Vos, forthcoming.) It is quite clear that intended improvements in the pleasantness dimension should count as mood enhancements, but there are other possibilities as well, e.g. increased alertness, arousal, activation, energy, comfort and relaxation. Other possible aims of (what normally counts as) “mood enhancement” are increased optimism, empathy, affection, courage, or confidence, but these variables can hardly be regarded as mood variables proper. Personally, I have no clear view on what should be included. Suffice it to say that in this paper, I will restrict myself to the type of mood enhancement which aims to increase the hedonic level.

In short, there are many kinds of interventions and methods that may be conceptualized as mood enhancements, and it is doubtful whether it is possible to make any valid general claims about all of them. In this paper, I will focus on drugs that are designed to increase the hedonic level directly, regardless of whether the intended increase is located on the positive or negative part of the hedonic scale. My main reason for focusing on drugs rather than on other mood technologies is that drugs will, most likely, just like they are today, be the most accessible and wide-spread form of mood enhancement. However, there is some possibility that tDCS (e.g. in the form of battery helmets) and neurofeedback might become rather wide-spread as well.

3. How might mood-enhancing drugs affect us?

If mood-enhancing technologies work, i.e. if they make us feel better in the short run (or if a regular intake make us feel better over time), they do so by affecting the human brain in some way or other. Now, there are many neural mechanisms (or causal pathways) through which this hedonic effect can be achieved, and depending on which specific mechanism is activated or affected (e.g. dopamine or serotonin levels), the other (non-hedonic) effects may vary significantly. Mood enhancement does not occur in a physiological vacuum, and it is hardly possible to affect mood without affecting anything else at the same time.¹

It is possible that the mood enhancers of the future may differ a lot from the present-day mood enhancers, e.g. alcohol and other recreational drugs, or pharmaceutical drugs. But our brains will supposedly remain the same, and by taking a closer look at how our present drugs affect people, we can get a good idea of how different these other effects are (besides the common denominator, i.e. that they all happen to increase our hedonic levels). To begin with, drugs differ considerably with regard to their longer-term effects, e.g. regarding how easy or probable it is to become dependent, the kind of withdrawal symptoms involved, and the

¹ At least not by chemical means, but it is worth noting that some forms of neuromodulation (e.g. by means of electrode implants) are quite immediate, precise, and fine-tunable. I'm grateful to Dirk De Ridder for pointing this out (in conversation). The reason why I ignore these technologies is that they are not likely to become wide-spread.

long-term effects on health. These effects may not very be interesting in this context, however, so let us stick to the immediate effects. Different drugs have very different immediate effects on sociability (extroversion vs. introversion); on arousal, wakefulness, and attention; on the general level of activity; on the need for sex, food, and sleep; on physical performance and endurance; on the tendency to violence vs. “peace, love and understanding”; on emotionality; on self-image and self-esteem; and on “reality testing”. The cognitive effects may also be quite different, e.g. different drugs have different effects on memory, learning, and the flexibility of thinking. The same hold for the effects on affect, e.g. certain drugs tend to remove fear, whereas others tend reduce or increase aggression.

So, what kind of mood-enhancing drugs do we have in mind when we argue that these drugs are (or would be) good or bad for us? It is of course possible to *imagine* a kind of mood enhancer that has no cognitive or behavioural effects at all. It is also possible to imagine a mood enhancer that makes us feel exactly the way we feel when we are satisfied with our lives, or when we are happily in love. But these fantasies are extremely unrealistic in the pharmacological case:² to engage in such fantasies is more or less to deny that we have brains, and instead assume that we are free floating souls which can, in some magical way, be affected by chemical compounds. So, when I reflect on what effects mood enhancement has on our long-term happiness, what type of drugs do I have in mind, i.e. what non-hedonic effects (if any) do I assume that these drugs have? For the sake of the argument, I will make as few assumptions as possible, but sometimes it will be necessary to reflect on different cases, e.g. on whether a certain mood-enhancing drug make us extrovert and sociable or introvert and anti-social, on whether it makes us more aggressive or more peaceful, on how it affects our arousal levels and activation levels, on how it affects performance in different areas, and so on.

² They are more realistic if we have electric neurostimulation in mind; cf. note 1 above.

4. Happiness and its conceptual connection to pleasant mood

What is happiness, what is it to be happy? The term “happiness” can be used (and defined) in many different ways, but if we restrict ourselves to the psychological uses (where the term is used to denote some mental state or other), we can distinguish three types of definitions: (1) the life satisfaction view, (2) the affective view, and (3) the hybrid view (e.g. Brülde, 2007).

1. On the *life satisfaction view*, happiness is regarded as a positive attitude towards one’s life as a whole, and this attitude need not (at least not by definition) be accompanied by any pleasant feeling at all. To be happy is simply to evaluate one’s own life in a positive manner, to approve of it, or to regard it favourably. More specifically, happiness is conceived of as consisting of “a positive evaluation of the conditions of your life, a judgement that, at least on balance, it measures up favourably against your standards or expectations. This evaluation [...] represents an affirmation or endorsement of (some or all of) the conditions or circumstances of your life, a judgement that, on balance and taking everything into account, your life is going well for you.” (Sumner, 1996: 145) That is, the satisfaction involved in happiness is global (the object of appraisal is one’s life as a whole), and (as has been shown) cannot be reduced to the aggregate of one’s particular (perceived) “domain” satisfactions and dissatisfactions. It is also worth noting that the positive evaluation need not be based on true beliefs.

On the life satisfaction view, the connection between happiness and pleasant mood is rather weak. If a person is in a pleasant mood, this tends to have a positive (causal) effect on his life satisfaction, but how satisfied he is with his life as a whole may also depend on many other things. A high degree of life satisfaction may also have a positive (causal) effect on mood, but again, how good a person feels may also depend on several other things.

2. On the *pure affective view*, happiness is some kind of affective state. To be happy is to *feel happy* (or good). On this view, happiness has no cognitive component at all, e.g. it does not necessarily involve any positive evaluation of one’s life as a whole. There are at least four different versions of this view, versions that differ with regard to what kind of affective state one has in mind. Happiness may be regarded (a) as a euphoric or blissful state, (b) as “peace of mind” (this is probably the

most common use in religious and spiritual contexts; cf. also the Stoic “apatheia” and the Epicurean “ataraxia”), (c) as a positive mood state, e.g. a feeling of energy, vitality, and buoyancy of spirit, as “a mood of optimism or cheer which colours your outlook on your life and on the world in general” (Sumner, 1996: 144), and (d) as a positive hedonic level, or high level of subjective well-being. In my view, (a)-(c) are too specific: there are other ways of feeling good, and there is no good reason why we should exclude these varieties from happiness. That is, happiness as a positive or high hedonic level is the most interesting version of the affective theory. As such, happiness is a matter of how pleasant or unpleasant one’s total mental state is. To be happy at a certain time is to feel good on the whole at that time, and to suffer (or be unhappy) is to feel bad on the whole. This view suggests that there is a strong connection between happiness and pleasant mood. A person’s hedonic level at a certain time is very much dependent (not just causally) on how pleasant his mood state is at this time, but it may also (to some extent) depend on other things.

3. On *the hybrid view*, happiness is a combination of life satisfaction and subjective well-being. Happiness is conceived of as a complex mental state, in part cognitive (attitudinal) and in part affective. A person’s level of happiness is a function of two things, namely (a) how satisfied he is with his life (as he himself perceives it or conceives of it), and (b) how good he feels. It is worth noting that the two components do not always co-vary, and that it is far from certain that these two dimensions can be combined into a single scale of happiness.

In my view, the hybrid view is the most plausible conception of happiness (Brülde, 2007). Since there is no such thing as a correct definition that captures the “true” sense of the term, and since all three candidates are consistent with ordinary language, we should pick the definition that makes happiness most valuable for us – i.e. that has the most moral and rational significance – and this is the hybrid view. The big problem with the life satisfaction view is that it does not attribute any direct significance to *feeling* happy (or good), e.g. it implies that a person can become happier even if there is a substantial decrease in his hedonic level, namely if he himself comes to evaluate his life in a more positive manner. The main reason why we should prefer the hybrid view to the pure affective (or hedonistic) view is that the latter fails to take people’s own preferences seriously: a person’s preferences are only relevant for

her happiness in so far as they (e.g. their perceived satisfaction) have a *causal* effect on her hedonic level. This is not reasonable, however, since it is obviously (at least under normal circumstances) better for a person to feel good *and* evaluate her own life positively than to merely feel good. (However, we should give more weight to the affective component than to the attitudinal component, assuming that this is meaningful.)

5. The question: Does mood enhancement have a detrimental effect on happiness?

There are many possible reasons why we should adopt a restrictive attitude towards mood enhancing biotechnologies (cf. Brülde, forthcoming 1, 2). Here, I will focus on one type of argument, namely arguments that purport to show that mood enhancements are (even if successful) counter-productive because they have detrimental effects on our long-term happiness, i.e. our long-term life satisfaction and/or hedonic level.³

These arguments can be divided into three main groups:

- (i) Mood-enhancing drugs may be detrimental to the happiness of the person who takes these drugs, e.g. by affecting some determinant of his long-term happiness. We all know that alcohol and other recreational drugs may have pleasant short-term effects but bad effects on our long-term happiness, e.g. because they have detrimental effects on our health, our relationships, or our activities (work or leisure). Some of these effects may also occur in the case of more “ideal” mood-enhancing drugs.
- (ii) Mood enhancing drugs may be detrimental to the happiness of the immediate environment of the people who take them, e.g. children, spouses, friends, or colleagues. Users may start to care more about the drug (or the induced mood state) than the relationship, and some drugs may make people more disposed to aggression.

³ That is, there are many possible arguments that will not be discussed in this paper, e.g. different kinds of risk arguments. I do not even cover all the arguments that purport to show that mood enhancements may (even if successful) have detrimental effects on our long-term well-being, viz. the arguments purport to show that such technologies may have negative effects on *other* final prudential values besides happiness.

(iii) A wide-spread use of mood-enhancing drugs may have certain effects on society as a whole, e.g. its institutions, which in turn may be detrimental to the long-term happiness of its citizens. For example, people may be less willing to participate in the political process, which may have detrimental effects on democracy.

In discussing this question, I will (for the sake of argument) assume that mood-enhancing drugs work. Or more specifically, I will assume that they make us feel better in the short run, or that a regular intake will make us feel better over time. Feel better than *what*? “Better than without the drug” will not do, since this is exactly what we’re investigating. A more plausible answer is: “Better than without the drug, everything else (e.g. activities, relationships, and living conditions) being equal”. I will also (again for the sake of argument) assume that there are no undesirable physiological side effects, e.g. that the drug does not give rise to dependency problems or direct negative effects on health. So, assuming that there are drugs that have positive direct effects on pleasantness of mood, what reasons can there be for believing that they are detrimental to our long-term happiness?

5.1. Are mood-enhancing drugs bad for the individual?

What the arguments of the first group purport to show is not so much that the long-term effects of mood-enhancing drugs are positively bad (we have assumed that there are no undesirable side effects), but rather that such drugs would have a negative effect on the person’s future happiness *in comparison to* e.g. some alternative method, or to no mood enhancement at all. This claim can be regarded as an instance of the more general claim that not all short-term improvements on the hedonic scale are good for a person in the long run.

Let us first take a closer look at *why* short-term improvements on the hedonic scale are not always good in the long run (the general claim), and then apply this to the case of mood enhancement. There are at least two kinds of reasons why it is sometimes in our own interest to prefer a less pleasant state to a more pleasant state: (a) It is sometimes instrumentally good for us to feel bad, and it is sometimes instrumentally bad for us to feel good. (As a rule, suffering and unhappiness have a negative instrumental value, and happiness has a positive instrumental value, but there are exceptions to this rule.) This suggests that it is

sometimes instrumentally better for a person to feel worse without a mood-enhancing drug than to feel better with the drug. (b) It is sometimes instrumentally bad to feel good *by certain means*, namely means that have negative effects on the person's long-term happiness, e.g. dangerous drugs. (This is a more common case than (a), where the focus is on the instrumental value of *the feeling* rather than the cause of it.) The question is whether mood-enhancing drugs may have such negative effects on long-term happiness, e.g. in comparison with other "methods" or means.

(a) Firstly, certain displeasures can have direct positive effects on some factor that has good effects on our long-term (or shorter-term) happiness. For example, it can be argued that certain displeasures are - like most experiences of pain - functional, e.g. certain cases of fear. Negative moods may also be adaptive, e.g. despondency may help us redefine our goals or take steps to develop new personal resources (Morris, 1999). In short, it seems that some displeasures can be viewed as appropriate responses to adversities or other untenable situations. If this is so, the appropriate way to get rid of such suffering is not to take mood-enhancing drugs, but to deal with the underlying problem in a more constructive manner.

It can also be argued that certain displeasures have positive effects on our personal development, which in turn can have good effects on our long-term happiness, e.g. by having a positive effect on our relationships. Feelings of guilt may facilitate one's moral development. Frustrations, disappointments, discomfort, sadness and difficulties may improve our self-knowledge, as well as our understanding of the suffering of others. These displeasures may also make us stronger and more resilient, less self-centred, more authentic, more empathic, better listeners, or better at living in the here and now. That we become better and more well-functioning in these different ways is not just beneficial for ourselves, it also tends to make other people happier (see below). To use mood-enhancing drugs in order to eliminate all frustration and disappointment (or make them quite easy to endure) would probably be detrimental to our personal development, and thus to our own long-term happiness and the happiness of others. This suggests that mood enhancement is not good under all conditions, i.e. that the relevant drugs should be carefully administered.

Moreover, certain displeasures must be accepted as necessary parts in a happy life because they are intimately connected to factors that have positive effects on happiness. For example, the capacity for attachment makes rewarding love relationships possible, but it also makes us vulnerable, i.e. it may also give rise to grief or severe disappointment. It may be argued that we should not eliminate these displeasures at all, at least not by affecting the mental mechanisms and capacities that also make certain good things possible. This argument has very little scope, all it says is that we should abstain from fiddling with our emotional repertoire.

(b) It is probably quite rare that *the very fact* that a person is on a high happiness level (at a certain time) has detrimental effects on her future happiness. A far more common problem is the tendency to do, eat, smoke or inject things that have positive happiness effects in the short run, but negative effects in the long run. For example, a high consumption of recreational drugs may have negative effects on one's health, one's relationships, or one's ability to perform well or hold a job. Watching TV instead of exercising or socializing is another example, and partying and living as slacker instead of getting a solid education is a third. Here, the focus is on the means or method used to induce an increase in mood: on how it affects the person in the long run, or on how it affects the person's long-term happiness compared to what she would do instead (e.g. with other possible means). Since the mood-enhancing drugs I have in mind have no negative effects on health, the question is rather whether a frequent use of mood enhancers would e.g. make us stop doing certain happiness-promoting things (e.g. physical or social activity), or that it would make us do them less.

I will approach this problem as follows: I will present a number of factors that have been shown (by empirical happiness researchers) to have a positive effect on our average happiness levels over time. In connection with this, I will discuss (in a rather speculative manner) how mood enhancing drugs may be expected to affect these factors, e.g. whether there is any risk that these drugs will have such negative effects on important determinants of happiness that the net effect will be negative.

The determinants of happiness can be divided into four categories: (1) Large-scale social factors, (2) the immediate external conditions under which we live, (3) objective properties of the person and her life,

and (4) psychological factors, episodic or dispositional. In this context, every category except the first is relevant (the factors in this category will be discussed when we get to the effects on society). It is worth pointing out that some of these factors may have less weight in a society where there is constant access to good mood-enhancing drugs, e.g. the capacity for rational problem-solving and access to social support may become less crucial.

How happy a person is depends in part (to a small extent) on her immediate living conditions, e.g. on her physical environment, her income, her social position, and her level of education. Is it likely that a frequent use of mood-enhancing drugs will have a detrimental effect on any of these determinants? This depends on what non-hedonic effects these drugs can be expected to have, and how frequently the person is using them, but my guess is that the effect on the person's living conditions would be rather small, at least in the assumption that they will not prevent the users from striving for goals and making an effort (see below).

A person's happiness over time also depends on a number of objective properties of the person and her life, e.g. her health, her activities (work and leisure), her activity level (how socially and physically active she is), her life style, her intimate relationships (e.g. whether she is married or single), her friends, and her social network. These factors have a larger impact on a person's long-term happiness than her living conditions. Is there any reason to believe that a frequent use of mood-enhancing drugs will have a detrimental effect on any of these determinants? Again, this depends on the relevant non-hedonic effects, e.g. what effects the drug can be expected to have on sociability, arousal and activation levels, performance, and aggression. It is possible that some drugs would have a detrimental effect on marriage and friendship, and that some drugs would also make the person more socially and physically passive, which in turn would have negative effects on happiness.

The variation in happiness between people who live in rich and well-functioning societies is, to a rather large extent, caused by differences in personality, motivation, abilities, and so on. For example, it is conducive to happiness to be optimistic rather than pessimistic (where optimism is partly a matter of explanatory style), to have self-esteem, to have a sense of control (to regard one's situation as

manageable), to engage in problem-focused rather than emotion-focused coping (with the exception of e.g. positive thinking), to be idealistically rather than materialistically oriented, to be intrinsically rather than extrinsically motivated, to be a satisfier rather than a maximizer (perfectionist), to have social skills, and to be mentally effective. How would a frequent use of mood-enhancing drugs affect these determinants? Again, this depends on the non-hedonic effects, but as far as I can tell, such a drug may well have a positive effect on some of these determinants, e.g. it may well give rise to increases in optimism, self-esteem, internal locus of control, and an idealistic value orientation. It is possible that some drugs would have a detrimental effect on problem-focused coping, however, since it would be tempting to use the drug when in difficulty (a kind of emotion-focused coping). But on the other hand, the capacity for rational problem-solving may become less crucial in a society where we all have access to mood-enhancing drugs. It is also possible that a frequent use of mood enhancers would be detrimental to mental effectiveness and that it would increase emotional perfectionism, which would in turn have negative effects on our long-term happiness.⁴ But the net effect on the psychological factors would probably not be negative.

These arguments do not show that one should abstain from using mood enhancers, but they strongly suggest that one should not take them mindlessly, e.g. that there are circumstances under which one should (for self-interested reasons) abstain from taking them. We should also note

⁴ It is sometimes claimed that mood-enhancing drugs would have a detrimental effect on our ability or willingness to make an *effort*, which would (in turn) have detrimental effects on our long-term happiness. (Thanks to Valérie De Prycker for bringing my attention to this claim.) Is this a plausible hypothesis? Well, it seems quite clear that the ability and willingness to make an effort may be conducive to happiness, e.g. by helping us develop different skills, which may (in turn) have positive effects on work and leisure, make flow experiences more likely, make feelings of boredom and emptiness less likely, and so on. But is there any reason to believe that people would use mood-enhancing drugs (if accessible) to *avoid* making an effort? To the extent that the efforts we make are motivated by the prospect of immediate reward, it is possible that we would look for these rewards elsewhere, but I don't think this is very common. In my tentative view, it is more likely that people would use other forms of enhancement (e.g. cognitive or physical) to help them become more persistent and show more endurance.

that mood enhancers may have positive effects on the determinants of happiness, and that this would give us a good reason for taking them (in addition to the immediate effect). It has been shown that happiness has positive effects on some of its determinants (which gives rise to virtuous or good circles), and it is possible that this holds for artificially induced positive mood as well. For example, it is well established that happy people are (as a rule) healthier, that they live longer, that they are more social and have better relationships, that they are more active and productive, and that they tend to be more creative and flexible in their thinking (cf. Argyle, 2001; Layard, 2005; Oishi et al., 2007). In a similar way, we can note that unhappy people tend to have worse health, to function worse cognitively and socially, interpret things in a more negative way etc. But the fact that “normally caused” happiness has positive effects on these determinants does not automatically imply that artificially induced mood enhancement has similar effects. To what extent this is so is an open (empirical) question, where the answer is in part dependent on what chemical and neurophysiological mechanisms are involved.

5.2 Are mood-enhancing drugs bad for the immediate environment?

If a certain person were to take mood-enhancing drugs on a frequent basis, how would this affect e.g. his partner, his children, his parents, his friends, or his colleagues? Again, this depends on what effects the drug has on e.g. sociability, arousal and activation levels, and aggression. It is possible that some drugs would have a detrimental effect on intimacy, trust, guilt, or empathy, and that some drugs would also make the person more violent and aggressive, which in turn would have negative effects on the happiness of others. However, we must not forget that happy people are (as a rule) more social, cooperative, agreeable, generous, and helpful, and that they have better relationships (cf. Argyle, 2001; Oishi et al., 2007). This may well hold for artificially induced positive mood as well, but we cannot be certain of this. It can also be argued that e.g. intimate relationships may become less crucial as a source of happiness if there is constant access to good mood-enhancing drugs.

5.3 Bad effects on the societal determinants of happiness?

Let us now turn to the arguments that purport to show that a wide-spread use of mood-enhancing drugs may have detrimental effects on society as a whole, or more specifically, on the large-scale determinants of happiness (the factors that have an effect on happiness in nations).

There are several large-scale social factors (on the national level) that have good long-term effects on the happiness of citizens. For example, it is good (from a happiness perspective) for us to live in a wealthy society (but only up to a certain point); it is good to live in a peaceful, secure and stable society; it is good to live in a politically stable democracy where people's rights and liberties are respected; and it is good to live in an individualistic culture (where people are free to live their lives in accordance with their own values and preferences) characterized by interpersonal trust. It is doubtful whether a frequent and wide-spread use of mood-enhancing drugs would have a negative effect on any of these determinants. The only risk I am aware of is that mood-enhancing drugs may have a detrimental effect on political participation (a living democracy), and possibly on interpersonal trust and solidarity.⁵ But again, if there is constant access to good mood enhancers, there may be less need for political participation or interpersonal trust.

In addition, it might be argued that a wide-spread "cosmetic" use of mood-enhancing drugs might reinforce certain social (cultural) norms and values, standards and ideals – e.g. the idea that a normal or real person is happy, out-going, and energetic – and that this might actually have a detrimental effect on our happiness. (But doesn't this depend on how accessible the drugs would be?) It might also be argued that a wide-spread use of pharmaceutical drugs for mood enhancement purposes would affect our attitudes towards chemical solutions in general, e.g. that we would become more permissive towards dangerous drugs like amphetamine, cocaine or alcohol, which would in turn give rise to a higher consumption of these drugs.

⁵ On this last view, there is a risk that a wide-spread use of mood-enhancing drugs would reinforce a "bad form" of individualism, which should be distinguished from the "good individualism" mentioned above. This form of individualism is characterized by e.g. competition and a relative lack of solidarity and sympathy for others, and it tends to give rise to increased isolation and social fragmentation, and thus to less happiness (cf. Eckersley 2000).

6. Conclusion

In summary, is there any risk that mood-enhancing drugs (even if successful) would have detrimental effects on our long-term happiness, i.e. our long-term life satisfaction and/or hedonic level? This depends on what non-hedonic effects these drugs can be expected to have, e.g. what effects the drug can be expected to have on sociability, arousal and activation levels, performance, and aggression. In any case, there is some cause for concern on the following counts: Mood-enhancing drugs may have a detrimental effect on marriage and friendship, they may make the person more socially and physically passive, they may have a negative effect on the capacity for rational problem-solving and mental effectiveness, and they may lead to an increase in emotional perfectionism. A wide-spread use of mood-enhancing drugs may also have some negative effects on political participation and interpersonal trust, which would (perhaps) affect the average happiness level in society as a whole.

On the other hand, there are many determinants of happiness that might be positively affected by a wide-spread and frequent use of mood-enhancing drugs. However, it remains to be seen whether the positive effects of “normally caused” happiness occur in the case of artificially induced positive mood as well. We simply need to know more about how mood-enhancing drugs are supposed to work, and what non-hedonic effects these drugs can be expected to have. For the time being, it seems that the best “mood enhancement” is achieved through “natural causes”, i.e. through helping each other to improve our lives, e.g. by improving our relationships and social skills, by finding more rewarding activities, or by learning to think differently.

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