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Love is the drug

Drugs to help people fall in love are increasingly becoming viable, but what about the ethics of them, asks **Anna Machin**

LOVE is unpredictable and complex. After spending many years researching its layers, I remain in awe of how it engages every mechanism in our bodies and infiltrates every aspect of our lives. But for a species like ours that craves certainty, this can cause all sorts of problems.

The first recorded evidence for an “elixir of love” dates back to 4000 years ago. Ready access to love drugs is at most a decade away. Indeed, they are already being used therapeutically to support couples in the US.

The experience of love is underpinned by four neurochemicals: oxytocin, dopamine, beta-endorphin and serotonin. Oxytocin is key at the start of relationships because it lowers our inhibitions to making new bonds, then dopamine motivates and rewards us for carrying out this survival critical behaviour. Serotonin underpins the obsessive elements of love, while beta-endorphin addicts us to love in the long term.

Drugs that may be capable of mimicking love are already in use. The first, oxytocin, is utilised to induce labour, but research shows that it can also increase sociability, trust and empathy. The second is recreational drug MDMA or ecstasy, which is capable of inducing euphoria, empathy and love for our fellow humans.

Arguably, taking a drug to induce or maintain love is no different to taking an antidepressant, because both



supplement neurochemicals that naturally exist in our bodies. Add to this the link between having healthy relationships and good mental and physical well-being, and prescribing these drugs could revolutionise someone’s quality of life. But whether these drugs work is dependent on the individual.

For a significant minority of people, recent research has found that oxytocin leads to increased social confidence and trust, meaning that they are more likely to form new relationships. For some, it has the opposite effect and studies have shown that it can cause negative interactions and

even racism. Some people feel the impact of MDMA and others don’t.

This raises many ethical questions. It might be fine to decide to take a love drug yourself, because that is your risk, but is it fair when it affects someone else’s life? Where there are power imbalances in a relationship, or even abuse, could one party be coerced by the other to take the drug? And what if one of you stops and the other doesn’t?

Those who argue for the use of love drugs sometimes say these risks are minimal because use of the drugs would be regulated. But this is an overly utopian view

of the world and our behaviour.

While being in love is wonderful, losing love can be debilitating. Drugs might be able to help here too. What if we could find a drug that would inhibit our feelings of love or erase painful memories?

One possibility is antidepressants known as SSRIs. People who take them for depression report loss of libido and reduced emotional reactions. Could we harness these aspects and, with a bit of tweaking, make a love-inhibiting drug? Maybe. But anecdotal evidence – reported in Brian Earp and Julian Savulescu’s book *Love is the Drug* – that SSRIs are being prescribed to young men in strict religious communities to repress homosexuality should sound a warning bell. Not everyone will stick to prescribing rules.

With all innovations comes the responsibility to explore both the positives and negatives of their impact. Technology has revolutionised how we find love in the past 20 years: tests for genetic compatibility are now commercially available.

Love is so central to our lives that it is crucial that we decide what we would accept and what is unconscionable before the juggernaut of science and commerce runs away with us. ■



Anna Machin is an anthropologist and author of *Why We Love*