In this session, we read from the section “Assessing the criticisms” to the end of Chapter 3, “The presumption against direct manipulation” (pp. 103-132). The main topic is Levy’s arguments against the criticisms of direct manipulation of the brain/mind. As we saw in sessions 4 and 5, there are criticisms of direct manipulation. Levy’s argument against the criticisms is this. Although we should be cautious of the use of direct manipulations, it does not necessarily follow that traditional ways of changing minds are always preferable to direct manipulation. There is no general presumption in favor of the former. We need to think about each case one by one. As some readers might discern, Levy’s conclusion is closely related to his argument against the treatment/enhancement distinction as an independent standard to settle moral arguments.

Now, let us look at each objection one by one, as did Levy. As to authenticity, Levy argues that critics of direct manipulation misunderstand the ideal of authenticity. In his view, supporters of authenticity such as Charles Taylor and Carl Elliott assume the preexisting self. Because of that, they do not understand that we can achieve authenticity not only by looking within, but also by self-creation. In this regard, Levy follows Jean-Paul Sartre. According to Levy, Sartre contends that there is no preexisting self. The self is continuously changing. Thus, Levy argues, “[o]nce we realize that selves are continually recreated and transformed, throughout life, we shall lose the urge to accuse someone of inauthenticity on the grounds of character change alone” (p.108). I am not sure whether Levy understands Taylor and Elliott correctly, although I could not read them to check this point. The change of the self throughout life sounds commonsensible to me. If so, then it is unlikely that Taylor and Elliott assume the preexisting self as a solid essence. I am not a big fan of Taylor and Elliott at all; however, a more careful examination of them seems necessary to criticize them.

As to the problem of self-knowledge, Levy admits that self-knowledge is important. But he claims that this does not mean that we have to prefer the traditional ways to direct manipulation. Levy presents two reasons. First, although self-knowledge is certainly important and good, there are other goods. We sometimes need to choose between self-knowledge and other goods. In Levy’s opinion, “[t]here is no reason why someone cannot rationally and ethically choose to pursue a valuable good other than self-knowledge” (p. 110). Second, the traditional ways such as psychotherapy are not always a means to self-knowledge. Direct manipulation can be a means to self-knowledge. Hence we cannot say that the traditional ways are always preferable to direct manipulation.

Now, according to Levy, “[s]ome of the points made above with regard to both authenticity and to self-knowledge generalize to the question of the mechanization of the self” (p. 113). That is, the traditional ways of changing minds sometimes mechanize the self, as do direct manipulations. Thus there is no fundamental difference between the traditional ways and direct manipulations. The reason people are suspicious about the usage of direct manipulation is “the illegitimate transfer of intuitions regarding some kinds of manipulations, in cases where they are genuinely problematic, to others in which they are not” (ibid.). In Levy’s view, the usage of direct manipulation is not always problematic or mechanistic. Direct manipulation can be used to restore people’s rational capacities. Hence there is no general presumption in favor of the traditional methods.

Then Levy goes on to examine the criticism that direct manipulation treats symptoms, not causes. His argument against the criticism is similar to his other arguments. That is, although it is certainly true that direct manipulation can be used to treat not causes, but symptoms, the same thing holds true for psychotherapy. In Levy’s opinion, even if direct manipulation can be used for a bad cause, it does not follow that we should reject it in principle. So far, so good. Yet Levy argues that “[a]n overcrowded classroom before Ritalin is available may have the optimal number of students once it is in use (once again, unless the drug has costs that change the equation)” when he criticizes
Erik Parens (p. 122). I find this problematic, and this was one of the points discussed in the session. This seems to conflict with Levy’s view of political quietism. Levy is critical of political quietism in relation to the individualization of suffering and treatment, and he argues that we need to change a toxic environment that produces mental illness. But the above argument simply suggests that if there is a problem, make maladapted human beings adapt to the toxic environment. This is inconsistent.

Finally, Levy examines the problems of cheating and inequality. According to Levy, “[w]e should realize that there is nothing special about neurological enhancements, so far as the concerns with cheating and inequality are concerned, and that we should therefore turn the worry back upon our existing social and political practices” (pp. 125-6; Italics in the original). His point is that before worrying about neurological enhancements, we should pay attention to cheating and inequality that come from political and social conditions. There is a great difference between the developed countries and the developing countries in terms of education, nutrition, health care, and other factors. Given that the development of phenotypic types is based not only on genes, but on the environment, it is nonsensical to ignore these environmental factors. If we think that neurological enhancements are unfair, then we should consider inequality caused by social and political situations, first of all. Levy makes a good point, in this regard. But, as I argued above, Levy’s discussion on the individualization of suffering and treatment has a problem. Levy is right in claiming that we should not regard mental illness as the individual’s problem, and that “[i]f we treat the depression by focusing on the individual, we miss an opportunity to improve our society, to the benefit not only of the depressive individual, but, potentially, of all of us” (p. 128). I do not know why he must argue that once Ritalin is properly in use, then an overcrowded classroom would not be a problem. He could simply argue that an overcrowded classroom is a social problem, and thus we need to solve it. Here Levy seems to hide a serious inconsistency.