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A Cure for Humanity: The Transhumanisation of Culture

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I. Introduction

These days it is getting increasingly difficult not to be permanently confronted with visions of a technologically enhanced humanity. Human enhancement is the latest fashion. It is exciting, enticing, cool, and sexy. Philosophers fantasize about the wonderful lives we are all going to enjoy once we have shed our mortal shell and become posthuman (which, it is believed, will be very soon), and the media are eager to spread the good tidings and do their best to whet our appetite for our own terminal transformation into something very different. If transhumanism is a philosophy that endorses and promotes radical human enhancement, then it seems that we are all transhumanists now. This means more than just being open to change. It involves a determination to hurry us forward into the future, driven by the deep conviction that the present condition of humanity is utterly deplorable, and in fact a diseased state. If the human condition is the primary disease, then radical human enhancement is the cure. This implies that radical human enhancement is more than just an option: it is a moral obligation. To be a transhumanist means to be a healer of humanity.

Two decades ago, in the mid nineteen-nineties, when the ethical debate about human enhancement really took off, one of the most contentious issues was whether one could meaningfully distinguish between therapy and enhancement and whether that distinction was ethically relevant.¹ Although the distinction and its ethical relevance was already contested by proponents of the human enhancement project, those who had their doubts about the

1. For an overview of this early discussion, see: Parens, Erik. "Is Better Always Good? The Enhancement Project." *Enhancing Human Traits: Ethical and Social Implications*. Ed. Erik Parens. Washington D.C.: Georgetown UP, 1998.

project and the desirability of its projected outcomes, had not given in yet and were still putting up a fight—and the public was largely on their side. The issue was important because it was generally assumed that therapy was a good thing, something worthy of being supported and endorsed, clearly permissible and most likely even something that we *owe* to people, something that everybody has a right to be provided with. Hence, if no clear distinction between therapy and enhancement could be made, then there was no reason to reject enhancement procedures as unethical or undesirable. On the contrary, we might even have good reason to demand general support for it and a commitment by the state to actively pursue the development of enhancement technologies, with the goal of eventually making them available to all citizens. On the same grounds, those who believed that human enhancement was *not* desirable and certainly not something we have a moral duty to bring about, had every reason to hold on to the distinction and to defend its validity.

Today, the alleged distinction between therapy and enhancement is no longer an issue. The debate has moved on. So has the public perception, which no longer seems to recognize or appreciate the difference. When you google the terms “enhancement and therapy” today, the vast majority of entries that you will find are not concerned with the possible distinction between the two concepts, but instead seem to assume that enhancement is *itself* a form of therapy. Thus you find lots of entries offering and discussing *enhancement therapies*, such as “motivational enhancement therapies,” “cognitive enhancement therapies,” “relationship enhancement therapies,” “spiritual enhancement therapies,” and so forth, indicating that, as far as the public understanding of these terms is concerned, the erstwhile fight to uphold the difference has clearly been lost. We are now perfectly happy to incorporate the concept of enhancement in our concept of therapy.

II. The Enhancement-Therapy Identity Thesis

There are various argumentative strategies that one can use to justify this move. We can try to *blur* the difference by, for instance, citing real-life cases that we find difficult to subsume under either of the two categories. Is an intervention that allows a seventy-year old woman to conceive and give birth to a child enhancement or therapy? Or one that allows a seventy-year old man to have the love life of a twenty-year old? Is it *therapy* to treat a boy

who suffers from growth hormone deficiency, but *enhancement* to treat one who just happens to be shorter than the average boy of his age? Is vaccination enhancement or therapy? It does not seem to make much sense to insist on the difference between enhancement and therapy in such cases. Another strategy consists in acknowledging the difference (in most, if not all cases), but denying its ethical relevance: we should not be interested in whether some intervention is classed as enhancement or as therapy (though it may well be possible to do so), but focus on whether it is beneficial to us. If the whole point of therapy is to improve a patient's well-being, and something that we would normally call enhancement does exactly the same, then it does not really matter what we call it, we should definitely support it.

A more radical and ingenious strategy to gain support for the enhancement project than that of blurring the difference between therapy and enhancement or denying its moral relevance is to maintain that enhancement actually *is* nothing but (an extension or a particular kind of) therapy. There are two main theoretical arguments to support this claim. I call them the *moral argument* and the *biological argument*. The moral argument is mainly associated with the British philosopher and bioethicist John Harris, and the biological argument with the American philosopher and bioethicist Allen Buchanan.

1. The Moral Argument: John Harris

Already in 1993, long before he used it as the cornerstone of his unreserved, crypto-transhumanist endorsement of radical human enhancement in his 2007 book *Enhancing Evolution*, Harris presented the moral argument in a paper, published in the journal *Bioethics*, that was, judging by its title, meant to answer the question whether “gene therapy [was] a form of eugenics.” Harris’s answer was that it may well be, but that it did not matter. What matters is whether it is desirable, and on reflection it should be clear that gene therapy (by which he meant genetic *enhancement*) is not only desirable, but indeed morally obligatory. We all have a duty to support the development and use of human enhancement technologies because there is no relevant moral distinction between *repairing a dysfunction* and *enhancing a function*, so that if the former is a duty, then the latter is too. This conclusion is reached through a seemingly logical progression from certain assumptions that nobody is likely to deny. Surely, Harris argues, every parent has the right to wish for “a fine healthy child” and to do everything in their power to make sure that their child will

indeed be fine and healthy (Harris, “Is Gene Therapy” 78). But equally, we would consider it *wrong* for a parent *not* to do everything in their power to secure that outcome and to prevent their child from being born disabled or in any other way harmed. It would be wrong for the simple reason that *not preventing* a disability or harm is tantamount to *causing* the condition. This claim is based on the so-called *moral symmetry principle*, which is widely accepted among bioethicists (at least those of a broadly utilitarian persuasion). The moral symmetry principle was proposed by Michael Tooley in 1972. It suggests that if the outcome is the same, then action and inaction are morally on a par, meaning that not preventing an evil is morally as bad as actively causing it. For instance, you are just as responsible for the death of a child that you do not prevent from drowning when you could easily have saved him or her (without endangering yourself) as you would be if you had drowned that child yourself. Yet in order to reach the desired conclusion that standing in the way of human enhancement is morally wrong (and indeed evil), something more is needed, namely a new definition of what it means to be disabled, and this is exactly what Harris provides. Disability, he claims, is “a condition we have a strong rational preference not to be in” and one that is “in some sense a harmed condition” (“Is Gene Therapy” 180). And what is a “harmed condition”? It is one that (once again) someone has a strong rational preference not to be in and which might be described as harmful, “not relative to normal species functioning but *relative to possible alternatives*” (Harris, *Enhancing Evolution* 92, my emphasis). In other words, disability (that is a condition that it would be wrong not to try to rectify) is redefined as harmed condition and, more importantly, harm is redefined as unnecessary (given that there are alternatives) disadvantage. This means that you can be harmed without even being aware of it. No subjective suffering is required for you to be in a harmed condition. It also means that what constitutes harm (and its opposite, health or well-being) is entirely contextual and comparative, depending on what is medically and technologically possible at a given time. It follows that the mere possibility of certain enhancements (the fact that they are already available to us or even that they *could* conceivably *become* available to us if we invested enough money and research) is sufficient to render the unenhanced state that we are currently in, that is the familiar human condition, a state of unnecessary disadvantage and thus of harm. Take for instance the possibility of radically extending human life span (which some, like the British gerontologist Aubrey de Grey, believe is imminent, claiming that the first person to live for a thousand years is likely to

be already alive today). According to Harris, if

the gene therapy could enhance prospects for healthy longevity then just as today, someone who had a life expectancy of fifty years rather than one of seventy would be regarded as at a substantial disadvantage, so having one of only seventy when others were able to enjoy ninety or so would be analogously disadvantageous. (“Is Gene Therapy” 184)

For Harris, “‘death postponing’ is after all just ‘life saving’ redescribed” (184). In a world in which technology promises to make us even more abled than we normally are, the normally-abled become the disabled. In the face of what we could be, the difference between those of us who possess the normal human abilities and those who lack some of them (and who would, for this reason, normally be regarded as “disabled”) becomes negligible. The mere possibility of super-ability makes us *all* disabled. And since this is clearly bad, so the argument goes, we are morally obligated to do something about it. We are morally obligated to enhance ourselves and our children.

2. The Biological Argument: Allen Buchanan

In contrast to the moral argument put forward by Harris, the biological argument proposed by Allen Buchanan does not appeal to a particular understanding of moral obligation. It does, however, also rely on a redefinition, or at least reinterpretation of what it means to be in a harmed (disabled or diseased) state (and thus in need of a cure). Buchanan attacks what he takes to be the conventional view of nature (or evolution) as some kind of master engineer and, accordingly, of its products (living beings, which includes us humans) as finely tuned masterworks of creation, in which everything has a purpose and everything fits together perfectly with everything else (*Beyond Humanity* 155–61). According to Buchanan, nothing could be further from the truth. Far from being a master engineer, nature is more like a blundering, blind fool or, at best, a mere tinker, a rather incompetent amateur who tries his best with the materials that he happens to find in his garden shed to create something that does not fall apart right away, but which is certainly not good enough to last very long. Living organisms may indeed be “finely tuned,” but they are so in the same way a house of cards may be said to be finely tuned in the sense of being perfectly balanced. This only means that

it may be brought down by the slightest disturbance. The truth is that we are very poorly designed, which means that human enhancement, that is an improvement of our very nature, our design as a living organism, is more than just desirable. It is in fact urgently needed to safeguard nothing less than our own survival as a species. “If the human organism is so poorly designed as to be exceedingly fragile, then we may need to improve it if we are to survive” (158). This is a reinterpretation of what it means to be in a harmed condition because it assumes that harm (that is, an intolerable and in the long run fatal weakness) is an in-built characteristic of our species and indeed the very essence of our human condition. If our very humanity is the primary disease, the disease at the root of all diseases, then harm is no longer an exception, a deviation from the normal, healthy and unharmed state of being. It is identical with what we are, which means that we are all, simply by virtue of being human, in need of a cure.² Human enhancement is then nothing but the ultimate therapy. If you believe that, then it is difficult to avoid the kind of practical conclusion that Max More, one of the founding fathers of transhumanism, proclaimed in his seminal paper “Transhumanism: Towards a Futurist Philosophy”: “Let us blast out of our old forms, our ignorance, our weakness, and our mortality. The future is ours” (12).

2. This conception bears only a superficial similarity to earlier conceptions of humanity’s alleged deficiencies or sickness, for instance Friedrich Nietzsche’s and Arnold Gehlen’s. When Nietzsche declares the human to be “the sick animal” (*das kranke Tier*) (*Werke in drei Bänden*, Vol. II, 862; *On the Genealogy of Morality* III.13), he does not define human nature as such, but seeks to describe a common (but by not means natural) present human condition. The sickness of the human is not inscribed in our nature, but shows itself merely in our (culturally induced) attitude. It is a deviation from the healthy attitude of self-respect, courage, and defiance that we should have and could have if we only chose to. An enhancement of our biological nature is in no way needed to restore our health. Gehlen is a different case, of course, because for Gehlen it *is* our nature to be the “deficient being” (*Mängelwesen*), but for Gehlen this does not render us in need of a cure because our very deficiency is the reason why we have developed something that is so much more valuable than nature, namely *culture*. Our deficiencies did not harm us: they provided us with the opportunities to become what we are. They are what has made us *special*. Cf. Gehlen, Arnold. *Der Mensch. Seine Natur und seine Stellung in der Welt*. Berlin: Junker und Dünnhaupt, 1940; Nietzsche, Friedrich. *Werke in drei Bänden*. Munich: Hanser Verlag, 1966.

III. Applications

Applications of this view, which has been argued for, although in different ways and on different grounds, by both Harris and Buchanan, and which we may call the *enhancement-therapy identity thesis*, can be found abundantly both in the current academic literature on human enhancement and in the popular culture which receives and reflects it. It is this tendency to unquestioningly accept the enhancement-therapy identity thesis that I call the *transhumanisation of culture*. In the following I will briefly provide examples of discourse relating to the four main (that is, most widely discussed) areas of human enhancement: emotional enhancement, cognitive enhancement, moral enhancement and life extension. In each of these cases we can identify a *diagnosis* relating to the supposedly intrinsically pathological human condition and a proposed *cure* that consists in the successful execution of some form of capacity enhancement.

1. Emotional Enhancement

Diagnosis: We are all enslaved by our emotions. Cure: Using human enhancement technologies to gain control over our emotions.

Emotional enhancement is not only about making people happier (and thus increasing their subjective well-being), but also, and perhaps even more so, about being able to adjust one's moods and emotions to what we think is *required* in a particular situation and to how we think we *should* feel in line with our own best (second-order) *interests* and rational *goals*. (It may of course also be about how we think *others* should feel to best serve *our* interests and goals, rather than theirs.) If, for instance, it is required that we feel sad, rather than happy, then we should be able to *be* sad. If we feel we should be angry, then we should be able to *be* angry. It is a matter of control, of being the master in our own house, of our own body and mind. That is what we hope to gain through mood enhancement. The current state of affairs, in which we are *not* in control, or only to a very limited degree—we can perhaps choose to do things that are likely to make us happy or sad, but in most cases whether we are happy or sad will depend on what *happens*, be it in the world out there or in our own body, rather than on what we *want*—, is regarded not only as unsatisfactory *to us*, given our desires and interests, but as deeply wrong in itself, as *intrinsically* or *objectively* defective. In this vein, Brian D. Earp, with some of his colleagues from the Oxford Uehiro Centre for Practical Ethics,

has recently suggested that we should see human love and pair-bonding as an *addiction*, mostly based on the strong (physiological and psychological) similarities that could be found between drug or alcohol addiction and “love- and sex-based interpersonal attachment” (2).³ While in previous publications Earp and colleagues had only argued that *some* forms and instances of love may be considered bad for the people involved (i.e. detrimental to their well-being) and should therefore be treated with love enhancement technologies (should those become available),⁴ they are now, by emphasising the addictive nature of love, strongly suggesting that love *itself* is a disease, something that we need to be cured of. Even though they assure the reader that they are not proposing that we try to eradicate *all* love (but once again only those forms and instances that compromise people’s well-being), they do nonetheless imply as much when they maintain that, by its very nature, love is usually bad because it generally involves “despair, desperate longing, and the extreme and sometimes damaging thoughts and behaviors that can follow from love’s loss” (2). If all love is likely to compromise our well-being, then we may well decide that we would be better off without it. Thus, the diagnosis of a pathology is extended from certain kinds of love to love itself.

2. Cognitive Enhancement

Diagnosis: We are all stupid, suffering from various, hardwired cognitive deficiencies. Cure: Using human enhancement technologies to increase our brain power.

Smart drugs, such as modafinil, have long been used by students to improve their performance in exams, but their use is now increasingly becoming a lifestyle choice. The general view seems to be that we could all do with a little more smartness, focused attention, alertness, and wakefulness to meet the rising demands of our busy lives. We are taught to feel deficient, mentally challenged, simply not up to the task. And it is not only our professional lives that are affected by this acquired lack of confidence in our own ability to cope,

3. This article has not been published yet, but it is available online at: <https://www.academia.edu/3393872/Addicted_to_love_What_is_love_addiction_and_when_should_it_be_treated>.

4. Cf. Earp, Brian, et al. “If I Could Just Stop Loving You: Anti-Love Biotechnology and the Ethics of a Chemical Breakup.” *The American Journal of Bioethics* 13.11 (2013): 3–17.

equipped as we are only with the limited intellectual powers that we possess by nature, but increasingly *life itself*. Thus Provigil (modafinil) is marketed with the slogan “Wake up to life,” suggesting that we have been asleep all along, that life as it could be (and as it is meant to be) has passed us by, and that only by taking those drugs will we become able to experience life to the fullest, for the first time ever truly awake, truly *there*. But there is more at stake here than just our possible failure to perform well in our jobs or to experience life to the fullest. As Allen Buchanan and others have argued, if we don’t get a lot smarter very soon, we will not be able to deal effectively with the global and potentially life-destroying problems that we face today, and thus be unable to prevent a catastrophic downturn of human life, possibly leading to the extinction of the whole human race (Buchanan, *Beyond Humanity* 158–61; Persson and Savulescu, *Unfit for the Future* 1–11). As a species, we are currently just not smart enough to do anything about it.

In this vein, in a TEDx talk recorded in 2012, the neuroscientist and philosopher Anders Sandberg, research fellow at the Future of Humanity Institute at the University of Oxford and a leading transhumanist, announced, with triumphant humility, that he had just made an important discovery, namely that he is stupid. But not only that. He also discovered that all those bright people at Oxford University who made him feel stupid, are actually stupid too. In fact, we all are. Humanity is a very stupid species, with the brightest people quite capable of being outsmarted by a mouse. However, since we are also a very *powerful* species, we have a problem on our hands, because stupidity paired with power is obviously a very dangerous combination. We are, Sandberg claims, like monkeys, prodding with a stick at potentially lethal stuff, with no clue what we are actually doing. Clearly, then, something needs to be done about our stupidity. We need to cognitively enhance ourselves (presumably in order to leave the monkey stage behind us and become, through self-directed evolution, truly human at last—though if we really are like monkeys now, that is not very bright, won’t we botch that up too?). Cognitive enhancement is thus understood and presented, by Sandberg and others, as an urgently needed therapy to a fatal disease, the disease being our inborn stupidity as a species, or once again the human condition as such.

3. Moral Enhancement

Diagnosis: We are all evil (or at least not good enough). Cure: Increasing

our capacity and disposition for empathy, love, and fairness.

In 2008, the Swedish philosopher Ingmar Persson and the ethicist and director of the Oxford Uehiro Centre for Practical Ethics, Julian Savulescu published an article in which they warned (quite surprisingly given that Savulescu used to be one of the most vocal proponents of human enhancement including cognitive enhancement), against the “perils of cognitive enhancement” and claimed that, to combat or avoid those perils it was imperative that we (also) enhance the moral character of humanity (“The Perils”). So suddenly another form of enhancement, moral enhancement, was needed as a safeguard against the potential dangers of cognitive enhancement. Persson and Savulescu’s argument was quite simple (not to say simple-minded): if we make people smarter, bad people (like, for instance, Islamist terrorists) will also get smarter, and if they do, it will be much easier for them to accomplish their evil goals. In subsequent years they then developed and refined their argument in a series of articles, culminating in the publication of a book with the telling title *Unfit for the Future: The Need for Moral Enhancement* (2012). By then the main problem necessitating moral enhancement was (wisely) no longer evil terrorists, but rather the fact that we are constitutionally unable to deal with the problems that we face today—with global terrorism, mass starvation in countries that we euphemistically call developing, environmental destruction and climate change. Liberal democracy does not help, on the contrary: it makes matters worse because it can only ever allow popular policies, and the restrictions that we would have to impose on ourselves in order to save the planet for future generations and non-human animals are never going to be very popular as long as we are morally so restricted as we are. Thus we tend to believe that we are morally responsible only for what we actively cause, not what we merely allow to happen. Our altruism is usually limited to people that are nearby (in space and time), and we are emotionally unaffected by large numbers, so we can stomach the starvation of millions easier than the starvation of one person right on our doorstep. So the problem is not that we are not *smart* enough. The problem is that we are not *good* enough. As a consequence, we really are about to mess it up and before long it will be too late to do anything about it, so what we need to do, if we can, is improve our moral dispositions and find a way to overcome the deficiencies that are part of our evolved nature. Since traditional ways of moral education have proved to be largely ineffective, the only hope we have to achieve this is through moral *bio*enhancement, that is by reconstructing the human condition to make it more amenable to, or

increase the scope of, empathy, fellow-feeling, our sense of fairness and moral obligation, etc.

Although it is not entirely clear how exactly we are going to accomplish this feat, those who, like Persson and Savulescu, believe in the desirability and possibility of moral bioenhancement, make a lot of fuss about the biological roots of our moral dispositions and are pretty confident that we will be able to affect the desired changes by manipulating our brain chemistry. Hormones such as oxytocin, which functions as a neurotransmitter, are believed to be connected to our ability and willingness to trust other people as well as to other pro-social dispositions. It should be obvious, though, that the ability to manipulate our moral dispositions has its own dangers, so that the proposed therapy may well prove to be worse than the disease (of a lack of morality) that it was meant to cure. Given the diagnosis we should not expect moral enhancement technologies to be used for the human good. It is much more likely that they would be used to increase some people's power over others. These days oxytocin is already marketed by firms such as Vero Labs in form of sprays. Its express purpose, however, is not moral enhancement, but manipulation. It is sold as "Liquid Trust" and advertised with the slogan "trust is power." You use it to make yourself "instantly irresistible" and to "attract women by getting them to trust you."

4. Life Extension

Diagnosis: Aging is a disease, and death the greatest evil. Cure: Radical life and health extension through genetic engineering, nanotechnology, and other biotechnologies.

Radical life extensionists like More (1990), Nick Bostrom (2005),⁵ de Gray (2007), or Harris (2007), all believe, and encourage us to believe, that death is "the greatest evil," and ageing, because it inevitably leads to death, the worst disease. More even argues that as long as we have to die it is not possible for us to live a meaningful life. Mortal life is per definition meaningless. So once again the human condition, an essential part of which is our mortality, is decried as a state that is deeply, utterly deficient and unsatisfactory. It is, in Harris's sense, by its very nature a "harmed condition," and our job is to fight it

5. Bostrom, Nick. "The Fable of the Dragon Tyrant." *Journal of Medical Ethics* 31 (2005): 273-77.

with the greatest possible determination and urgency. Popular culture has been quick to catch up with this view. An Internet blogger who calls himself “The Jesus Alien” informs us that

[m]ortality is a disease and biological immortality is no longer science fiction, scientists know that we will one day be able to adjust our life spans [...] Now, what if some ancient civilisation already mastered this through some herbal mix through extracting chemicals from atralagus or other herb, or what if these people were travellers from another realm or planet with advanced technological knowledge?

This may sound crazy, which it is, of course, but what is interesting about it is the change in attitude towards our own mortality that it betrays. Death is no longer a given, dying no longer a necessity. We can use herbs (or some other natural substance or process) against the disease of mortality. The possibility of a cure proves the existence of the disease, and that a cure is possible is proved by the fact that others have done it before us. Just look at Michael Jackson whose likeness can be found in images throughout history going back to ancient Egypt (helpfully provided by the blogger). So clearly Michael Jackson must be an immortal alien. And if aliens can do it (with their advanced technology), then we can too. The logic is impeccable. And we are all willing to literally buy into it when we listen to the promises of the consumer society, spearheaded by the cosmetic industry. As it happens, Yves Saint Laurent sells a range of skin products under the brand name “Forever Youth Liberator,” which very neatly captures the essence of transhumanism, namely the aspiration to be completely, and always, in control, to be a truly autonomous being.

IV. Conclusion

The common theme, traceable in the discourses surrounding each of those different forms of human enhancement, is that technology will cure us from the disease of being human. Once we are cured, we will no longer be human. We will be posthuman. It seems that nowadays many of us cannot wait to get there. We can sense the impatience, the desperate longing for the promised cure in the tenacity with which crowds are queuing for the latest electronic gadget or telecommunication device in front of the shops, long before they

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open their doors, just so that they can be the very first to get and own them. The iPhone is a symbol of the world-to-come, a symbol of the hoped-for posthuman condition when we can live our lives, for the first time ever, disease-free. When Apple launched its new iPhone 5s, its marketing was supported by a video that showed people using their iPhone in various different situations and for all kinds of purposes, underlining the *empowering* nature of the device (“You’re more powerful than you think”). The soundtrack to the video was a song by Jennifer O’Connor, called “When I Grow Up,” which contains the following lyrics: “When I grow up, I’ll be the hero/ of my story book. I’ll start out zero./ [...] When I grow up, I’ll be good and strong./ I’ll create a world where I belong. When I grow up, I’ll be who I want to.” In combination with the video, those lines strongly suggest that it is *technology* and its potential to enhance all our capacities that will eventually allow us to grow up, and once we have done so, we will finally be able to write our own story (rather than have it written for us by the forces of nature, which include our own treacherous body). We will no longer be bad and weak, as we are now, will no longer have to live in a world where we do not belong, and will no longer be prevented from being exactly who we want to be. This comes very close to the benefits that the transhumanist philosopher Bostrom cited when he set out to explain ‘why he wanted to be a posthuman when he grew up.’

Now it may well be true that the *longing* for all that is as old as humanity itself. Yet there is still something new here. The increasing tendency to view human enhancement as a form of therapy (which is meant to cure us from the human condition) marks a remarkable change in our *normative attitude*. It seems to be more and more common to believe that we *deserve* to be enhanced and that we have the *right* to be. And with good reason: if enhancement really is therapy, then it is not unreasonable at all to believe that we are *entitled* to be enhanced just as we are now entitled to be cured when we are ill. It is what common decency seems to dictate, *if*, that is, the human condition is indeed adequately described as a disease. But is it? Do we really need to be cured of our humanity?

I had intended to end with that question, leaving it to the reader to connect the dots and come to their own conclusion. What I wanted to do with this paper is mainly share an observation or describe a phenomenon, and not necessarily provide a proper argument for or against transhumanism, the enhancement-therapy identity thesis, or the transhumanisation of culture. Arguments, especially when it concerns ethical issues (i.e. what is good and

bad, what we should and should not do) are overrated. However, a reviewer for this journal has kindly requested that I nail my colours to the mast and say right out what I think about all this, so here goes: I don't believe that humanity is in need of a cure. It seems to me that we are good enough. Since I have defended this view elsewhere,⁶ I will not attempt to do so again. Suffice it to say that I do not share Harris's view that the mere possibility of an improvement beyond what is normal and healthy according to current human standards brings about a moral obligation to provide said improvement, and neither do I buy into Buchanan's argument that we are so badly constructed that we cannot survive without changing our very nature. We have survived so far and have actually proven quite resilient. If Buchanan were right, one should expect that we already perished a long time ago. But we did not, and chances are we will be around for some time even without enhancement. And if for some reason we won't, then it is rather unlikely that an enhancement of our nature would have saved us.

6. I have done so especially in: Hauskeller, Michael. "Human Nature from a Transhumanist Perspective." *Existenz* 8.2 (2013): 64–69.

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Abstract

This paper examines the increasing integration of the radical human enhancement project into the cultural mainstream. The tacit identification of enhancement with therapy is no longer contested, but widely accepted. Transhumanism leads the way by pointing out the deficiencies of our nature and presenting radical human enhancement as the urgently needed cure. The paper traces this particular self-conception, which I call the *enhancement-therapy identity thesis*, and how it is reflected in our culture. I look at what I consider the two main arguments in support of the identity thesis, namely the *moral argument*, which was made by John Harris, and the *biological argument*, which was made by Allen Buchanan. According to the moral argument, there is no relevant moral distinction between repairing a dysfunction and enhancing a function, so that if the former is a duty, then the latter is too. According to the biological argument we have been so poorly constructed by nature that we can only survive by radically enhancing ourselves. The analysis of these two arguments is followed by examples of public discourse that rely on or otherwise make use of the enhancement-therapy identity thesis. The chosen examples cover the four main areas of human enhancement: emotional enhancement, cognitive enhancement, moral enhancement, and life extension. In each of these cases I identify a diagnosis relating to the supposedly intrinsically pathological human condition and a proposed cure that consists in the successful execution of some form of capacity enhancement. I conclude with a brief reflection on the change in our normative attitude that the endorsement of the enhancement-therapy identity thesis induces.

Keywords: transhumanism, human enhancement, cognitive enhancement, emotional enhancement, life extension, moral enhancement

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