

Thinking What We Want: A Moral Right to Acquire Control over our Thoughts

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Case 1: A man has unwanted thoughts about smoking cigarettes. He thinks about smoking, and the enjoyment he gets from smoking, every time he smells cigarette smoke or sees another person light up. He has successfully refrained from smoking for many months and is strongly motivated to continue to refrain. Nonetheless, he finds these thoughts distressing and their presence makes it hard for him to stick to his non-smoking lifestyle.

Case 2: A woman has intrusive thoughts about being mugged, most of which are memories of a mugging that she in fact experienced. She has become adept at coping with these thoughts and usually avoids letting them influence her daily life. However, they are very unpleasant and she has a strong desire to be rid of them.

Case 3: A man has recurrent, sexually arousing thoughts about having sexual contact with children. He has never acted on these thoughts and anticipates that he will never act upon them. Still, these thoughts are extremely upsetting for him and *not* acting upon them requires considerable exercise of his willpower.

Each of the above scenarios – let us call them ‘the initial cases’ – involves a person having thoughts come into their awareness that they did not choose to conjure up and which cause them some distress. Harboursing unintended and unwanted thoughts is, of course, ubiquitous. We are all familiar with having thoughts surface – both spontaneously and in response to external inputs – without our choosing or willing that they do. And given that we often do not *control* whether we experience these thoughts or their content, there is a sense in which our thinking is not entirely free. We may have the freedom to reflect upon the thoughts entering our minds and decide if we wish to embrace them or allow them to influence our actions, at least to some extent. We also sometimes succeed in developing strategies for repressing unwanted thoughts or for diverting our attention away from them. But in very many instances, we have

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little immediate control over the kinds of thoughts that enter our minds in the first place. We are also often unable to change the content of our thoughts by sheer force of will alone.³

The question of interest to us in this chapter is whether our moral right to freedom of thought entails a moral right to *acquire control of* our thoughts, where that right is understood as a right that others not interfere with our attempts to acquire the wherewithal for such control, including by accessing psychological techniques or neurotechnologies. This putative dimension of the moral right to freedom of thought has hitherto inspired little discussion. Freedom of thought is usually conceived of as a moral right *against others'* control of our thoughts.⁴ It is also sometimes suggested to contain or imply a moral right to the prerequisites for independent and critical thinking, such as access to information and a diversity of viewpoints.⁵ But it is not usually thought to entail a moral right *to acquire mental control*, understood as a right that others not interfere with attempts to acquire such control. This may be in part because it is assumed that the available options for acquiring control over many of our mental states are profoundly limited and hence the question of whether we have a moral right to acquire control over them is of little practical relevance.

Plausibly, however, the landscape is changing. Various psychological techniques (e.g., cognitive behavioural techniques and meditative or mindfulness strategies) are touted as facilitating the alteration or suppression of unwanted thoughts.⁶ Neurotechnological developments, too, are opening up new possibilities. Existing pharmaceuticals capable of rousing positive emotions in those who consume them, for instance, can be harnessed by people wishing to supplant their despondent and/or anxious thoughts.⁷ Other pharmaceuticals show promise for inhibiting both the formation of and the negative emotions associated with traumatic memories.⁸

³ Some authors have argued that when it comes to our *beliefs*, direct control at will is impossible. For classic accounts of this doxastic involuntarist view, see Williams, 'Deciding to Believe'; Alston, *Epistemic Justification: Essays in the Theory of Knowledge*, 81–114.

⁴ Bublitz and Merkel, 'Crimes Against Minds: On Mental Manipulations, Harms and a Human Right to Mental Self-Determination'; Jenca and Andorno, 'Towards New Human Rights in the Age of Neuroscience and Neurotechnology'; Alegre, 'Rethinking Freedom of Thought for the 21st Century'. Note, that these authors are focused on the *legal* rather than the moral right to freedom of thought.

⁵ Shaheed, UN Special Rapporteur on Freedom of Religion or Belief, Report on the Freedom of Thought, 5 October 2021, A/76/380, at 43 and 94; Lighthart et al., 'Rethinking the Right to Freedom of Thought: A Multidisciplinary Analysis', 2. This literature again focuses on the legal right to freedom of thought.

⁶ See, for example Reinecke et al., 'Cognitive-Behavioural Therapy Reduces Unwanted Thought Intrusions in Generalized Anxiety Disorder.'

⁷ Vallejo et al., 'Propofol-Induced Deep Sedation Reduces Emotional Episodic Memory Reconsolidation in Humans'; Vaiva et al., 'Immediate Treatment with Propranolol Decreases Posttraumatic Stress Disorder Two Months after Trauma'; Kindt and Soeter, 'Pharmacologically Induced Amnesia for Learned Fear Is Time and Sleep Dependent'.

⁸ Ebrahimi et al., 'Augmenting Extinction Learning with D-Cycloserine Reduces Return of Fear: A Randomized, Placebo-Controlled fMRI Study'; Giustino, Fitzgerald, and Maren, 'Revisiting Propranolol and PTSD: Memory Erasure or Extinction Enhancement?'

Neurofeedback training – wherein a person attempts to train themselves to gain voluntary control over their thoughts or feelings with the aid of real-time feedback from brain activity – could potentially enable people to voluntarily create or avoid certain mental states in the future.⁹ And closed-loop brain devices – devices that detect patterns in neural activity and stimulate the brain so as to halt particular patterns of activity before they manifest themselves – might offer similar possibilities. These devices are currently used to manage seizures in cases of refractory epilepsy, detecting and halting the beginning of seizure activity before a seizure transpires.¹⁰ But we can imagine their being deployed in further circumstances should we succeed in identifying the neural precursors and/or correlates of other undesired mental states or processes. For example, closed-loop brain devices might become capable of reliably detecting neural activity that signifies the advent of a negative mood or an intrusive thought and of blocking these mental states at their users' behest. This changing landscape thus raises new questions about the nature and scope of the moral right to freedom of thought.

We suspect that there is at least some intuitive appeal to the idea that insofar as it is *possible* to acquire the ability to control the thoughts we entertain, we have a moral right to do so. We suspect that many would intuit that the protagonists in the initial cases have a moral claim that third parties refrain from thwarting their efforts to gain control over their thoughts, as and when there are means by which they can do so. In saying this, we recognise that some may also have the intuition that there is prudential and perhaps moral value to be had in *learning to live with* as opposed to acquiring control over our thoughts. Some might hold that the former is character- and resilience-building, while also reflecting a morally admirable humility about the limits of one's own capacities. Yet, we suspect that in liberal societies even those who advance such a claim will intuit that the above protagonists nonetheless have a *right* to acquire mental control (including with the aid of available technologies) if they so wish. Perhaps it would be best if the smoker learned to live with his temptations. But that is consistent with thinking that he nevertheless has a right to acquire the ability to suppress them, should that be his preference.

Yet, this putative moral right to acquire mental control seems, at first glance, to have some counterintuitive implications. It seems to imply, for example, that third parties have a duty not to intervene when people attempt to utilise psychological or neurotechnologies to embrace and sustain false beliefs. It also seems to imply that we should not hinder people's (technology-fuelled) cultivation and maintenance of unjustly discriminatory attitudes. We posit that the

⁹ Hampson, Ruiz, and Ushiba, 'Neurofeedback?'

¹⁰ Siston et al., 'Closed-Loop Brain Stimulation for Drug-Resistant Epilepsy: Towards an Evidence-Based Approach to Personalized Medicine.'

existence of these seemingly counterintuitive implications behoves us to unpack, and assess what they mean for, the putative moral right to acquire mental control. Is it the case that these putative implications speak against the existence of a moral right to acquire mental control (and if so, how then can we account for the intuitions we may have felt at this chapter's outset)? Or is it instead that these putative counterintuitive implications are not actually implications of the moral right to acquire mental control at all but instead highlight how the right to mental control is heavily circumscribed: *viz.*, that there are certain types of mental control that are not protected by the moral right under discussion?

This chapter examines the cases for and against the moral right to acquire mental control. We begin, in section 1, by advancing arguments in support of this right. Section 2 considers, and ultimately denies, the claim that the moral right to acquire mental control has counterintuitive implications, instead arguing that the moral right to acquire mental control simply does not cover cases in which mental control will be exercised impermissibly. Section 3 considers some objections to each of these strands of argument. Section 4 concludes.

Some clarificatory points before we proceed. Note, first, that the right to acquire mental control is not rendered superfluous by the fact that our exercises of control take place 'inside the head'. It is true that others in general have a limited ability to observe and alter what is taking place within the confines of our own brains and minds. And as a result, our exercises of mental control enjoy a degree of natural protection.¹¹ However, recall that our focus here is not on interferences with *exercises* of control, it is rather on interferences with attempts to acquire the wherewithal for control, including by accessing technologies. The limited ability of others to observe and alter the contents of our brains and minds does nothing to protect against interferences of these kinds.

Note, secondly, that our discussion in this chapter is limited to the question of whether people have a moral right that third parties not hinder their attempts to acquire control, for example, by frustrating access to psychological techniques and neurotechnologies for enabling control. There is a further question as to whether third parties have a moral obligation to fund or otherwise take positive steps to make available such technologies. We anticipate that this putative obligation would also receive some intuitive support, at least in certain circumstances. (Consider how we might judge that the protagonists in our initial cases have a moral claim that the state and/or

¹¹ Ienca and Andorno, 'Towards New Human Rights in the Age of Neuroscience and Neurotechnology'; Bublitz and Merkel, 'Crimes Against Minds: On Mental Manipulations, Harms and a Human Right to Mental Self-Determination'.

other individuals assist them in gaining control over their distressing thoughts.) However, the focus of our discussion here is on the less radical claim that people have a moral right that others not interfere with their attempts to acquire control, including by accessing technologies.

Third, we understand the putative moral right to mental control as a right against having one's *non-rights-infringing* attempts to acquire the wherewithal for mental control thwarted. We are thus excluding cases where the means via which one attempts to gain control infringe others' rights – for example, one's attempts to gain control by stealing a brain stimulation device from someone else – from the purview of this putative right from the outset.

Fourth, we assume that there are two different ways in which the protection provided by a moral right may be limited. The first are the right's inherent limits: in this case, limits on the range of circumstances in which an agent's attempts to acquire mental control enjoy the protection of the right, such that interferences with such attempts might infringe it. The second are the right's 'external' limits: countervailing considerations that justify infringements of the right. We see ourselves, in this chapter, as identifying some inherent limits on the putative moral right to acquire mental control. However, we acknowledge that there will be disagreement over whether our identified limits represent occasions when the pursuit of mental control fall beyond the scope of the right or occasions when the right may permissibly be infringed. It is not our intention to press decisively on our favoured side of this point of disagreement, though we do advance some reasons for thinking that certain attempts to acquire mental control fall outside the scope of the (putative) moral right.

Finally, fifth, we do not intend our defence of a *pro tanto* and limited moral right to acquire mental control to be understood as an argument for drug policy reform. Granted, the reasons we advance in support of this moral right might also provide support for a (*pro tanto*) moral right to alter one's mental states using currently illicit psychoactive drugs, which might in turn provide support for a *legal* right to the same.¹² Yet, our discussion does not explore these possible implications. We refrain from exploring the implications of our arguments for drug policy because we are doubtful that the putative moral right to acquire mental control implies any straightforward and general the moral right to alter one's consciousness with the aid of currently illicit psychoactive drugs. Some usage of such drugs might be more appropriately described as an

¹² Proponents of pro-liberalisation arguments do sometimes use language which suggests that they are positing something like a right to acquire mental control as the basis for liberalisation. Consider, for example, how Charlotte Walsh and Thomas Roberts respectively describe the prohibition of psychedelics as "curtailing the mental landscapes available" to persons, and as limiting "what we can know about our minds and how we can use them", see Walsh, 'Psychedelics and Cognitive Liberty: Reimagining Drug Policy through the Prism of Human Rights', p. 83.

effort to *lose* mental control, insofar as these drugs induce mental states (e.g., hallucinations, euphoria) over which the person experiencing them has no control, or induce addiction—again, something that plausibly reduces rather than promotes a person’s mental control. Given this, we think that any exploration of the implications of our arguments for drug policy would need to examine the scientific—and possibly also sociological and political—particularities of specific drugs, used in specific populations and contexts, and we have neither the space nor the expertise to perform such a detailed examination here.¹³

1. Why Think That We Have a Moral Right to Acquire Mental Control?

On an interest-based account of rights,¹⁴ whether we have a moral right to acquire mental control depends in part on whether we have an interest in acquiring mental control. It seems plausible that we have such an interest in respect of certain kinds of mental control, since that control has value to us. That is, we have an interest in *acquiring* (certain forms of) mental control, since we have an interest in *possessing* such control. Why do we have this latter interest? This will depend on which theory of wellbeing one adopts. Objective list theories frequently ascribe value to control or one of its close relatives, such as ‘shap[ing]’ one’s life according to one’s own ‘choices and reactions’,¹⁵ having some measure of life ‘mastery’,¹⁶ ‘autonomy’¹⁷ or the ability to ‘decid[e] for oneself’;¹⁸ and, in many cases inspired by Kantian views,¹⁹ this value is often taken to be at least in part noninstrumental—control is thought to be valuable irrespective of whether it causally contributes to anything else of value.²⁰

On mental state theories of wellbeing, control lacks noninstrumental value, but it likely still possesses instrumental value. On these theories, wellbeing consists in having ‘the right sorts of

¹³ We thank an anonymous reviewer for pressing us to consider our views on the implications of our arguments for drug policy reform.

¹⁴ Raz, *The Morality of Freedom*.

¹⁵ Scanlon, ‘Well-Being’. For an objective list approach that affords a large place to liberty and choice, see also Nussbaum, *Women and Human Development: The Capabilities Approach*.

¹⁶ Ryff and Singer, ‘The Contours of Positive Human Health’. Ryff and Singer’s theory is more precisely part of the *eudaimonistic* group of well-theories found within the psychological literature, but these theories share many similarities with objective list approaches.

¹⁷ Rice, ‘Defending the Objective List Theory of Well-Being’, 202.

¹⁸ Griffin, *Well-Being: Its Meaning, Measurement and Moral Importance*, 67.

¹⁹ By ‘autonomous and independent agents’ here, we mean beings who both have the capacity to exert control over their lives (autonomous) and who exist as separate entities with ends of their own (independent). This understanding of autonomous agency is to be distinguished from the condition of ‘having or possessing autonomy’ which consists in actually realising the capacity to control some aspects of one’s life, see Killmister, ‘Paternalism and Autonomy’ for this distinction between autonomy as capacity and autonomy as condition. Note, too, that the use of the descriptor ‘independent’ is not intended to downplay the extent to which humans are also *interdependent*.

²⁰ Burri, ‘Personal Sovereignty and Our Moral Rights to Non-Interference’; Pugh, *Autonomy, Rationality, and Contemporary Bioethics*, 237.

mental states' or thoughts²¹ – for example, pleasant or enjoyable ones in the case of hedonism. Having control over our thoughts is likely to contribute to the creation of such mental states, since we are typically motivated to produce precisely those mental states that are, on mental state views, taken to be valuable. Finally, on desire satisfaction accounts of wellbeing, mental control is likely to have both instrumental and noninstrumental value. It will have instrumental value insofar as we employ this control to create mental states that we desire to have, thereby satisfying desires. And it will have noninstrumental value insofar as having mental control is itself something that we desire.

Now, of course, people do not have a moral right to acquire control over *everything* that they have an interest in controlling. However, it is plausible that we all have a moral right to acquire control over those things that (i) we have a *powerful* interest in controlling *and* (ii) are in some sense 'internal', 'intrinsic' or 'personal' to us. Our choices with respect to our bodies exemplify both (i) and (ii). We typically recognise that people have a moral right to control the personal matters that pertain to their bodies insofar as this is possible. For example, we allow that people should be free to gain control over their reproductive function – by, let's say, using hormonal contraception, getting a vasectomy or using fertility medication – if they so wish. We also allow that people should be free to avail themselves of psychological treatments (e.g., cognitive behavioural therapy or gut-directed hypnotherapy) in order to gain the ability to influence their digestive function,²² or to utilise appetite suppressants (or appetite stimulants) to acquire greater control over their bodily weight.²³ And this is not just because having control over these kinds of matters is in our interests, though of course it is. It is also because our interest in controlling these bodily functions is often powerful, and our bodily space is plausibly 'our business' – ours alone to control.²⁴ We infringe a person's moral right to control these bodily functions in intervening to stop their non-rights-infringing efforts to acquire bodily control, because we intervene in a domain that is their business in a way that frustrates a powerful interest that they have. The question of whether people have a moral right to mental control thus depends on whether their interest in acquiring mental control is a powerful one—which we suggest it often is—and on whether a person's mental life is, like their bodily affairs, also their business—and it

²¹ Kagan, 'Me and My Life', 310.

²² Due to the existence of the gut-brain axis – a bidirectional communication network between the central and the enteric nervous systems – it is speculated that psychological interventions can help people influence their gut motility, gut secretions and pain sensitivity, see Palsson and Whitehead, 'Psychological Treatments in Functional Gastrointestinal Disorders: A Primer for the Gastroenterologist.'; Kinsinger, 'How Your Brain and Emotions Control Your Gut'.

²³ Though these drugs are only prescribed when it is also judged that their use is in the recipient's health interests – for example, in cases of obesity.

²⁴ Feinberg, *Harm to Self*, 27.

seems obvious that it is. On the first point, our interest in acquiring mental control will often be powerful because our wellbeing is so exquisitely sensitive to what is going on in our minds. On the second, our thoughts (just like our bodies) are, as George Sher puts it, one of the few things ‘that [are] totally and entirely *ours*’;²⁵ no one else shares our particular collection of thoughts, just as no one else interacts with the world through our particular body. We suggest, then, our interest in mental control will, at least in many cases, satisfy out two conditions—(i) and (ii)—for generating a right.

2. Some Doubts and How to Respond to Them

Yet, recognising the existence of a moral right to mental control may have some counterintuitive implications. Consider the following:

Case 4: Jon does not want to believe that our planet is getting warmer. By using a neurofeedback training technique, he can train his brain to upregulate the activity of brain regions that enable him to resist changing his beliefs in the face of counterevidence and argument. Jon wishes to avail himself of this technology such that he can remain firm in his favoured beliefs, including his current belief that global warming is a myth.

Case 5: Iris wishes to continue embracing the contempt and feelings of superiority that she feels towards and over Black people, but recently she has found these attitudes weakening as a result of many positive interactions with some Black colleagues. If she takes a particular brain active pill, she can bolster her racist attitudes, reversing the effects of those interactions. Iris wishes to have access to this pill.

Case 6: Henry neither wants to remember nor feel obliged to make apology for the fact that he physically assaulted Louisa yesterday. With a closed-loop brain device implanted, it will be possible for Henry to detect when the memory of the event is about to enter his consciousness and to block it before it manifests itself. Henry desires to have such a device implanted.

Case 7: Ana wants to experience feelings of pleasure or enjoyment whenever she witnesses or hears about the suffering of others. A cognitive behavioural technique exists that enables people to cultivate any emotion they choose in response to particular stimuli, and this technique is very effective. Ana desires to avail herself of this technique so that she henceforth enjoys witnessing the suffering of others.

²⁵ Emphasis added. Sher, *A Wild West of the Mind*, 131.

In each of the above scenarios – let us call them ‘the problem cases’ – the person in question wishes to utilise a psychological technique or neurotechnology to achieve greater mental control, something that our earlier arguments (and intuitions) suggest they have a moral right to do. Yet, we (the authors) have the intuition that the protagonists in these problem cases *do not have* a moral right to acquire the sort of control over their thoughts that they seek: *viz.*, that third parties do not have a *pro tanto* moral duty to refrain from interfering with these agents’ attempts to acquire the wherewithal for mental control. Or at least, they do not have such a duty if they have overwhelming evidence that such control will be used by Jon to maintain his false belief, by Iris to reinforce her racist attitudes, by Henry to erase memory of his wrongdoing, and by Ana to feel pleasure at others’ suffering. We may, of course, be alone in this. Others may intuit that the problem cases describe circumstances in which the moral right to acquire mental control remains in place but may be permissibly infringed, and we shall return to this thought later. However, we suspect that at least some will share our intuition that the protagonists in these problem cases actually lack a moral right to acquire mental control in these circumstances (given how they would, or should be expected to, exercise that control), and that others thus need not infringe any right of these protagonists by preventing them from accessing the technologies they seek.

Let us suppose, for now, that others share our intuition: what might this mean for the putative moral right to acquire mental control? It could mean (a) that we do not have a moral right to acquire mental control, and hence that there are alternative explanations for (or something amiss with) our earlier intuitions and arguments. Or it could mean (b) that the moral right to acquire mental control is a more limited right than we have so far suggested. For example, perhaps it only covers cases where that control would (or should be expected to) be exercised in morally permissible ways and/or to produce morally unobjectionable thoughts.

We prefer (b). We suggest that the moral right to acquire mental control does not extend to cases – at least, not to *all* cases²⁶ – in which the right-holder will exercise the relevant mental control (that is, the mental control that she seeks to acquire) in duty-infringing ways. By this we mean, cases where the right-holder exercises the relevant mental control in a way that results in their failing to fulfil some *pro tanto* moral duty that they have. If the right to acquire mental control is limited in this way, it is arguably in good company; many other rights are plausibly limited in a similar way. Most would accept that your moral right to freedom of expression does not cover cases in which your expression would constitute hate speech, or deliberate and practically

²⁶ We remain neutral on whether the right covers *some* cases in which the right-holder will exercise the relevant mental control in a duty-infringing way.

significant disinformation. Your moral right to privacy likewise does not obviously entail that you have a moral right to act violently within the confines of your own home. Nor does your moral right to bodily autonomy clearly cover cases in which you would use your body to assault others. We thus find it plausible that the moral right to mental control *also* has inherent limits; and we suggest that these inherent limits serve to exclude at least some duty-infringing acts of mental control from the scope of the right.

This limitation allows us to accommodate the intuitions that, in the problem cases above, the protagonist's action is not covered by the right to acquire mental control. In the scenario involving Jon, who seeks to entrench his climate change scepticism, it is plausible that Jon's planned exercise of mental control would result in his defaulting on his epistemic duties. By 'epistemic duties', we here refer to the *moral* duties that we have with respect to how we form, maintain and revise our beliefs, given that we are members of a shared and interdependent epistemic community.²⁷ The idea that we have such duties is gaining currency in the literature. As research in social epistemology has shown,²⁸ each of us, qua truth-seeker or would-be knower, invariably makes sense of the world in partnership with others. We rely on the testimony of others when we seek to gain information that is beyond the bounds of our perceptual experience; we form and interrogate ideas with others in our dialogical exchanges; and we depend upon others to help us recognise the existence of biases and/or faulty reasoning within ourselves. This epistemic interdependence plausibly generates certain (*pro tanto*) moral duties. We have a moral duty to utilise belief-forming processes that can be expected to produce true beliefs, and, conversely, a duty *not* to use processes that are unlikely to track truth; and these duties arise because such epistemic norm compliance is necessary for our community of truth-seekers to successfully engage in a shared project of making sense of the world.²⁹ Such observations about our epistemic interdependence need not, of course, imply that people should be *forced* to abide by epistemic norms in their belief management, nor that third parties have a right to control the beliefs that a given person entertains. However, (we claim) it does imply that third parties are not obliged to refrain from interfering when individuals seek to acquire the wherewithal to default on their epistemic duties, as does Jon.

²⁷ As such, we are understanding epistemic duties as a species of moral duty rather than duties that are grounded in purely epistemic considerations (e.g., evidential or reliability considerations). However, we persist in calling this species of moral duty 'epistemic' duty, given that the (*pro tanto*) moral duty here is to abide by epistemic norms. See Wrenn, 'Why There Are No Epistemic Duties' for the argument that all allegedly epistemic duties are moral duties.

²⁸ Schmitt, *Socializing Epistemology*; Goldberg, *To the Best of Our Knowledge*.

²⁹ Chrisman, 'Social Foundations for Epistemic Normativity'.

Looking to the other three problem cases, we posit that the protagonists involved also seek to exercise their mental control in duty-infringing ways. In these cases, we suggest that the relevant duty is most naturally understood in terms of respect. We plausibly have a *pro tanto* moral duty to respect other persons – and by this, we mean, a duty to regard and treat other persons in a manner that befits the kinds of beings that they are.³⁰ And the protagonists in these three cases plan to exercise their mental control in ways that plausibly would *dis*respect others. This disrespect is perhaps most obvious in the case of Iris, who seeks to acquire greater mental control in order to produce and sustain thoughts that some racial groups are inferior to others and hence worthy of contempt. But we think that a case can also be made for the claim that Henry and Ana plan to disrespect others in their exercise of mental control. In *Case 6*, Henry’s efforts to forget his wrongful treatment of Louisa plausibly constitutes a failure to respond appropriately to Louisa as a being who can (and has been) wronged and to whom apology is owed: apologies function, after all, as a gesture of respect for the moral worth of the victim one has wronged.³¹ In *Case 7*, Ana’s attempts to feel pleasure or enjoyment at the suffering of others likewise plausibly constitute a failure to afford other persons due respect, though this time by failing to respond appropriately to others as sentient beings. In taking steps to enjoy others’ suffering, Ana signals a failure to appreciate or care about others’ moral worth as sentient (and hence morally considerable) beings. And to the extent that this violates Ana’s moral duty to afford people the respect that they are owed, we suggest that Ana’s exercise of mental control may also be excluded from the purview of the moral right under discussion.

3. Objections and Replies

We anticipate that the arguments advanced thus far will invite a number of objections. Some readers, sceptical that we possess a right to acquire mental control, might argue that the apparent duty to refrain from interference in the initial cases can be accounted for by positing a different right—a moral right to improve one’s health. In each of these initial cases, the techniques or interventions that might confer mental control on the protagonist would also plausibly improve the protagonist’s mental health, given that they promise to enable the removal of thoughts that cause significant and ongoing distress for the protagonist.

Other readers may instead take issue with our claim that the moral right to mental control does not apply in the problem cases detailed above. They might argue that provided any morally

³⁰ What Darwall terms ‘recognition respect’, see Darwall, ‘Two Kinds of Respect’. See also Eidelson, ‘Respect, Individualism, and Colorblindness’.

³¹ Gill, ‘The Moral Functions of an Apology’; Kort, ‘What Is an Apology?’

objectionable thoughts produced by our exercise of mental control remain private to us and do not otherwise influence our and/or others' actions, then a moral right to acquire the wherewithal to produce and sustain these thoughts remains in force. These readers might also argue that while we have identified (in the problem cases) occasions when interference in a person's attempts to acquire mental control could plausibly be justified, these are cases of *permissible infringement* of the moral right to mental control rather than cases where the moral right does not apply.

In response to the first challenge, we concede that the apparent duty to refrain from interference in our initial cases might *in part* be explained by a moral right to improve one's health. However, we doubt that it can be wholly accounted for in this way. These vignettes could be reformulated such that concerns about health do not arise and still (we think) duties of non-interference would find some intuitive support. Suppose, for instance, that the smoker is not remotely troubled by his recurrent thoughts – he simply has a mild preference that they occupy his mind less frequently. Imagine too that the mugging victim has successfully divorced her memories from feelings of distress yet still prefers that she does not have them. We suspect that many would still intuit that these individuals should be free to acquire the wherewithal to dispel their unwanted thoughts without interference from others. This suggests that there is some intuitive support for a moral right to mental control that is independent of any moral right to improve one's health.

There are also theoretical grounds for endorsing a right to acquire mental control over and above any right to improve one's health. Exercising mental control, as per our earlier arguments, promises to promote a person's desire satisfaction, autonomy and positive mental states – something that is plainly important to even those who enjoy relative freedom from anxiety and distress. A person's permissible attempts to acquire mental control, moreover, remain an undeniably personal matter for them regardless of their health status. It is still very much the personal business of the protagonists in the initial cases that they acquire the means to control their unwanted thoughts – so long as they do not act impermissibly in so doing.

Consider next the claim that the moral right to mental control protects one's attempts to produce and sustain morally objectionable thoughts so long as these thoughts remain private and do not influence action. We disagree. Recall that what is at issue is whether third parties have a *pro tanto* moral duty to refrain from interfering with a person's attempts to acquire the ability to control their thoughts even when that control would be exercised in duty-infringing ways, and not whether third parties have a *pro tanto* moral duty to refrain from interfering with the *thoughts themselves*. It is plausible that third parties have the latter moral duty but not the former. It is

plausible, for instance, that I have a moral duty to tolerate the mere fact that you harbour racist thoughts insofar as you keep them to yourself/restrict the extent to which they influence your dealings with others. But it is less plausible to insist that I have a moral duty to refrain from intervening when you seek the means to *acquire or sustain* racist thoughts.³²

What explains why we must tolerate (for instance) racist thoughts, but not attempts to acquire or sustain them? Two considerations might be invoked here. First, whether a person *has* racist thoughts is often beyond their control, whereas whether they seek to acquire them is (at least in typical cases) not. It might thus be thought *unfair* to interfere with someone's racist thoughts, since they may not have had sufficient opportunity to avoid this interference. No similar objection, however, could be raised against interfering with attempts to acquire or sustain racist thoughts; here, the interferee could avoid the interference merely by refraining from seeking to acquire or sustain the thoughts. Second, interference with a person's racist thoughts would—or at least, would typically—be more intrusive than interference with their attempts to acquire them. For instance, directly altering a person's racist beliefs by, for example, employing a nonconsensual brain stimulation technique, would seem to involve an intrusion on a person in a way that preventing the person from accessing a brain stimulation technology capable of sustaining their racist thoughts would not.

Finally, concerning the question of whether our identified limits represent occasions when the moral right to mental control does not apply (inherent limits) or occasions when it may be permissibly infringed (external limits), let us reiterate that while we are open to the possibility the limits are external, we personally find it more plausible that there is no rights infringement at all in the problem cases, and other similar cases. The reason why we find this more plausible is that there does not seem to be any requirement to *apologise to* or *compensate* the protagonists in the problem cases, following our thwarting of their efforts to acquire mental control. It does not seem as though Jon is owed an apology or some form of compensation when we block his attempts to default on his epistemic obligations. Likewise, it does not seem that Iris, Henry and

³² There may, in some jurisdictions, be a *legal* duty to refrain from frustrating persons' cultivation and consolidation of false or disrespectful beliefs and attitudes, if, for example, they cultivate them through reading or by listening to others who expound such views. The United States First Amendment, for example, affords strong protection to false speech and hate speech—see, e.g., *Matal v. Tam*, 582 U.S. (2017). Thus, a person who seeks to cultivate and consolidate false or disrespectful beliefs by accessing false or hate speech is, in the United States, legally protected from having their efforts to do so frustrated. Our analysis here, however, pertains to whether we have the relevant *moral* right to seek the means to generate and maintain false or disrespectful beliefs, and we reject the premise that we do. Yet, we can reject this premise while still allowing that there may be *other* rationales for legally protecting persons' freedom to access false or hate speech—for example, the value of safeguarding free and open discussion. We thank an anonymous reviewer for suggesting that we comment on this issue.

Ana have cause for moral complaint and are owed apology or recompense when we thwart their attempts to disrespect others. This suggests to us that we are indeed dealing with situations where the moral right to mental control does not operate, rather than cases where it may be permissibly infringed.

4. Conclusion

This chapter has offered some reasons for thinking that we possess a moral right to acquire mental control, understood as a right that others not interfere with our non-rights-infringing attempts to acquire the wherewithal for such control. We argued firstly that the deeply personal nature of, and our powerful interest in controlling, our thoughts are plausibly sufficient grounds for recognising a moral right to acquire mental control. We argued secondly that this putative moral right is plausibly limited in scope, excluding duty-infringing exercises of mental control from its protective ambit. We then anticipated and diffused three objections, arguing that there are theoretical and intuitive grounds for endorsing a moral right to acquire mental control over and above any moral right to improve one's (mental) health; that our duty to tolerate people's harbouring of morally objectionable thoughts does not imply that we are also under a duty to tolerate their attempts to acquire and sustain these thoughts; and that the apparent absence of a requirement to compensate or apologise to those whom we prevent from acquiring the means for duty-infringing exercises of mental control, suggests that these are indeed occasions when the moral right to acquire mental control does not always operate.

Bibliography

- Alegre, Susie. 'Rethinking Freedom of Thought for the 21st Century'. *European Human Rights Law Review* 3 (2017): 221–33.
- Alston, William P. *Epistemic Justification: Essays in the Theory of Knowledge*. Ithaca: Cornell University Press, 1989.
- Bublitz, Jan Christoph, and Reinhard Merkel. 'Crimes Against Minds: On Mental Manipulations, Harms and a Human Right to Mental Self-Determination'. *Criminal Law and Philosophy* 8, no. 1 (2014): 51–77. <https://doi.org/10.1007/s11572-012-9172-y>.
- Burri, Susanne. 'Personal Sovereignty and Our Moral Rights to Non-Interference'. *Journal of Applied Philosophy* 34, no. 5 (2017): 621–34. <https://doi.org/10.1111/japp.12175>.
- Chrisman, Matthew. 'Social Foundations for Epistemic Normativity'. In *Belief, Agency, and Knowledge: Essays on Epistemic Normativity*, edited by Matthew Chrisman, 0. Oxford University Press, 2022. <https://doi.org/10.1093/oso/9780192898852.003.0007>.
- Darwall, Stephen L. 'Two Kinds of Respect'. *Ethics* 88, no. 1 (1977): 36–49.
- Diagnostic and Statistical Manual of Mental Disorders : DSM-5*. Fifth. DSM-5. Washington, DC: American Psychiatric Publishing, 2013.

- Ebrahimi, Claudia, Johanna Gechter, Ulrike Lueken, Florian Schlagenhauf, Hans-Ulrich Wittchen, Alfons O. Hamm, and Andreas Ströhle. 'Augmenting Extinction Learning with D-Cycloserine Reduces Return of Fear: A Randomized, Placebo-Controlled fMRI Study'. *Neuropsychopharmacology* 45, no. 3 (1 February 2020): 499–506. <https://doi.org/10.1038/s41386-019-0552-z>.
- Eidelson, Benjamin. 'Respect, Individualism, and Colorblindness'. *The Yale Law Journal* 129, no. 6 (2020): 1600–1675.
- Feinberg, Joel. *The Moral Limits of the Criminal Law Volume 3: Harm to Self*. New York: Oxford University Press, 1989. <https://doi.org/10.1093/0195059239.003.0001>. Gill, Kathleen. 'The Moral Functions of an Apology'. *The Philosophical Forum* 31, no. 1 (1 January 2000): 11–27. <https://doi.org/10.1111/0031-806X.00025>.
- Giustino, Thomas F., Paul J. Fitzgerald, and Stephen Maren. 'Revisiting Propranolol and PTSD: Memory Erasure or Extinction Enhancement?' *Neurobiology of Learning and Memory* 130 (April 2016): 26–33. <https://doi.org/10.1016/j.nlm.2016.01.009>.
- Goldberg, Sanford C. *To the Best of Our Knowledge*. Oxford: Oxford University Press, 2018. <https://doi.org/10.1093/oso/9780198793670.001.0001>.
- Griffin, James. *Well-Being: Its Meaning, Measurement and Moral Importance*. Clarendon Paperbacks. Oxford: Oxford University Press, 1988. <https://doi.org/10.1093/0198248431.001.0001>.
- Hampson, Michelle, Sergio Ruiz, and Junichi Ushiba. 'Neurofeedback'. *Neuroimage* 218 (2020): 116473–116473. <https://doi.org/10.1016/j.neuroimage.2019.116473>.
- Ienca, Marcello, and Roberto Andorno. 'Towards New Human Rights in the Age of Neuroscience and Neurotechnology'. *Life Sciences, Society and Policy* 13, no. 1 (26 April 2017): 5. <https://doi.org/10.1186/s40504-017-0050-1>.
- Kagan, S. 'Me and My Life'. *Proceedings of the Aristotelian Society* 94, no. 3 (1994): 309–24.
- Killmister, Suzy. 'Paternalism and Autonomy'. In *The Routledge Handbook of the Philosophy of Paternalism*, edited by Kalle Grill and Jason Hanna, 139–50. Handbook of the Philosophy of Paternalism. Abingdon, Oxon: Routledge, 2018.
- Kindt, M, and M Soeter. 'Pharmacologically Induced Amnesia for Learned Fear Is Time and Sleep Dependent'. *Nat Commun* 9, no. 1 (2018): 1316–10. <https://doi.org/10.1038/s41467-018-03659-1>.
- Kinsinger, Sarah. 'How Your Brain and Emotions Control Your Gut', 7 June 2017. <https://www.loyolamedicine.org/about-us/blog/how-your-brain-and-emotions-control-your-gut>.
- Kort, Louis F. 'What Is an Apology?' *Philosophy Research Archives* 4 (1975): 78.
- Ligthart, Sjors, Christoph Bubltz, Thomas Douglas, Lisa Forsberg, and Gerben Meynen. 'Rethinking the Right to Freedom of Thought: A Multidisciplinary Analysis'. *Human Rights Law Review* 22, no. 4 (1 December 2022): ngac028. <https://doi.org/10.1093/hrlr/ngac028>.
- Nussbaum, Martha C. *Women and Human Development: The Capabilities Approach*. The Seeley Lectures. Cambridge: Cambridge University Press, 2000. <https://doi.org/10.1017/CBO9780511841286>.
- Palsson, Olafur S., and William E. Whitehead. 'Psychological Treatments in Functional Gastrointestinal Disorders: A Primer for the Gastroenterologist.' *Clinical Gastroenterology and Hepatology: The Official Clinical Practice Journal of the American Gastroenterological Association* 11, no. 3 (March 2013): 208–16; quiz e22-23. <https://doi.org/10.1016/j.cgh.2012.10.031>.
- Pugh, Jonathan. *Autonomy, Rationality, and Contemporary Bioethics*. Oxford: Oxford University Press, 2020.
- Raz, Joseph. *The Morality of Freedom*. Oxford: New York: Clarendon Press, 1986.
- Reinecke, Andrea, J Hoyer, M Rinck, and ES Becker. 'Cognitive-Behavioural Therapy Reduces Unwanted Thought Intrusions in Generalized Anxiety Disorder.' *Journal of Behavior Therapy and Experimental Psychiatry* 44 (2013). <https://doi.org/10.1016/j.jbtep.2012.06.003>.

- Rice, Christopher M. 'Defending the Objective List Theory of Well-Being'. *Ratio* 26, no. 2 (1 June 2013): 196–211. <https://doi.org/10.1111/rati.12007>.
- Ryff, Carol D, and Burton Singer. 'The Contours of Positive Human Health'. *Psychological Inquiry* 9, no. 1 (1998): 1–28. https://doi.org/10.1207/s15327965pli0901_1.
- Scanlon, T. M. 'Well-Being'. In *What We Owe to Each Other*, 108–44. Harvard University Press, 1998. <https://doi.org/10.2307/j.ctv134vmrn.6>.
- Schmitt, Frederick. *Socializing Epistemology*. Lanham, MD: Rowman and Littlefield, 1994.
- Sher, George. *A Wild West of the Mind*. Oxford: Oxford: Oxford University Press, Incorporated, 2021. <https://doi.org/10.1093/oso/9780197564677.001.0001>.
- Sisterson, Nathaniel D., Thomas A. Wozny, Vasileios Kokkinos, Alexander Constantino, and R. Mark Richardson. 'Closed-Loop Brain Stimulation for Drug-Resistant Epilepsy: Towards an Evidence-Based Approach to Personalized Medicine.' *Neurotherapeutics: The Journal of the American Society for Experimental NeuroTherapeutics* 16, no. 1 (January 2019): 119–27. <https://doi.org/10.1007/s13311-018-00682-4>.
- Vaiva, Guillaume, François Ducrocq, Karine Jezequel, Benoit Averland, Philippe Lestavel, Alain Brunet, and Charles R Marmar. 'Immediate Treatment with Propranolol Decreases Posttraumatic Stress Disorder Two Months after Trauma'. *Biol Psychiatry* 54, no. 9 (2003): 947–49. [https://doi.org/10.1016/S0006-3223\(03\)00412-8](https://doi.org/10.1016/S0006-3223(03)00412-8).
- Vallejo, A. Galarza, M.C.W Kroes, E Rey, M.V Acedo, S Moratti, G.S.E Fernandez, and B.A Strange. 'Propofol-Induced Deep Sedation Reduces Emotional Episodic Memory Reconsolidation in Humans'. *Sci Adv* 5, no. 3 (2019): eaav3801–eaav3801. <https://doi.org/10.1126/sciadv.aav3801>.
- Walsh, Charlotte. 'Psychedelics and Cognitive Liberty: Reimagining Drug Policy through the Prism of Human Rights'. *International Journal of Drug Policy* 29 (2016): 80–87. <https://doi.org/10.1016/j.drugpo.2015.12.025>.
- Williams, Bernard. 'Deciding to Believe'. In *Problems of the Self: Philosophical Papers, 1956–1972*, edited by Bernard Williams, 136–51. Cambridge, UK: Cambridge University Press, 1973.
- Wrenn, Chase B. 'Why There Are No Epistemic Duties'. *Dialogue* 46, no. 1 (2007): 115–36. <https://doi.org/10.1017/S001221730000158X>.