性別視角下的道德增強：對埃伯爾與阿吉博拉的回應

Gendered Moral Enhancement: A Response to Eberl and Ajibola

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摘要

本文以視別視角對傑森．T．埃伯爾和瑪蒂達．阿吉博拉對道德生物增強的分析進行評論。雖然他們將道德主體視為一般代理人，但我認為現實世界中最明顯的道德生物增強候選對象是男性，特別是在減少暴力方面。基於這種性別視角，我主張他們的分析忽略了受害者所承受的非增強成本，而受害者主要是女性和兒童。我進一步利用他們所提及的哈里．富蘭克福一階欲望和二階欲望理論，展示生物技術干預如何通過更好地將潛在施暴者的

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第一階攻擊性衝動與其更高階承諾對齊，來幫助解決家庭虐待這類典型案例。最後，我將持續證明任何充分的道德生物增強倫理都必須包含對攻擊性和暴力的生物學基礎的明確說明。

1. Introduction

Jason T. Eberl and Matilda Ajibola's paper "Can We Biotechnologically Construct a Morally Better Human?" argues that biotechnological interventions cannot replace traditional, practice-based routes of moral cultivation grounded in habituation and education, though in principle these interventions might sometimes assist agents in better aligning first- and second-order desires.

In this response, I provide a gendered critique of their analysis and recommendation. My central claim is that the most obvious and concrete candidate for moral bioenhancement is not a generic "human being," but rather men who engage in violence and aggression against others, especially women and children. Specifically, the reduction of male aggression and violence should be the focus when thinking about moral bioenhancement technologies. This gendered perspective is entirely absent in their discussion, as it is in much of the contemporary bioenhancement literature. Once we foreground gender and the gendered patterns of violence and harm, the case for moral bioenhancement becomes not only more compelling but also more urgent.

Finally, while I share their skepticism about "moral pills" as a blanket social solution, I argue that a gender-informed reading of their own framework shifts the central question: not whether human beings in general ought to be morally bioenhanced, but how to make pharmacological support available to those populations in most urgent need of it.

2. Overview of Eberl and Ajibola's Argument

Eberl and Ajibola situate contemporary debates on moral bioenhancement within a long tradition of efforts to cultivate moral virtues through education, ritual, and institutional design. What is novel today is not the aspiration to produce morally better agents, we have always been driven by that ideal, but the means: direct interventions in brain chemistry, neural circuits, and even genetic compositions.

They insist on a virtue-ethics framework: virtues are stable dispositions forged through habituation, practical reasoning, and

participation in meaningful social practices. At the same time, they do not reject all forms of bioenhancement. Drawing on Harry Frankfurt's distinction between first- and second-order desires, they argue that some interventions can support moral agency by helping agents act in accordance with their own higher-order commitments. In such cases, bioenhancement might be a practical tool for addressing *akrasia* ("weakness of the will") rather than a replacement for habituation and education.

Finally, they raise serious practical concerns: the difficulty of ethical research, the risk of exacerbating inequalities, and the potential for coercive or manipulative use of enhancement technologies. They conclude with a "modest endorsement" of moral bioenhancement, subordinated to and constrained by a robust account of autonomy, habituation, and social design.

3. Gendered Blind Spot: Male Aggression as the Obvious Case of Harm

What is striking in this otherwise careful survey of contemporary literature on moral bioenhancement is the absence of any sustained gendered analysis. Throughout the article, the moral subject appears as a gender-neutral agent. But in the real world, violence, aggression, and large-scale moral harm are not evenly distributed across this generic population. They are systematically patterned, particularly along gender lines. Criminological research and official crime statistics consistently show that men commit the overwhelming majority of violent offenses. In 2019, males accounted for about 78.9% of all arrests for violent crimes in the U.S. (Federal Bureau of Investigation [FBI], 2020). Across the globe, men account for the vast majority of recorded homicide offenders, and this pattern appears in every nation with dependable crime data.

If we ask, concretely, who is doing most of the morally significant and obvious harming, a very different picture emerges. Rates of interpersonal violence, intimate partner abuse, sexual assault, and participation in organized armed conflict are overwhelmingly male. This is not to deny the critical role of socialization, patriarchy, and structural injustice. It is simply to notice an empirically robust moral fact: aggressive, violence-oriented behaviors that impose significant harm on others are disproportionately enacted by men. From this vantage point, the most obvious candidate for moral bioenhancement is not "human beings in general," but men specifically, and not in vague, general terms, but with respect to aggression, impulse control, and violent behavior. The question practically asks itself: if we are going to discuss biotechnological interventions aimed at moral

betterment, why is there not more direct and focused attention to reducing male aggression?

This gendered perspective thus reframes the debate in at least two ways:

Rather than beginning from the idea of abstract, population-wide "virtue boosts" designed to address existential threats such as climate change (significant as those are), a gender-informed perspective insists that we start with the most immediate and recurrent harms, namely, patterned forms of interpersonal violence. The burden of unaddressed aggression is therefore not diffused evenly across humanity; it falls in a patterned and distinctly gendered way, especially on women and children. When theorists nonetheless speak of "the moral agent" or "human beings in general," they effectively recast a highly specific pattern of male aggression as if it were a neutral, generic human risk.

From this standpoint, the supposed neutrality of abstract discussions becomes epistemically suspect. The crucial question is no longer simply whether we should preserve the aggressor's opportunity for organic virtue formation, but rather: who is being endangered while we do so? In other words, the decision to hold back development of pharmacological or other forms of moral bioenhancement is not a neutral default; it is a substantively gendered choice at the ongoing expense of victims' basic security.

Seen in this light, high-level abstraction is not merely incomplete; it functions to marginalize the claims of those most vulnerable to violence. A framework that refuses to name the gendered pattern of aggression treats the costs of inaction as if they were thinly spread across an undifferentiated humanity, when in fact they fall in thick, predictable, and gendered ways. A more adequate account of moral bioenhancement must therefore begin not from the standpoint of a generic moral agent, but from the lived situation of those who are systematically put at risk by our reluctance to provide biotechnological remedies.

Moreover, under this gendered understanding, men who grow up in violence-saturated environments also suffer profoundly from the absence of moral bioenhancement tools: aggression and violent crime feed directly into mass incarceration and entrenched intergenerational poverty. In practice, this means that the costs of our collective failure to manage aggression are borne by a socially and economically disadvantaged subset of men, whose lives are then further constrained by criminal records, reduced employment prospects, and intergenerational stigma. A gender- and class-sensitive approach to moral bioenhancement must therefore engage not only abstract questions about virtue, but also the concrete ways in which male violence is both punished and continually reproduced by existing social

arrangements. Where safe and effective biotechnological interventions are available, we have a *moral obligation* to ensure universal access to them.

4. *Akrasia*, Frankfurt, and the Case of Men Who Want to Be Less Violent

Eberl and Ajibola believe that the most promising case for moral bioenhancement draws on Harry Frankfurt's distinction between first-order desires (desires to act in certain ways) and second-order wills (desires about which first-order desires should move us to act). On this view, moral bioenhancement can be understood as a tool that enables agents to live up to their own higher-order commitments. Once we introduce a gendered perspective on harm and aggression, this framework becomes even more compelling. Consider men who genuinely endorse second-order commitments not to be violent toward their partners, children, or others, yet repeatedly fail in practice. Their first-order impulses (anger, rigid dominance scripts, and desires for control) override their second-order volitions, producing patterns of violent behavior they themselves condemn but experience as difficult to govern.

Empirical work on men who perpetrate domestic violence supports this "regret" picture. For example, qualitative research on fathers in batterer intervention programs shows that many express profound remorse for the harm their violence has caused their children and understand change as a project of becoming the caring, involved fathers they aspire to be (Fox, Sayers, & Bruce, 2001). On Eberl and Ajibola's own terms, these are precisely the kinds of cases in which moral bioenhancement are supported. If non-coercive, well-regulated interventions could reduce the intensity or frequency of aggressive responses, they would help align an agent's first-order desires with his own second-order ethical commitments. A man who uses pharmacological support to reduce aggression and cultivate new habits of self-control may thus engage in a form of morally meaningful self-transformation. Far from undermining agency, biotechnological tools can function as one rational strategy among others for becoming the kind of person he already has reasons to want to be.

On the other hand, when pharmacological support is not available early on, men with recurrent problems of aggression are more likely to follow a familiar trajectory into the criminal justice system. Once they are incarcerated, the prospects for genuine reform narrow sharply: a criminal record, restricted employment and housing opportunities, and limited access to sustained therapeutic interventions make it extremely difficult to alter the patterns that led to offending in the first place.

Without early moral bioenhancement, we not only fail to address existing risks but also push many men into a punitive cycle from which escape becomes nearly impossible.

5. The Biological Dimensions of Violence

Crucially, any adequate ethical framework for moral bioenhancement must incorporate an explicit analysis of the biological dimensions of violence and aggression, rather than treating them as peripheral or reducible to social construction alone. The reality is that some individuals face neurobiological challenges, some due to hormonal profiles or trauma-induced alterations in stress response systems, that make moral self-cultivation significantly more difficult, regardless of their social positionings or value commitments. To dismiss these biological realities is to abandon precisely those individuals who might benefit most from bioenhancement technologies.

We must therefore grapple with how biological vulnerabilities compound disadvantages in the realm of moral agency. This requires drawing on empirical research to understand the specific mechanisms through which biological factors contribute to aggressive and violent behavior. For example, we need to look more closely at how chronic stress can recalibrate threat-detection systems in ways that heighten reactive aggression, and how heritable variation in serotonin transporter genes may shape capacities for impulse control. These are not merely abstract theoretical points, but concrete empirical questions that can inform how we think about moral bioenhancement. Without such biological grounding, discussions of moral bioenhancement risk being detached from emerging evidence and less useful for guiding the design of real-world interventions that might help support and expand moral agency, especially among the most vulnerable.

6. Conclusion: From Generic Agents to Gendered Harms

Eberl and Ajibola's article makes an important contribution by resisting reductionist fantasies of "moral pills" while still allowing a carefully limited role for biotechnological aid to moral agency. I share their skepticism about grandiose promises of morally perfected humans and their insistence that moral progress must be situated within social practices and institutions. It is important to emphasize that I am not suggesting that moral bioenhancement could provide a blanket solution to the problems of violence and aggression. At best, biotechnological interventions can play a carefully circumscribed role

within a broader landscape of social and political measures. Nor am I advocating any form of non-consensual intervention that would override individual autonomy or undermine basic civil liberties. Like Eberl and Ajibola, I think biomedical tools should be treated as one possible resource among many for supporting agents who themselves wish to better align their temperaments with their higher-order moral commitments.

In a world in which harms and sacrifices were evenly distributed across the population, we might be more justified in waiting for a stable *hexis* to form, as Eberl and Ajibola suggest. However, once we adopt a gendered perspective, the terrain looks different. The "generic moral agent" talk obscures the most obvious real-world target for moral bioenhancement: the reduction of male aggression and dominance behaviors that systematically harm women and children. When we recognize that the costs of waiting for virtue are borne disproportionately by women, children, and vulnerable communities, the moral weight they assign to preserving the aggressor's opportunity for arduous personal struggle becomes harder to justify. Instead, careful research on, and the responsible prescription of, moral bioenhancement tools in this domain should be treated as an urgent and targeted priority. Thus, the question is not simply whether we *can* biotechnologically construct a morally better human, but how we *must* design and sustain social worlds in which technologies, virtues, and institutions work together to reduce obvious and immediate patterned harms. Bioenhancement, in this sense, is a critical option that renders moral agency more widely accessible.

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