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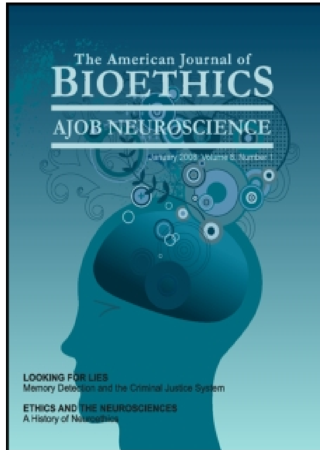

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Clarifying the Debate Over Therapeutic Forgetting

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Clarifying the Debate Over Therapeutic Forgetting

Adam Kolber, University of San Diego and Princeton University

A recent magazine article recounts the story of a young Israeli soldier whose legs were amputated below the knees after his jeep drove over a road bomb. Seven months later, the soldier told a journalist, "I feel lucky to be alive ... I am happy, strong, and healthy, both physically and mentally. I believe that we all have an extreme internal power that is released only in these situations. This is why my condition is better now than when I actually had legs" (Laub 2006, 53–54). The lucky few, like this soldier, not only adapt to adversity, they surmount it.

If we all coped so well with hardship, we would hardly need drugs to dampen traumatic memories. The soldier's story is clearly exceptional, however. If ostensibly tragic events routinely improved our lives, we would have a very difficult time explaining why assault, rape, kidnapping and earthquakes are harmful. In fact, victims of such events may develop long-lasting physical and emotional injuries that they are forced to relive in memory for years to follow. As one sufferer has commented, "[I] have severe [posttraumatic stress disorder] and would sell my soul to the Devil himself to be rid of my 24/7 hellish flashbacks and night terrors." (Lisa 2005). Furthermore, many people who do not qualify for a formal psychiatric diagnosis are nevertheless haunted by traumatic memories that interfere with the quality of their lives.

In "Therapeutic Forgetting: The Legal and Ethical Implications of Memory Dampening," I argue that, if we identify a safe and effective method of dampening traumatic memories, then we should have at least some limited right to use it (Kolber 2006). This right may be just one part of a broader set of rights to control our own memories that I call our "freedom of memory" (Kolber 2006, 1567, 1622–1625). I do not, however, claim that we have a right to "maximize mental health by attenuating memory at the expense of being a better witness" as Henry et al. (2007, 12) suggest I do. Rather, I describe tradeoffs between our interests in reducing psychic trauma and in preserving socially-valuable memories. Whereas we might have thought that our memories are our own in a deep, fundamental sense, in some cases, others can legitimately prevent us from altering our memories (perhaps, for example, when those memories are needed in civil or criminal litigation).

Consistent with many of the arguments I present, the authors conclude that the concerns about memory-dampening drugs raised by the President's Council on Bioethics (2003) fail to justify: 1) "ending research into the use of beta blockers for prevention of posttraumatic stress disorder [PTSD]"; and 2) "discouraging the clinical use of these drugs if research proves them effective" (Henry et al. 2007, 12). While I certainly agree with the thrust of their position, Henry, Fishman, and Younger (2007) make a number of subsidiary claims that require further clarification or elaboration. I will mention four of them, the first three of which concern the authors' sometimes uncharitable interpretation of the Council's (2003) report.

First, the authors criticize the Council (2003) for finding "deeply troubling" a hypothetical scenario in which Holocaust survivors take memory-blunting drugs after their trauma. According to the authors, "the idea that such a horrific event could be easily erased by a drug is insulting to those who experienced it." They find the Council's discussion to be "an all too common example of the trivialization

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of the Holocaust" (Henry, Fishman, and Younger 2007, 12). While I, too, take issue with this section of the Council's report (Kolber 2006, 1616), the Council never claims that we could "easily erase" a horrific event such as the Holocaust. Furthermore, a memory-dampening agent need not erase our collective memory of an event to have significant effects on the ways that we are able to document and transmit information about it. The Council ought not be faulted to the extent that it is troubled by *possible* effects of memory dampening on the historical record of major world events.

Second, immediately after this discussion, the authors make their own puzzling Hitler-related claim when they respond to the Council's (2003) concern that memory-dampening drugs might ease the sting of conscience that deters people from committing crimes and shameful acts. The authors state that "it is by no means certain that most 'evildoers' feel the sting of conscience at all," (Henry, Fishman and Younger 2007, 12). The Council, however, makes no claims about the psychological states of *most* evildoers (2003, 228, 232–233). Furthermore, the authors ask rhetorically, "Did Hitler and Stalin... lie in bed awake at night worrying about what they had done?" (Henry, Fishman, and Younger 2007, 12) Yet, even if some people are not responsive to morally-laden emotions, it is undeniable that lots of people regulate their behavior based on pangs of conscience, including many criminals. Thus, we can at least acknowledge that memory-dampening drugs *may* have deleterious effects on our important life choices, including perhaps our decisions to engage in behaviors that we will later regret (Craigie 2007).

Third, the authors fault the Council (2003) for having a hidden agenda. They suggest that the Council would like to "use the state as its enforcer" of a "religious fundamentalism that claims divine knowledge of right and wrong." Had the Council intended otherwise, "it surely would have reassured the reader to the contrary" (Henry, Fishman, and Younger 2007, 12). Yet, even if there are members of the Council who hold such a view, it is unfair to suggest that this view characterizes the overall intent of the Council. The Council makes no policy recommendations about funding or regulating memory dampening technologies. The absence of such recommendations may well reflect the difficulty that the group of nearly 20 members had in reaching consensus on such issues.

Finally, the authors state that "[i]f a person is judged to be incompetent, we do not believe that he/she should participate in PTSD research, even with surrogate consent" (Henry, Fishman, and Younger 2007, 12). Yet, the authors offer little argument in support of this view, except to assert that "[n]o risk, however small, should be imposed, even by a surrogate until benefits have been demonstrated by careful research" and that prevention of PTSD with propranolol does not meet their definition of the sort of medical emergency that could justify research on those deemed incompetent (2007, 12).

Even if they are ultimately correct that incompetent people should not participate in PTSD research, there are at least three reasons to question this conclusion. First, preliminary research into the effects of propranolol on traumatic memory suggests that, if the drug works at all, it may need to be taken soon after a traumatic event. Thus, excluding incompetent patients from this research may also foreclose them from receiving a potentially helpful therapy with modest side effects. Second, memory-dampening drugs may have subtly different effects on the mentally incompetent, such that we can never confidently use memory-dampening drugs on incompetent patients until we conduct such research. Third, it is hardly obvious that we should follow a "no-risk" principle when determining the sorts of (even non-emergency) research in which incompetent patients can participate. It seems reasonable that, if competent surrogates consent, small safety risks to incompetent people are acceptable as expected benefits grow large enough, particularly when incompetent patients are themselves willing to participate.

CONCLUSION

There may be more overlap between the views of the Council and those of the authors than immediately meets the eye. For example, many Council members would likely agree with the authors that we should continue research into the use of beta-blockers to prevent PTSD, and even the Council as a whole would likely agree with the authors' concerns about overmedicalizing bad memories (President's Council on Bioethics 2003, 261). No doubt, the ethical debate over therapeutic forgetting would sharpen substantially if we had a well-understood memory-dampening therapy and had to actually regulate its use. While Henry et al. (2007) suggest that the Council is hiding its true agenda, the conclusion is a hasty one, given the understandable difficulties the Council might have when opining on bioethical issues in a committee format.

If we discover safe and effective memory-dampening drugs, many people who suffer from traumatic events, including perhaps the Israeli soldier I mentioned, will choose not to use them. Others, however, *will* use such methods to avoid upsetting, life-interfering memories. Some of these decisions will be mistakes. People will dampen memories they should have kept and will keep memories they should have dampened. Yet, our memory-dampening decisions need not be perfect in order to beat the status quo. I welcome debate, from the Council and others, over when it is wise or unwise to dampen memories. Yet, I suspect the authors will agree with me that, in the absence of concerns more universally-shared than those presented by the Council, we should have at least some limited right to use safe and effective memory-dampening drugs. How we ought to limit that right must await more data about a particular memory-dampening therapy and more theoretical wrestling with the preferred contours of our freedom of memory. ■

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Necessary Forgetting: On the Use of Propranolol in Post-Traumatic Stress Disorder Management

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Arguments against the use of traumatic memory attenuation, such as those referenced in the article by Henry et al. (2007), seem to rest upon the implicit assumption that retained memories have intrinsic value. That is, the production and recollection of past experiences should be regarded as a central human capability to be maintained even in opposition to the wishes of the memory holders. This claim raises questions about the ethical nature of the class of thoughts known as memories and more foundational problems such as the attachment of moral valance (with necessity of preservation) to any mind state. The President's Council on Bioethics, when headed by Leon Kass, held that diminution of traumatic memories via the drug propranolol in post-traumatic stress disorder (PTSD) would be tantamount to stripping the patient of opportunities for "moral" learning and the development of psychological coping mechanisms (President's Council on Bioethics 2003). While the Council viewed protracted emotional suffering as a constructive and virtuous activity, emerging neuroscientific data reveal PTSD for what it is — a pathological state of the central nervous system that may be interpreted by different patients as purely physical, emotional, social, spiritual, or a combination of all four. I hold that there is no intrinsic ethical value to memories thereof. Rather, it is for the patients to decide, via robust informed consent, what is to be done by their physicians in the successful diagnosis and treatment of their illness.

Among the many philosophical accounts of memory, there has been a paucity of discussion concerning ethical issues. The Council's "retention of memory at all costs" (2003) position may have its origin in the work of the Canadian psychologist Endel Tulving. In his 1983 book, *Elements of Episodic Memory*, Tulving held that the ability to call upon past experiences was an essential element of mind and key for moral development (Tulving 1983). He introduced two kinds of consciousness—the *autonoetic* (a kind of remembering saturated with inferences and interrelationships of other events) and the *noetic* (that which is known without regard to emotional import or motivational coloring). Autonoetic consciousness must be in place for persons to consider a given situation in terms of their personal norms, formulated over a lifetime of past ethical judgments. Tulving referred to this as the *semantic memory*, or a kind of integrative filing cabinet of episodic memories from the past. Without an intact semantic memory, Tulving argued, we would have no basis to resolve ethical dilemmas or to understand the moral groundings of other people's ethical choices. Due to the limited scope of this commentary, it is not my intention to critique Tulving's global theory concerning the nature of consciousness. I believe that his delineation of the autonoetic and noetic as well as episodic and sematic memory offers important and subtle distinctions to neuroscience. Rather, I disagree with his identification of ethical content as a necessary emergent property of semantic memory. I want to complicate Tulving's (as well as the Council's) conception of what memories can *do* in terms of emotional pain and suffering, and why we must dispense with the notion that memories constitute the basis of our moral judgments.

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