

Making Memory Lose Its Sting

David Wasserman

In early 1994, General Romeo Dallaire, commander of the UN forces in Rwanda, issued urgent warnings to his superiors about the impending genocide there. Not only were his warnings ignored, his already small force was drastically cut. Dallaire became a helpless witness to the mass killing that he, as much as any Westerner, had tried to prevent. According to a retrospective in the *New York Times Magazine* last spring, General Dallaire was so haunted by the memories of wholesale slaughter and his inability to prevent it that he became deeply depressed, even attempting suicide.

The same issue of the *Times Magazine* featured an article discussing the ethical issues facing those who would utilize emerging technology to reduce the emotional impact of painful, recurring memories, and with it, their detail and accuracy. The author observed the irony in confronting such issues in an area of biotechnology—memory modification—where the objective has long been to preserve and sharpen memory. She defended the use of memory-dulling drugs to ease the crushing burden on people oppressed by the painful, frequent, involuntary recall of traumatic events—at least for people not responsible for those events. She viewed the opposition to such drugs by the President's Commission on Bioethics as glib and insensitive, displaying an excessive concern with the integrity of unaltered memory over the terrible pain it can often bring. Although the Commission's report is more nuanced than her article suggests, it does stress the moral costs of chemically-induced forgetfulness and emotional attenuation—costs ranging from the loss of reliable juridical testimony to the diminution of concern and coarsening of feeling about violence and depredation.

General Dallaire's experience illuminates both sides of the debate over memory modification. On the one hand, because he is perhaps the most powerful and untainted witness to the worst genocide in the second half of the twentieth century, his memories ensure that that slaughter will not be forgotten. Yet there is something disturbing about seeing a man who tried to prevent the genocide falling into suicidal depression when many of its perpetrators are still at large and enjoying untroubled sleep.

Currently, there is little that can be done to ease the pain of General Dallaire's memories. Propranolol, the drug now being used to blunt the edge of traumatic memory, can do so only if taken shortly after the triggering event. But drugs one day may be developed that can have a similar effect long after the traumatic event, when those who experienced it have been able to assess its impact on their lives, and, if needed, to bear chemically-untainted witness to it. If such drugs became available, it would not be feasible to limit their use to those suffering from diagnosed pathologies of memory, such as Post-Traumatic Stress Disorder—the one use that the Commission unequivocally endorsed. The Commission expressed strong misgivings about the use of such drugs for alleviating the "normal" distress occasioned by painful memories, fearing that the divorce of memory from emotion could breed complacency and insensitivity.

But it is one thing to purge memories of their emotion; quite another to temper their intensity. "Normal" distress covers an extremely wide range of affect. The memories of the millions of people to have witnessed the major traumas of the past half century, from the assassination of President Kennedy to the destruction of the Twin Towers, vary widely in their intensity and painfulness. That variation is likely to be found even among those at similar "distance" from the tragedies, e.g., among those who endured no personal loss or risk. The Commission would surely acknowledge that most of these reactions are appropriate to the events recalled.

If so wide a range of emotion is apt, why is it wrong to seek to move to the less painful end of the spectrum? To fault one individual for attempting to reduce the emotional intensity of his memories to the equally appropriate level felt by others is to fault him not for failing to display an apt emotion, but for altering his "natural" feelings. In this, as in so many other areas, the Commission appears to place an undefended, and perhaps indefensible, premium on the "natural" or the given. This preoccupation obscures what I believe to be the more important issue raised by affect-modulation: whether it is appropriate to exercise deliberate control



"Look, will you forget about them? They're in the past. The important thing is what I feel now—about you!"

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over the level of one's emotions. In addressing this issue, it will be helpful to examine two others raised by the Commission that are relevant to the ethics of such control—the importance of memory and its associated emotion for personal identity, and the obligation to feel as well as to remember.

Memory, Numerical Identity, and Narrative Identity

The Commission's report speaks eloquently about the role of memory in establishing and maintaining a person's identity over time. Its view accords with many recent theories of personal identity that assign a critical role to psychological continuity. An individual who could recall none of what "he" had actually done or felt in the past decade might well become a different person, especially if he had a different, inconsistent set of memories. The price of such complete forgetfulness would be the loss of an individual or his replacement by another—a steep price indeed, even for the surcease of sorrow. No one, however, outside of science fiction, is proposing such wholesale changes in recall. But even partial or selective memory loss might be regarded as threatening identity. A person who forgot several key episodes in his adolescence, traumatic but

formative, could be said to lose some of his identity. This claim, however, requires a distinction, made by philosophers such as David DeGrazia and Hilde Nelson, between narrative and numerical identity: in forgetting such key episodes, the individual would remain the same entity or being, but he would now have large gaps in his autobiography. This discontinuity might also be a significant loss, for a life without coherent themes or plot structure would arguably lack meaning and depth. But the threat to narrative identity might be insignificant in many cases. Would General Dallaire's life story lose its coherence or meaning if he forgot, or blurred the detail of, a few of his most traumatic memories—of one group of children screaming vainly for their lives in places of promised sanctuary, of one pile of corpses neatly stacked by the orderly genocidaires?

There is one feature of his narrative identity that General Dallaire would surely lose by a successful course of propranolol (assuming, contrary to present knowledge, that it could be effective so many years after the traumatic events). He would no longer be a man oppressed by his unavoidable failure. To a certain kind of romantic sensibility, such a loss would indeed be regrettable. But that sensibility is more appropriate for novelists than for psychiatrists or policymakers. As

long as Dallaire could lose his sleep-denying visions without losing his broader memory of the events he witnessed in 1994, his life would be better and richer, and his narrative might be no less coherent or interesting for becoming less tragic: a man rising above the horror he had witnessed rather than being consumed by it.

Moreover, there would be significance in the fact that Dallaire had *chosen* to forget and had not merely forgotten. If people can write their lives, they may soon be able to rewrite them. Whatever its threat to veracity, pharmacologically-assisted authorship may strengthen rather than reduce narrative identity. In choosing to forget some aspects of his past, Dallaire would edit his autobiography, instead of having it altered only by the vagaries of neurobiology.

Except for those who regard personal memory as no less sacrosanct than wilderness, the mere fact of human interference will not be presumptively wrong. What may be morally problematic is the failure to honor obligations of memory—instead of trying to remember, one deliberately forgets. That could certainly be subject to moral reproach in some circumstances. But not in General Dallaire's. What Rwandan victim would deny that he had more than discharged any obligation he had to remember the victims' shattered lives? Most cultures have a period of prescribed mourning for significant others; Dallaire has surely exceeded any such period in his mourning for virtual strangers. But this raises the more general issue: what sorts of obligations do we have to whom and for what? To feel, or merely to recall?

The Duty to Remember vs. the Duty to Suffer

We all want to be remembered by our loved ones after we die; some of us even feel we survive in those memories. But do we want these memories to be painful? Unlike ancient kings, we hardly expect our loved ones to entomb themselves with us. Surely, though, we want them to experience some sense of loss. We would feel disturbed by the prospect that our loved ones would merely recalled us fondly, as if we had gone on a long vacation; such an untroubled response would seem to deny the reality of death. Once that reality was acknowledged by a brief period of mourning, however, many of us would be pleased if memories of our lives were largely pleasant, if they brought joy more than sorrow.

But the pharmacological remedies currently available offer a difficult tradeoff: they can only ease the pain at the cost of erasing much of the detail. While many of us would want to be remembered happily, how much detail and accuracy would we want our loved ones to sacrifice to make their memories less painful? Would we rather be remembered sadly but sharply and richly, or happily but dully and vaguely?

It is not clear how much this tradeoff owes to the limitations of current drugs, how much to the nature of memory. Surely much of the horror of General Dallaire's memories are in their details. To recall the minutiae of a genocide conducted largely with machetes without feeling horror and revulsion would denature one's memories; it would, in effect, substitute the memories of a sociopath, fully detailed but devoid of affect. Perhaps the appropriate way to remember less painfully *is* to remember more vaguely. But that preserves the dilemma.

One kind of memory we would clearly not want to soften would be that of the individual's own evil, cruel, or blameworthy deeds. The painful memory of such deeds helps constitute conscience; as the Commission report argues, it would be wrong to "cure" Lady Macbeth of her guilty torment. But even

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here, it is difficult to endorse an absolute prohibition. If Lady Macbeth experienced her guilty torment over jaywalking rather than regicide, we might regard her as an appropriate candidate for propranolol.

What, however, of murderers who experience no more remorse than jaywalkers? The development of affect-reducing drugs thus raises the specter of affect-preserving or enhancing drugs. Even if we consider only the alteration of affect associated with memory, the possibilities are staggering. Some might suggest that for particularly heinous crimes, enhancement of guilt-ridden memory could serve as a form of punishment, a kind of forced internalization. Doubtless, the Commission would be wary of letting feelings of guilt or responsibility be imposed or enhanced from without. And it would have a point. Better that Raskolnikov's guilt over his brutal, gratuitous murders arise from his conversations with Inspector Petrovich than from the injection, even the voluntary injection, of an affect-enhancing drug. If it is not felt spontaneously, remorse should be hard won by soul-searching, not effortlessly acquired by a fast-acting drug. To draw a rough analogy the Commission might find congenial, taking a drug to achieve remorse is like taking steroids to achieve muscle bulk; much as one's physique should be improved by tough exercise, one's conscience should be strengthened by self-scrutiny and close attention to the feelings and needs of others.

But in the absence of earnestly acquired remorse, would drug-induced contrition be better than none?

Would Lady Macbeth's "guilty torment" have been appropriate to inflict as a punishment had it not been self-imposed? If we used memory for punishment, would we vary the dosage of memory-and affect-enhancing drugs in proportion to the heinousness of the crime? The penal use of induced memory raises the disturbing specter of legitimizing claims we now tend to reject: that the conscience-stricken perpetrator of a brutal crime should be punished less harshly, or not at all, since he has already punished himself as much as the state could. We often doubt the veracity of such claims—why should an offender bent on painful remorse request mitigation? But we may question the appropriateness of such mitigation even if we believe the offender's claim is sincere. We may believe that retribution is *ours* as a society; that it cannot be preempted by the perpetrator's remorse, however sincere.

Related questions would arise about the grief of the victim or his loved ones. For those, now including many US judges, who believe that the psychological impact on the victim or his loved ones is relevant to the magnitude of the offender's punishment, would the victim have any duty to mitigate that impact by taking drugs that made her memories of trauma or violation less painful? Could a defense attorney argue that the impact of his client's acts should be discounted by the victim's failure to do so? Or would victims have some kind of entitlement to their "natural" feelings, perhaps even a prerogative to enhance them, the better to honor their duty not to forget the violations they suffered?

Self- as well as state-imposed pain or mitigation raises ethical issues of control akin to those raised by genetic engineering: is it enough that we feel aptly, or must we come by our feelings in an apt way? To be apt or authentic, must they come on us, rather than being induced, at least directly induced, by a drug or other external stimulus? Or are "natural" memory stimulants—our usual self-reminders and mnemonic devices—more acceptable than "unnatural" ones when clear recall is needed? And are "natural" memory suppressants, from distraction to repression, more acceptable than "unnatural" ones like propranolol, when forgetfulness is permitted?

Control over Painful Memories and the Capacity to Feel Grief, Remorse, and Empathy

Popular music and great literature are pervaded by the idea that those we have loved or wronged can haunt or obsess: "You really got a hold on me"; "I Can't Get You Out of My Mind;" Banquo's ghost crashing Macbeth's banquet. We see these unbidden, often unwelcome visitations as evidence of our emotional and moral susceptibility: our unrequited love, our continued mourning, or our abiding guilt. These susceptibilities, which we see as expressing our capac-

ity for love, our recognition of loss, or our conscience, may be threatened not only by the use of memory-altering drugs but by their very availability. If we could reduce the frequency or intensity of these reminders, would our unrequited or lost loves, as well as our unappeased victims, have less of a hold on us even if we did not actually attempt to exclude them? What if Macbeth could take a pre-dinner pill that would prevent the arrival of spectral visitors? Would Banquo lose some of his grip on Macbeth's conscience even if the usurper declined to take the pill (perhaps to better describe the vision to his psychotherapist), since Banquo would now be an invited, if not welcome, guest? Or would Macbeth's capacity to prevent Banquo's appearance introduce moral complexity by allowing Macbeth to choose whether, or how often, Banquo's ghost could (to borrow from another

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Shakespearean play) "prick the conscience of the king?" Would Macbeth display a form of penance formerly unavailable to him by refusing to take the pill at all out of a sense that Banquo's appearance was a fitting reproach to his bloody usurpation? Would Macbeth display, or forge, an even harder heart by taking the pill?

In the context of mourning rather than remorse, we might not welcome such moral complexity. A jilted lover who chose to increase the intensity or frequency of his memories of his beloved would seem to be engaged in denial, or even in a kind of inverted stalking. If he merely declined to take his propranolol, he might be accused of "wallowing." On the other hand, a jilted lover who banished bittersweet memories with a pill (even one who did so defensively, like the protagonist of *Eternal Sunshine of the Spotless Mind*, in response to a similar memory-purge by the woman who jilted him) might seem to engage in a kind of self-betrayal by trivializing his deep investment in his lost or unrequited love. Similarly, a recently bereaved spouse might not want the opportunity to control the intensity or duration of her mourning. Whether she feared that she would mourn to little or too much, the availability of drugs to sharpen or soften her memory might offer her unwelcome temptations. Their availability might also corrupt the attitudes of third parties and the social practices of mourning. Employers or suitors might be too eager to provide propranolol to employees or prospective partners who had lost loved ones—after a

“decent” but ever-shrinking interval. Or perhaps, in our busy world, the bereaved and their communities would substitute intensity for duration, opting for shorter but more intense periods of mourning, achieved with the assistance of memory-and affect-modifying drugs.

On the positive side, those who now lament their insensitivity to loss could make themselves more sensitive. Would their pharmacologically-enhanced sensitivity be any less valid for being chosen? Would their mere desire to enhance their sensitivity be more elevating if it were less idle—if they could do so with a pill? The capacity to modulate one’s emotions in this way raises two broader issues I cannot resist broaching. First, a generation of scholars influenced by philosopher Harry Frankfurt has found appeal in the notion that what makes us free, or responsible, is the alignment of our first-order desires—what we want—with our higher-order desires—what we want to want. We are free in the only sense we can be in a deterministic universe,

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Frankfurt argues, if we have the will we want—roughly, if we act according to first-order desires endorsed or ratified by our higher-order desires. The preceding discussion suggests that it is important for us to have not only the desires but the emotions we want to have. A person who does not feel as he wants to feel, like a person who does not desire what she wants to desire, arguably lacks what Frankfurt calls wholeheartedness. The prospect of using drugs to bring one’s feelings into alignment with one’s higher-order desire to feel raises the specter of wholeheartedness in a pill. Perhaps psychopharmacology can give us the kind of feelings and character, if not the will, that we want; perhaps if we fail or refuse to avail ourselves of pharmacological realignment, we do not really have the higher-order desires we think we have.

Second, pharmacology may affect our capacity for empathy in at least two ways. The more direct is by control of the feelings we have upon hearing of another’s distress. If we could choose to feel, or not feel, another’s pain, fear, or frustration, would our refusal to feel it vicariously be more “cold-hearted” than our mere inability to do so, while our choosing to feel it would show greater care and devotion than spontaneously feeling it? Or does empathy require spontaneous feeling, so that the attempt to elicit it is self-defeating? But wouldn’t a pill that made us more

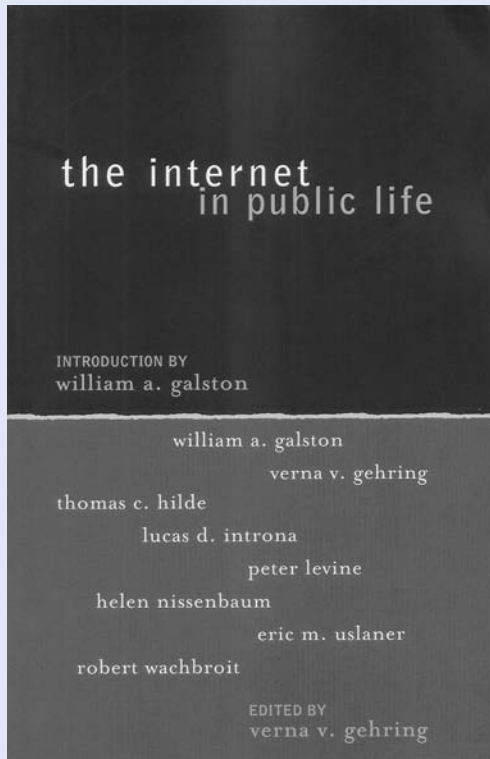
vulnerable to others’ emotions give us all the spontaneity we needed? A less direct, but no less powerful, effect might result from muting or suppressing our pain, fear, or frustration at our own past traumas. In doing so, we might become less capable of empathy, or less willing to cultivate it. While the choice to feel other’s pain when one suppressed the experience of one’s own might display a kind of altruism that is not possible at present, it might also be that the regular suppression of our own emotions would make it far more difficult to experience those of others, with or without pharmacological assistance. It is not clear whether this threat to empathy is really an empirical one, or whether it would simply make no sense to say that we displayed empathy in feeling for others what we did not, or chose not to, feel for ourselves.

Like empathy, forgiveness may be closely tied to emotion; the question is whether the pharmacological control of emotion can yield the genuine article. We may soon have drugs that seem to promise us help in fulfilling the injunction to forgive but not forget, by softening the emotion while preserving the memory. But that promise rests on a reductive understanding of the injunction, and of forgiveness. A victim who no longer felt the pain of a remembered injury or insult might only be capable of only a superficial forgiveness, much as a perpetrator who felt no remorse, merely an impersonal duty to atone, would be capable of only a shallow atonement. Forgiveness arguably requires the victim to let go of his anger but not his pain. Could this requirement be fulfilled by a more targeted prescription than is currently available, one that would dull

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anger but not hurt? Or would such a prescription leave out a critical element of process or control? Letting go of one’s anger while preserving one’s hurt is an extraordinarily difficult but indispensable part of forgiveness. Someone who never felt anger at a serious injury or insult, as opposed to overcoming or “surrendering” her anger, would ordinarily display a lack self-respect that made forgiveness impossible, and someone who “overcame” her anger but not her hurt by taking a pill might seem to achieve something closer to self-denigration than true forgiveness.

But couldn’t the very taking of the drug express an appropriate “higher-order” desire to forgive, even if it could support only a poor mimicry of actual forgiveness? Perhaps someone who took a pill that reduced



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anger at past slights could express a sincere desire to forgive, even if he couldn't achieve full-bodied forgiveness. Yet for those who believe that that such a drug could only produce a degraded simulacrum of forgiveness, how could taking it express an apt desire?

Obligations to Ourselves

A final question is how the loss of memory and associated emotion would affect our relationship with ourselves. Philosopher Derek Parfit famously argued that memory plays an integral role in self-identity; that we lose ourselves if we lose too much of it. But what about the loss or attenuation of emotions associated with

memory? Here, any threat is not so much to self-identity, either numerical or narrative, as to self-attachment or loyalty.

We do not always find self-betrayal in the attenuation of the emotion associated with a painful or traumatic experience. Many women having their second or third child claim that they would never have done so if not for their partial amnesia, their failure to remember just how god-awful their labor was. But most of those women welcome rather than regret the amnesia. A similar kind of amnesia may follow the experience of combat.

More broadly, we may well be less reluctant to undergo painful or frightening experiences again if we

can dull our recollections of the pain or fear we felt. And we may even be more willing to undergo such experiences for the first time if we know that we will, or can, experience such emotional amnesia. Whether this is a good thing depends to some extent on whether willingness to undergo the experience one or more times is a good thing. This is a matter on which people will differ, to the extent they differ about population- and family-size, or war and combat. But apart from the morality or utility of the changes in behavior we can effect through emotional amnesia, inducing such amnesia may affect the strength or the depth of our relationship to ourselves. It might well make it weaker or shallower, and result in a kind of self-estrangement. Reducing our emotional affinity with our past selves would be a lot like reducing our empathy for other people. Indeed, philosophers such as Thomas Nagel and Derek Parfit find close if partial parallels between our concern and feeling for our own past (and future) selves and our concern and feeling for others. Even though there are sometimes good reasons to become strangers to our selves, it would represent a loss of something we value dearly.

Will dulling the emotions associated with memory encourage a cavalier attitude towards our own pasts? Or will it make at least the more painful aspects of our pasts more accessible, by discouraging or helping to overcome repression and disassociation? Freud believed that we could only undo repression, and thereby make ourselves more whole, by bringing out repressed memories. But he may also have believed that many of those memories, tinged by fears we had long mastered or dismissed, would no longer be so painful. This would hardly be so for all memories, however, such as early memories of child abuse or later ones of torture and near-death. Would anesthetizing ourselves to the recall of such memories make us more or less whole?

To some extent, this is an empirical question; the psychologist of memory who testified before the Commission regarded it as an open one. But the issue of what kind of relationship we want with our past selves is also a moral one. Perhaps we should seek a mean between emotional distance and obsession;

between relegating our pasts to prologue and wallowing in them.

But again, the issue is not merely the emotional affinity we will have with our past selves and can expect to have with our future selves. It is the fact that we—our present selves—will exercise some degree of control over that affinity. As I suggested earlier, selective forgetting or dulling may strengthen, not attenuate, narrative identity, by making us authors of our own internal lives in a way that was previously impossible. The availability of memory-altering drugs will, so to speak, shift the balance of power in our extended temporal relations to ourselves ever more to the present and future. It will allow us to break or weaken the grip of the past, while leaving us in the present with the uneasy awareness that our capacity to shape ourselves by what we chose to do, experience, and remember is tentative and indefinitely revisable. We will have more freedom to re-invent ourselves, but less security about who we are, or will end up being. I cannot even hazard a guess as to whether this will, in general, be an acceptable tradeoff.

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Sources: Guy Lawson, "The Rwanda Witness," *New York Times Magazine* (April 24, 2004); Robin Henig, "The Quest to Forget," *New York Times Magazine* (April 24, 2004); The President's Council on Bioethics, "Happy Souls," which appears as Chapter 5 in *Beyond Therapy: Biotechnology and the Pursuit of Happiness* (October 2003) and is available at www.bioethics.gov; Derek Parfit, *Reasons and Persons* (Part Three) (Clarendon Press: Oxford 1984); Avishai Margalit, Chapters 1 and 6 of *The Ethics of Memory* (Harvard UP, 2002); Erik Baard, "The Guilt-Free Soldier: New Science Raises the Specter of a World without Regret," *Village Voice*, (January 22-28, 2003); James Bowman, "Memory and the Movies," *New Atlantis* (Spring, 2004).