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ORIGINAL PAPER

The Ethics of Memory Blunting and the Narcissism of Small Differences

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Abstract At least since 2003, when the US President's Council on Bioethics published *Beyond Therapy: Biotechnology and the Pursuit of Happiness*, there has been heated debate about the ethics of using pharmacology to reduce the intensity of emotions associated with painful memories. That debate has sometimes been conducted in language that obfuscates as much as it illuminates. I argue that the two sides of the debate actually agree that, in general, it is good to reduce the emotional intensity of memories associated with traumatic events, when (as in the case of Post Traumatic Stress Disorder) the intensity of those memories is *dis*proportionate to the precipitating traumatic event. Both sides also agree that, in general—not as an ironclad rule—it is bad to reduce the emotional intensity of memories associated with difficult but normal human problems of living, when the intensity of the emotions is proportionate to those problems. Between those two areas of agreement, there is a zone of ambiguity, in which reasonable people, who proceed from different but equally ethical frameworks, may indeed reach different conclusions about the same set of facts. But I will argue that even in the zone of ambiguity, there is more agreement than the language favored by the different frameworks sometimes suggests. Ultimately, I suggest that if we see the extent to which the substantive differences between the two frameworks are smaller than their articulators' language sometimes suggests, we can engage in a more productive conversation about whether a particular intervention will facilitate or diminish human flourishing.

Keywords Post-traumatic stress disorder · Propranolol · Memory blunting · Medicalization

> *It is precisely communities with adjoining territories, and related to each other in other ways as well, who are engaged in constant feuds and in ridiculing each other—like the Spaniards and Portuguese, for instance, the North Germans and South Germans, the English and Scotch, and so on. I gave this phenomenon the name of "the narcissism of small differences…."*
> Sigmund Freud, **Civilization and Its Discontents**

The ethical conversation about blunting the intensity of emotions associated with painful memories began in earnest in the US with the publication of a report by the President's Council on Bioethics (PCB). That report, *Beyond Therapy: Biotechnology and the Pursuit of Happiness* [1], did not make a single policy recommendation about any biotechnological intervention—unless we should count the recommendation that the nation proceed "with its eyes wide open" (p. 310). But

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the report's often portentous tone, with mention of evil doers and allusion to Lotus eaters, elicited portentous responses.

In one response to the portion of *Beyond Therapy* that was specifically about memory blunting, three coauthors, in the *American Journal of Bioethics (AJOB)* [2], floated the possibility that the PCB might be advocating that the state become the "enforcer" of "a religious fundamentalism that claims divine knowledge of right and wrong" (p. 17). They added, "If this were not the Council's intent, it surely would have reassured the reader to the contrary" [sic].

Unfortunately, the tone of those two documents can distract us from noticing some fundamental issues about which their authors agree. It can also distract us from understanding where and why reasonable people do sometimes disagree. Without clarity about where the two sides don't—and do—agree, it's difficult to make headway in the conversation about the ethics of using new techniques to blunt the intensity of emotions associated with traumatic memories.

In this essay I will suggest that the PCB authors and the *AJOB* authors in fact agree about the *badness* of helping future Lady Macbeths get over the punishing memories of their treacherous acts—and that they also agree about the *goodness* of helping veterans get over the traumatic memories that keep them from engaging in the sorts of activities and relationships that humans need to be happy. Between future Lady Macbeths and returning vets, however, there is a *zone of ambiguity* in which different people will reach different conclusions about the same case.

By briefly describing two ethical frameworks that can motivate different conclusions in the zone of ambiguity, I aim to show how those different conclusions can be reasonable—and worthy of respect. Ultimately, though, I will emphasize that people from the two frameworks agree about more than their tones sometimes suggest. Perhaps if we see the extent to which the substantive differences between the two frameworks are smaller than their articulators' tones sometimes suggest, we can engage in a more productive conversation about the difference between good and bad uses of drugs intended to reduce the intensity of emotions associated with painful memories. Such a conversation would seek to understand whether, given a particular set of facts, a memory-blunting intervention would facilitate or thwart a given person's flourishing.

Agreement That Eating Lotus Flowers Would Be Bad

We in the West have long contemplated what it would mean, not just to blunt the emotional intensity of some memories, but to erase them altogether. Homer sang of Odysseus's visit to a land whose inhabitants ate mythical Lotus flowers, which made humans forget everything they ever knew. Upon eating the flowers, several of Odysseus's men completely forgot their earlier lives of human action and relationship. They became blissfully contented, as Tennyson much later would retell it, to "lie reclined on the hills like Gods together, careless of mankind." The erasure of Odysseus's men's memories made them inhuman.

To assert the badness of eating Homer's Lotus flowers on the grounds that it would make us inhuman, however, is as *un*controversial as asserting the badness of imbibing Huxley's Soma on the same grounds (as the PCB does in another part of its report). As Neil Levy [3], David Wasserman [4], and others who generally find the tone of the PCB report uncongenial have suggested, insofar as being a self or having an identity (in the characterization or narrative sense) requires having memories, erasing all of one's memories would be tantamount to annihilating one's self. Though the *AJOB* authors did not address the theoretical possibility of total memory erasure, they do allow that "Memory and its relationship to emotion clearly are vital to human functioning and flourishing and are very complex" (p. 14). It doesn't seem unfair to infer that they, too, would be against eating Lotus flowers.

Agreement That Giving Lady Macbeth Solace in a Capsule Would Be Bad

The PCB is not, however, primarily worried about us becoming *in*human. Their primary worry is that we will become *less* human, less able to enjoy "true human happiness." On the PCB's neo-Aristotelian view, for humans to truly flourish, or to be truly happy, we need to engage in meaningful activities and be with others. According to this view, we don't just want the *feeling* of happiness or flourishing or fulfillment that working well or loving well normally produces. We want *to engage in the activities* that normally give rise to those feelings. The PCB wants

us to eschew any pill that would sever “the link between feelings of [true] happiness and our actions and experiences in the world” (p. 208). Such a pill would alienate us from true human happiness.

The PCB doesn’t only think we need to engage in activities and be with others to experience true happiness. They think we have to engage with the world *as it truly is.* The PCB observes that we don’t want to “separate the subjective experience of memory from the truth of the experience that is remembered” (p. 225). To help us grasp what they mean when they speak of the importance of maintaining a connection between what we feel and how the world really is, they invite us to think about Macbeth’s request that his doctor free Lady Macbeth from the painful memory of her murderous scheming. The PCB suggests it would be bad if Lady Macbeth could take a pill that eliminated her pangs of conscience. After all, her suffering was proportionate to her acts. To sever the link between her acts and her proportionate experience of guilt would be to commit, as it were, an ontological mistake. If a human being didn’t feel suffocating guilt upon committing such treacherous acts, the world would be “out of joint.”

Now, the *AJOB* authors are palpably pissed off by the PCB’s invocation of the Shakespearian example and, more importantly, by its use of terms like “true” and “false” and “good” and “evil.” The PCB report’s tone and earnest use of such distinctions sounds just odd to many of us. Don’t the PCB authors know we live in post modernity? Haven’t they heard that the self is a fiction, that identity is a succession of masks, that there is no truth about what makes humans happy?

While the PCB’s tone grates on the *AJOB* authors’ ears (as the *AJOB* authors’ tone would surely grate on the PCB authors’), both sets of authors nonetheless agree on a fundamental point. To see it, we need to consider why, beyond concerns about safety, efficacy, informed consent, and access, the *AJOB* authors worry about the “medicalization” of painful memories.

The Medicalization Idea Requires a Fairly Thick Conception of Normal Human Behavior

The term *medicalization* of course comes from sociology, and names the process by which we increasingly conceive of “normal human problems” as medical problems [5]. Because sociologists, as sociologists, are not supposed to be committed to norms or values that are thicker than the norm or value of accurate description, it is hardly surprising that they are not explicit about *why* it is *bad* for the institution of medicine to increasingly take normal human problems under its aegis. I will venture that one reason the sociologists aren’t explicit is that, if they were, they would have to own up to a rather thick normative commitment presupposed by the concept of medicalization.

Again, at the heart of the medicalization concept is the idea that, instead of treating “normal human problems” with medical means, we should treat them with non-medical means—or not treat them at all, just let them be. To support such a claim, sociologists and the rest of us, need to presuppose a fairly thick conception of what a normal human life with normal human problems *is*. Moreover, we need to presuppose a fairly thick understanding of what a normal human response to those problems is, as in: it is normal to feel guilt when one has unjustly harmed another, or to feel stress in anticipation of battle, or to feel grief when one’s partner dies.

I am suggesting that at least one reason the sociologists think it would be bad to treat those unpleasant feelings as medical problems is that they are committed to some version of the idea that doing so would estrange us from how we and the world really are. Instead of pharmacologically blunting the emotional sting of memories that is difficult but proportionate to the magnitude of the event that occasioned them, wielders of the medicalization concept believe we should find non-medical strategies to cope. At least implicitly, insofar as the *AJOB* authors invoke the concern about medicalization, *they and the PCB authors agree*: there are some “normal human problems” or forms of suffering that we should either learn to live with or should learn to fix with non-medical tools.

Now, talk of what humans “normally” do quickly brings to mind ignominious histories of talk about “normal” sexual activity, or “normal” ways of ambulating, or “normal” ways of thinking. I have spent many years exploring the process of “normalization” [6], so like to think I have some grasp of the insidious and massive power of the process by which people with atypical bodies or behaviors or thoughts

are deprived of their basic human rights because of their "ab-normality."

As awful as are the purposes to which the concept "normal" has been put, however, we cannot critique the process of "medicalization" without it (or one of its cognates). Like the sociologists, the *AJOB* authors (and the rest of us) cannot get our critique of medicalization off the ground with*out* some conception of a *normal* or proportionate emotional response to the memory of a painful but *normal* or typical human experience.

This situation, where the concept of "normal ways of being human" can be used to deprive people of their freedom *and* can be used to promote it, may perhaps at first seem unusual. Alas, it isn't. Once we accept that the concept of normal can be used for salutary and poisonous purposes, all we can do is affirm the obligation to be vigilant as we use it. Were we to, instead, try to purge our thinking of concepts with the potential to do harm, we would be left with little to say.

Consider, for example, the *AJOB* authors' imagined future in which a pharmaceutical company creates a drug advertisement in which "someone is encouraged to take propranaolol after an embarrassing or humiliating experience at the office." (Propranolol, which is discussed in the PCB report and in the *AJOB* article, is one of the drugs now being tested as a way to reduce the sting of painful memories associated with PTSD.) The *AJOB* authors observe, "Here we have reason to be concerned that a private company seeking to sell more pills will promote an expansive set of PTSD causes and symptoms (to physicians and patients alike), altering both our sense of the illness and our interpretations of the experiences that might cause it" (p. 18). They don't, and they don't need to, say *why* they are concerned with "altering our sense of the illness and our interpretations of the experiences that might cause it." They can rightly assume that their readers share the assumption that it is a sort of ontological mistake to sever the act of humiliation and the suffering normally associated with being humiliated. If a human being didn't suffer upon being humiliated, the world would, again, be "out of joint."

It's true that the *AJOB* group's example of the office worker who would take a pill to reduce the normal emotional distress associated with the normal experience of embarrassment or humiliation is not as evocative as the PCB's example of Lady Macbeth taking a pill to reduce the guilt and emotional distress that "normally" accompanies treachery. It's also true that, whereas the humiliated office worker's stress is in response to a wrong that was done to him, Lady Macbeth's distress is in response to wrongs she has done. What's important to notice, however, is that both groups agree that we can and should distinguish between normal human suffering, which is proportionate to some normal human experience, and suffering that is not.

The two groups agree that we should learn from the experiences that produced those painful emotions—or perhaps we should exit or change the situation or behavior that produced them. And they seem to agree that some sorts of suffering should be tolerated rather than blunted or erased. This doesn't make them masochists—or sadists. It makes them willing to accept that suffering can be crushing in some cases and a resource for growth in others. Indeed, there is a growing literature which finds that post traumatic *growth* is not only real, but more common in the wake of traumatic events than Post Traumatic Stress Disorder is [7, 8]. At any rate, it appears that the *AJOB* and PCB authors agree it would be bad to take a drug that alienated us from our true experience of how we and the world truly are.

Agreement That Treating Veterans with PTSD is Good

The *AJOB* and PCB authors don't just agree about the badness of eating Lotus flowers or reducing Lady Macbeth's anguish. That is, they don't just agree about the *badness* of erasing memories, which would deprive us of having identities at all, and about the badness of a drug that would blunt emotions that are painful but normal or proportionate to some true fact in the world. They also agree about the *goodness* of using drugs to blunt the emotional sting of memories, when the intensity of those memories is *dis*proportionate to their cause and the memories are incapacitating—as in the case of PTSD.

Indeed, it would be very strange for a bioethics commission to claim that doctors should withhold treatment of a syndrome with a widely recognized (if evolving [9]) set of impairing symptoms. Unless they were prepared to argue that PTSD is not a disorder, failing to endorse its treatment would violate a basic

tenet of medical ethics. But they make no such argument. More importantly, hesitating to treat PTSD would be wholly inconsistent with the PCB authors' commitment to promoting the conditions that allow humans to truly flourish, to pursue happiness. As they themselves acknowledge, the traumatic memories associated with severe PTSD "cast a shadow over one's whole life, making the pursuit of happiness impossible" (p. 220).

As I suggested earlier, neither the PCB nor the *AJOB* group wants to, as the PCB put it, "interfere with the normal psychic work and adaptive value of emotionally charged memories" (p. 226). And, they agree, intervention is appropriate, if it *facilitates* growth. This facilitation can take different forms, which both sides endorse—even if the PCB's tone can sometimes seem to suggest otherwise. As the PCB credits Daniel Schacter with saying, "beta-blockers [such as propranolol] might make it easier for trauma survivors to face and incorporate traumatic recollections, and in that sense could facilitate long-term adaptation" (p. 227). Schacter is suggesting that drugs like propranolol might provide a physiological foundation upon which trauma survivors can engage in psychotherapeutic activities. And as Deane Aikens has more recently observed [10], ever more evidence suggests that some forms of psychotherapy do precisely what the PCB (and *AJOB*) groups want: to facilitate learning and growth.

Specifically, Aikens suggests that Exposure Therapy decreases "the salience of traumatic memories and the impairing urge to avoid trauma reminders by *establishing new learning*" and that Cognitive Processing Therapy "*challenges the beliefs and expectations* one develops after trauma exposure" ([10], ital. added). The aim of these interventions is to provide individuals with new learning—not to deprive them of the opportunity to adapt and grow. The idea is that, if they learn new ways of coping, they can go out into the world and engage in the sorts of activities that that can lead to what the PCB would call true human happiness. Or, as Peter Kramer argued in response to the charge that Prozac would deprive people of an appropriately "tragic" sense of life: Prozac can actually provide a physiological foundation that allows individuals to engage in traditional psychotherapeutic activities. The hope is that psychotherapy will ultimately allow individuals to go out into the world and act. Prozac, Kramer argues, doesn't give a feeling of happiness in the absence of activity, nor does it preclude activity. Rather, it makes it possible to engage in precisely the sorts of activities (therapeutic and otherwise) that open us up to human tragedy—and human happiness [11].

But if reasonable people agree about the goodness of treating diseases on the grounds that doing so facilitates our ability to engage in the sorts of activities that produce true happiness, and if they also agree about the badness of eating Lotus flowers or reducing Lady Macbeth's (or the humiliated office worker's) anguish on the grounds that such interventions would separate us from ourselves and the world as they really are, then where is the disagreement?

Genuine Disagreement in the Zone of Ambiguity Between Treating Lady Macbeth and Treating Vets

Because psychiatrists have not yet been able to anchor their diagnostic categories in an understanding of specific pathophysiological processes, their diagnoses are based on observation of clusters of symptoms, which present to different degrees in different individuals and cause different degrees of impairment. Like many traditional medical disorders, psychiatric disorders are not categorical (where one either does or doesn't have it); they are "dimensional." In other words, bright lines don't separate individuals who have the disorder and those who don't.

So, while there will be cases where the argument for intervention is very strong, there will be cases where it is less so. Some individuals will clearly be incapacitated by suffering that is *disproportionate* to the original trauma (where "disproportionate" means, crudely, more-intense-than-normal responses to similar events) and the argument for intervention will be strong. In other cases, where there is less suffering and a greater possibility of growth, the argument for intervention will be weaker.

Conversely, at the other end of this continuum, there will be Lady Macbeths, whose psychical distress is *proportionate* to its cause and who may have a chance to grow from that distress—and where the argument *against* intervention is strong. We could also likely get agreement that it would be a mistake to intervene in the case of the humiliated office worker, whose suffering is also proportionate and who has the

option of removing himself from or trying to change the toxic environment. Of course, here, too, there won't be a bright line between cases where the argument against intervening is strong and cases where it is weaker; I will take up such a case below. For now, I want to suggest only that, between the one end of the spectrum, where the argument *for* intervening is strong, and the other end, where the argument *against* intervening is strong, there will be cases that fall into the zone of ambiguity, where reasonable people will reach different conclusions about the same set of facts.

As I have suggested elsewhere [12], to understand why reasonable people can reach different conclusions, it helps to notice that they can come to the same set of facts emphasizing different, if ultimately complementary, constellations of ethical insights. Crudely speaking, one constellation of insights (or "frameworks") tends toward enthusiasm about intervention in the zone of ambiguity, while the other constellation tends toward criticism.

The PCB group, for example, proceeds to the debate from the framework that tends toward criticism. A good way to glimpse the sensibility at the center of the framework that the critics find most congenial, is to consider two rhetorical questions posed by the PCB: "What qualities of character may become less necessary and, with diminished use, atrophy or become extinct, as we increasingly depend on drugs to cope with misfortune? How will we experience our incompleteness or understand our mortality as our ability grows to medically dissolve all sorts of anxiety?"(p. 208). That is, the PCB authors emphasize the intuition that, as *creatures* who can anticipate our own mortality, we should find ways to cope with the anxiety that normally accompanies that anticipation. If we fail to reflect on the prospect of our not-being, the PCB authors believe, we will have failed to reflect on a fundamental fact about our being—and thus will have failed to grasp a true fact about how we and the world truly are.

Another important intuition for those who are most comfortable in the critical framework is that, insofar as we are creatures who have been thrown into the world and are *not* of our own making, there is an important sense in which we are not "in control." The PCB authors worry that we might "come to imagine ourselves as having more control over our memories and identities than we really do, believing that we can be authors and editors of our memories while still remaining truly—and true to—ourselves"(p. 230).

The PCB authors worry that, in our effort to gain control over ourselves, we risk losing a difficult but essential feature of our existence, a feature without which our happiness can not be truly human. Enduring suffering may be difficult, they argue, but if it is proportionate to the events we experience, we can hope to learn from it, perhaps even to flourish more than ever in its wake. Moreover, throughout the book they ask rhetorical questions like, "Can we become numb to life's sharpest sorrows without also becoming numb to its greatest joys?" (p. 229). On this sort of "ecological" view, what happens in one part of the system affects, often in unanticipated and negative ways, the rest of the system. Tinkering with one feature of our consciousness, they worry, may adversely affect another. On this sort of ecological account, if we forget our creatureliness, we risk becoming less human.

The *AJOB* authors proceed to the debate emphasizing insights from a different ethical framework, which both tends toward enthusiasm about intervention—and which prides itself in eschewing any particular conception of human nature or what its "true" fulfillment looks like. According to this framework, all we can agree on is our commitment to the "thin" view that humans should be free to pursue their life projects however they see fit (so long as nobody's nose gets bloodied). Charles Taylor, among others, has observed that this view is insufficiently aware of its own "thickness"; according to Taylor, the commitment to each of us pursuing our own life projects depends itself on the thick *moral ideal* of authenticity [13]. If, however, one doesn't buy Taylor's argument, one can, from a different angle, glimpse for herself the thickness of the enthusiastic view by considering one of the commitments at the heart of Neil Levy's ambitious and important book, *Neuroethics: Challenges for the 21st Century* [3].

Like the *AJOB* authors, Levy proceeds to the conversation about technologically modifying human bodies from a sensibility that is very different from the PCB's. The aim of *Neuroethics* is to advance a parity thesis, according to which our new technological ways of altering our minds are in principle not different from our old ways; the old and new ways are

on a par. In the introduction to *Neuroethics* Levy says that, to advance his thesis, he needs to reflect "on what it means to be human." In a nutshell, on his account, to be human means to be a "self-creating and self-modifying" animal (p. xiii).

So where the PCB emphasizes our "creatureliness," Levy—and, also, I would venture, the *AJOB* group—emphasizes our "creatorliness." Levy doesn't just tolerate, but celebrates our attempts to be the authors and editors of our own lives, to exert control over them. Whereas the PCB emphasizes that trying to use new technologies to control or modify our selves might inadvertently impoverish us, Levy emphasizes that creating or engineering our selves is a fulfillment of our natures. If, according to the PCB's ecological approach, being truly human will require learning to let our bodies be, according to Levy, being truly human means engineering ourselves. Given these differences between the "creature" and "creator" frameworks from which the critics and enthusiasts proceed to the conversation, we should hardly be surprised if they reach different conclusions in the zone of ambiguity.

Even Where There is Disagreement, However, It Isn't as Great as One Might Predict Based on The Different Tones and Frameworks

Consider for example the PCB's observation that there's nothing new about the goal of trying to numb "pangs of conscience." As they say, we have long used alcohol and other drugs for just that purpose. But, they suggest, because the new means of altering our minds are "more precise, long-term, and sought-after" (p. 209) than the old means, the new means raise old ethical concerns in an especially urgent way. As I discussed above, one of their greatest fears was of a Lady Macbeth who did not feel pangs of conscience proportionate to her guilty acts. Regret, according to the PCB, is the normal or appropriate response. Numbing that response would be inappropriate, it would be to separate us from ourselves and the world as they really are. Too, in one of the PCB's contemporary scenarios, they imagine soldiers taking propranolol in advance of battle, and worry that the drug might reduce the normal regret that attends the prospect of killing another human being. None of that is surprising.

Nor is it surprising that Neil Levy goes to some length to distinguish his view from the PCB's. For one thing, distancing ourselves from a commission appointed by George Bush II is pretty much de rigueur for us secular, liberal, pluralist bioethicists. For another, far more substantive thing, Levy's emphasis on our "creatorliness" does indeed distinguish his ethical sensibility from the PCB's.

Specifically, Levy spends considerable time introducing an account of what would be wrong with giving soldiers propranalol before they went to battle—an account that he contrasts with the PCB's. Drawing on the work of Antonio Damasio et al., Levy argues that propranolol could, by dampening the somatic markers that are necessary for making good moral judgments, put soldiers at increased risk. He writes: "In the absence of the somatic signals that let him or her know that a contemplated course of action would be wrong, the soldier may lack *(not as [the PCB] fears) regret,* but moral judgment" (ital added, p. 195).

Though the PCB group does emphasize a concern about a lack of *regret* and Levy emphasizes a concern about a lack of *moral judgment*, they're both wary of giving soldiers propranolol before battle. Once again, at least as important as their different sensibilities and reasons, is their shared belief that we know something about how humans normally do and ought to act. They agree that humans going to battle should feel the full weight of the possibility of dying or killing—and they agree it would be wrong to give soldiers a drug that would blunt their "normal" or "natural" or "adaptive" response to that possibility.

Indeed, in the final paragraph of his treatment of the ethics of memory manipulation, Levy reiterates his concern about any technique that would allow us to forget painful events more quickly than is normal. He says that, even more disturbing than accelerating the rate at which we can forget painful memories, is the prospect that drugs like propranolol "may *weaken the pangs of conscience*, and alter moral judgment." "If such problems arise," he says, "their use will have to be carefully controlled" (ital. added, p. 195). It seems fair to infer that, like the PCB, Levy doesn't want to live in a world where Lady Macbeth receives propranolol—at least not without careful scrutiny.

Above I suggested that those who are more wary of intervention tend to emphasize a constellation of commitments with our "creatureliness" at the center, and that those who are in general more enthusiastic

tend to emphasize a constellation of commitments with our “creatorliness” at the center.

No matter how good we become at creating life forms in the laboratory, we have not created our species. We are one among millions of species that have been thrown into being, by an accident or force we still can’t comprehend. Of course, there is much we can comprehend, and we use that ability, not only to create new things, but to modify, shape, even re-create ourselves. At least since the time when we created tools that allowed us to consume more calories, and thus ultimately increased the size of our brains, we have been shaping ourselves—even when that wasn’t our intention. And at least since we started telling our children stories that they could pass onto theirs, we have intentionally been shaping our minds. Only a dogmatist would insist that we are creatures *or* creators. Only a dogmatist would insist that just one feature of our nature is salient as we contemplate the extent to which we should shape ourselves in the future. Surely we need the complementary insights of the critics and enthusiasts.

But, as Jacek Debiec and Margaret Altemus Have Asked, “Where Should The Limits Be?” [14]

We can take some comfort in noticing that all parties to this conversation agree that eating Lotus flowers is beyond any reasonable limit. And all parties seem to agree that future Lady Macbeths should not receive propranolol to relieve anguish that is proportionate to their own actions. Perhaps we can also agree that giving people (like the humiliated office worker) drugs to spare them the normal anguish associated with bad actions that have been perpetrated against them is also beyond that limit. And, at the other end of the continuum, we found agreement about the goodness of treating soldiers with PTSD.

But we have also noticed a zone of ambiguity between treating future Lady Macbeths and treating veterans with PTSD. In that zone, between those two ends of the continuum, reasonable people may disagree—even if their disagreements will be fewer and less intense than their different tones might at first lead us to expect. Given that zone of ambiguity, we should, I believe, be skeptical about the fairness of drawing a clear line that separates interventions that are within and beyond “the limit”; the proper placement of such a line will seem somewhat different to reasonable people proceeding from different, equally ethical frameworks.

In fact, both those prone to technological enthusiasm and those prone to criticism agree that it would be a mistake to try to articulate such a line for public policy purposes. For all of Levy’s skepticism about the PCB’s views, his ultimate position is:

> There are many ways of pursuing mental health and of creating the self; they can all be misused … and none is intrinsically good or bad. We need to assess them one by one, in the context in which they are used and examining the details of their application, before we accept or reject them (p. 131).

We can, I believe, surmise that the *AJOB* group would agree with Levy’s conclusion. Perhaps more surprising, so would the PCB. They write:

> Would the pharmacological management of our mental lives draw us toward or estrange us from the true happiness that we seek? It is hard to answer in the abstract. In some cases, it might bring us nearer, by restoring our natural ability to take satisfaction in joyous events and satisfying deeds. In other cases, it might estrange us, by substituting the mere feelings divorced from their natural and proper ground (p. 208).

It’s not that the differences between enthusiasts and critics are insignificant. It’s that what they share is far more significant. Perhaps in the future, as we consider cases in the zone of ambiguity, our conversations will go better if we get better at remembering not to be distracted by the narcissism of small differences.

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