

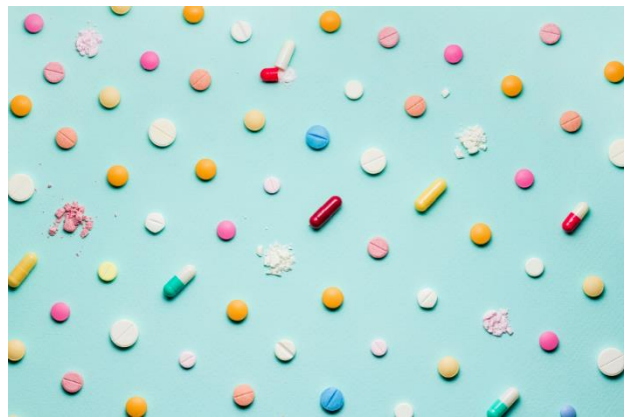
A PILL FOR your grief

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A DRUG TO EASE BAD MEMORIES: WOULD YOU TAKE IT?

It's here. Not quite available to us all, but someday it will be and you will be faced with the decision: to take it and reduce the effect of your bad memories or continue to suffer with them.

On the surface it sounds fairly straightforward. You have a negative life experience that continues to cause you problems. You take the pill and the negative effect of the memory is pretty much gone or at least significantly reduced.



According to the research, the memory is there. It just doesn't hurt as much. Other related memories remain intact. The pill is called propranolol, a beta blocker commonly used to reduce blood pressure; and according to the latest news, university researchers gave the drug over a ten-day period to accident and rape victims who were asked to tell the stories of their trauma that had happened ten years prior. A one-week follow-up revealed that, when asked to recall their traumatic event, the people given the drug showed fewer signs of stress (compared to a placebo group).

While the drug availability is still quite limited, it has reportedly been used on some soldiers returning from the Iraq war to help minimize occurrence of posttraumatic stress disorder.

So, is it for you? It's certainly enticing. Think back on all of the negative events associated with the death of your loved one that continue to be part of your grief. Like many people, you may have said at some point, "I wish this would all just go away."

So, let's look at how that might work. You walk into a lab (you didn't think they were going to let you do this at home, did you?). You are introduced to the staff who explains the process. You sit down with a therapist, swallow the pill and begin to tell the traumatic events surrounding the death of your loved one.

As you tell the story, the emotions well up within you. It almost feels like you are living this hell all over again as you recount some of the following:

- ◆ The first moment you realized that death was imminent or had occurred.
- ◆ The scorching pain as you realized that this was no dream.
- ◆ The people who were of comfort and those who were less so.
- ◆ The places related to the death, perhaps a room in a house, a building, a hospital, a funeral home, a neighborhood.
- ◆ The weather—clouds, rain, sun, the smell in the air
- ◆ Related objects such as cars, clothing, a bed, a wallet, purse, jewelry

You get the idea. So, with emotions tearing at your heart, you finish your story. Now the pill begins its work.

Fast forward one week and you are back in the lab with the therapist who asks you to now recount the story. As you begin, you feel a little anxious because the story has come up a lot during the past week. You plunge into the heart of the story and surprisingly find that somehow the negative emotions that always went along with it are much less intense. You continue with the story and find that the events have somehow become distant. Those terrible things happened, but now they seem almost in another lifetime. After some additional discussion with the therapist you walk out the door of the lab. How do you feel? Did it work the way you hoped it would?

Research has yielded few physical side effects of propranolol. But what about the psychological side effects of a pill that can reduce the emotional response to bad memories? The research in this area will not be final until hundreds of people are tested with short- and long-term follow-ups.

For example, will the pill and accompanying therapy be capable of excising only those slices of memory that we consider negative? What if some positive emotions associated with the memories of our loved ones are also reduced? It appears that the process is non-reversible. And what about the concept of “Griefwork”—the idea that, in order to “get better” you must somehow *work through* your grief by confronting the painful reminders associated with your loved one’s death. If we can circumvent this work, have we really moved forward with the grief process?

Think about the past and the thousands of years that billions of people on this planet have grieved the deaths of their loved ones. Now, for the first time in human history, we have a new way to grieve—by altering the chemistry of our brain. Next, think about the future. The year is 2025—only 15 years from now. In that year alone there will be approximately 2.5 million deaths in the U.S. If each of these people had at least 10 close loved ones, it would mean that 25 million people would be candidates for the pill. What kind of world would it be? Would all twenty-five million people seek to reduce their grief or would some choose to do it the old fashion way while others would overdose, taking pills for every conceivable negative memory? Or would we again find that the human brain is too complex to be repaired by a pill? Stay tuned. If I’m still around in 2025, I’ll revisit this topic again.

Until then, I wish you happy memories.