

# The meanings of medications

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# Objectives

1

Recognize the meanings, both conscious and symbolic, of medication to everyone in the system in the process of prescribing medications.

2

Understand the placebo and nocebo effect

3

Recognize the medication effect on psychological development

“Prescribing is so easy, understanding people so hard”  
(Kafka, 1917)





“There is no such things as a baby” (Winnicott)

“There is no such things as medication” (Thomas Cheuk Wing Li)

Medication is always prescribed within an interpersonal and sociocultural context.

The psychodynamic sensibility enable us to explore systematically relevant when dealing with patients with self disorder or developmental trauma, as well as those who have not responded satisfactorily to pharmacotherapy alone.

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# Disadvantage of reductionistic model of medication

- The biogenetic explanation of mental illness is concerned with causes and implies that mental illness is something that happens to a person. **It frees the suffers of responsibility.**
- The attribution of mental illness to simplified biogenetic causes renders the narrative process stagnant and repetitive, thereby **disrupting the carrying forward of experience that is essential for meaning formation and recovery.**
- Clinically one may find a reduction of symptoms from medication without much change in depressive cognition or the chronic sense of emptiness.

# Disadvantage of reductionistic model of medication

- An increasing acceptance of the chemical imbalance theory may promote a sense of biology otherness that actually reduces the social acceptance of people mental illness and **increases overall stigma** and perceived dangerousness (Kvaale et al., 2013; Pescosolido et al., 2010), burdening rather than relieving children and adults with psychiatric diagnosis.
- Children and adult may face not only social stigma, but also **self-stigma in relation to the biogenic theory of illness.**
- Medicated children may struggle to make sense of their symptoms as the meanings attached to their medications, the cultural constructions of illness, and a host of other factors.

More than  
DSM;  
Biopsychosocial  
model and the  
meaning of  
symptoms

- Organizing the discussion within *biopsychosocial model of understanding the child's symptoms*.
- All behaviors and emotions, it should be explained, is a result of complex interactions among a variety of factors; genetic predisposition, child's temperament, the complex interactions among the various family members, including *the meaning* imbued in these interactions by the child and parents.
- Collaborative discussion about comprehensive treatment plan as well as exploring their opinions regarding pharmacologic intervention.

# Placebo and Nocebo effect



# Placebo effect

- The placebo response can be conceptualized in terms of psychological significance of the pills to the individual, the treatment relationship, and the sociocultural environment.
- In certain vulnerable individuals, the doctor may represent a powerful authoritative figure that is internalized such that the suggestion of improvement translates to actual physiological change.
- From sociocultural perspective placebo response may come from the designation of the sick role in which individuals are exempted from responsibilities and can expect help from others.
- We need to be aware that false positive response can occur in the case of *the compliant false self*( Meares, 2005).

# Nocebo response

- The mirror image of the placebo response.
- Nocebo response are often quite idiosyncratic (Mintz, 2002), and may even be unconscious (Jensen et al., 2012).
- An experience of powerlessness seem to be particular fertile ground for nocebo responses.
- **As social disadvantage** (minorities, women, low socioeconomic status) appears to be a major factor in nocebo responsiveness (Hahn, 1997).

# Parental attitudes on medications

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They come with many ideas about this based on theories of causation.

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They have worries about blame and guilt.

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They are affected by what they have heard from friends, family and the media.

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They are worried about the immediate and long-term SE, inheritance, and social stigma

# Parental attitudes on medications

## Validation of problem

- Biological treatment of psychiatric illness does not imply biological causation, but it may seem so to parents.
- Being prescribed a medication is a concrete sign that something is being done for one's distress, that one's problems are valid and being taken seriously.

## Sense of loss

- They can experience a sense of loss of their fantasy, ideal, perfect child.

## Cultural factors

# Case example

- 8-year-old Caucasian boy presents with significant ADHD symptoms, he is very impulsive. He is sometimes unintentionally aggressive toward his peers. The teacher notified his parents regarding his aggressive behaviors and recommended to see a psychiatrist.
- A psychiatrist considers recommending stimulant medication for ADHD. However, his father who is a policeman would not give his consent, even though he fully understood the rationale for prescribing a medicine for his son's ADHD.
- What are the possible reasons and how do you further manage?

The meaning  
of medication  
to children  
and  
adolescents





# Psychodynamic theme; the meaning of medication to children and adolescents

- Sex and aggressive anxieties
- Intrusion
- Loss of Personality
- Loss of control
- Natural maturation
  - We need to ask ourselves if the medication is the key to provide the change in behavior and how development and maturation can assist in this process.
  - Patients and parents often ask; how long will need to be on medications?
- Social stigma



# Medication and identity

- Patients, and children in particular, incorporate the meanings assigned to their illness.
- Pills can become concrete symbol of defect, serving to localize that defect in the one taking the pill.
- If not provided opportunities to process what medications actually mean, it is not uncommon for that child's identity to include significant elements of sickness, badness, or incapacity, among other things.
- Medications can also introduce a significant degree of identity confusion, where the child is fundamentally unclear about the difference between the "real me" and the "medicated me."

## Case example

- 15-year-old young man with history of ADHD, who started taking Stimulant medication since age 9.
- His academic function and peer relationship has been significantly improved since he started taking medication.
- The patient often felt like he was cheating because he did well due to the medication. He would like to stop taking it.



# Effects on Affect Competence

- The medicated child may not have any clear idea where their ability to control their emotions/impulses is now an intrinsic ego function that has emerged through maturation process or if “self-control” is really control by the medication.
- When problematic behaviors are singularly understood through a biomedical lens, however, it removes the agency from the patient, it is now the doctor who is responsible.
- The feelings can usually be explored, understood, and recruited in the service of development, instead of being symptoms to be reduced by medications. The failure to develop affect competence may contribute to negative self-image as one who was bad, sick and irreversible broken.



# Effects on Relationship to care

- When powerful family forces are at play, the child seeking treatment is in need of an outside perspective to allow him or her to differentiate from toxic projections from family.
- In the family setting, then conflicts between family members can get displaced onto conflicts over medications.(Tutter, 2006).
- “Do not mistake a child for his symptoms” (Erikson, 1950). Without this perspective, the doctor is prone to collude with family defenses.

# Psychoanalytic aspect of medication

- The pill-taking as a **form of organizing experience**, this experience can be significant for different patients to help them maintain vitality and give some sense of mastery.
- Medication as **self-object replacement**; some patients, the medications can provide self-object function of soothing and comforting, they are less likely to engage in discussion that requires self-reflection. The internal experience is avoided, leaving a vague sense of disconnection and emptiness. Perhaps medication or drugs were more reliable and consistent than the others they encountered in their life.
- The pill as a **transitional object**; transitional objects have a unique, paradoxical nature-being both real and illusory, inner and outer, me and not-me. In people whose development of self has been disrupted, one may observe transitional behaviors involving the use of medication as things that also carry subjective meanings.

# Potential space and the two forms of conversation



- Winnicott (1987) used the term potential space to describe an illusory area between people where spontaneity and play take place. It is in this space between the inner and out world that creativity, intimacy, and aliveness emerge.
- Meares (2003) asserted that this enlivening form of relatedness is characterized by a particular conversation that is associative and metaphorical, similar to the inner speech that constitutes our sense of self. In contrast, the adaptive speech of everyday life is linear and logical but not necessary for personal growth. In this context, **the traditional prescribing relationship is one where potential space has been diminished and consists mainly of linear, logical conversation. It is one of cooperation, not collaboration.**

# Summary

- In psychopharmacological encounter, we need to **maintain a potential space within the therapeutic approach**, where psychological and biological factors are recognized, ambiguity is contained without anxiety, and dialectics are encouraged.
- Psychodynamic wisdom reminds us of our **symbol and meaning-forming nature**, as well as our need to be recognized and represented.
- Prescribing medication challenges us to be mindful of our patient's sense of self when we prescribe, and to consider **aliveness a goal as worthwhile as correcting presumed brain pathology**

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