Understanding the Symbolic Value of Medications: A Brief Review

Jonathan M. Metzl, MD, PhD, and Michelle Riba, MD

Focus Points

• This article explores the complex cultural meanings accrued by selective serotonin reuptake inhibitors, mood stabilizers, and other psychotropic medications.
• Psychotropic medications have been shown to demonstrate symbolic properties at the contextual, economic, and cultural levels. Such lines of inquiry have led to understanding of these medications as transitional objects, commodities, metaphors, and icons.
• Awareness of popular representations of psychotropic drugs can help patients and doctors think about the role of culture in shaping their own notions of health and illness.
• Understanding the symbolic function of psychotropic medications is important for addressing adherence, satisfaction, outcome, and a host of other important clinical issues.

Abstract

How do psychotropic medications function symbolically and chemically? Scholars from disciplines as far reaching as psychoanalysis, business and marketing, and media studies have begun to explore the complex cultural meanings accrued by selective serotonin reuptake inhibitors, mood stabilizers, and other drugs commonly prescribed by psychiatrists. This article provides an overview of this growing body of literature and its relevance to clinical practice, followed by a discussion of how psychotropic medications have been shown to demonstrate symbolic properties at the contextual, economic, and cultural levels. Such lines of inquiry have led to understanding of these medications as transitional objects, commodities, metaphors, and icons. Ways in which understanding the symbolic function of psychotropic medications is important for addressing adherence, satisfaction, outcome, and a host of other important clinical issues are described. Awareness of these symbolic meanings can help identify issues that arise in instances when a discussion of medication, a seemingly fixed object, involves a host of elusive expectations that patients and doctors bring to the examination room.

Introduction

Physicians are often trained to think about psychotropic medications in concrete ways. Interns and residents, for example, are responsible for absorbing massive amounts of information concerning the most intimate details of a medication’s profile, ranging from its half-life, to its mechanism of action, to its volume of distribution. They learn that the half-life of citalopram is 35 hours, the starting dose of phenelzine is 15 mg, and that clozapine carries the risk of agranulocytosis. In the process, physicians-in-training master “the latest, most authoritative information” about medications, to cite the introduction of the Physician’s Desk Reference (PDR)1 and reproduce it in an endless stream of Prite exams, Board tests, and other multiple-choice examinations. These efforts serve as an important apprenticeship for careers where psychiatrists, internists, family practitioners, and other clinicians make innumerable decisions about the interactions, benefits, and untoward effects of the medications they prescribe to their patients on a daily basis.

However, physicians are perhaps less attuned to the functions these medications perform as symbols—metaphors, similes, icons, and other abstract properties that complicate thinking of pharmaceuticals simply in terms of hard-and-fast facts. Symbolically speaking, medications convey a host of connotative implications that are difficult to recognize, let alone to quantify. These range from preconceived beliefs about drugs that patients carry with them into the examination room, to unspoken messages of nurturance at play when doctors prescribe (or choose not to prescribe) psychotropic medications, to varied social and cultural meanings attached to these medications by the mass media, fiction, television, advertisements, and other popular cultural sites (Table).2-4

For example, the information contained in the PDR is of secondary importance when a 39-year-old mother of two returns to her doctor’s office voicing anger about the effects that the physician caused by giving her divalprox. Or when a 21-year-old college senior points to the fluoxetine advertisement in Newsweek and says “this is me” when questioned about the reason for his doctor’s visit. Or when a 43-year-old businesswoman voices frustration over paroxetine’s inability to help her secure a desired promotion at work. In these and countless other cases, factual data about psychotropic medications is complicated by the many, often contradictory meanings of medication within the doctor-patient dialogue. Thus, understanding the symbolic functions of the medications is as important as knowing...
their elimination half-lives or suggested dosing regimens.

This article reviews the symbolic meanings of medications as they have been described in an emerging body of literature. Scholars from disciplines as far reaching as psychoanalysis, business and marketing, and cultural and media studies have begun to explore the complex connotations accrued by selective serotonin reuptake inhibitors (SSRIs), mood stabilizers, and other drugs commonly prescribed by psychiatrists. These studies provide evidence that psychotropic medications have symbolic valence at the contextual, economic, and cultural levels. After briefly discussing each of these levels, the article concludes by suggesting ways in which understanding the symbolic function of psychotropic medications is important for addressing adherence, communication, satisfaction, outcome, and a host of other important clinical issues.

Factors Contributing to the Symbolic Meanings of Medications

What factors are involved in creating the symbolic meanings of psychotropic medications? While the topic is too vast to be covered in a brief article, clinicians would do well to consider the ways these medications have been shown in current literature to accrue symbolic valence at the psychoanalytic, economic, and cultural levels.

Medications as Psychoanalytic Symbols

The notion that medications develop meanings within the context of the clinician-patient dialogue makes sense when considered through well-known tenets of psychoanalytic theory. Freudian concepts such as transference and countertransference, for example, are contingent on the notion that the expectations doctors and patients bring into a treatment room shape the content of their interaction.

So too, Winnicott and other object relations theorists define transitional objects as “not me” possessions, imbued with meaning because they symbolize a transition from dependency to autonomy. Given this foundation, it is not surprising that psychoanalytic literature has a long history of theorizing ways in which prescription encounters can take on aspects of the interpersonal conversations in which they are situated.

Focusing on the transference-countertransference dialectic has led recent psychoanalytic scholars to consider the complex positive and negative meanings at play when a therapist writes a prescription for a patient. Gabbard and Bartlett provide a good example of such an approach. The authors describe a patient who interprets her treatment with paroxetine as representing adherence to a doctor's need for order and control. The authors write that “the presence of the psychopharmacologist mobilized a powerful resistance in the analysis,” while the patient also wondered why “the analyst did not take action to relieve the patient’s suffering sooner.” Thus, when her symptoms ultimately improve, Ms. Z is not sure whether this signifies her own efforts or an ambivalent capitulation to the doctor. Somewhat similarly, Greene presents a case study in which an SSRI prescription led to a patient’s “newfound ability to experience critical thoughts and feelings, which previously had been attributed to her harsh superego.” However, careful analysis of the case reveals that “most, if not all of the changes could be attributed to the collaboration rather than to the effects of the drug.”

Generalizing these issues, Jibson writes that patient transference to medications is common in many different types of clinical interactions, from psychoanalysis, to psychotherapy, to brief medication checks. He explains that within this economy, powerful positive and negative feelings can arise in the clinician, whose countertransference to a patient’s projections can in some cases be expressed through the act of writing a prescription. Other authors broadly apply psychoanalytic considerations to a host of clinical situations in order to better understand issues that arise in prescription interactions with special patient populations. These include studies of the wishes, fantasies, and fears of children and adolescents who are prescribed psychotropic medications; the ways in which medications impact the self-perceptions of patients with depression; and the implications of weakness, vulnerability, and dependence that can accompany SSRI prescriptions in cases of panic disorder.

Medications as Economic Symbols

Most physicians have come to realize that medications are not merely apparitions of unconscious processes, but are also commodities that are demanded and supplied within a consumer culture that puts a particular price on brand names. If physicians did not recognize this commodity function of medications before, they certainly found it hard to ignore when, in 1997, the United States Food and Drug Administration relaxed regulations on the site and content of pharmaceutical promotions. In the years hence, pharmaceutical advertisements have appeared in popular magazines as well as on television, the internet, and other sites that allow for an appeals directly to the consumer.

Symbolically speaking, direct-to-consumer (DTC) advertisements has resulted in increased requests for brand-name medications and an increased sense of what marketing scholars call “desire.” For example, Josephson elucidates how “successful advertisements act best

Table

Useful Resources for Discussing the Symbolic Value of Medications in Clinical Interactions

**Pharmaceutical Advertisements**

Ask a patient to bring in a psychotropic-medication advertisement from a popular magazine and discuss the advertisement’s assumptions about “mental illness” and “mental health.” Do these assumptions coincide with the patient’s (and indeed the doctor’s) own expectations for treatment?

**Popular Literature**

Read and talk about the role of psychotropic medications in such works as Slater’s *Prozac Diary,* Lefcourt’s *Abbreviating Ernie,* or Jones’s *Cold Snap.*

**Visual Images:**

Consider the assumptions made about mental illness and its treatments in New Yorker cartoons, or in the artwork of artists such as Fred Tomaselli (www.salon.com/people/feature/1999/10/29/pills/index.html)

as a reminder; a memory image that viewers can think of when they feel a desire that needs to be filled.” By transforming use value into exchange value, successful advertisements thus convert concrete objects into vague symbols of expectation and want. Mapped onto pharmaceutical advertisements, Josephson’s definition of desire as a memory image that fills an imagined need helps explain why prescription rates for advertised medications outpace rates for non-advertised ones, and why patient requests for specific brand-name medications are often satisfied by their physicians.18,19

The clinical impact of the process whereby medications are turned in symbols of desire is itself a topic of debate in current literature. Supporters of pharmaceutical advertisements argue that the impressions created by pharmaceutical marketing are positive in many ways, since the advertisements promote patient and physician awareness about treatment options. By this line of reasoning, drug advertisements empower consumers by informing them about new medications, thereby enabling these patients to become active participants in the clinical decision-making process.20,21 For example, Holmer22 contends that DTC advertisements “build bridges” between patients and physicians.

Meanwhile, critics suggest that DTC advertisements paint categories of illness and health that are fraught with unrealistic expectations or are more cultural than medical or psychiatric.23 Rushton and colleagues,24 and other authors25,26 suggest that the marketing of medications, and indeed of medicine itself, has a negative impact on clinical decision making. Their studies help explain the difficulties that can arise when patients come to physician’s offices requesting specific medications by brand name and why these patients may feel disappointed or even rejected if their suggestions requests are not perceived as adequate treatment. Other authors blame pharmaceutical companies, and DTC advertisements in particular, for representing medications as symbols of preexisting cultural stereotypes about gender and race. Analyses by Hanson and Olsen27 and Fishman and Mamo28 suggest that psychotropic advertisements reproduce stereotypes of women and elderly patients. In addition, Omonuwai29 reported compelling findings of the lack of pharmaceutical advertising in black- versus white-oriented magazines.

### Medications as Cultural Symbols

Finally, the symbolic function of psychotropic medications is shaped by the numerous, often divergent meanings given to these medications in popular culture. At once lauded, lampooned, vilified, and extolled, medications appear in popular culture in ways that influence how patients think about mental illness and its treatments. Since clinicians are part of this same culture, these popular representations affect the ways physicians conceptualize psychopathology and psychopharmacology as well.

Many authors write autobiographically about the complex ways psychotropic medications assist in the active creation of the terms of “illness” and the active search for “happiness.” In *Prozac Nation*, Wurtzel30 describes the process in which SSRIs both treat and reinforce her sense that “I feel like a defective model.” Solomon’s *The Noonday Demon*31 presents psychotropic drugs as complex symbols of the precision of science and, by extension, of “my father’s research.” And Slater’s article “Black Swans”32 describes fluoxetine concomitantly as a cure for her obsessive-compulsive symptoms and a symbol of patriarchal authority that is rejected at the story’s end.

Psychotropic medications also appear in a growing number of fictional narratives. Included in this list are works as diverse as Roth’s *Sabbath’s Theater,*33 where the main character, Mickey, learns that in his group therapy, fluoxetine is a useful cure for every problem under the sun; Wolitzer’s romance novel *Friends For Life,*34 where Meredith requests a birthday cake “with Prozac icing!”; and Weldon’s *Splitting,*35 where fluoxetine transforms the protagonist Edwin’s 60-year-old father into a “love machine.” SSRI antidepressants are also spoofed in films ranging from “Everyone Says I Love You” to “Brain Candy,” and on the television show “The Simpsons,” Homer concocts “home-made Prozac.”36

These and countless other illustrations suggest how popular culture affixes meanings to psychotropic medications that have as much to do with the popular imagination as with the medications themselves.37 Current scholars suggest that such a process impacts clinical interactions in numerous ways. For example, theorists Zita38 and Kegan-Gardiner39 describe how, similar to advertisements, popular representations of psychotropic medications can perpetuate preconceived stereotypes about gender and mental illness. In addition, clinicians might consider how the heroines in works by Slater and Wurtzel are far cries from the women “addicted” to diazepam in earlier generations of women’s mental illness memoirs.39 Meanwhile, bioethicist Parens30 has shown that, much as in the works of fiction cited above, the popular aura surrounding psychopharmaceuticals often leads to expectations of “enhancement” well in excess of known chemical effects.40

### Clinical Relevance

Understanding the symbolic function of psychotropic medications is important for addressing adherence, satisfaction, outcome, and a host of other important clinical issues. Such considerations can also help clinicians better understand the clinical interaction itself. Far from serving as the rote half of the talking/prescribing binary, the act of prescription involves a merging of the expectations of the patient and of the doctor and thus shapes the clinical dialogue of both parties. Medications also represent remnants of this interaction after it has ended, when the physician’s name appears on a prescription bottle, or when ingested medications perform “the doctor’s” therapeutic work. As such, awareness of these symbolic meanings can help clinicians identify issues that arise in the many instances when a discussion of a seemingly fixed object, medication, involves a host of elusive expectations that patients and doctors bring to the examination room.

Current literature in no way suggests that clinicians or patients need to identify a specific advertisement or discuss the value of their favorite work of fluoxetine literature. Rather, this literature teaches the importance of recognizing the multiple, often conflicting meanings of medications in clinical interactions. Attention to these complexities can provide important avenues of communication between doctors and patients. Lack of such attention increases the chances of a miscommunication in which the doctor and patient incorrectly think that...
they are talking about the same thing when discussing medication. Awareness of these potentially divergent meanings can help both parties uncover the unspoken assumptions and expectations that they bring to the relationship, whereby one person recommends to another a pharmaceutical treatment for mental illness. Exposing these assumptions and expectations then potentially deepens a communication that, in an era of shortened office visits and quick prescription refills, has the potential to fall back on a formula of “description of symptom leads to writing of prescription” as if the medication is the response to a multiple-choice test.

Practically, clinicians might consider asking open-ended questions when the script seems to demand immediate answers. For example, a patient’s request for medication based on information garnered from an advertisement allows for an exploration of his or her fantasies and expectations about the specific medication. In certain cases, the clinician might ask the patient to bring the advertisement to the clinic to be interpreted by the patient and doctor together. Or, the clinician might simply ask the patient to describe what he or she remembers about the advertisement. The clinician might then ask why this particular advertisement led the patient to seek a specific brand name, and importantly, what expectations the patient has about treatment as a result. Such a scenario might also be an opportunity for self-reflection: does the clinician in any way share these expectations about treatment-and why or why not?

Similarly, a patient’s disappointment with the effects of a medication, though largely the result of chemical changes, can nonetheless be interrogated in the context of the doctor-patient interaction. Perhaps the patient experienced the very act of receiving a prescription as suggesting that the clinician did not want to talk further about her problems and concerns. Or perhaps her minimization of side effects results from her wish to not disappoint the clinician whose name is written, as if by proxy, on the bottle of pills?

Finally, awareness of popular representations of psychotropic drugs can help doctors and patients think about the role of culture in shaping their own notions of health and illness. Certain high-functioning patients might be asked to read short works of fiction, while other patients might simply be asked to describe their understanding of cultural stereotypes of psychotropic drugs. Clinicians might then consider, and hopefully discuss, how different cultural contexts can provide languages for patients to express their feelings as “symptoms,” or can even convey messages of stigma or shame.

**Conclusion**

Understanding the symbolic functions of psychotropic medications can enhance communication during doctor-patient prescription interactions. Finding the right drug for the right patient is the ultimate purpose of the interaction. At the same time, popular culture shows that anticipation about drugs can create a divide between patient and doctor when, for instance, a doctor decides that a different drug than the one requested by the patient is indicated, or even that psychotropic medications are not the best answer to a patient’s particular set of concerns.

Such an approach enables patients to become more active participants in a conversation that might otherwise seem dictated by the scientific knowledge of the physician. Physicians, meanwhile, are enabled through a broader consideration of the treatments they administer. As a result, much as in the transference-countertransference dialectic, a space is opened in which both parties are allowed to explore their own participation in the fluctuating pharmacokinetics of intersubjective exchange. **PP**

**References**

18. Petersen M. Increased spending on drugs is linked to more advertising. NY Times. November 21, 2001:C1.