

Symbolic function of medication – a case report

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Summary

The function of pharmacotherapy can be seen on different levels. It has not only a pharmacological function, but also a psychodynamic function; it can have a function of an object and the patient can make the relation with a drug similar to a relation with a person and it can have symbolic function.

The case story of a man treated with fluoxetine is described. In his subjective experience, improvement during treatment has a special meaning – and that is stopping the process of aging and dying and beginning a new life. He expressed this by painting figures of Adam and Eve in the centre of the living room of his house. He took the prototype of these figures from pictures of marble sculptures on the tomb in an Italian necropolis. Subjective interpretation of drug action was expressed in symbolic form.

pharmacotherapy / psychoanalysis

INTRODUCTION

The aim of this paper is the discussion about a specific function that medications used in psychiatry have, namely a symbolic function. In the approach taken here, the activity of these drugs can be seen in a many dimensions. This approach was presented in 1960 by R. Clegorn [1,] who in a book on psychodynamic activity of the psychiatric drugs notices - “It is difficult, of course, to deal with three aspects of the same thing. Drugs have a symbolic function, a psychodynamic function and a pharmacological function and all they interact” [1]. This distinction is on the one hand extremely useful as a new way of thinking, on the other hand, it does not exhaust all the functions of the drugs that can be used in psychiatry. There are many more functions, such as the function of developing a relation with the drug similar in nature to the relation with another person [2, 3]. In literature,

however, the pharmacological function of medications is much more widely discussed than any other functions which usually hold little interest for psychiatrists.

Many papers devoted to the psychodynamic function of medications were published in the 20th century, especially in the USA [4, 5] and Canada [1, 6, 7, 8, 9, 10]. They analysed the effects of the drugs from the psychoanalytical angle. The subject has been continued by other authors such as D. Widlöcher [11], V. Kapsambelis [12] and S. Resnik [13], one of the best known contemporary authors. A very heated discussion has been aroused by an article by a psychoanalyst and a professor of psychiatry R. M. Gottlieb [14], who suggested that a common mechanism of action of selective serotonin reuptake inhibitors (SSRIs) is their modification of aggressive behaviour. The third issue of the Journal of the American Psychoanalytic Association [15] published in 2006 is devoted to the relations between psychoanalytical knowledge and neurobiological science.

G. Sarwer-Foner was one of the specialists who carried out intensive studies on psychodynamic aspects of psychotropic medications, concentrat-

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ing on their mechanism of action, interpersonal relations, as well as the social and family surroundings of the patient [1, 6, 7, 8, 9]. In Polish literature one can find a paper thoroughly devoted to the selected publications of this author [16], discussing also case studies of pharmacologically treated patients, which show the proposed psychodynamic approaches from the clinical perspective [16, 17, 18].

In his work published in 2002, Ostow [19] postulates a very interesting concept, according to which pharmacotherapeutic decisions are influenced by patients' dreams. The author believes that dreams reflect the patients' affective state and in this context they may be considered while making decisions of the pharmacotherapeutic nature. The author describes a case of a patient for whom he switched medication (i.e. from fluoxetine to olanzapine) on the basis of the interpretation of the affective contents of the reported dreams. However, this concept is not related to the symbolic value of dreams, but to the mood and emotions reflected by them and revealed in the symbolism of dreams.

These works do not tackle the symbolic function of medications, therefore this paper may be considered as an explication and a supplement of the above mentioned works.

CASE STUDY

A male patient, age 45, was treated for depression in an outpatient setting for 3 years. He worked on a high executive position in the public sector; his wife had a similar post. Their financial and social situation deteriorated rapidly due to problems that his wife had at work (she had disclosed financial embezzlement at her workplace and had been fired on the basis of fabricated evidence). The wife's case was resolved in court and was published by press. Then the patient himself experienced mobbing at work, which he could not leave as his wife was unemployed. These problems which were reflected in every sphere of the patient's life (personal, familial, financial, social and legal) continued for a few years and were related to strong suffering and anxiety he was subjectively experiencing.

The patient looked for specialist help and turned to a doctor with the symptoms of depres-

sive disorder three years ago. As a result of the prescribed treatment with citalopram his depressive symptoms remitted. After some time the patient's wife also started treatment. The administered pharmacotherapy was effective and led to the improvement and stabilisation of the mental condition of both the patient and his wife. After a 6-7 months of maintenance treatment, pharmacotherapy was stopped. A few months later the patient experienced another period of mood worsening, lowering of the drive, increase of irritability and anxiety, as well as sleep disorders. The patient turned to the doctor and asked for treatment, again. Due to financial reasons he did not receive citalopram, as earlier, but a generic fluoxetine. The treatment also resulted in a significant improvement of the patient's wellbeing, depressive symptoms and general functioning. The treatment was continued. During this time, the patient decided to write about the changes he was experiencing during the treatment. He has put his reflections in writing in a colourful and literary style, and then has given the work to the doctor with a permission to use it for the scientific purposes. "I have nevertheless decided that the need of exhibitionism - to a certain extent - for me has a therapeutic value, and for others can serve as an original outline of an atypical case study with a potential to be used in scientific work". The patient's report has an expanded and a multi-thread character. The comments below refer only to the fragments quoted:

"Before starting the treatment I had experienced a continually increasing feeling of helplessness towards the course of life and a progressive loss, or at least a significant limitation of intellectual properties necessary for me to deal with my problems. I have noticed increasing problems with concentration, memory, making associations (deduction) and motivation for effort. I associated these symptoms with aging, although it seemed unusual, that at the age of 40 they were so intensive. These symptoms were accompanied by a decreasing self-esteem, poignant frustration and lack of success, and an increasing need of self-control unsuccessfully aiming to turn around this unfavourable situation. I realised that I needed medical help".

The following excerpts from the patient's report refer to a subjectively perceived effects of the medication:

"The medication started to be effective surprisingly quickly and in the right direction. In the first months of treatment its effect was even a little too strong. I could burst out laughing at my thoughts or speak to myself in the street. I started acting spontaneously, which was funny both for me and my surrounding: I would make frivolous remarks towards others, I paid compliments to my female work colleagues; overstepping not so much the bounds of customs and morale, but my own psychological boundaries".

"With a good effect, I have gone back to spending my free time enjoying myself, and all the time being able to return to my duties (controlling everything). Having control over life is the key aspect for mental wellness here: it relates to i.e. drinking alcohol. I have successfully started to spend more time enjoying myself being sober than being drunk. As the mood functions as a background for emotional experiences, which are made gloomy by the alcohol, I decided that in this respect it has a negative influence and it is worth avoiding it".

"At work I am able to impose discipline on myself, but at the same time I know when to stop an arduous activity, at least for a few minutes, to regenerate my strength".

"Surprisingly, this self-centred attitude towards myself, allows me to develop altruism: this inclination, in turn, I define as a luxury of a person with a well balanced self-esteem, who does not have to confirm his/her image perceived by other people, and in this way is able to step beyond his/her own needs. During the last 2 years I have started many acquaintances, most of which go back to my school years, forgotten for the last 20 years and renewed with a great effort. Therefore I have a large circle of friends (my wife's and mine) with whom I stay in touch. Some of them are my close friends, some I contact only occasionally. My present intensive social life reveals the loneliness I felt for the last few years and is a way of compensation for it. It is especially visible when one looks at my position in the professional circles".

"If I were to name other areas in which I have become active recently, it is necessary to mention many sublimations (there are artistic and literary projects which I had abandoned in my adult years, and to which I have returned now, as well as social and scientific projects). The high

number of engagements may suggest that I have fallen in a state of exaltation. Using an album of photographs of Camposanto, a necropolis in Genoa, published before the war, and being inspired by the whiteness of the walls in my living room, I have painted on both sides of the entrance natural size figures of Adam and Eve. By painting these figures I have dealt with getting used to the anonymous space, time giving it, at the same, intimate and universal dimensions. The figures live in various circumstances: I am socially praised by friends visiting our house, but in the lonely evenings I contemplate with pleasure these large figures, laughing at the irritating insufficiency of my skills".

Considering that I am in the course of treatment and that I have wanted to get out of the magic circle of incapability, and do something useful (as opposed to professional work and other extra professional activities undertaken in recent years, which did not give me any satisfaction), I believe that this state reflects my needs and inclinations, and that it represents the emanation of my mental health".

DISCUSSION

Commenting on the patient's report I would like to concentrate only on one aspect, which is the symbolic meaning assigned by the patient to the medication and the situation of being treated. It can be, of course, discussed whether the problems experienced by the patient should be in fact viewed as a depressive disorder or a disorder of adaptation. However, the presentation of the patient's illness and the justification of the diagnosis are not the main aims of this work. Regardless of the diagnosis, the patient assigned a certain meaning to the effects of the medication and this is the subject of interest of this paper. This symbolic meaning is significant, both for the diagnosis of a depressive disorder and a disorder of adaptation.

In the period preceding the treatment, the patient's well-being and functioning deteriorated significantly. His subjective interpretation of his state referred to the concept of "loss" and "aging". This indicates a certain way, in which he cognitively and emotionally explained his state to himself – as an expression of a prema-

ture process of aging, leading to the sequence of losses and, at the end, to death. This kind of perspective of the lack of future or closing the perspective for the future is characteristic for depressive thinking and the interpretation as aging and loss of intellectual functions seems to indicate patient's more individual features.

This state of "aging" leading to losses and death was reversed as a result of the used medication. The patient's report reflects how intensively he was experiencing this change – he describes his spontaneous behaviour, and the joy it brought to him. It also contains a clear description of broadening of the behavioural patterns repertoire: he started renewing his former acquaintances, inviting friends, taking up activities giving him pleasure from having fun and the time spent with other people. He started fulfilling himself in creative and, indirectly, in scientific work.

In the context of the formerly mentioned idea of aging and losses, one may see a symbolic way in which the patient interpreted the mood changes he noticed in himself – as a reverse of the process of aging and dying. The effect of the medication experienced subjectively was symbolically interpreted as an expression of a new life (starting life again). Therefore, in areas where it was possible, the patient started to live life to the full.

The symbolic manifestation of this interpretation is the described painting on the wall, picturing Adam and Eve. He took the prototypes of these figures from the sepulchral sculptures (which evoke the concept of death) using an album of photographs from an Italian necropolis. However, by painting them in his own living room, as an expression of the beginning (the beginning of mankind, the beginning of his own life), he gave them a new meaning. The making of this picture may represent a symbolic transformation, visible also in the patient's written report: the transformation from the death to life. The sepulchral figures standing over dead bodies, become alive. They are alive as symbols of the beginning of mankind and the beginning of life. They also become alive during social meetings held in the patient's house and during the moments of contemplation when he is home alone.

This is the way one can see the symbolic interpretation of the effects of the used medication – as a transformation from aging, a loss (dying), into life and even as a symbolic transformation of death into life.

The patient has been using fluoxetine for about a year now. During this time a switch of the phase of the illness (hypomanic or manic symptoms) was not observed. There were no periods of increased drive and affect or shortened sleep. The patient's functioning in professional and familial environment has returned to the way it was before the onset of the illness. He has broadened the repertoire of his extraprofessional activities. They are limited but carried out by the patient with consistence. Despite experiencing mobbing, the patient had still not changed his place of work, putting up with its numeral manifestations. His involvement in family life has normalised significantly.

From the psychodynamic point of view the phenomena described in this work can be interpreted in the category of primary and massive defensive mechanisms such as denial, idealisation, or omnipotence, and more mature mechanisms like sublimation and reaction formation. Undoubtedly, the case discussed here could be viewed from the psychodynamic angle. However, the author decided to concentrate in this work on one thread only. On the other hand, one can quote Yalom's remarks on psychotherapy, which could also refer to the case discussed here: "the basic material for psychotherapy is always [...] existential pain, and not, as it is often thought, suppressed instincts or pieces of tragic past buried not well enough [...] the main fears result from the way in which one is trying, consciously or subconsciously, to deal with unavoidable situations, with existential 'data'" [20]. According to Yalom, this "existential data" includes the unavoidability of death. These remarks seem to refer to psychotherapy as well as to any other method of treatment. Treatment, which by definition is usually viewed as struggling with such features of the existence like suffering, loss, aging and death.

CONCLUSIONS

Pharmacotherapy is usually seen in the context of the biological action of the medication used.

However, the action of the medication can be also discussed on many other levels, i.e. on the level of the transformation of this action into universal symbols experienced individually in the patient's mind.

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The ramp: psychopathology of decision*

Antoni Kępiński

Besides crematorium chimneys and piles of naked, emaciated corpses, the selection scene on the railway ramp is one of the concentration camp images imprinted in human memory. A throng of women, men, elderly, children, rich and poor, handsome and ugly had marched in front of the SS physician standing in a posture of a ruler and judge. A small gesture of his hand had decided whether the other person, standing in front of him, will be sent immediately to a gas chamber, or will be given a chance to survive: at least days or months. There was something of the Last Judgement in this scene; a hand gesture directing to the fires or creating a possibility of survival. Those waiting for the verdict were usually not aware of their future. However, they knew, that a small gesture of a hand is meaningful and of great importance in their life, but the meaning was unclear until a head in gas-mask appeared in a ceiling hole in a fake bath. Those prisoners who knew that selection means to be sent to gas, were using the remnants of their strengths to keep erect, walk energetically in aiming at a good impression on the SS physician, to be directed to his right.

One of the paradoxical features of the concentration camp life was, one presumes, that in its overwhelming greyness, true *Nacht und Nebel*, it was exceptionally clear-cut. Events, subtle in normal life, revealing itself in discrete colours and shades, and because of this sometimes even unnoticed, here appeared as dramatic, in un-

sual proportions, evoking the observer's horror and wonder for human nature. That is why an analysis of concentration camp life offers a possibility to understand many phenomena of human life, which in normal circumstances pass unnoticed due to their subtleness and ambiguity. Some analogy can be found between this situation and psychiatry. The latter studies human life phenomena in enlarged proportions, and thus making them available for observation. Exceptional expressiveness of the camp experience can also explain its deep engraving into memory. Many concentration camp survivors still have camp night dreams, and some of the camp life images govern their imagination.

A friendly gesture, word or smile, customary in everyday life, could save there somebody's life, restore a person's courage. Feeling of resignation, longing for an end of everyday hardships, thoughts of passing away without a trace, as rainy days pass, in concentration camp often ended with death. Who did not want to live any longer, often did not wake up the next morning. Friendships founded in the camp were so strong, that they lasted against time, often taking the place of other previous or later relationships. For the survivors, friends from the camp stay for ever the closest, and the only ones able to understand them. Good and bad features of human nature, which in normal life compose complicated character of every human being, in concentration camp extended to the dimension of heroism, holiness and martyrdom, or monstrous brutality, egoism, cruelty and degenerated cynicism. One can quote many examples. The life on the death edge, situation in which one false step, an incorrect decision or simple accident could lead to the prisoner's annihilation or towards brutal violence in which one was losing humanity,

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Transl. Jacek Bomba, 2008. The translation was based on [1].