

## Meaning-making and medication

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It was probably inevitable that, as a psychiatrist, I would want to devote a column to the topic of psychiatric drugs. I am also aware, from giving workshops on the subject, that it is one about which many therapists are keen to know and understand more.

I could fill much more than one column on this complex and important topic. But I want to focus here on a question I am sometimes asked when I prescribe: 'Will taking this drug help me?' It's a deceptively simple question that I often have difficulty answering.

My first reaction is a desire to instil hope, to say: 'Yes, there is a good chance it will.' This reply may, at least for some people, galvanise a placebo effect. However, while not necessarily wrong, it doesn't sit all that comfortably with me. Surely a more honest response, in most instances, would be tentative and leave room for uncertainty? Yet a lack of certainty is not what many people want to hear.

The more general, underlying questions here are whether psychiatric drugs actually work, and how. Any meaningful answer needs to consider what they are intended to do. In addressing this, I believe it is far more helpful to focus on the particular effects of drugs, rather than regard them as specific treatments for specific mental illnesses. As a prescriber, I then need to consider whether these potential effects – emotional and cognitive – are likely to be helpful or not to a particular individual.

For example, a common effect of antidepressants is a sense of emotional numbness, which may

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be precisely the desired effect for someone whose day-to-day functioning is severely impaired due to overwhelming disturbing emotions. For someone else, the sensation of feeling numb might be highly unpleasant and distressing. It may also be counterproductive for people who are trying, through therapy, to learn ways to manage their emotional responses to situations more constructively.

Thinking about the array of physiological effects of psychiatric drugs is complicated enough. Add to this what might be termed 'meaning effects', and we have an extra layer of complexity. By 'meaning effects', I refer to the meanings and values patients or clients give both to the process of being prescribed a drug (the transaction) and the actual taking of a drug for the purpose of altering mental experience and functions.

For example, does it mean this person is being treated for a mental illness, or helped to manage some distressing experiences? Does being given a prescription bring relief, or become a source of shame and stigma? Does it relieve the person of the burden of responsibility 'to sort myself out', or imply weakness at not being able

to do so? Does it induce passivity and diminish a sense of personal agency, or might it be the first step towards self-help? When deciding whether to prescribe, exploring a person's hopes, fears, beliefs and expectations is, I would argue, just as important as considering the physiological effects of drugs.

However, I know I am not alone in having received little encouragement throughout my medical training to consider the meaning effects of taking psychiatric drugs (or other types of medication, for that matter). Furthermore, these are precisely the kinds of conversations with patients that often get squeezed out, or only superficially engaged in, because of lack of consultation time or other pressures.

I also wonder how often therapists and psychiatrists (or GPs) discuss with each other the benefits of drugs and therapy in combination in facilitating client recovery or growth. Do these different sources of help complement each other, or is there confusion about their respective roles? Could the combination be unhelpful, or even damaging? I believe doctors and therapists need to be more proactive in opening up channels for dialogue and considering these questions, although I do not underestimate the challenge of this.

I also believe that we are offering clients a potentially valuable space when they are able to explore in therapy something of what taking a psychiatric drug means for them. Needless to say, spaces for therapists to explore their own assumptions, values, meanings and any prejudices about psychiatric drugs would be valuable too. ■