

"Take Your Pill":
The Role and Fantasy of Pills in Modern Medicine

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Abstract

The pharmaceutical industry has undergone a vast expansion in the 20th and 21st centuries. This article explores the central role now played by pills in clinical practice, but also in the public imagination. First, this article analyzes four properties that, together, account for many of the promises and perils associated with pills: They are ingestible, potent, reproducible, and miniaturized. This allows them to serve as ideal consumer items for widespread distribution and sale and also as model technological "devices" capable of downloading into the body healing chemicals. As such, they seem to promise a disburdening solution to many of life's ills. In our cultural fantasy, often shared by physician and patient alike, pills can be used not only to treat and prevent disease but also raise energy, lose weight, lessen pain, lift mood, cope with stress, and enhance sexual and athletic performance. This article also explores many adverse effects not only of pills themselves but of this exaggerated cultural fantasy of the pill. It tends to distract us from other, more holistic understandings of the locus of disease and healing. It even fosters misunderstandings of the ways in which pills themselves work, which is to assist bodily processes, and the mind's "meaning response." The intent here is not to demonize all pills—many have great therapeutic potential—but to learn how to better choose and use them wisely. We propose that this process be assisted through recontextualizing the pill as a multidimensional gift. Taken in such a way, with appropriate gratitude and discernment, we may ingest fewer pills, but with greater efficacy.

Introduction

Pills play a central role in modern medicine. The media is saturated with advertisements for over-the-counter and prescription medications. The training, licensure, and stature of physicians is tied to their ability to prescribe. The patient often arrives hoping to find (or suggest) a pill to relieve an ill, ideally one that combines maximal effectiveness with minimal adverse effects, costs, and the need for time and effort invested in lifestyle changes.

Whether or not such a pill can be found, the clinician and patient often seal their contract at some point with a scribbled prescription. This validates a mutual desire that "something be done" to ritually and therapeutically justify the visit. The ill person's subsequent attempts to track often multiple medications, remember to take and renew them on time, and find a way to pay for them out-of-pocket or through insurance, restructure people's lives. So too the therapeutic effects, or adverse effects, of the ever-growing portfolio of pills produced by cutting-edge medical research and a profit-hungry pharmaceutical industry.

Nor are these pills prescribed only to the seriously ill. Asymptomatic individuals may take pills for a lifetime, treating chemical abnormalities, such as hypercholesterolemia, 1 and a far larger number take mega-vitamin regimens to prevent all manner of disorders. Then there are pills for lifestyle enhancement—for example, sexual activity into the later years—wherein the disease treated, erectile dysfunction, may be as much defined and created by the existence of the pills, as vice versa. 2

Worldwide sales of prescription drugs are projected shortly to reach $1 trillion, 3 with over half of North Americans taking at least one such medicine. 4 Twenty-first-century medical practice has many salient features: its use of high-tech diagnostics, for example, and of surgical interventions. Nonetheless, the genius and potency made accessible by modern medicine, as well as its more alienating qualities, are most iconically captured by the diminutive pill and the enormous industry it subtends. We say "take your medicine," referring to a pill. Yet when we swallow it we also "take our medicine" in the broader sense, swallowing the modern paradigm of disease and treatment.

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Many experts have looked at the sociology, history, science, politics, and economics behind this rapid rise of pill use. They include narratives of the 20th-century pharmaceutical industry and its more dubious practices, and conceptual critiques of the “medicization” and “pharmaceuticalization” of ever-more dimensions of life.\textsuperscript{1,4-7} However, this essay will necessarily limit its scope. This article applies a style of phenomenologic analysis that seeks to clarify the fundamental characteristics that define a region of the world—not simply as \textit{materiologically constructed} but also as \textit{experienced}. For continental philosophers such as Merleau-Ponty and others, body and mind, materiality and subjective meaning, are not dualistically opposed, as for Descartes, but are ever interwoven in the experienced life-world.\textsuperscript{5-11} Hence, this article examines the characteristic features of the “pill” first as a material entity and then as the object of a psychocultural fantasy that both builds on and distorts its material properties. This article highlights the equipoise of the little pill, balanced between a powerful ability to support individual and social health and an equally powerful ability to undermine them. Through such analysis, readers can learn to apply wisdom in “taking our pills” (or at times, \textit{not} taking them) as agents of healing.

\textbf{Characteristics of a “Pill”}

Four attributes set apart the “pill” from an indefinite array of other therapeutic interventions, be they surgical, radiologic, psychotherapeutic, or involving a variety of modes of body and energy work. The paradigmatic pill is ingestible, potent, reproducible, and miniaturizable.

\textbf{Ingestibility}

The pill is an element of the external world that can be \textit{incorporated}, that is, brought within the body, typically through the act of oral ingestion or buccal absorption. Once inside, it can use the body’s digestive, respiratory, and circulatory systems to reach and alter various physiologic functions. Hence the pill manifests as an interface between the outside and inside, the world and body, serving as a transport system for healing chemicals. In the words of a 1954 ad, “Down, down, down the stomach through/ Round, round, round the system too/With Alka-Seltzer you’re sure to say/Relief is just a swallow away.”\textsuperscript{12}

\textbf{Potency}

Such relief of symptoms and disease processes is the ideal promise offered by the pill. It is developed, tested, marketed, and used in the hope that it will embody a healing potency (from the Latin word \textit{potentia}, meaning “power”). The pill is like a genie in a bottle, containing vast power in an undersized package.

This includes the power of a medical knowledge base concerning the physical body whose philosophical foundations were laid in the 17th century\textsuperscript{13} but that has dramatically increased in the last hundred years through advances in biochemistry and genetics. This, in turn, depends on the power of the scientific method. Epidemiologic studies and protocols such as the double-blind controlled experiment have greatly enhanced our understanding of disease causation and healing, leading to pharmaceutical advances.

\textbf{Reproducibility}

The pill is a distilled product not only of such knowledge-power, but of the technological power of an industrial manufacturing system. The pill lends itself to being \textit{reproducible} on a large scale. It is not, to take contrasting examples, like a shaman’s brew mixed to meet the needs, physical, emotional, and spiritual, of an individual patient, and delivered with ceremonial gesture and incantation, or the individualized microdosing of the homeopath according to the law of similars. Rather, what supports commercialization in a pill is its standardization. We demand invariant contents and dosage, adjusted at most to body weight or kidney function. As such, each pill is homogenous, replaceable with the next and the next. This assures not only reliability for the consumer and large-scale access to therapeutics but also potentially vast profits to the manufacturer. Fabricated in mass by high-speed precision equipment, approved by product-control inspectors, the pill is then packaged and transported—under protected conditions and with expiration limits—for distant consumers to purchase and swallow.\textsuperscript{14}

\textbf{Miniaturization}

All of the above characteristics of the pill can be related explicitly or implicitly to another feature so obvious it may be overlooked: A pill is small. The word “pill” itself comes from the Latin \textit{pilula}, literally meaning “little ball.” This littleness has big ramifications. It is what allows for the ease of packaging, transportation, and selling of pills, making them an ideal consumer item. This also is what allows them to literally be \textit{consumed}, operating as a delivery system for chemicals, which, in turn, catalyze chains of bodily reactions.

Borgmann, a contemporary philosopher of technology, discusses how our modern age is guided by the paradigm of the “device.”\textsuperscript{15} An ideal device burdens us by making a commodity instantaneously, easily, and ubiquitously available. For example, rather than have to chop and gather wood, which demands time, skill, and effort and then communal clustering around the wood-burning stove, we prefer to flick a thermostat. The warmth of a central heating system becomes available to us through a small, easy-to-use trigger. Such devices serve as portals into a world-experience where long and difficult tasks become quick and easy. Rather than losing weight through a lifetime of diet and exercise, we hope to just take two pills a day, disburdened by this pharmaceutical device.

As a technology progresses, its mechanical interface tends to miniaturize its size and demands. For example, many have replaced cumbersome record, and then CD, collections, by downloading music in electronic formats onto devices like an iPod. What was a vast music library becomes instantaneously available through an instrument the size of a credit card.

Similarly, the tiny pill, when ingested, promises to “download” into our body the vast potency of medical science and therapeutics. It is not simply music that can be made easily and instantaneously available but (ideally) renewed health, prolonged life, and relief from pain and restriction. The flipside of such hopes are complementary fears. Pills may poison or hook us—beware the pill-peddlers or the pill-popping addict. We declare a “war on drugs” while simultaneously supporting a vast expansion of the drug industry. Whether seen as
The Cultural Fantasy of the Pill

Other icons of our society invoke fantasy-projections: for example, that money or celebrity will provide the key to personal power, status, and happiness. With the progressive medicalization of our self-understanding, finding the “right pill” embodies a similar promise that life’s limitations can be transcended. In addition to treating disease and prolonging the lifespan, a new generation of psychoactive drugs promises to change our outlook or identity from the inside out. An ad for Paxil, an antidepressant and antianxiety agent, recommends the drug “So you can see someone you haven’t seen in a while...Yourself.” You might even be “better than well” through the miracle of Prozac. Whether by prescription or over-the-counter, legally or illegally, effectively or mistakenly, people take vitamin pills, pills to sleep, pills to wake up, pills to kill bacteria or support bacterial growth, pills to quell heartburn after an injurious meal, pills for birth control. They take pills to lose weight, to enhance sexual and athletic performance, to lessen pain, lift mood, cope with stress, prevent possible future diseases (even while currently symptom-free), and, increasingly, mitigate the adverse effects of other pills. Many years ago, Janet Woodcock, then director of the U.S. Food and Drug Administration’s Center for Drug Evaluation and Research, raised concerns with the notions “that the many common and relatively minor complaints of daily life represent diseases” and “the perception that all life complaints can and perhaps should be treated with a pill.” This is an era when there is a pill for every ill, but perhaps more significantly an ill for every pill. A drug needs to be sold, so a correlative “disease” is labeled and coded such that it can become reimbursable. The astronomical growth of pharmaceutical sales and profits, driven by industry inducements to researchers and doctors, media coverage, and direct-to-consumer advertising, encourages us to medicalize life’s diverse problems, seeking relief in pill form.

It is not only external drives but the intrinsic characteristics of the pill discussed above that can feed fantasy elements. As stated earlier, the pill is ingestible. As such it enters the body from outside to alter its functioning. This doesn’t mean that therapeutic efficacy resides simply in the pill itself. The pill often potentiates the body’s own biochemical and physiologic processes, which are constructed by evolutionary genius to maintain and restore a healthy homeostasis whenever possible. The potency of the pill is thus a cooperative product. Most pills assist the body, providing a catalyst, a missing element, or a modification that allows the body’s physiology to recover a more optimal balance.

Then too, the well-known “placebo effect” represents the pill’s ability to elicit the body/mind’s own healing abilities. Physiologically, this has been ascribed to the endorphin-release system, the immune response, changes in vascular tone and brain activation, or other neurochemical and hormonal shifts. Psychologically, the placebo effect can be understood in terms of the salutary effects of hope, expectancy, and relaxation; interpersonally, as a result of the effective doctor-patient relationship; or even spiritually, as faith manifests in healing. In double-blinded clinical trials, one tries to monitor and “subtract” the placebo effect that helps a substantial proportion of patients to get better even when taking an inert compound. But in actual clinical practice this is not a “subtractive” but an “additive” element, one that is ultimately contributed by the patient’s body/mind, triggered by intake of a substance and the perceptions that surround it.

However, the characteristics of the pill lead us to overlook the way in which it catalyzes one’s own self-healing abilities. The pill is perceived as a power outside the suffering or limited self. Relief follows from ingesting an agent whose potency is often testified to by its exorbitant cost or bitter taste, the respect accorded to medical science, or the professional sanction needed to secure it. It is natural then to misunderstand the power and healing as residing fully in the pill, and the deficiency within oneself. For an athlete taking steroids, an insomniac reaching for sleeping pills, a patient with pain who relies on analgesics, the pill seems an external remedy that but confirms our sense of psychophysical lack. This misunderstanding cultivates a fantasy aura around the pill, attributing to it powers that in many ways are intrinsic to the self.

The magical aura surrounding the pill is also related to its miniaturization. On the one hand a pill is a clearly material agent designed to alter physiologic processes. On the other hand, the pill seems almost immaterial; it has condensed the potency of our scientific, technological, clinical, and economic power into the smallest possible packet. It even condenses time as therapeutic effects unleashed in the present moment set the stage for longer-term outcomes. The materiality of the pill (and the act of ingesting it) seems minimal, marginal, as if almost on the verge of disappearance.

Many studies have addressed how material characteristics unleash the placebo effect—how a blue pill may induce sleep better than a red pill, or an inert pill with brand markings has more analgesic effect than one without. The pill’s material presence—its color, shape, size, and cost—is a repository for projected meanings, as is the pill’s name, carefully selected for its phonemes and verbal associations. However, we suggest that it is not only the materiality of the pill but its material self-effacement, a presence verging on absence, that adds to its aura.

Earlier this article discussed how self-effacement is characteristic of the evolved device, such as the iPod, which condenses a vast music library. Most of us don’t know quite how this works but accept the new “magic” appropriate to a secularized age. The pill, too, with its minimal materiality, operates like a secular version of the holy object. That is, it belongs to the material world but seems to point beyond, like a Eucharistic wafer. We don’t expect the communion wafer to melt and disappear, but not in search of the pleasures and satiety provided by food. Rather we are inviting the pill to melt and disappear, and in doing so effect its quasi-magical transformations. We may not fully comprehend why the medication works or how
something so small can contain such potency. Yet we have faith in the pills, and the doctor-priests who offer them, and collectively pay for and swallow hundreds of millions of pills daily seeking the power to transcend life’s limitations.

**Adverse Effects of the Cultural Fantasy of the Pill**

Pills have been a part of a revolution of medical science that has yielded relief and benefits for untold many. Before the advent of antibiotics, infectious diseases that are now routinely cured would have been fatal. There is indeed something quasi-magical about entering a new therapeutic era. Other conditions that might have demanded invasive surgery, or condemned a sufferer to lifelong impairment, are now kept in check by a pill in the morning and night. Increasingly, chronic diseases may be prevented entirely from developing by early treatment. This is a blessing for public health, as for individuals, friends, and family. Furthermore, in the development of new pills, detailed research often identifies precise guidelines for optimal use and heightens awareness of potential safety concerns for vulnerable patients. It would be as big a mistake to demonize the pill as to angelify it, and these polarities of response have fantasy elements in common.

However, before turning to the beneficial uses of pills, and how best to potentiate these in our medical practice, one needs to acknowledge that not only pills—but the cultural fantasy of the pill—have many deleterious side effects. Since this is the subject of numerous books and articles, following is but a brief survey of themes.

Many of these “side effects” result from the role played by pills, at least in the United States, in a consumerist and capitalist context. The attributes of the pill discussed earlier make it an ideal consumer product. As miniaturized, and indefinitely reproducible, it can be mass manufactured, transported, and sold through diverse outlets ranging from the local pharmacy to distant countries, taking the form of personal exchanges or Internet orders. Equally diverse is the number of pill applications given the reality and/or fantasy of its potency. Unlike a one-use consumer item, such as a toaster, we may purchase half a dozen pills a day for many different uses: to relieve stress, stomach acid, high cholesterol, sleeplessness. Pill potency is also used to justify exorbitant charges. A bottle of pills may cost several hundred dollars, but it is a price tag we have come to accept given the powerful nature of medical need and pill promise. There is even suggestive evidence that pricing a pill expensively may potentiate the placebo effect (as well as manipulating name, color, or markings, as mentioned above)—we believe that we get what we pay for. That pills are ingestible also assures that they must be immediately repurchased. Unlike a toaster, this consumer item is literally consumed in the usage—or loses its potency if it exceeds its shelf life—leading us to ever buy more.

All this makes pills highly profitable for manufacture but a financial hardship for patients. Illness can force hard choices, as between purchasing a needed medication or paying the mortgage, at a time when the patient is already existentially challenged by disease. To provide a global perspective, although the overconsumption of pills is a hazard in many developed countries, in poorer developing settings the problem is often the opposite. Medications may be unaffordable or were never developed to begin with for potentially treatable acute diseases. New antibiotics, if taken only for a short period to fight rarer infections, are unlikely to lead to the blockbuster sales that would justify the costs of development. Pharmaceutical companies tend to tilt research and development toward the chronic diseases of more affluent markets where the profits generated by a new drug can be great—even if it is just a “copy-cat” or subtle refinement of an existing drug—rather than to focus upon more urgent unmet clinical needs that represent smaller markets.

Even in a first-world context the role of the pill as profit generator tilts the playing field in multiple ways. Much data have suggested that physicians, more than they realize, are influenced to write prescriptions by the many financial and personal inducements offered by pharmaceutical companies: giveaways, advertisements, drug-rep visits, travel junkets, lucrative contracts, and conference speakerships. Increasingly it has become clear that even the medical research and publications that validate a drug’s efficacy can be shaped and distorted by pharmaceutical funding. Corporate money, more often than public funding, determines what studies are run and how the results are written up and presented, or buried if unfavorable, potentially undermining the contemporary holy grail of “data-driven” medical practice. For example, it is much more likely that expensive research will be done on a new blockbuster statin, than on the effects of diet, exercise, and yoga upon cholesterol levels. It is also not unusual that new drugs are approved for consumer-use only later to be found to have dangerous adverse effects, or to be no more effective than earlier, cheaper treatments. Hogshire refers to a “therapeutic life cycle” with initial glorification of a drug, demonization when adverse effects become clear, followed eventually by normalization. Yet the fantasy of the “new miracle drug,” the media attention it receives, and the time-limited drug-patent laws combine to assure an often-exaggerated focus on the latest and costliest pill to hit the market.

Many problems and questions ensue from the sheer number of pills now ingested. Some pills are expensive but ineffective. Some, like statins, are taken to prevent future diseases that the individual will never know if he or she would have developed if left untreated. Some medicines are clearly potent, but not just in the right ways. People suffer from the unpleasant or medically serious adverse effects of individual pills or interactions between medications. Patients and physicians alike can lose track of the complex pill regimens many patients are placed on, especially as they age, causing difficulty in patient adherence and in the monitoring of drug responses and interactions. It has been estimated that in the United States, medication-related reactions are the fourth leading cause of death. Potent pills can also cause mental and physical addiction. We grow dependent on this extrinsic chemical—to relax, sleep, lose weight, sexually perform—and as other health skills atrophy in favor of taking a pill we come to feel we cannot function without it.

Pills can cause problems even after they have been excreted. Before decomposing, drug residues from humans and livestock contaminate waterways, posing potential health threats to aquatic creatures and to drinking water. The European Union and the United States Environmental
Protection Agency have begun to take note of this problem, but much remains unknown and unregulated.33

The cultural fantasy surrounding the pill as the solution for life’s ills can thus contribute in a wide variety of ways to social and physical ills. It also distracts us from more holistic approaches to disease causation, prevention, and treatment. The miniaturized pill implies a highly localized problem and solution confined to an individual body. The ideal “magic bullet” targets a single organ or biochemical process. But other than certain infections where the body is invaded by a single organism that can be eradicated, the true site of illness and healing are rarely “local” in this way—they unfold in the complex interactions of self and world. Focused on the pill, we may neglect social and spiritual issues and lifestyle changes involving diet, exercise, intoxicants, and work that may be the source of many of our mood and physical disorders. In fact, pill reliance in our modern cultural fantasy can justify not attending to needed changes. Greene invokes “the image of the overfed, underexercised American consumer who takes a statin with his cheeseburger… the cure for the latter-day ailments of excess consumption lies, cleverly, not in limiting consumption but in consuming additional products.”34

The fantasy of the pill can lead us to neglect not only personal changes but also sociopolitical action. Environmental toxins and carcinogens, a food system slanted by government subsidies toward unhealthy calories, chronic unemployment, racism, the lack of assured healthcare—all these causes of illness can be understood and addressed only on the collective level.35 Taking a pill tends to individualize and internalize the matter of disease and treatment. It promises private relief, one pill at a time, but thereby obscures broader contexts.

Recontextualizing the “Pill” as Gift

In an influential essay, “Plato’s Pharmacy,” the contemporary philosopher Derrida explores the many contradictory meanings of the Greek word pharmakon.36 “Among these are included: a drug, a healing remedy or medicine, an enchanted potion or philter, a charm or spell, a poison, a means of producing something, a dye or paint.”37 In focusing on deleterious side effects we have explored the more poisonous sides of modern pharmaceuticals. In a sense what is needed is a pharmakon—a healing remedy—for our pharmakon-as-poison. Many specific remedies can and have been proposed. These include lowering the cost of pharmaceuticals and the over-reliance on newer, more expensive brands; a variety of strategies to counter the distortions introduced by the powerful pharmaceutical industry into drug development, research, and clinical practice guidelines; lessening the prescription of unnecessary medications and better monitoring of multidrug regimens and interactions; and, in general, weaning us as individuals and a society from the fantasy of the all-purpose, almighty pill, thereby re-opening more holistic approaches to illness, limitation, healing and well-being.

However, to only demonize the pharmaceuticalization of Western medicine is to deny how pills have functioned for millions as “a healing remedy or medicine,” even “an enchanted potion or philter,” yielding dramatic relief. Antibiotics have given us mastery over many infectious diseases. Birth control pills have offered women and couples new securities and freedoms. Pills, even when noncurative, have provided dramatic symptomatic relief from a variety of pains and limitations. Their ameliorative, preventive, and sometimes life-saving effects extend throughout the developmental span from early infancy to the chronic illnesses of old age. The result for many is enhanced mood, function, and quality of life. There are many good reasons why we like our pills.

Moreover, as discussed, it is not only their biochemical properties that are healing but also the psychophysical benefits triggered by our idea of the pill. The “placebo effect,” the positive results yielded by taking even an inert compound, is but a limit-case of a broader phenomenon that Moerman calls the “meaning response.”38 We respond not just to a treatment but to the meanings the treatment has for us. When positive belief is empowered by a reassuring doctor-patient relationship, and by a faith in the medication itself, the healing response is potentiated. To fully defuse our cultural fantasy surrounding pills would risk lessening their effectiveness. This would be like the shaman who abandons talismanic objects and rituals, informing the patient that it’s all hokum and might in fact do more harm than good. Power would drain from shamanic practice. So, too, a doctor stressing only the ineffectiveness or adverse effects of pills may contribute to a self-fulfilling prophecy.

This leaves us with a paradoxical dilemma. Pills, and the cultural fantasy thereof, can be both poison and remedy, in need of debunking and of being extolled. How to be properly circumspect about our over-use of pills, and yet honor pills from which we can genuinely benefit, thereby empowering the “meaning response”? And how do we honor meds without dishonoring ourselves, obscuring our body/mind’s role in healing? How to bless the miniaturized pill yet not lose sight of the broader contexts and dialectics of illness and healing?

We propose a rethinking and recontextualizing of pills. They would no longer be treated simply as a commodity for purchase and consumption or a technological device that disburdens us through its small, instantaneous delivery system. Rather the pill would be understood under the model of gift. Taking a pill involves receiving into ourselves a gift that crystallizes the possibility of healing. Etymologically related to the word “whole” and “holy,” “healing” involves a process of reconnection: Illness can set the body in conflict with the mind, and the self in conflict with the social world and cosmos.39 Such healing can begin in the moments of ingesting the pill, not simply through its biochemical action. This can be a time to experience and reconnect with multiple gifts and contexts.

Many spiritual traditions have fixed prayer times during the day, or at least recommend periodic pauses to return to one’s center. Meditators, or practitioners of yoga or qiqong, may practice at dawn and dusk, or have pre-bedtime rituals. In this way, the day is anchored in healing and holy rhythms. What if the modern-day rhythms of pill-taking—for example, the morning and evening reach for the pill organizer—was not a heedless process or minor annoyance but the occasion for contemplative reflection?

We are, or could be, reminded of the healing powers embodied in modern medicine, including the researchers who worked with such skill and energy; our caregiver who, in writing the prescription, was striving to help; the sources
of economic support, private and public, that has made the pill available. In short, this can be a time of gratitude to the larger community that supports us. The pill is their gift to the ailing self.

This is also a time for acknowledging the gifts—the skills and miraculous powers—of our own body/mind. Insofar as the pill operates by supplementing or assisting a physiological process and stimulating a “meaning response,” we remember that much of what the pill unleashes is our own self-healing capacities.21,22 This reminds us to make changes that support, and may ultimately supplant, the pill. That is, one aspect of our meditation may be a focus on avenues of healing that may in time even erase the need for this particular medication. Taking an antianxiety agent can remind us to do what we can to lower life stress and increase well-being. Swallowing a cholesterol-lowering statin, we think of what we can accomplish through diet and exercise to assist and potentiate this healing. A heart medicine can help us reflect on the miracle of our own heart, physical and spiritual, and how best to protect it. This process of thanking, appreciating, and reminding the self gives us tools to limit the dosage, or let go entirely of a pill when the time is right, and to “bounce back” if the pill has failed to fulfill every fantasy. We recognize medications as a bridge to our own self-healing.

As the pill reminds us of the gift of the community, and of our own body/mind, it can recall us as well to the gifts of a universe of which we are but a small manifestation. In the words of 16th-century neo-Confucian philosopher Wang Yangming,

“Wind, rain, dew, thunder, sun and moon, stars, animals and plants, mountains and rivers, earth and stones are essentially of one body with man. It is for this reason that such things as the grains and animals can nourish man and that such things as medicine and minerals can heal diseases. Since they share the same material force, they enter into one another.” 99

Such thoughts may incline us toward choosing less toxic, more “natural” remedies. But whether a pill includes herbs or manufactured chemicals, it still embodies properties found in the material universe that are capable of entering into our body to bless it with restored functioning.

For some, pill-taking may be resonant with not only natural but supernatural blessings. Depending on one’s spiritual beliefs, it may be a time to be grateful for life and/or remember death; to thank God, or Buddha Nature, or the Tao. As noted earlier, swallowing the pill is like a modern, secularized version of Eucharistic communion. Rather than simply mocking or demystifying this impulse, we can recognize here the possibility for a holy and healing moment. Taking an antianxiety agent can remind us to do what we can to lower life stress and increase well-being. Swallowing a cholesterol-lowering statin, we think of what we can accomplish through diet and exercise to assist and potentiate this healing. A heart medicine can help us reflect on the miracle of our own heart, physical and spiritual, and how best to protect it. This process of thanking, appreciating, and reminding the self gives us tools to limit the dosage, or let go entirely of a pill when the time is right, and to “bounce back” if the pill has failed to fulfill every fantasy. We recognize medications as a bridge to our own self-healing.

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Such practices recontextualize the pill as a multidimensional gift. Might this provide a more holistic or “natural” way to further enhance the “meaning response” and thereby the therapeutic efficacy of the drug? Might some “nonresponders” gain greater benefit from their medications? Might others be less prone to suffering adverse effects as a result of such rituals of receiving? Might we reconsider the very science with which we measure the efficacy and toxicity of pills, analyzing whether these are influenced by the manner and context in which we ingest them?

In any case, our relationship to pharmaceuticals could take on richer, more redemptive meanings than currently offered by consumerist culture. Rather than grabbing more pills as a result, we might take fewer, but with greater care, reflection, gratitude, and even effectiveness. This would indeed be a novel way—but one drawing upon ancient roots and traditional cultures—to “take our pills.”

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