

mindovermatter

by Professor Gordon Parker

Prescriptive psychiatry

The non-prescriptive approach may not always be the best.

It is generally assumed that psychiatrists should avoid providing prescriptive advice unless it is in the context of formal counselling. Sometimes, however, gratuitous advice is hard to resist.

HISTORY

Zach, a 45-year-old corporate lawyer, presented with his partner of two years, a lawyer in her mid-30s.

Zach had been referred at his own request for advice, following a brief depressive episode that had arisen from his misinterpreting a comment by his superior as critical of his work.

A formal performance review the following week had identified that he was, in fact, rated as quite superior in the firm's judgement; this was subsequently confirmed by an increase in his salary. His mild depressive symptoms had resolved quickly.

Historical review suggested two key problems: a level of perfectionism, and ongoing self-doubt about his worth as a human being. As a perfectionist, he set very high standards for his work performance, and also expected everything would be "neat and tidy" at home.

He felt that his partner was "a bit sloppy" at times,

The assessing psychiatrist suggested Zach should – as a matter of priority – marry and have children

and found it difficult not to express his irritation.

He was fastidious in the way he controlled his diet, alcohol consumption, exercise program and his work. His partner described his "tuning out" at home so that he could prepare for the next day, distracted by his mobile phone and emails, and not thinking

of the impact on her needs in the relationship.

In terms of his self-esteem, despite supportive (albeit perfectionistic) parents – who had never critically judged him – he felt that he didn't measure up to their very high values and achievements. He was not only tough on himself but tended to interpret innocuous remarks and throwaway lines as confirmation of his limitations.

AT INTERVIEW

He had asked to bring his partner to the interview, and their behaviour during the assessment was striking. Each spoke highly of the other, and their verbal and non-verbal interactions were indicative of a close and mutually supportive relationship.

When asked about where he would like to be in 10 years, he started with work aspirations and worked his way down, nominating "possibly, marriage and children" at the end of his list.

The assessment indicated a very 'decent' man with considerable attributes, but with his perfectionism and self-doubts inhibiting his high potential in life.

MANAGEMENT

Several strategies for approaching the issues were raised by the assessing psychiatrist and options discussed with Zach and his partner.

It was decided to trial an SSRI antidepressant to see whether this would mute his tendency to worry and self-doubts, prior to referral to a psychologist.

Here, either a cognitive behavioural therapy (CBT) approach or a mindfulness CBT approach (respectively focusing on his dysfunctional

thinking or, conversely, providing strategies to get him 'above' his worries) would be the best approach.

Secondly, he was encouraged to pursue additional anxiety management plans.

Thirdly, addressing the 'Men from Mars, Women from Venus' interactional issue, he agreed to signal to his partner when he needed to focus on his work, rather than allow her to feel she was being rejected, and in general, to manage his time better to enable real leisure.

Finally, the assessing psychiatrist suggested he should – as a matter of priority – marry and have children. Zach appeared intrigued, while his partner smiled gently.

On further discussion, it

became clear that just as he was perfectionistic at work, he was waiting for a woman who went beyond 'Miss Right' to being 'Miss Perfect'. He had, across a series of relationships, tended to find faults, encouraging him to leave each partner and keep on trying until he found the perfect woman.

It was clear that he already had a partner who was an exemplary supportive and complementary companion. He was discouraged from his further quest for the 'perfect woman', with the suggestion that his tendency to procrastinate was unhelpful.

It was suggested that marrying would encourage him to move away from setting impossible standards, while the reciprocal care from his

partner and his potential as an excellent father would fill the lacunae in his self-esteem.

CONCLUSION

Most psychiatrists-in-training are encouraged to take non-prescriptive approaches to assisting people deal with their difficulties, with the quite reasonable belief that the psychiatrist's role is to provide a 'sounding board' against which the individual can test their own solutions.

On occasions, however, there may be an argument for a psychiatrist to take a more prescriptive approach. ☺

Professor Parker is Scientia Professor of the University of NSW and Executive Director of the Black Dog Institute.