

PREFORMATIVE, PERFORMATIVE AND NARATIVE IN CREATIVE PERSON CENTERED PSYCHOPHARMACOTHERAPY

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SUMMARY

Psychopharmacotherapy does not stand alone. The act of prescribing involves much more than solely choosing "best" medication. It seems that somewhere in the process of trying to objectify and scientify our therapy, we have neglected an important and effective dimensions of it. Psychopharmacology should consider much more than just biological dimension of drugs. Psychological, social and behavioral factors that influence drug metabolism, efficacy and side-effects are largely overlooked. Obviously, the subtext of information provided by the medical professional inevitably contains suggestion. Important part of that subtext is consisted in way we think of it, we talk of it and we perform that information.

Defining of preformative and performative psychopharmacotherapy was attempted as well as description of narrative creative person-centered psychopharmacotherapy. Studies that indicate that medicines (SSRI) do not work on its own but as amplifier of the influence of the living conditions on mood are provided. Undirected susceptibility to change hypothesis which request acknowledging the importance of social, psychological, environmental factors to explain such the mechanisms underlying the recovery from the disease is explained. Understanding the role of medicines (SSRIs) as amplifier of the influence of the living conditions on mood represents a critical step in developing a creative, person-centered psychopharmacotherapy aimed at better matching patients with treatment and avoiding potential harmful consequences.

Key words: preformative - performative - narative - creative person-centered psychopharmacotherapy

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INTRODUCTION

"Let no one, however rich, or noble, or fair, persuade you to give him the cure, without the charm."

Socrates in Dialogues (Plato)

Why do we ignore the ancient wisdom described so long time ago by Socrates? Even before Socrates charm was used by sorcerers and healers from time immemorial. They used that magic because it gave practical results. Charms were given along with the medicine. It seems that somewhere in the process of trying to objectify and make scientific our therapy, we have neglected an important and effective dimensions. It is time to ask ourselves "Why do we give the cure, without the charm?" It is time to bring the charms again into psychopharmacotherapeutic practice.

Little attention we pay to that what our patients think and feel about the substances we prescribe them. About their imaginations, as they search for the meaning of taking pills, we do wonder rarely? We don't ask our patients what are their wishes. Accordingly, not knowing that, we don't use it in beneficiary way?

Psychological, social and behavioral factors that influence drug metabolism, efficacy and side-effects are largely overlooked. Obviously, the subtext of information provided by the medical professional inevitably contains suggestion. Important part of that subtext is consisted in way we think of it, we talk of it and we perform that information. Do we use the power of suggestion to attain beneficial pharmacotherapeutic outcomes? Or do we miss to use or even misuse it unaware of its importance.

In the other hand, what we know about psychotropic medicines and the neurochemical functioning of the brain is tiny compared with what we do not know (Hamkins 2014). Especially we have lack of knowledge about psychological dimensions of pharmacology.

Preformative psychopharmacotherapy

To explain term preformative psychopharmacotherapy we have first to explain several basic terms and concepts. First of them is adjectiv preformative - that shapes, influences, or contains preformed elements of something which follows (Oxford University Press 2020).

Second term that should be explained are concepts of Framing and Pre-framing taken from neurolingvistic programming (NLP). Basically we are those that gives meaning to everything depending on the context. We "frame" everything the way we think is the most rational in a specific moment based on our own beliefs and values. So the frame, or context, in which we view something affects the way we see it and the meaning it has for us. In a clinical context we can prepare frame or format in which patient will view our interaction. Preframing makes everything that follows easier and more effective (Cialdini 2018).

Preformative psychopharmacotherapy can be defined as - all (influential) things we say and do prior to prescribe pharmacotherapy. Factor that can (radically) influence patients' behavior can be concentrated in before giving our advice or prescribing drugs. If we do not understand and do not think of it we miss and lose an important tool for improving our psychopharmacotherapeutic practice.

We know that a first impression lasts but we often forget that we are always making that first impression. What we present first changes way people experience what we present to them next (Cialdini 2018). The best clinicians perform prior to perform prescribing psychopharmac and prepare their patients to be receptive to a therapy in advance.

Performative psychopharmacotherapy

Performance is completion of a task with application of knowledge, skills and abilities (Shields et al. 2015). It is derive from the verb “to perform” which denote the capacity to execute an action, to carry something out actually and thoroughly, as well as to do according to prescribed ritual. An effective performance is determined by achievement skills and competency of the performer - level of skill and knowledge.

In psychology - performative psychology is a shift from a natural science-based and individualistic approach to understanding human life to a more cultural and relational approach (Teo 2014). Accordingly, performative psychopharmacotherapy can be defined as a more cultural and relational approach to understanding psychopharmacotherapy as complementary to a dominant natural-science based practice and understanding. It focuses to understanding how our performance affect the effects of medicines we prescribe.

Narrative psychopharmacotherapy

Humans think in stories rather than in facts, numbers or equations. The art of telling, and listening stories is at heart of what it means to be human, how human beings articulate their experience of the world and make sense of it (Jakovljević 2015). It's all about telling a story and convincing people trust it. The stories people create are known in academia as "fiction", “social construction” or “imagined realities”. But what we miss, what we dont understand? We don't understand that imagined reality is not a lie. Contrary to lies, imagined reality is something we believe in (Harari 2015).

The narrative psychopharmacotherapy puts together narrative and biological understanding of human suffering, mental disorders, treatment and well-being (Jakovljević 2015b). One is associated with the specific physiological effects of the treatment itself. Second is related to the treatment context, relationship, stories about the medicine, subjective meaning and personal imagination and expectation. Narrative psychopharmacology combines the resources of re-authoring conversations and mental health medications (Jakovljević 2015).

If a diagnosis is a story as Hamkins (2014) says than therapy as well must be a story (at least for the great part). Like any story, it is told from a particular perspective based on particular values. The knowledge

and practices of clinical psychopharmacology are composed of different stories with different underlying values that can be adapted more or less successfully to the patient's values and preferences (Hamkins 2014). As long as a shared belief exists, imagined reality (story) is a force (Harari 2015).

What we know about psychotropic medicines and the neurochemical functioning of the brain is tiny compared with what we do not know. So most of our explanations are actually stories. We can tell that story to our patients in beneficiary way. Person centered narrative psychopharmacotherapy is the corner-stone of more successful holistic and integrating treatment of mental disorders rolling on the psychiatric horizon (Jakovljević 2015b).

PRACTICAL MEANING

Healing is influenced by what the doctor says and what he believes. Healing is influenced by what and how the doctor perform. Even with their posture, physicians can reassure patients. If you strongly believe in the therapy you prescribe, your results are much better, your patients are healthier and your income is much higher (Goldacre 2009).

Similarly to what Harari (2018) says “a good science fiction movie is worth far more than an article in Science or Nature” a good preparation of patient as well as appropriate prescribing performance and narrative about medication have significant impact, more than just accurate pharmacological information or medicines we prescribe itself. Complete performance is highly important.

Psychopharmacotherapy is burden by meaning on several levels: meaning of medication itself, meaning of prescribing, meaning of context etc. All of this meanings have several sub meanings followed by wondering, questions and fears: If I am what I take, is it me or my medication? Does more milligrams/milliliters means I am more ill? Is expensive drug more effective and how can I buy it? Why is it prescribed now, not earlier or later? We should address all of this unspoken questions. In patients' dreams and imagination drugs can be seen as poisons, magic potions, “mind restraints,” aphrodisiacs, hand-cuffs, binoculars, brain “implants,” and contraceptives. Many of our patients have concerns about the prescribed medicine. They worry: Will it change me on worse or better? Will it change my thoughts, perception, functioning in areas I don't want change? Will it change how others see me? Others needs more and newer medicines they actually don't need. We should keep in mind what Shakespeare said in Hamlet “There is nothing either good or bad, but thinking makes it so.” Will the medication mean treat or treatment to our patient often depended on their background but also it highly

depended on how we prepare and what we say to him (Pruett et al. 2011). How much do we think of that?

Studies indicate that SSRI do not work on its own. Increased serotonin levels lead to greater brain plasticity and higher susceptibility to the environment (Alboni et al. 2017). They amplify the influence of the living conditions on mood (Chiarotti et al. 2017). That means that SSRI induces change but other factors drives change. Antidepressant treatment is effective only when combined with rehabilitation, such as psychotherapy (Castrén & Hen 2013). Antidepressants do not directly improve mood, but by reactivating a juvenile-like state of plasticity, they promote the effects of rehabilitation and psychological therapy to bring about mood recovery (Castren 2013).

Undirected susceptibility to change hypothesis, posits that SSRI treatment does not drive changes in mood per se but, by increasing brain plasticity, creates a window of opportunity for a change. The main consequence of such hypothesis is the lack of uni-vocal outcome of SSRI administration. Paradox is that the same mechanism of action has two opposite outcomes: in a favorable environment, treatment leads to a reduction of symptoms; by contrast, in a stressful environment, it leads to a worse prognosis (Alboni et al. 2017). Environment modulate the effects of antidepressants (Jain et al. 2013). Environment-dependent effect is pervasive from molecular pathways to behavior.

Undirected susceptibility to change hypothesis request acknowledging the importance of social, psychological, environmental factors to explain the mechanisms underlying the recovery from the disease. Understanding the role of medicines (SSRIs) as amplifier of the influence of the living conditions on mood represents a critical step in developing a creative, person-centered psychopharmacotherapy aimed at better matching patients with treatment and avoiding potential harmful consequences. Preformative, performative and narrative factors are important in such context.

The act of prescribing involves much more than solely choosing “best” medication. Psychopharmacology should consider much more than just biological dimension of drugs. In recognizing those factors, psychiatrists need to be more than pure psychopharmacologists and use the full repertoire of skills to utilise all aspects of pharmacotherapy.

As an example of practical re-framing of psychopharmacological approach is Neuroscience based nomenclature (NbN) (Uchida 2018). One of reasons it is proposed is “avoiding labels related to indication/diagnosis based nomenclature”. Among several goals one is to create new narrative related on neurotransmitters (dis)balance. We can draw parallel with hormonal disorders in somatic medicine and change patient

perception of psychopharmaceutic they take. Consequently it helps patients to understand disease comparing it with Thyroid dysfunctions or Diabetes mellitus etc., and to achieve better compliance. Such pre-formed definition influence whole narrative of psychopharmacotherapy and our performance with patient.

What about placebo and nocebo? Each treatment is associated with placebo or nocebo response which can significantly modify the overall treatment outcome. These phenomena are universal and of great importance for psychopharmacotherapy and medicine in general. In practice, it is almost impossible to know whether the benefit patient experiencing is placebo or biological. Treatment context and patients’ expectations represent the background of placebo and nocebo responses. The creation of favorable and person centered therapeutic context may significantly increase placebo and decrease nocebo responses (Jakovljević 2015). Person centered psychopharmacotherapy is placebo-response increasing and nocebo-response decreasing oriented practice (Jakovljević 2014).

Hamkins (2014) think of the placebo effect as a narrative effect. The benefits that patients get from the act of taking a medicine that may not offer any biological benefits can be due to the story they hold that the medicine will be helpful to them. But completely way of handling psychopharmacotherapy process, even preparation for such process can increase placebo and decrease nocebo effects what is goal of creative person centered psychopharmacotherapy.

Placebos are inert. You can’t do anything about them. For human beings, meaning (of placebo) is everything that placebos are not, richly alive and powerful (Pruett et al. 2011). Practitioners can benefit clinically by conceptualizing this issue in terms of the meaning response rather than as the placebo effect.

Mental health medicament have both physical and rhetorical effects. In addition to their pharmacodynamics mechanisms, they work also on account of meanings, expectations, and relationships. Treatment response depends on the medicine's biological effects and on the meanings the patient ascribes to the medicine and its effects (Jakovljević 2015).

DISCUSSION

Psychopharmacotherapy does not stand alone. It has to be essentially part of a relationship. Freud was wright when wrote, “State of mind in which expectation is colored by hope and faith is an effective [therapeutic] force with which we have to reckon” (Pruett et al. 2011). Prescribing pharmacotherapy is always burden with meaning, imersed in context and highly influenced by relationship. We can alleviate that burden, change context and influence relationship prior and during prescribing.

Any pharmacotherapy and especially psychopharmacotherapy should be combined use of psycho and pharmacotherapy. Sometimes referred to as single-provider integrated treatment, or combined treatment, it is becoming less common in current psychiatric practice (Pruett et al. 2011).

The problem, and the intrigue, with placebos is that they work through their meaning. Although actually pharmacodynamics blanks, they have been shown to be 55-60% as effective in analgesia as codeine and aspirin (Kirsch 1997). We struggle to explain their mode of action. Cognitive neuroscientists suggest a mode of action more complex than the previously favored endorphin release theory. Expectancy theory suggests that what the brain believes about the immediate future is based on conditioning from past positive experience, mediated through immune/endocrine system interaction (Kinsbourne 1999).

It is well known that a good medical professional-patient relationship can be used to improve therapy, even in largely unknown, nonspecific and unpredictable ways (Xu et al. 2008). Patient should not be a stage for medication trials and errors but parformer together with its therapist on stage off psychopharmacotherapy.

The identification of the living environment as a moderator of treatment response represents a critical step in developing a personalized medicine approach aimed at better matching patients with treatment through selective enhancement of treatment efficacy and avoiding potential harmful consequences (Alboni et al. 2017).

The influence on the pharmacotherapy process could be achieved from the beginning by supportive performance and performance and also appropriate narrative. The cost of this approach is limited, as no new psychoactive molecules need to be developed, while the benefits for the patients could be substantial.

CONCLUSION

Treatment starts even before patient enter our room. It starts even with physicians understanding and accepting these aspects of psychopharmacotherapy. Clinicians should stop asking only 'which drug should I prescribe?' but start also asking 'how should I prescribe it?'. So they will help patients to find one in variety of ways to re-define their understanding of pharmacotherapy and increase treatment effectiveness and decrease probability of treatment nonresponse. Rather than focusing only on prescribing drugs psychopharmacotherapy should also find best utilization practices of prescribing drugs. Psychopharmacotherapy should combine biological understandings of pharmacological action with pre-formative and performative actions and narrative understandings. It seems that such practices significantly influence compliance (which is itself very important) and self-worthiness of treated person but also it influence mode of action. As

result we can achieve powerful and holistic healing. Recovery or, even better, growth is the goal and every skill that can bring us there we should utilize. Pre-formative, performative and narrative psychopharmacotherapy is significant part in that process. We should not be persuaded to prescribe medicine without that charm.

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References

1. Alboni S, van Dijk RM, Poggini S, Milior G, Perrotta M, Drenth T, Brunello N, Wolfer DP, Limatola C, Amrein I, Cirulli F, Maggi L, Branchi I: *Fluoxetine effects on molecular, cellular and behavioral endophenotypes of depression are driven by the living environment. Molecular Psychiatry* 2017; 22:552-561
2. Castrén E, Hen R: *Neuronal plasticity and antidepressant actions. Trends Neurosci.* 2013; 36:259-267
3. Castren E: *Neuronal Network Plasticity and Recovery From Depression. JAMA Psychiatry* 2013; 70:983-989
4. Chiarotti F, Viglione A, Giuliani A, Branchi I: *Citalopram amplifies the influence of living conditions on mood in depressed patients enrolled in the STAR*D study. Translational Psychiatry* 2017;7:1-8
5. Cialdini R: *Pre-Suasion: A Revolutionary Way to Influence and Persuade. Penguin Random haus. London, 2018*
6. Goldacre B: *Bad Science. Fourth Estate, 2009*
7. Hamkins SE: *The Art of Narrative Psychiatry. Oxford University Press, 2014*
8. Harari YN: *Sapiens: A Brief History of Humankind. Harper, 2015*
9. Harari YN: *21 Lessons for the 21st Century. Spiegel & Grau, 2018*
10. Jain FA, Hunter AM, Brooks JO, Leuchter AF: *Predictive socioeconomic and clinical profiles of antidepressant response and remission. Depress Anxiety* 2013; 30:624-30
11. Jakovljevic M: *Creative, Person-Centered And Narrative Psychopharmacotherapy or How to Prevent and Overcome Treatment Resistance in Psychiatry. Psychiatr Danub* 2015; 27:291-301
12. Jakovljevic M: *Person-centered psychopharmacotherapy: What is it? – Each patient is a unique, responsive and responsible subject. Psychiatr Danub* 2015b; 27(suppl 1): S28-33
13. Jakovljevic M: *The placebo-nocebo response: Controversies and challenges from clinical and research perspective. European Neuropsychopharmacology* 2014; 24:333-341
14. Kinsbourne M: *Mind and nature: essays on inner subjectivity. Journal of Nervous and Mental Disease* 1999; 189:140-7
15. Kirsch I: *Specifying nonspecifics: psychological mechanisms of placebo effects. In The placebo effect: an interdisciplinary exploration, Harrington A.ed., pp. 166-186. Cambridge, MA: Harvard University Press, 1997*

16. Pruett KD, Joshi SV, Martin A: *Thinking About Prescribing: The Psychology of Psychopharmacology* In Martin A, Scahill L, Kratochvil C (eds): *Pediatric psychopharmacology: Principles and Practice. Second Edition*. New York, Oxford University Press, 2011
17. Shields J, Brown M, Kaine S, Dolle-Samuel C, North Samadzic, McLean P, Johns R, O'Leary P, Plimmer G, Robinson J: *Managing Employee Performance and Reward: Concepts, Practices, Strategies*. Cambridge University Press. 2015
18. Uchida H: *Neuroscience-based Nomenclature: What is it, why is it needed, and what comes next?* *Psychiatry and Clinical Neurosciences* 2018; 72
19. Teo T *Encyclopedia of Critical Psychology*. Springer, New York, NY, 2014
20. Xu J, Mercury J, Zhang Z, Xu F. *Psychological, social and behavioural factors that influence drug efficacy: a noteworthy research subject in clinical pharmacology*. *Br J Clin Pharmacol* 66:901–902
21. *Definition of preformative [online]*. Oxford University Press. Available at: <https://www.lexico.com/definition/preformative> (Accessed: 1st October 2020)

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