THE ROLE OF EMOTIONS IN THE ADDICTION REHABILITATION PROCESS

In the current presentation we would like to look at the concepts of emotion and affect and their role during the addiction rehabilitation process from a psychoanalytic perspective.

We are particularly interested in observing and understanding the addicted patients' emotional and affective states through all phases of their substance abuse and acknowledging the role of emotions in motivating and supporting a patient throughout the rehabilitation process.

We often use the words «emotion», «feeling» or «affect», either as a psychological concept or in daily life, in order to describe similar states of mind or body experiences. Emotions are a state situated between body and mind. Many authors in psychology (Damasio A. Eckman P. Vincent J. D.) and in psychoanalysis agree that the separation of emotions from other aspects of mental life, such as cognition or memory is completely artificial and that we cannot understand these systems separated one from another.

In order to suggest an analysis on the role of emotion during the addiction rehabilitation process is essential to propose a definition of what we call emotion and affect and a certain categorisation based on the qualities of these states of mind.

A French psychoanalyst Rene Roussillon in order to distinguish the various forms of affect suggests a consecutive line of four types of affects: the sensation, the passion, the emotion and the feeling. He proposed the classification of these four types of affects in consecutive line by terms of the level of mental elaboration and representation. In particular the feeling is the affective state which is the last in line and is the most elaborated and represented psychologically. It is also the affect that interiorises all the representations of the body's and the mind's states.

On the other hand, the sensation is the most primitive affective state since it derives directly from our senses and the satisfactions of the needs and the demands of our body. In other words, sensations demand a direct satisfaction of internal urge and body instincts. When we refer to the satisfaction of sex urges it is the sensation that

comes up. It is the sensation that patients are talking about when they refer to the sensation of pleasure they feel while drinking or consuming drugs. In other words, the sensation is connected directly with our actions and our senses and so there is no significant representation or elaboration to what our body and our senses tell us.

Passion is an affective state that can control what we feel, as well as how we think and behave. We could take sexual passion as an example where we often find jealousy, verbal and direct violence, where the patient cannot control this affective state neither the behaviors that can be driven by this state.

The emotion is an elaborated and internalised affective representation and it has the capacity of being intersubjective, in other terms, a person can understand and feel someone else's emotions. The word emotion keeps its original etymological meaning since it is based on the Latin word emovere, where e- (variant of ex-) means "out" and movere means "move." It refers to the intersubjective movement that an affect can bring to the affective state of someone else.

Feeling is the most interiorised affective state since it is the product of an internal elaboration of various stimulations and states of mind which are metabolised in the psychical apparatus. Feelings often come to terms with the moral values or the demands of the Ego. The feeling of guilt, as well as the feeling of success are some typical examples of affective states that have been interiorised and transformed mentally.

After describing this categorisation of the affective states (sensation, passion, emotion feeling) based on the qualitative characteristics of each state, we could try to understand what are the particular affective states that we meet in the pathology of addiction.

During the first period of addiction, when actually the patient starts consuming, as well as in his early phases of dependency, he has neither consciousness of the negative effects of the drug abuse, nor of the structural part of the dependency. The addict feels like he has the control over the consumption and he finds himself in a passionate and sensational state that a French psychiatrist Claude Olivenstein describes as «the honeymoon». The affective image of the first period of substance abuse, when the addiction is being established, as the addict remembers it afterwards

and as it is represented in its preconscious, holds a very important role throughout the rehabilitation process.

The patient will usually start acknowledging the possibility of quitting when he no longer has positive experiences from the drug use, but the relief from the negative effects of the withdrawal syndrome. He will usually seek for help from a specialist when he understands that he cannot quit on his own. The patient's personal motivation depends on the affective states he is experiencing. In the early phases of the therapy, during the withdrawal syndrome and weeks after, the patient experiences a lack of affective stimulation, a sensation of emptiness and a psychological void. Many authors describe this state as a melancholic state or as a mourning of the lost object of addiction.

This can be explained by the fact that the patient is in need for acute and intense affective experiences, such as the sensation of shooting and consuming any kind of drug. Very often, especially in the first weeks of the rehabilitation process, the patients abandon their therapy by entering in violent fights or in sexual experiences in order to compensate their sensational void coming from the lack of the sensations of consuming drugs.

During the rehabilitation process helping our patients to regulate their affective states is a very important part of the treatment. In other words, patients can interiorise their affective states and so they can elaborate sensations and passions by bringing them into terms with external reality and by transforming them into more interiorised and represented affects, such as emotions and feelings. The concept of transference, the emotional investment between patient and therapist, holds a significant place in the therapeutic procedure. Transference as an emotional relationship can be *set* between a patient and a therapist, a therapeutic group of peers or a therapeutic institution. The importance of the transference is that the patient gives the symbolic role of a significant other to the therapist and it allows him to share intersubjectively many affective states, such as the sensation of destructivity in drug abuse or the passion of mourning for losing the pleasure of drug use. By sharing intersubjectively these acute affective stimulations we take part in their transformation and their mental representation as feeling or emotions.

D. is a 32 year old woman, addicted to heroin, cocaine and other drugs, who was diagnosed with borderline personality disorder. Before asking for help to our 30 days rehabilitation treatment she had never had a long lasting attempt to stay sober. She had few hospitalisations in psychiatric hospitals in order to overcome the withdrawal syndrome, but afterwards she would stay sober just for a few days. The main reason she made the decision to change her life through a rehabilitation program was the fact that she was risking to go to jail for a long period.

During her staying in our treatment, D. used to get very easily upset when things didn't happen the way she wanted and she couldn't take no as an answer. In one of these occasions, I heard D. shouting and crying because what she was demanding from the nursing personnel could not be given to her since it was against regulations. I asked D. to come into my office and talk about what happened. During the first minutes of our conversation D. continued to shout that she wouldn't do anything that we wanted her to do and that we couldn't impose our rules on her. Our session was interrupted for a few seconds by a short call I received in the office. Just after the phone call I replied to D. that she didn't have to shout so that we can hear her and that all she needed to do was to give us the message of how she was feeling and that we would accept and understand this message. After my reaction D. calmed down and she said to me while whipping that many times she felt like she couldn't make herself to be heard and that she thought that no one would listen to her.

In the brief clinical case presented above, we can observe that the passionate affective state was transformed into an emotion that can be represented verbally by the patient and that can also be heard and transmitted intersubjectively to another person through the therapeutic process. Rene ROUSSILLON suggests that this possibility of mental transformation can also be seen in the relationship between mother and child, during the early stages of the child's development. Mother has the capability through her intersubjective sharing of emotions to educate and to standardise the child's emotions. Through her behavior, her reactions and through the tonality and the rhythmicity of her voice she can reputedly pass the message to her baby that it doesn't have to put itself in such a passionate and acute emotional state by crying and screaming and that one small sign of emotional displeasure would be enough for the mother to take the affective message so that she can understand what the baby needs.

D. managed to complete her 30 days treatment to our facility and she continued her therapy directly after signing out to a therapeutic community. Two years after her treatment to our facility she paid us a visit in order to give some information about how she was doing. She emphasized during a conversation with a colleague that she couldn’t understand why we insisted on trying to find a way to communicate and to deal with her, since as she could remember she had a very bad behaviour. She was also wondering if we saw something in particular to her that draw our attention, because otherwise she couldn’t understand at that point why would someone try to communicate with her, since she couldn’t believe she was worth it because of the way she was behaving.

object- relation

co-dependance, emotional dependancy + case study

transferance

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