Escaping pain, bottling up anger, burying shame or fleeing to pleasure: Exploring emotional processes in substance use conditions.

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Introduction: Literature on emotional processes in substance use (SU) conditions suggests that people use substances to regulate emotions, including by quelling anxiety, distancing themselves from disturbing traumatic memories, and keeping feelings of depression at bay. However, as a person's relationship with a substance can be highly individual, describing the complex processes of triggering and regulating emotions in cases of SU can be challenging. A new form of functional analysis (FA) centred around emotional processes offers promise not only as a humanistic clinical formulation, but also as a research tool to summarise patterns in a series of case studies. The objective of this study was to describe the variety of emotional experience in people's SU in published case studies and to ascertain the most typical patterns using hierarchical cluster analysis (HCA).

Method: Using initial qualitative coding and subsequent quantitative analysis (HCA), 42 published cases of SU (including cases with various co-occurring mental health conditions) were analysed in terms of their central emotional processes. In each case, emotional response patterns (RPs) related to SU were identified using a FA model (including primary and secondary emotions, their triggers and coping mechanisms).

Results: The HCA revealed ten main emotional patterns, the most common being: "Vulnerable Hopelessness" (33.6% of RPs; characterised by secondary hopelessness following on from primary anxiety or shame), "Social Anxiety" (11.5%; anxiety predicated on underlying shame), "Anger Masking Vulnerability" (11.5%; anger emerging from shame or anxiety), and "Aggravated Shame" (10.6%; anger masking shame then leading to further shame).

Discussions and Conclusions: While the typologies identified by no means constitute an exhaustive or universally representative list, this method offers a pathway towards better understanding the complex emotional patterns present in SU conditions, including the different roles that anxiety and shame can play.

Implications for Practice or Policy: Clinicians can not only use this kind of FA as an "experience-near" formulation but also to recognise prototypical patterns in SU presentations and make individualised treatment adaptations based on a person's specific emotional experience, based on this kind of research.

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