Escaping pain, bottling up anger, burying shame or fleeing to pleasure:

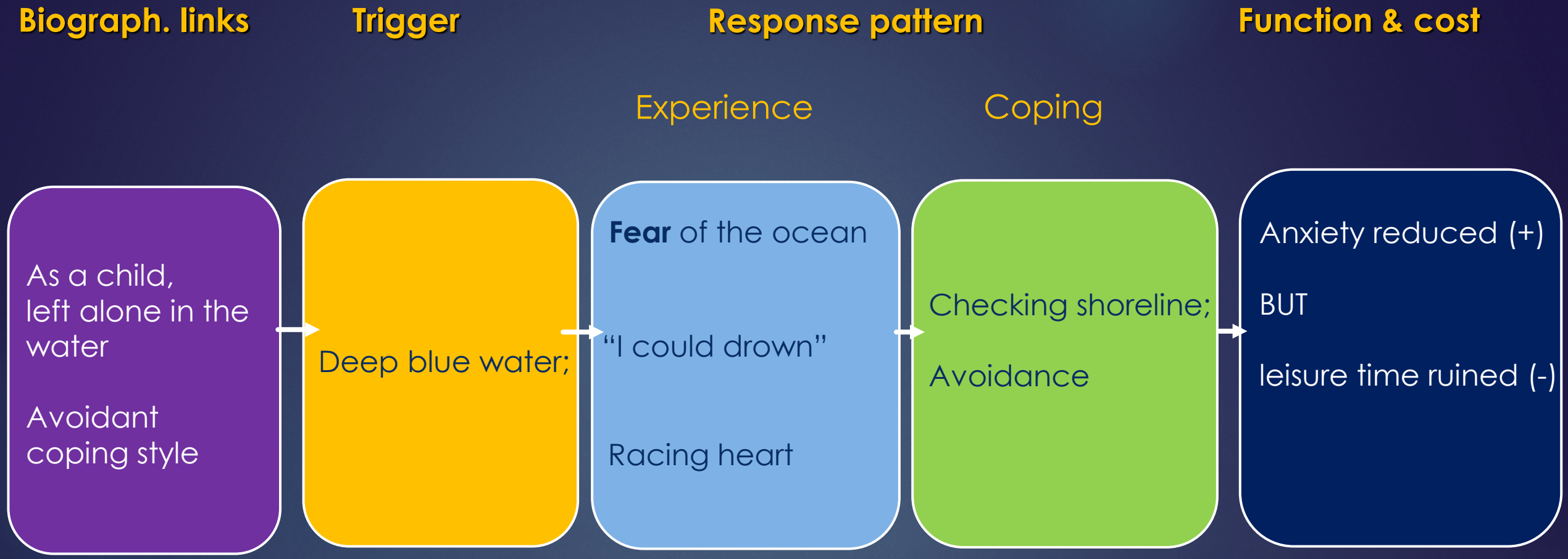
Exploring emotional processes in substance use conditions.

AMI LAFFY & RUSSELL DEIGHTON

Disclosure of Interests: Nothing to declare

Functional Analysis – a case formulation method

- Early versions by:
  - SORC model (Kanfer & Saslow, 1969)
  - 'BASIC IDEA'; (Lazarus, 1977)
  - DBT's behaviour chain analysis
- Popular in Europe
  - Germany, e.g. Bartling, 1992; Sulz, 2001
  - France, e.g. SECCA by Cotraux, 1990
- What about emotion?
  - Often overlooked (Sturmey, 2020)


Biograph. links
Trigger
Response pattern
Function & cost
Experience
Coping
As a child, left alone in the water
Avoidant coping style
Deep blue water;
Fear of the ocean
"I could drown"
Racing heart
Checking shoreline;
Avoidance
Anxiety reduced (+)
BUT
leisure time ruined (-)

Biograph. links	Trigger	Response pattern: Experience	Response pattern: Coping	Function & cost
As a child, left alone in the water Avoidant Coping style Parental neglect Relational trauma: Father insecure: put others down	Deep blue water	**Fear** of the ocean "I could drown" Racing heart	Checking shoreline; Avoidance	Anxiety reduced (+) BUT leisure time ruined (-)
	"Fault exposure"	**Shame** "pathetic" Immobilised	Social withdrawal Rumination	Faults kept hidden etc.
		Loneliness, Hopelessness "no point" "no future"	Alcohol alone after work	Painful feelings quashed etc.

Name: 8. 2012 Esposito-Smyth "Jane" - COMBINED

Biographical links

Family: Parents divorced (7 yo).
Mother – Remarried. Lived with Mo. & Step-Fa. Conflict relationship (blamed for divorce). Controlling, rigid, disciplinarian.
Father – Remarried. AUD as YA (family history). Idolises Fa. ('easygoing, cool, fun'). No discipline. Distant w/ work.
Sister – 20 yo. Heavy alc use as YA.

- Modelled & encourages use as YA & social events.
- Poor familial communication & ineffective parental discipline.

Rudimentary coping: ODD & AUD (14 yo).

- Strong support network – heavy drinkers. Peer pressure. "Deviant". Provide with alcohol.
- "Heaviest drinker" identity – proud.
- Disruptive school behaviour - 'bad attitude' reputation.
- Poor coping and affect regulation.

Current situation: failing 2/5 subjects, father busy with work, conflict with mum, sister living out of home.

Onset – parents divorce.

Resilience / Resources: Intelligent, willing to attend treatment, loved by parents, parents invested in treatment.

Trigger

Conflict with mother

Rejections, cancellations from father

Perceived academic failure

Response patterns

Experience

1. anger: "not fair"
E.g. "the rules are stupid"; ":M trying to ruin my life; F wouldn't do this"

2. Hopelessness "no hope for r/ship with M"

1. Sense of rejection, hurt

2. Hopelessness "no future"

1. Shame "insufficient", hopelessness "complete failure" "may as well drop out"

Coping

aggressive communication & behaviour towards M
Labelling M as crazy; idealising F?

- Binge drinking
- Cog. distortions - catastrophising, personalising, overgeneralising.
- Seeking peer support.
- Suicidal ideation & attempt

Drinking.

Cog. Distortions.

Seeking peers.

Suicide ideation.

Function and cost of the RP

Suicide attempts reduce conflict with M, gain attention from F
Drinking reduces emotional discomfort,
"life of party" in sister's eyes

Cost:
Drinking worsens family conflict, mood, academic performance
Few positive experience, future goals, potentially sexually unsafe

Name: Deep (12. Wilson, 2002) - COMBINED

Biographical links

Parents –
- Mother: Did not address issue in empathetic manner. Frequently argued. Easily irritable. Antisocial.
- Father: Less disciplinarian, absent.
- Sister: Highly regarded, academic.
- Mo antidepressants when 6 mo old (attachment?)
- FH – mood disorder (Mo, GMo).

Unmet needs: Abandonment.
Rud coping: School refusal, MJ (15yo).
Schemas: AB, MA, ED, DS, SI, EI
- Second-gen Asian-American – acculturation stressors?
- Early social difficulties - teased by peers (started in kindergarten, verbal & physical) = anxiety, depression, school refusal.
- No friendships – less social skills.
- Passive communication – not asking for help.
- Academic failures– oral & class participation.

Current situation: differing parent approach, anger at parents (lack of support), friends with users, truant w/ school, DUI and possession charges.

Onset: Teasing/bullying, failure of parent support.

Resilience / Resources: involved parents, previously straight A student.

Trigger

Social interactions (possible scrutiny or rejection from others).
- Teasing.

Conflict with parents or perceived lack of support (parents/ society).

Response patterns

Experience

1. Shame: "something wrong with me; as others never accept me"

2. Anxiety: "I could be exposed / rejected / teased"

3. Guilt for using.

3. Loneliness ("non-belonging, isolation), Hopelessness

1. Shame – not meeting expectations, defective

1./2. Anger – abandonment, lack of emotional support.

3. Hopelessness – misunderstanding of youth in society, failed by parents/others.

Coping

Marijuana.

Withdrawal – socially, avoids groups, truant from school.

Socialise with users (romanticise)

Antisocial behaviour (stealing, lying).

Rumination - defectiveness

Marijuana

Antisocial behaviour.

Passive communication

Withdrawal

Rumination - defective, unclear future

Function and cost of the RP

Function:
- Reduce sense of isolation.
- Reduce negative affective states.
- Increase sense of friendships & romanticising connections.

Cost
- Adverse family relations (lying to parents, stealing money from family).
- Worse grades.
- Criminal consequences.
- Reduces social skills & relationship w/ others.

Function – relieve negative affect.

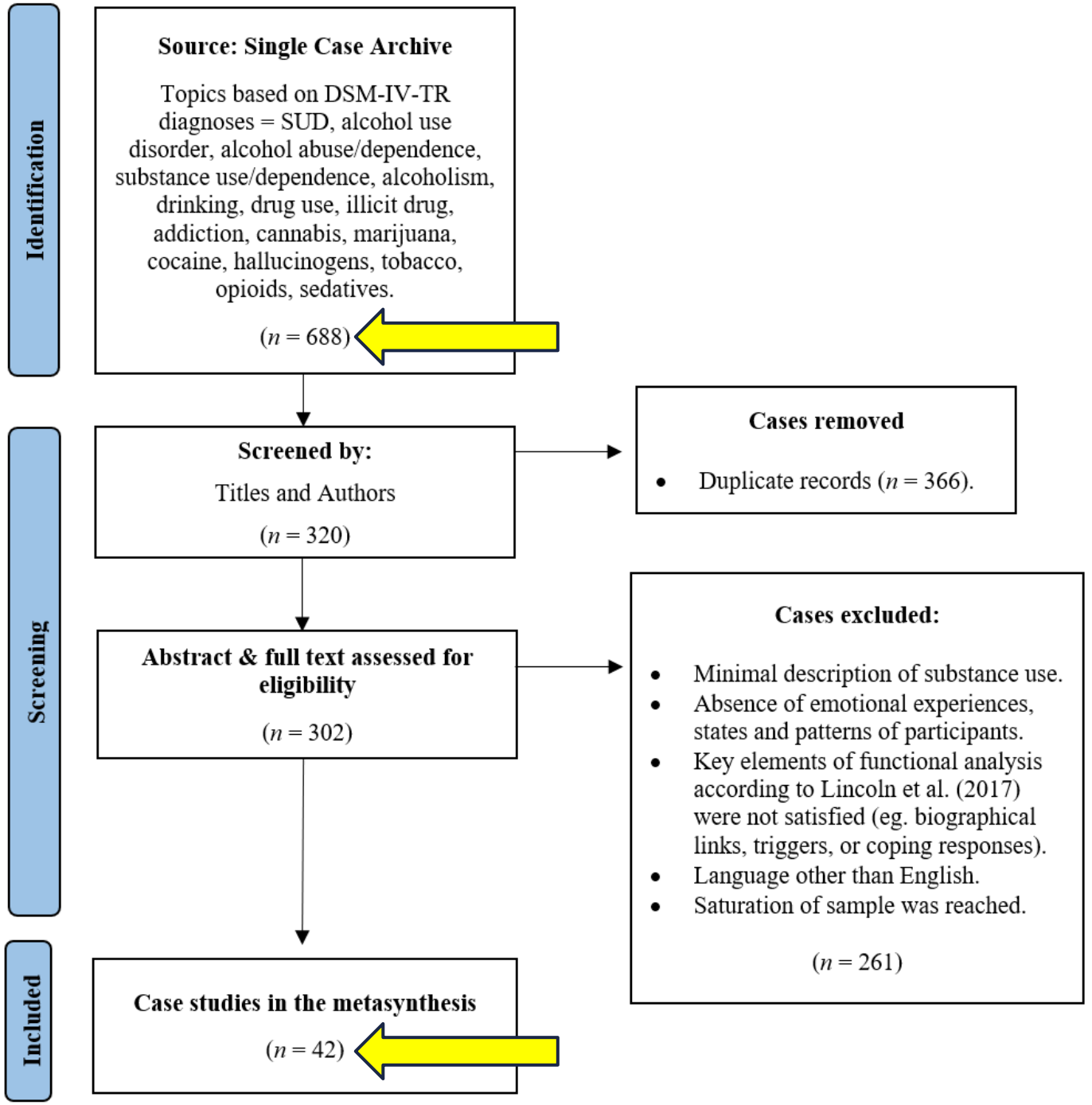
Cost:
- Reinforce not asking for help and communicating needs.
- Increase familial conflict and withdrawal.

Ami Laffy's thesis

The Emotional Patterns of Substance Use:

A Metasynthesis and Explorative Hierarchical Cluster Analysis

2023



42 Case studies

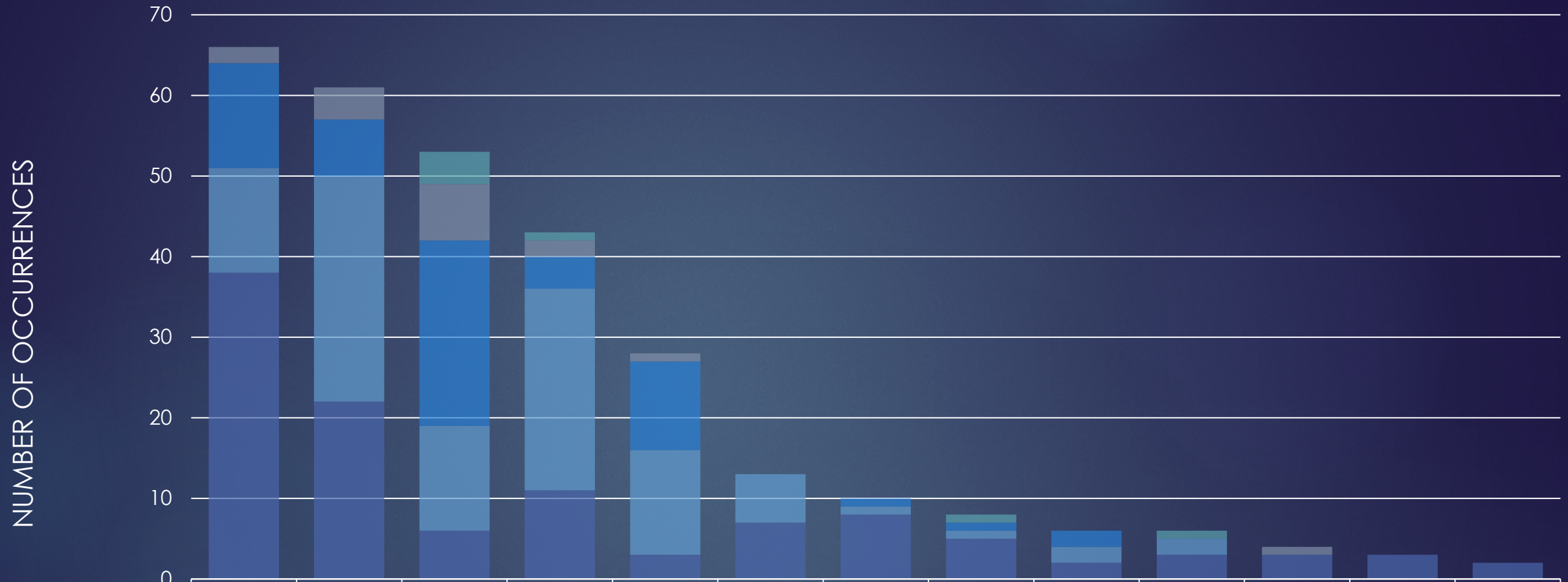
113 response patterns

Demographic Information of Final Sample

	Frequency (Percentage)
Age	
≤ 17 years	7 (17.1%)
18 to 30 years	15 (35.7%)
31 to 40 years	7 (17.1%)
41 to 50 years	7 (17.1%)
51 to 60 years	6 (14.6%)
Sex	
Male	27 (64.3%)
Female	15 (35.7%)
Ethnicity	
Caucasian	13 (31.7%)
African American	3 (7.3%)
Latin American	3 (7.3%)
European American	2 (4.9%)
Asian American	1 (2.4%)
American Indian	1 (2.4%)
Swedish	1 (2.4%)
Portuguese	1 (2.4%)
Asian	1 (2.4%)
Other	16 (38.0%)
Substance Use	
Alcohol	29 (69.0%)
Cannabis	13 (31.0%)
Stimulant	10 (23.8%)
Tobacco	2 (4.8%)
Opioids	1 (2.4%)
Hallucinogens	1 (2.4%)
Sedatives, Hypnotics, or Anxiolytics	1 (2.4%)
Other	5 (11.9%)
Comorbidities	
Anxiety-Related Disorders	16 (39.0%)
Mood-Related Disorders	27 (65.9%)
Disruptive, Impulse-Control, & Conduct Disorder	6 (14.6%)
Schizophrenia Spectrum & Other Psychotic Disorders	6 (14.6%)
Personality Disorders	6 (14.6%)
Health-Related Conditions	3 (7.3%)
Neurocognitive Disorders	2 (4.9%)
Bulimia Nervosa	1 (2.4%)
Exhibitionism	1 (2.4%)
Tourette's Syndrome	1 (2.4%)
Others	7 (17.1%)

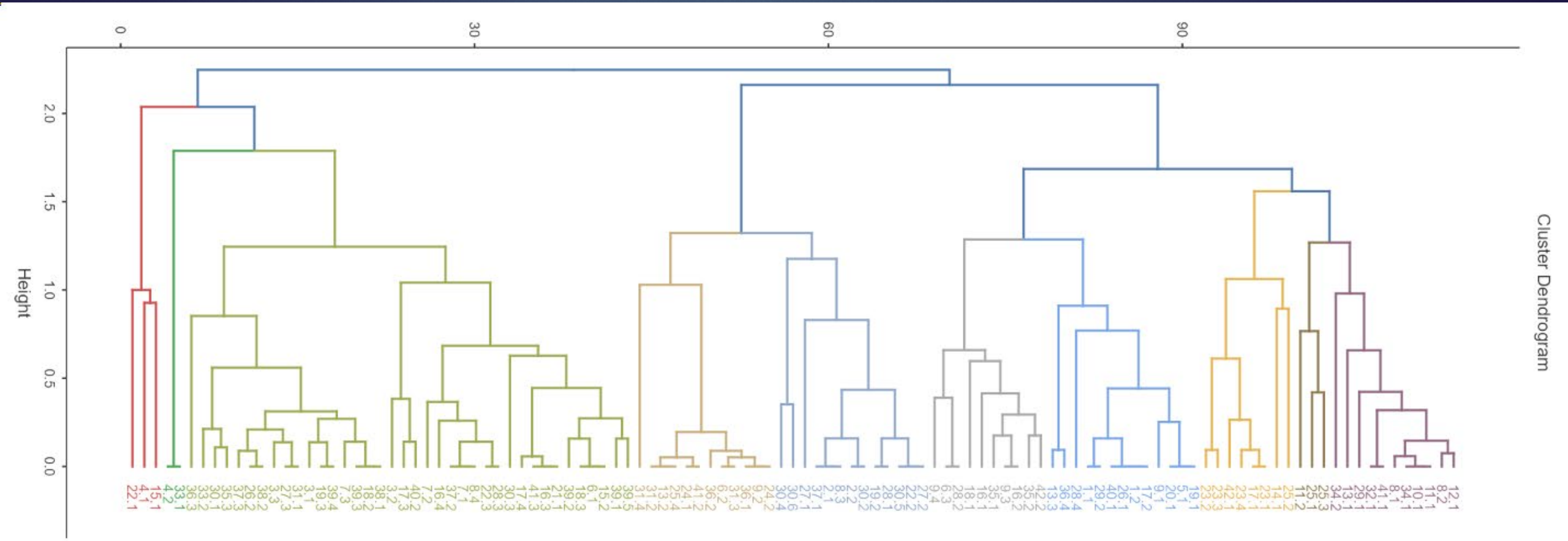
Note: $n = 42$ case studies

EMOTIONAL SEQUENCES

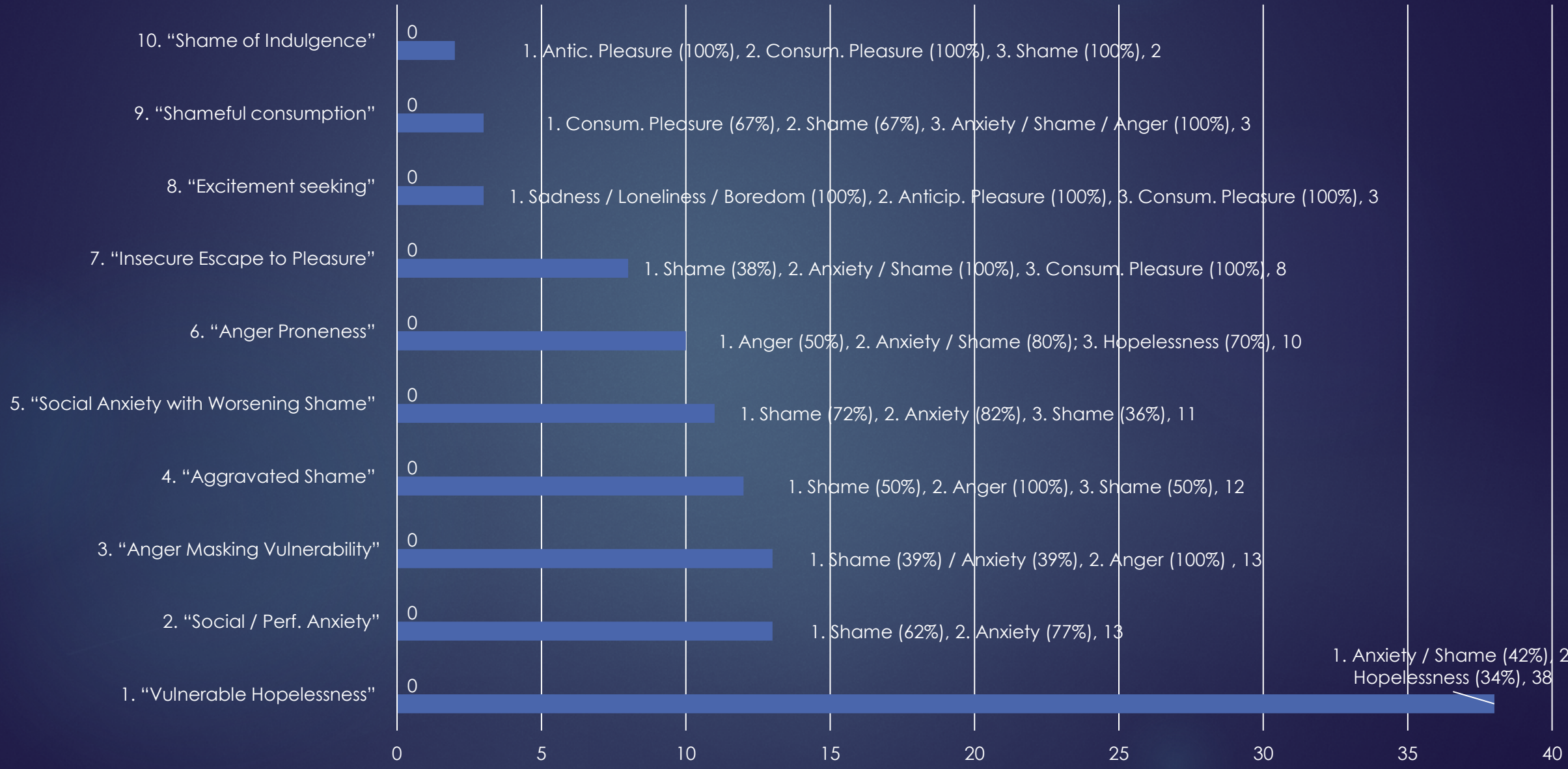


	Shame	Anxiety/ Fear	Hopel.	Anger	Cons. Pleas.	Antic. Pleas.	Sadness	Lonel.	Guilt	Helpl./ Overwh.	Frustr.	Hurt	Bored.
Quinary emotion	0	0	4	1	0	0	0	1	0	1	0	0	0
Quaternary emotion	2	4	7	2	1	0	0	0	0	0	1	0	0
Tertiary emotion	13	7	23	4	11		1	1	2	0	0	0	0
Secondary emotion	13	28	13	25	13	6	1	1	2	2	0	0	0
Primary emotion	38	22	6	11	3	7	8	5	2	3	3	3	2

HCA Dendrogram of emotional sequences
Input variables: Primary, secondary, tertiary emotion
10 Clusters



Hierarchical Cluster Analysis (HCA) of Emotional Sequences

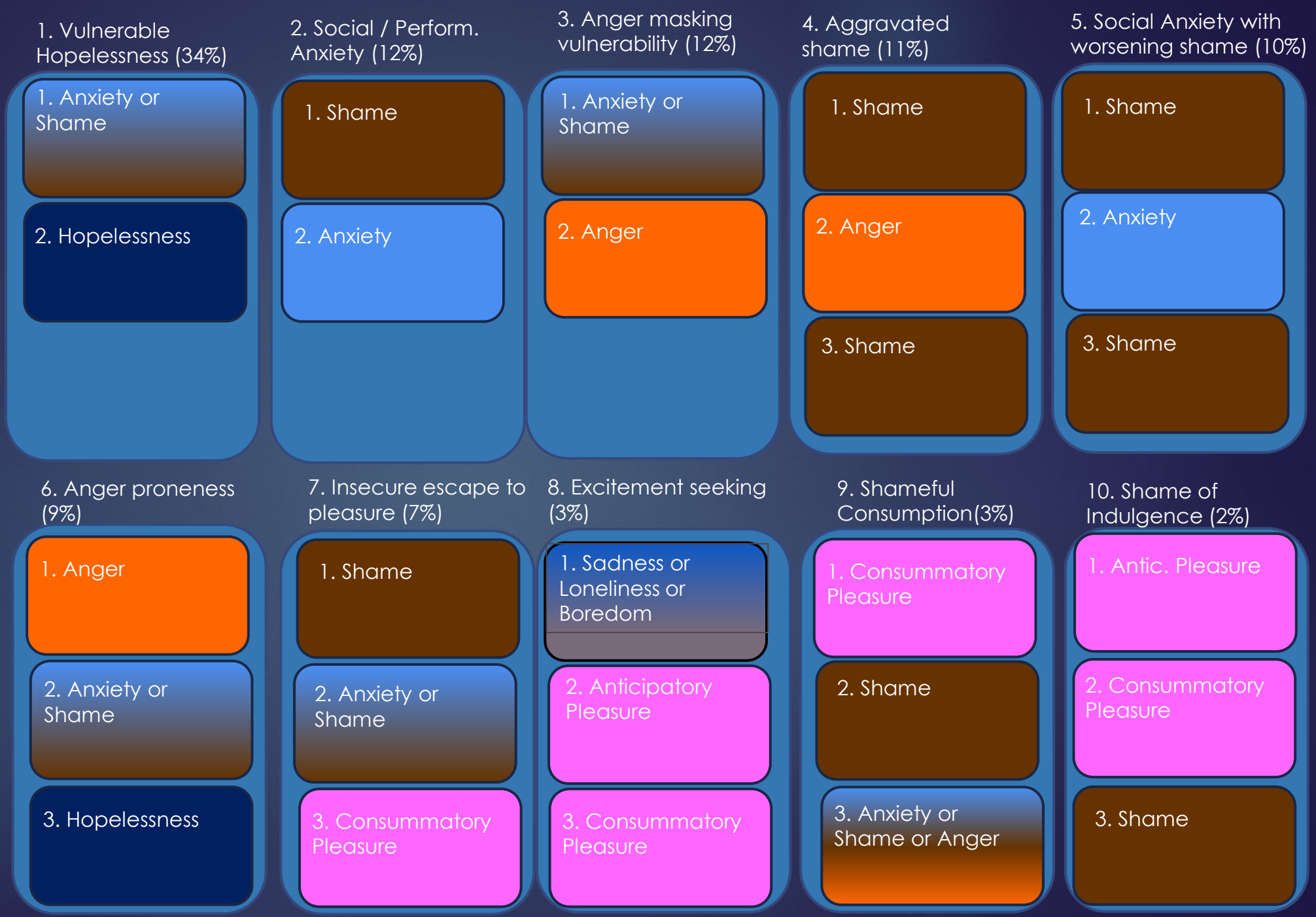


HCA of Emotional Sequences:

10 Clusters

Primary, Secondary, Tertiary emotions

Percentage of RPs in each cluster



Conclusions

- Discrete and clinically meaningful patterns identified
- Can inform:
  - the development of treatment approaches
  - individual treatment plans (with a humanistic focus!)

Many thanks!