The Carter–Jenkins Center presents

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INFANT PSYCHIATRY II.

CLINICAL APPLICATIONS
OF THE
AFFECT – BALANCE PRINCIPLE
BASED ON AFFECT REGULATION

Part Two
Consideration of Substance Abuse and Addictions

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Basic Premises

- **CLINICAL APPLICATION OF AFFECT-BALANCE PRINCIPLE means to**

1. look at behaviors in order to understand the affective dynamics:

a/ for the affects they express and/or regulate

b/ not for clinical problems the behaviors represent

c/ not as problem behaviors are to be corrected

2. look at ideations (thoughts, wishes, etc) to understand the affective dynamics

a/ for the affects they express and/or regulate

b/ not for the psychiatric problems they represent that need to be corrected

Affect-Balance Principle vs. Attachment and Self-esteem

Case of Greg, 7 – wish for other, than mother

Greg is in 1st grade. Both the school and his mother sees him as an easily agitated aggressive boy who may also have reading disability. When angry, he either goes into destructive and assaultive rages, or shuts down completely. At age 5, he was diagnosed with ADHD, bipolar disorder, epilepsy and traits of sociopathy, but no medication was prescribed.

Recently, he held a knife aimed at her mother's face while she was asleep. Then, he placed thumb tacks on the floor admittedly "to make her cry." He often punches his 8-year-old sister in the face. Yet, mother infantilizes him by bathing him and tying his shoes.

Both parents are alcoholics and cocaine addicts. When he was between 2 and 4, mother was in jail, and he lived with father and sister. Just before mother got out, father was jailed. In the intervening 2-3 months he was with his grandparents.

In my office, he was first anxiously restless, but in good mood as he calmly worked with me on paper-pencil tasks, showing interest and competence in performing the tasks – but his mother repeatedly interrupted: "sit and behave respectfully!"

Case of Greg, 7 – wish for other than mother (continued)

When asked about his behavior problems, he said he didn't like the school because "people were not nice to me" claiming that he was bullied in school and mistreated by neighbors. His mother retorted "you are lying!" This made him suddenly very angry and pointed his finger at her : "You never believe me, but others!" Then, he shut down with marked psychomotor retardation, very sad facial expression, and started to cry.

I was able to slowly re-engage him by saying I wanted to understand his sad and angry feelings to be able to help him. By now he must have sensed my genuine interest in him and that I was on his side, i.e., I believed him. This positive affective experience tilted his affect balance toward the positive and he was able to leave his cocoon and look at me.

It turned out that he has been very sad and angry ever since his mother yanked him out of his recent happy family life with his grandparents and cousins. This re-ignited his traumas of abandonments by the parents, and of multiple placements. Now that he finally had a stable home and positive affect balance, his mother again robbed him of the persons and circumstances that were good affect regulators.

Case of Greg, 7 – wish for other than mother (continued)

As we reviewed his history, he angrily called his father a "not responsible" parent, and wasn't afraid to tell mother – in my presence – that he was still angry at her, too. Clearly, he did not respect and trust either of his parents, even though his mother has been abstinent of alcohol and drugs for 3 years.

"But was there anything he enjoyed and had fun with now?" – I asked. "Big Sister"- he said. Then, he told to his mother – encouraged by my support – that he very much would like to live with his Big Sister – more than with his mother! But, most of all, he'd like to return to live with his cousins. (Mother secured for him the Big Sister, as no Big Brother was available, to serve as an emotional companion.)

Interpretation:
In Greg's presence, I told his mother that Greg's behavior problems stem from the intense anger, sadness and lack of trust rooted in his past traumatic experiences caused by parental abandonment and rejection.

I said that the task was not to focus on and punish him for his behaviors, but to show that his feelings are being understood and his suffering is respected. Thus, the task is to build a trusting and respecting relationship between her and him.

Case of Greg, 7 – wish for other than mother (continued)

Conclusion:

1. Greg's attachment to his primary caregiver was shallow, insecure and ambivalent, and he had little use for it.

2. Mother has been an unreliable, poor affect regulator who added insult to injury by punitive and non-empathic attitudes that have been harmful to Greg's affect-balance and self-esteem.

3. Yet, she was able to accept the insight offered, and showed willingness to reflect and to try to empathize with Greg. She was receptive and contrite, and owned up to her failures. She was going to discuss with the school, too, her insights.

4. This had an immediate salutary effect on Greg's mood, as he seemed to realize that I understood him well and that his mother was willing to listen to me.

5. He left in a positive affect balance with a hopeful outlook. It was possible to Accomplish this in a single session. I prescribed no medication for him.

Case of Greg, 7 – wish for other than mother (continued)

Addendum:

addiction as a maladaptive attachment is also based on the affect-balance principle

The tragic aspect of Greg's case is that his parents' alcohol/drug addiction still hurts him: father is in jail, again, and mother is still affected by it to the detriment of her mothering and of Greg's personality development.

First – as it is typical with addicts – she was primarily attached to her substances, i.e. those were more important than anybody else, including her child, that led to her abandonment of Greg.

Now that she is abstinent, and just out of jail, she again subordinates Greg's interests to hers:

- **she has been anxious about relapse due to her prior connections in the area where she lived, so she moves away – a healthy choice in affect regulation**
- **however, she also has to cope with her guilt about what she has done to Greg, so she drags him along disregarding his interest of staying in a happy family environment – as if she wanted to use Greg (i.e., her mothering of him) as an affect regulator to assuage her guilt (i.e., to feel better about herself)**

My Addiction Theory (1990)

The bio-psycho-social and developmental conceptualization of addiction is based on the Affect-Balance Principle and on the related Attachment Theory:

(1) addictions are maladaptive and pathologic attachments, because

(2) the objectively harmful substances, activities and fantasies to which addictions develop are subjectively experienced as effective and reliable affect regulators – and may be conceptualized as pathologic transitional object or phenomena

(3) distorted or unstable self-image and identity may render individuals vulnerable to addictions, or addictions may lead to distorted or unstable self-image and identity

(4) interferences with flexible, healthy affect regulation – or the loss of capability thereof in any of the domains of the Affective System (somatic, behavioral, psychological) – may lead to rigid, maladaptive choices of affect regulators

My Addiction Theory in Context

Vernon Johnson (1986) called chemical dependence as a "disease" combined with an "emotional syndrome" –

also called it a "feeling disease"

[the nomenclature is confusing, yet the content is insightful: "chemical" dependence = "emotional" dependence]

NOTE: "chemical" dependence is a biological concept
and always involves substances,
while "emotional" dependence is a psychological concept
that implies attachment
and may involve persons, objects, activities, fantasies

(continued)

My Addiction Theory in Context: Vernon vs Solyom

the affected individual goes through the following phases:

1. experiences – learns about – mood swings (Johnson) –
   recognizes that the chemical brings about a positive affect shift (Solyom)

2. seeks mood swings: starts trusting relationship with the substance (Johnson) –
   looks for the reliable and effective affect regulator (Solyom)

3. harmful dependency has developed (Johnson) –
   pathologic attachment has developed (Solyom)

4. uses to cope with withdrawal symptoms, just to feel "normal"
   masking chronic depression → anger + distorted thoughts → denial/delusions

Affect-Balance Principle vs. Attachment and Self-esteem

Case of Carol, 14 – depression and self harming behaviors

Carol, 14, Caucasian teenager has been in a therapeutic foster home the past 6 months, and is now finally motivated to "change her life." In recent years, she has been suffering from depression with suicidality and anger outbursts, and engaged in poly-substance abuse and sexual promiscuity, and was often suspended and truant from school. Yet, she has always been a good student.

"I have been lied to in my whole life" and "have not felt important to anybody," she said. "I don't trust people."

Carol was raised by an alcoholic mother and her husband, who she believed was her father and that through him she had 5 older siblings. When she was 10, her father left: suddenly she had no family and no home.

First she lived in a shelter with her mother, then she was placed with her maternal grandmother and uncle. Then, she learned from her mother that the man she grew up with was her stepfather, and that she had no biological siblings.

Case of Carol, 14 – depression and self harming behaviors (continued)

Formulation:

- **her alcoholic mother was experienced by her as an unreliable affect regulator resulting in an insecure, ambivalent attachment and an insecure sense of self**
- **she suffered immense losses by the abandonment by all of her parents and by the disintegration of her family were traumatic experiences**
- **in the state of an overwhelming negative affect balance, she couldn't count on anybody she knew for affect regulation**
- **she had to rely on herself for affect regulation, but her overwhelming sadness, anger and self-doubt compromised her judgment and impulse control (dx: major depression)**
- **the promiscuous sex and drug use gave her the false sense of being accepted and wanted**

Case of Carol, 14 – depression and self harming behaviors (continued)

(formulation – continued)

- **her early puberty, at 9, made her vulnerable to early sexual activities which became intertwined with the indiscriminate drug use**
- **in middle school, severe facial acne made her the target of bullying, which led to her aversion to school**
- **her good academic potentials could have served as a reliable affect regulator and booster of her self-esteem, but the bullying rubbed her of it**
- **her increasing distress, anger and hopelessness deepened her negative affect balance**
- **she relied more on maladaptive and harmful ways of affect and self-esteem regulation – and truancy followed**

Case of Carol, 14 – depression and self harming behaviors (continued)

Conclusion and intervention:

- she has NOT become addicted (= attached) to any of the substances or activities
- drug use, promiscuous sexual activities, truancy are NOT priorities of her treatment – because the will fall by the wayside – except for the acknowledgement of and empathy with the suffering that the maladaptive means of coping caused to her
- her motivation to "change her life" is key to setting specific goals for treatment, and her efforts need be aided by placement in a therapeutic living environment
- by learning about her abilities for healthy means of affect regulation, she will be able to develop and maintain a positive affect balance and self-esteem
- for awhile, she needs fluoxatine and trazodone medications for the treatment of depression and insomnia

Case of Tyler, 15 – depression and substance abuse

Tyler, 16, was referred for a substance abuse assessment because his mother found drug paraphernalia in his room. His grades have been declining and lost interest in previously enjoyable activities, such as playing lacrosse. He smoked marijuana 5-6 times a week, he said, to be able to cope (1) with boredom and (2) with conflicts between him, his mother, and his mother's fiancé.

Tyler was a biracial child born to his teenage white mother without support from his AA father with whom he had no contact at all in the past several years. He was rejected, and denied the opportunity to know and clarify his feeling about his father – especially now when he had to work out his own sense of identity.

<u>Formulation</u>:

His mother was insensitive to the emotional effects of the rejection by his father. He has likely felt that his mother had not valued him either. This weakened both his attachment to her and his sense of self-worth, identity and confidence. Then, his mother became involved with a white man and had a white child by him!

In his state of increasingly negative affect balance, that was partly caused by his mother, he could not turn to her as an affect regulator because he experienced her as unreliable and not trustworthy: his attachment to mother was shattered!

Case of Tyler, 15 – depression and substance abuse (continued)

(formulation)

As a bi-racial child in a Caucasian family he likely felt as a devalued alien. This made him feel angry, anxious and depressed the manifestations of which could have caused the conflicts within the family. There was nobody to whom he could have turned to help regulate his negative affects. Playing lacrosse did not help either, so he dropped it and chose marijuana for affect regulation.

<u>Treatment</u>:

- **conjoint therapy with his mother to work on his ruptured attachment to her**
- **family therapy with his mother and mother's fiancé to clarify the relationship problems and to find appropriate solutions to them**
- **individual therapy to help Tyler to find pro-social activities as his own constructive affect regulators whereby self-worth, identity and confidence would improve and he could replace his maladaptive attempts at coping with his depression ("boredom")**
- **non-using friends to occupy his leisure time**

Case of Tyler, 15 – depression and substance abuse (continued)

Outcome:

- **Tyler and his mother have learned positive affective communication skills to improve their relationship**
- **Tyler has reduced his marijuana use to about 1-2 times per month**
- **he has more energy and desire to engage in activities**
- **he returned to playing lacrosse in his school team**

Conclusion:

- **Tyler re-established a secure attachment with his mother**
- **mother now may serve as healthy and reliable affect regulator**
- **Tyler does not feel any longer as a devalued alien in the family and is able to develop a positive self-esteem and increasing self-confidence**
- **he is now able to resolve and rectify his other relationships in the family and beyond his family with confidence without the need for marijuana**

Case of Tom, 15 – substance abuse

Tom, 15, was recently kicked out of high school for assault on a staff, and locked up in the Detention Home. This made him so severely depressed and guilty that wanted to commit suicide. In my office, he was very remorseful and repentant.

He grew up in an intact AA family as the youngest, only male child. His father is an alcoholic and drug addict and mother the breadwinner and disciplinarian. In his anger, father threatens to kill Tom, while mother's threat is abandonment.

"I have been in trouble all my life." "My father told me about sex and condoms, when I was small." "I had the worse behavior" and repeated the 1st grade (but partly due to learning disabilities). In middle school, he attended an alternative school. At 12, he started to have sex with girls and by 13, he was a daily user of nicotine and cannabis, and used alcohol on weekends.

When his great uncle died of drug overdose, Tom became very sad and angry. That was a "big loss," because Tom was "very close" to him. Now he blames himself and accepts responsibility for all the behavior problems of his life, while explicitly excuses his parents from any responsibility.

Case of Tom, 15 – substance abuse (continued)

Now, he wants to change to have a "happier adulthood" and would like to go to college. But right now he just desperately wanted to go home to his mother and to see his sister who was back from college on a visit.

Formulation:

- **Tom has had an emotionally traumatic childhood: his father repeatedly has made him experience pain, fear, anger, and sense of danger and insecurity**
- **he has had a strong, albeit not secure enough attachment to his mother to be able to turn her for the relief from a negative affect balance, but he has been aware also that he has not lived up to her expectations – thus, he had to change before mother would be available to him as a reliable affect regulator**
- **autonomous affect regulation could theoretically have relied on cognitive or athletic prowess, but his cognitive limitations and failures in school prevented him from using those means**
- **he has tried to cope with his frequently negative affect balance by identifying with father through sex and drugs and those maladaptive means of affect regulation gave him a false sense of mastery and control**

Case of Tom, 15 – substance abuse (continued)

- **his first ever separation from his mother was in the Detention Home: he became overwhelmed by the fear of losing her, because she was still the most reliable affect regulator able to improve his miserable negative affect state – or: because she might indeed abandon him (?!), as she had occasionally threatened**

- **he wanted to identify with his sister to be as acceptable to mother as she has been (e.g., by saying that he wanted to go to college): this promised to be the best way to reach a positive affect balance**

- **during his traumatic childhood the most reliable and unconditional affect regulator was his paternal uncle (probably the substitute of the whished-for father); his loss severely perturbed Tom's affect balance and made him rely even more on his ineffective, maladaptive affect regulation by using drugs and pretending he could not be massed with (e.g, by the school authorities)**

Conclusion:

- **poly-substance abuse and precocious sexual activities have been maladaptive, but autonomous affect regulators**
- **he will not need those once he is committed to work toward acceptance by his mother – and thereby securing her availability for healthy affect regulation, and in the process, he will be able to increase his self-esteem**

Case of the "Alcoholic" Woman

Mrs. A. became a heavy drinker in her late 40s. She tried to hide it, drank when alone at home, but some friends happened to find her drunk. Her husband was on the road for days at a time. He also concluded that she needed rehabilitation.

When admitted to a residential program to start on the road toward abstinence, she realized she didn't belong there, and left angrily after four days. She realized, however, that she needed help and agreed to see me, the psychiatrist-addictionist.

The initial interview established the dynamics of her drinking: she was not addicted to alcohol, just wanted to get out of her helplessly depressed mood (= negative affect balance). She felt abandoned by her husband, and thus devalued. She just wanted to numb the psychic pain by alcohol.

She did not feel devalued when her children left home, since her husband stayed with her and confirmed her accomplishments and worth as a mother and a wife.

However, when her husband started to spend more time away from home, she felt that his job had become more important for him than she was. Her feeble attempts at expressing her feelings were insufficient to alert him to them.

Case of the "Alcoholic" Woman (continued)

She blamed herself for her emotional predicament. Yet, it became clear to her, too, that she would not need another drink, if her husband would have understood and attended to her emotional needs.

Once we clarified the dynamics, she agreed to bring along her husband for a conjoint session. Indeed, he wanted to understand what had happened to his wife that made her become an "alcoholic."

Formulation:

The interpretation presupposes that after her children left home, she lost the affect regulatory function of active mothering – both in terms of her accomplishments and her sense of worth and importance, i.e., in terms of her self-esteem. However, at that time she must have experienced sufficient compensatory affect regulation by her husband being at her side confirming the importance of her mothering and thereby of herself.

Later, she lost much of what her husband meant for her as an affect regulator, and her affect balance became negative by the increasing sadness, distress and anger.

Case of the "Alcoholic" Woman (continued)

She was unable to find a constructive substitute affect regulator by looking for some interests and activities, including narcissistic ones, that could have generated positive affects and thereby moved her toward a positive affect balance.

The maladaptive choice of alcohol served as affect regulator only to the extend that it ameliorated temporarily the psychic pain caused by the negative affects.

Intervention and Outcome:

My interpretation of Mrs. A.'s emotional state was completely understandable and a relief for her husband. The insight helped him to do what she needed: offering his emotional availability to her. Both left the session empowered and satisfied, and neither she nor they needed to see me any more.

Conclusion

- **she was rescued from continuing on a dead-end and deadly course**
- **by the insight, she had the tools for healthy affect regulation in future**
- **all that was accomplished in 3 sessions**

Conceptual Considerations

"brain diseases" is the new definition of substance abuse and addictions by the American Society of Addiction Medicine based on ongoing brain research,

but in the opinion of others (Noe, 2012) – me included – that is a false oversimplification

- **dopamine release increases the activity in the reward-reinforcement pathway in the brain, but that is part of all rewarding activities of non-addicted persons, i.e., it is not specific to drug-induced "high"**

- **substance abuse and drug addictions are not simply about the pharmacological effects on the brain: they enter a person's affect economy and have to be understood in the context of the life, choices and needs of the whole person**

(Conceptual considerations – continued)

- **the Affect-Balance Principle is about the workings of the affect economy of the whole person who is developing, changing and coping –**

- **the neuro-chemical processes of the brain represent the somatic domain of the Affective System through which substance abuse and addictions may become a part of the affect economy of the whole person, because there are dynamic interrelationships among the somatic, behavioral and psychological domains of the Affective System**

- **defining substance abuse and addictions as "brain diseases" is a regressive step toward reductionism that has plagued medicine in the past 50 years: the genetic-biological view of diseases led to losing sight of the person who is ill**

- **the concept of the Affective System with its somatic, behavioral, psychological domains is consistent with the holistic approach to the healing of the ill person**

(Conceptual considerations – continued)

- **dysfunctional affect regulation in infancy and early childhood (that may come about by early traumatic experiences) leads to**
  (1) disorders of attachment (= object relationship pathologies) and to
  (2) disorders of sense of self, identity, self-esteem (= narcissistic pathologies)
  and bodes ill for substance abuse in adolescence

- **secure attachments (= stable object relationships) and positive self-esteem (= healthy narcissism) in early personality development provide probably the most effective prevention of adolescent substance abuse, because they imply effective and healthy affect regulation and affect balance**

Thank you for your attention.

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THE END

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