

Alcohol Use Resembling Addiction Behavior in States of Mental Breakdown of Initial Phase of Psychotic Level Disorders Appearance

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The use of alcohol that resembled addictive one was observed in the clients who did not misuse alcohol and so more did not suffer from the alcohol addiction. The use of alcohol by them started shortly before the development of psychosis of schizophrenic spectrum and was assessed as the state of pre-psychotic mental breakdown. The search of transformational object as the primary source of alcohol motivation was discussed.

The behavior that resembled addictive realization was observed shortly before the development of psychosis. 13 clients, nine women, three men, aged 22-45 were studied. They did not misuse alcohol and did not suffer of any addiction before. In nine cases the families of the clients manifested hard negative relation to alcohol that was identified with "evil" in general sense. In their childhood, the clients on the conscious level believed in this evaluation of alcohol, but unconsciously they have internalized obviously the formula: what is so strongly prohibited must be in some way very exciting, according to proverb "the forbidden fruit is sweet". The assessment and diagnose were provided in ambulatory and clinical conditions. The addiction resembling activity appeared suddenly and was connected with the change of their mental state that in general could be characterized as an appearance of the state of mild depersonalization and derealisation that the clients have experienced suddenly or as formed during relatively short time.

All observed clients could not verbalize their morbid experiences clearly enough. They explained this impossibility by the fact that the experienced by them disorders were very unusual, odd; and that "never before something like that was happened to them". The content of the new state in some way could be compare with the state of semi-dream but, from the other side, this comparison was very superficial and did not reflect the peculiarity of the experience. Some patients tried to compare their experience with the "looking at the world through the transparent glass". The content of the depersonalization escaped also of the clear definition; however, the patients said usually that "Something happened with their emotional receptivity of themselves, other persons, and events. An awareness of oneself by oneself, and an awareness of oneself as an object of someone else's observation were qualitatively changed. These two forms of awareness of the self - implicit and explicit were closely related to each other. This experience was described as alien to the ego and as involving the element of compulsory tor-

ment. The patients perceived this new mental state very negatively and wanted desperately to find some mean for the return to their previous state.

In three patients the state of intensifying of the awareness of one's own being with the feeling of omnipotence developed shortly before the appearance of delusions and hallucinations. This state was mixed with the feeling of activation of the hidden inside them unrealized before special talents that were felt as prohibited and closed since they were yet "not mature enough", and now they became ready for "new prophetic-like realization in life". Contrary to the other cases, these patients with the feeling of an omnipotence did not experience any negative feelings and were hypomanic excited. However, in one case the patient informed that she had experienced in this state the periodical attack of feeling of the failure of the ego to cope with their intrapsychic impact. These attacks were momentarily but induced some sort of self-panic.

In the cases when this pre-psychotic transitional period releases itself progressively this last days or in two cases weeks. The persons also seem bewildered, as if something is up but it cannot be identified. There were also a temporary dissociative state in which the person was somewhat outside the self in a condition of derealisation, observing the self from a psychic distance.

The patients tried to help themselves using sport, walking, listening music, seeing video, and limiting sensory stimulation. Not all these activities had positive result. Factually, the decision to utilize alcohol was linked with the despair because they did not know any other means. They rejected the idea of communication with psychiatrists or other mental health professionals because fear of being labeling as mentally ill persons (they understood that somatic physician or neurologists cannot really help them).

Before the presence of described problems the patients used alcohol only symbolically without the symptoms not only physical dependence (loss of control, withdrawal, inability to abstain, increase of tolerance), but also without any signs of psychological alcohol dependence. In most cases, they did not remember their first meeting with alcohol in context of quality of their experiences. Three patients remembered that that their sensations were "rather bad".

The use of small or middle doses of alcohol induced not any desired effect. The mental state preserved the same or even became worse. It caused the necessity to increase the doses of alcohol to the quantity that caused the disorder of consciousness. The alcohol behavior of the patients superficially resembled the behavior of the patients with such symptom of physical dependence as "loss of control", when any dose of alcohol, even the one gulp causes the necessity to drink another dose and shortly after drunk another doses until it became physically impossible to continued of drinking.

Utilizing alcohol at pre-psychotic breakdown conditions is connected with the more general theoretical problem of the use of it as a tool for the elimination of mental disorders of various forms and levels. It is known from the everyday practice that alcohol in general is not effective for this task mostly. For example, in the case of mental disorder of neurotic level as well as in the states of depression, anxiety, obsession, compulsion.

However, Korolenko, Dmitrieva [1] have revealed that exists some exclusion from this general rule. These include the use of alcohol by introverted and avoidant persons as the mean for the elimination or alleviation of fear before the necessity of public presentation and communication with not enough acquainted persons. Alcohol was used effectively by some men who suffered of problem of sexual impotence, and as the mean of elimination of the symptoms of panic attack. It was observed that in relatively rare cases the persons with dysphoria used alcohol in big doses that caused the disorder of consciousness. All such cases led to the development of an addictive process. Authors have concluded that addictive qualities of alcohol which include euphoric, tranquilizing, imagination increasing, sociophylic effects in doses which preserve in the limits of tolerance are utilized extremely rare in cases when these disorders reached neurotic and so more psychotic level.

The observed attempts to utilize alcohol by patients in pre-psychotic breakdown states can be included into mostly unsuccessful means for the dealing with this task.

The breakdown states led in most cases after some time to the development of psychosis, and for the prevention of such possibility they should be early assessed, diagnosed, and effectively treated. Psychopharmacological treatment is usually method of choice. According to our clinical experience the orientation on the on the use of possibly small doses of neuroleptics must prevail. Bigger doses can reveal not only clinically well known side effect, but repress also the activity of the creative zone of the psyche [2] what can be very significant in this category of the patients. The negative impact of the neuroleptic drugs on the function of creative zone of the psyche in the period of the pre-psychotic breakdown should be take in account because this period for some persons may lead not only to the negative nefarious future but also includes the possibility for the opening the creative insight which transforms the personality in new positive way through widening its sphere of motivations through better knowing an unconscious of the own Self (in Jungian understanding).

The psychobiological necessary balance between positive and negative impact of the deep "collective unconsciousness", individual unconsciousness, pre-consciousness and the consciousness is very delicate. The link of the consciousness with the collective unconsciousness is a necessary condition for the vividness of the psyche, for its motivations and activities in everyday life. An absence of such link leads to the appearance of mental stagnation, developing of feeling of meaninglessness, the loss of volition and emotionality. However, the massive intrusion of the deep unconscious energy and its archetypes causes the fragmentation of the psyche and to the prevalence in its structure the content of beta elements [3] resulting in the occurrence of the mental chaos of the psychotic state.

The signs of mental breakdown can reflect both the weakness of the ego consciousness, as well as an enhance of the activity of the forces of the collective unconsciousness and their influence on the ego.

What are the precipitators of the breakdown? The most common precipitator of the breakdown is the rapid change of customary life conditions, travel, sudden rejection by a really significant partner. From point of view of Ch. Bollas and S. Bollas [4] these events "can evoke latent psychological issues and fill the space with deferred affect, usually stemming from a much deeper and more disturbing event in the self's childhood". This has effect of regressing of the psyche. Higher level functioning becomes usurped "by the psychic position of the self at the time of the originating event". In a situation when the patient, for example, cannot speak, it is most likely that the trauma now emerging has its source in the early pre-verbal period, and the content of this trauma is impossible to express in the words.

Part of what the patients know about themselves, but have never thought, is now appearing, and the self is suffering from these arrivals of a frozen memory.

All of us are composed of the unthought known. We know the world of our early childhood through unconscious experiencing. Before we have language, we lack the mental equipment to think the experiences we are having, so they are stored in non-verbal representational categories – as a flashes of light, the sound of voices. In time these composition may connect to one another and form a basis of emotional experience and unconscious phantasy.

Usually, once language has been acquired these pre-verbal self-states are transferred into symbolic order. This means that the experience of the traumatic early events will attack itself in words that will then bear their significance for the rest of life.

Two clients during the psychodynamic session rather unexpectedly informed the analyst that their attempt of the use of alcohol in some way was associated with the nostalgic desire to return to some unclear reminiscence of unusually strong "wonderful" emotional state from their childhood. This state they associated with their presence together with their parents together at the Christ-

mas table. The parents have used alcohol beverages symbolically, and nobody became drunk. Other clients did not speak spontaneously on this topic, but if the dialogue involved similar scripts, their reactions were rather positive.

Winnicott [5], Bollas [6] postulated the existence in the developing psyche “transitional objects” that stimulate its growth and the development of maturity. Some earliest mental experiences can have not only transitory function but can contribute to deep personal transformation. These experiences (objects) are transformational. Probably, the earliest transformational experience is ecstatic bliss in the period of infancy when the needs of the infant are fully accepted by very empathic mother. Such states are internalized in the psyche and preserved in changing forms during all period of life. In this context, hypothetically human must unconsciously search the meeting with transformational objects.

In this sense, the roots of an addictive alcohol desire may be grounded in the unconscious hope that alcohol can be hidden transformational object. So, the addictive motivations (not only alcoholic) can have their more deep psychobiological sources as the unconscious search for the meeting with transformational object.

An effective prevention of the development of psychosis in the described states of mental breakdown can be prevent by medication involving low dosages of neuroleptics combined, and sometimes brief hospitalization is needed. It should be considered that the pre-psychotic breakdowns have inner positive possibilities for the activation of the creative zone in the psyche. These mental conditions include often additional common sign – a “spacey” state of self; the clients staring into the distance, accompanied by the long periods of silence. The sensations of vibrant currents of energy coursing through the body, flashes of brilliant light, and floating anxiety changed into the states of short ecstasy and into the fears of impending insanity.

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