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New Bulgarian University

**INTENSIVE PROGRAMME: SPECIAL ABILITIES AND
TALENTS - PATTERNS OF COGNITIVE PROCESSES
IN PEOPLE WITH DISABILITIES**

Mentalization and Personality Organization in Heroin Addicted Patients

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I. Introduction: The Psychoanalytic Approach to Drug Addictions

- **Some introductory points:**
- Addictions: a massive social problem (30 000 heroin addicts in BG)
- 90% of Bulgarian patients with substance abuse seek treatment because of heroin addiction
- The traditional psychoanalytic skepticism regarding this field of pathology
- Relativity in the hypothesized primary role of the pharmacological substance (Dodes, 1990);
- Importance of individual psychopathology (Wieder & Kaplan, 1969);
- Addiction as an attempt to 'self-regulate' (Khantzian, 2003).

II. Personality Organization

- **Personality organization:** 'Stable, mostly unconscious and dynamically organized structure, which integrates early experiences and drive constellations' (Kernberg, 1975)
- **Drug addicted patients** are most often associated with the so called borderline personality organization
- **It is characterized by:**
 - symptoms that can be understood as neither neurotic, nor psychotic;
 - high level of impulsivity;
 - prevalence of primitive defense mechanisms;
 - pathological object relations, expressed most often by addiction or antisocial behavior
 - identity diffusion.

III. Affective Mentalization

- **The concept of mentalization refers to:**
 - a) Cognitive-affective transformation in which bodily excitation is connected to representations and words ('Classical' understanding)
 - b) Interpreting one's own behavior and emotional states, as well as those of the others, as based on mental states ('Modern' understanding).
- **Verbal Elaboration of Affect (VEA)** – a central component of mentalization
- **A clinical fact:** drug addicted patients fail in regulating and thinking about their own emotions; they have the experience that opiates help in modulating their affectivity.

IV. Research Project

- **Main assumption:** Personality organization and the quality of affective mentalization play an important role in the psychic functioning of heroin addicted patients. They can be measured by appropriate instruments.
- **Research questions:**
 - 1) What exactly is the relationship between the level of PO (its different dimensions) and the quality of affective mentalization (including different affective categories) in that clinical group and in the 'normal' population?
 - 2) Is there a general or a more specific deficit in mentalizing?
- **Goals of the research:**
 - 1) Assessment of PO in heroin addicted patients
 - 2) Study of the processes of affective mentalization
 - 3) Finding correlations between the dimensions of the personality organization and the levels of mentalization.

V. Research Methodology: Design and procedure

- **Design**

- Clinical group (N = 50): heroin addicted patients in treatment
- Matched control group (N = 50): subjects with no history of substance abuse

- **Instruments**

- 1) STIPO
- 2) GEVA
- 3) MAC

- **Procedure**

- 1) Structured interview (audio recorded): PO assessment + transcribed narrative
- 2) Segmenting and coding of the narratives
- 3) *Optional*: interviews with staff of the clinic on their impression about the patients' overall functioning in treatment + medical records

V. Research Methodology: STIPO

- **STIPO - Structured Interview of Personality Organization (Clarkin et al., 2006)**: offers guidance for assessment of the organization of personality in accordance with the theory of Kernberg (1995).
- **STIPO 1.07 measures 6 dimensions of personality:**
 - 1) Identity
 - 2) Quality of Object Relations
 - 2) Primitive Defenses
 - 4) Coping and Rigidity
 - 5) Aggression
 - 6) Moral values
- **Scoring**

V. Research Methodology: GEVA

- **GEVA – Verbal Elaboration of Affect Scale**, based on the theory of Lecours & Bouchard (1997).
- Measures the verbal elaboration of affect by segmenting and coding narratives.
- **GEVA consists of two orthogonal dimensions:**
 - 1) 4 channels of affect expression (*somatic activity, motor activity, imagery and verbalization*);
 - 2) 5 levels of tolerance and abstraction of affects and their representations: *explosive impulsivity, modulated impulsivity, externalization, appropriation and abstract reflective meaning association.*

V. Research Methodology: GEVA

GEVA: examples of categorization:

- **Explosive impulsion**
- Som1: "My ulcer was bleeding again yesterday."
- *Mot1: "I couldn't stop checking the oven again and again."*
- Ima1: "I dreamt I was losing a tooth" (unconscious manifestation of anxiety).
- Ver1: "I have to recite the same phrase over and over, otherwise something bad will happen."

- **Modulated impulsion**
- Som2: "My heart is beating so fast."
- *Mot2: "I was biting my nails."*
- Ima2: "It's the end of the world."
- Ver2: "Oh no, we're late"!

V. Research Methodology: GEVA

GEVA: examples of categorization:

- **Externalization**
- Som3: “He made me so nervous.”
- *Mot3: “It is normal to be so agitated.”*
- Ima3: “She made me feel so uptight.”
- Ver3: “One can become so anxious under such circumstances.”

- **Appropriation**
- Som4: “I felt so nervous.”
- *Mot4: “I was so agitated.”*
- Ima4: “I felt so uptight.”
- Ver4: “I was anxious.”

- **Meaning association**
- Som5: “I was nervous because I wanted my paper to be perfect.”
- *Mot5: “I was agitated because (I feared rejection).”*
- Ima5: “I was uptight because (I was intimidated).”
- Ver5: “I always feel anxious (when I have to be competitive).”

V. Research Methodology: GEVA

These are **20 possible forms** (4 channels X 5 levels), in which every affect expression can be situated. They are used for calculating a ratio for the quality of affective mentalization.

GEVA	Somatic activity	Motor activity	Imagery	Verbalization
Abstract reflective meaning association	Som5	Mot5	Img5	Ver5
Appropriation	Som4	Mot4	Img4	Ver4
Externalization	Som3	Mot3	Img3	Ver3
Modulated impulsion	Som2	Mot2	Img2	Ver2
Explosive impulsion	Som1	Mot1	Img1	Ver1

V. Research Methodology: MAC

- **MAC - Measure of Affective Contents (Lecours, 2002)**
- Based on Izard's theory of emotions (1991)
- **Classifies affective experiences in 24 categories** (e.g. joy, anger, shame, boredom, etc.)
- **Allows categorization of two affective groups:**
 - 1) Primary, universal emotions (e.g. joy)
 - 2) Secondary emotions, seen as a combination of two or more primary emotions (e.g., admiration towards the others, which can be a combination between joy, interest, love, wish and admiration towards oneself).

VI. Hypotheses

- 1) The prevailing percentage of subjects in *the clinical group will receive worse dimensional results on STIPO* compared to the control group;
- 2) Addicted patients will express their affectivity predominantly through the *motor and somatic channels* with *low levels of tolerance and abstraction of the affect and its representations*; they will receive worse mentalization overall scores compared to the control group;
- 3) *The levels of mentalization* will correlate positively with the results in the different dimensions, scored in STIPO (e.g. Object Relations);
- 4) Research subjects in the clinical group will manifest *lower levels of mentalization* in the areas of *depressive and/or aggressive affects*.
- 5) The level of PO and the quality of mentalization might predict the overall *functioning of the patient in the treatment program or the outcome of the treatment*.

VII. Significance of the research

- **Mentalization** is one of the most widely discussed topics in modern psychoanalytic research (Fonagy, 2002; Bouchard, 2008; Fischer-Kern, 2010). However, it can be seen as an ‘umbrella’ term and it is important to study its *diverse components in different clinical groups*.
- A more **systematized and contemporary psychoanalytic understanding** of the functioning of drug addicts is needed – the field is dominated by CBT and pharmacologists (Wurmser’s ‘Psychophobia’).
- The structural diagnosis (STIPO) and the assessment of the quality of affective mentalization (GEVA) could possibly help in the **choice of a therapeutic modality** (e.g. psychoanalytic psychotherapy, psychodynamic therapy, supportive therapy, etc.)
- **‘Political’ importance:** the study might contribute to the establishment of a psychoanalytic research culture in Bulgarian academic and psychoanalytic environment.

VIII. Questions

- 1. Flaws in the methodology?**
- 2. How compatible are the instruments?**
- 3. Suggestions as to how to get most out of the narratives; is it possible to introduce a qualitative/single case side to the research?**

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