

# Seeking Relief from Emotional Pleasure:

The Role of Positive Emotions in Reasons for  
Relapsing to Drugs and Alcohol in Individuals with  
Substance Use Disorders

*Jessica L. Armstrong, Ph.D.*

*Interprofessional Advanced Fellow in Addiction Treatment*

*VA – Connecticut Healthcare System, West Haven, CT, USA*

*Yale University School of Medicine, New Haven, CT, USA*

*July 29, 2018*

Yale SCHOOL OF MEDICINE



# Disclosures

Jessica L. Armstrong, Ph.D.

- I have not received and will not receive any commercial support related to this presentation or the work presented in this presentation.

# Presentation Overview

- Introduction
  - Background & significance of focus on emotions, substance use, and relapse
- Description of Current Study
  - Design & procedure
  - Qualitative data analysis & results
- Conclusion
  - Clinical implications
  - Future directions

# Introduction



Yale SCHOOL OF MEDICINE

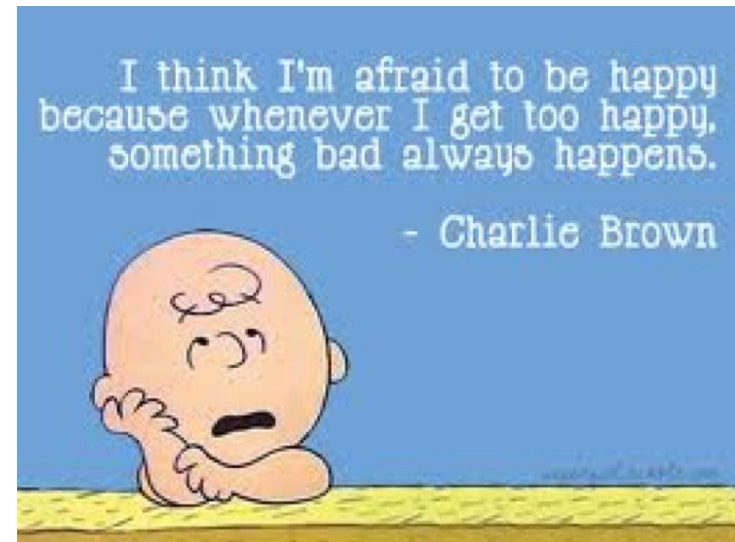


# Background & Significance

- Substance use disorders are chronic, relapsing conditions (McLellan, 2002, Meyers & Dick, 2010)
- Strong negative affect and distress tolerance generally related to SUD outcomes (Daughters et al., 2005)
- Evidence supports the role of negative emotions in predicting substance use and relapse (Sinha, 2001, 2007, 2008)

# Research Question

- What is the role of positive emotions in relapse behaviors among individuals receiving inpatient SUD treatment?



# The Current Study

Yale SCHOOL OF MEDICINE



# Study Aim

- To examine motivations for and perceptions of relapse experiences to drugs/alcohol prior to entering treatment.





# Study Design

Yale SCHOOL OF MEDICINE



# Methodology

- Thematic analysis of qualitative data
- Collected from larger, mixed methods study
- Conducted in one sitting, met with participants for about 60-90 minutes



# Participants

- Sample
  - $N = 30$
  - Men ( $n = 21$ ) and women ( $n = 9$ ) in inpatient SUD rehabilitation unit
  - Recently completed medical detox

# Procedure



- Data Collection
  - Data were collected through self-report measures and personal interviews
  - Data were collected between 2014-2015

# Measures

- Demographics
- Diagnostic Information
  - Derived from Electronic Medical Records
- Qualitative Interview
  - Motivations and perceptions of relapse

# Semi-Structured Interview

## ◉ Relapse Experiences

- ◉ Can you describe what happens in relapse for you, in your own words?
  - ◉ Prompted for thoughts, feelings, behaviors when not provided in initial response
- ◉ When does the relapse start/end?
- ◉ Asked directly why they think they used at the time

# Results



# Demographics ( $N = 30$ )

- Age:  $M = 42.4$  ( $SD = 11.12$ , range = 28-70) years
- Gender: 70% Men, 30% Women
- Race/Ethnicity\*:
  - 65% Caucasian
  - 15% Latino/a
  - 10% African-American
  - 10% More than one race/ethnicity





# Reasons for Relapse

- Internal reasons for relapse identified by all (100% of participants) – need to flee from strong emotion, including both positive and negative emotions
- External reasons for relapse (e.g., running into former dealer) identified by 40% of participants
- Complex interplay of internal and external factors identified by many participants

# Results

- Thematic analyses revealed that:
  - In 30% ( $n = 9$ ) of the interviews coded ( $N = 30$ ), participants described the negative role of positive emotions in their experience of relapse.
  - For these individuals, substance use ultimately functioned to “relieve” participants of the discomfort of feeling good.

# Positive emotions as trigger to use:

- “And this- the last time I relapsed, like I said it was another, **happy day, good day**, went and got the bottle.”
- “...it was the **best time in my life**, I was **actually happy** and stuff, and... I initially threw it away”
- “It happens a lot if I get angry, or **too happy**, I’ll **wanna celebrate**, or you know, **wallow in pity** or something.”

# Positive emotions leading up to use:

- “...if I’ve had any length of sobriety, generally, **if my health is improving, I’m physically feeling great...** but like, the **euphoric waves...** honestly the moments, like the hours **leading up to when you actually use are actually more euphoric** than the actual- than any of the using that comes after.”

# Mixed feelings during the relapse experience:

- “I feel a lot of **guilt**, and then at the same time you **feel excited**, because you’re gonna **get your love back**, the boy, you know, or the girl. And you **feel shamed**, you **feel sneaky**, you **feel like you’re getting over** and you’re really not, you’re only hurting yourself. And sometimes **you’re almost happy**, because **you’re back in your element again.**”

# Results

- Deserving of suffering:
  - “I’m **not, supposed to be**, you know, **happy and successful... or I don’t deserve it**”
- Avoidance of positive emotion or experience was central to stories of relapse for many these individuals

# Results: Summary

- Themes regarding the negative function of positive emotions were highlighted in 30% of participant interviews
- Evidence of complex interplay between emotions, perception of emotion, and substance use
- Avoidance of and discomfort with positive emotion or experience was central to stories of relapse for these individuals

# Conclusion





# Study Conclusions

- Participants described both their internal experience and their evaluation of this core affect as key contributors to relapse.
- Experiences with emotions were described by participants as consistent with scales of valence (e.g., good or bad emotion) and arousal (e.g., activated or deactivated).

(Feldman Barrett, 2012)

# Study Conclusions

- Important to evaluate our assumptions that helping clients to feel good or happier is adaptive in recovery
- Important to consider how clients experience and evaluate their emotions in relation to their substance use
- Context matters!

# Limitations

- Missing data
- Outcomes
- Small sample/cell sizes
- Measurement issues

# Study Conclusions

- Implications for policy & practice?



- Much focus is on management of “negative” emotions in recovery/to prevent relapse
- ACT-consistent interventions can help clients to “get better at feeling” instead of simply “feeling better”

# A Moment of Gratitude...

- Dr. Kathleen M. Palm Reed and lab mates from Clark University where this work was completed
- AdCare Hospital in Worcester, MA
- Colleagues at VA Connecticut in West Haven, CT, and at Yale Medical School in New Haven, CT





# Seeking Relief from Emotional Pleasure:

The Role of Positive Emotions in Reasons for  
Relapsing to Drugs and Alcohol in Individuals with  
Substance Use Disorders

Jessica L. Armstrong, Ph.D.

[Jessica.armstrong@va.gov](mailto:Jessica.armstrong@va.gov)

[Jessica.armstrong@yale.edu](mailto:Jessica.armstrong@yale.edu)

