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BETWEEN PAIN AND HOPE: DRUG ADDITION IN THE HISTORY OF WOMEN IN REHABILITATION FROM THE PSYCHOANALYTICAL PERSPECTIVE

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Abstract: Currently, there is a worldwide growth of drug addiction. In Brazil, in 108 major cities, 22.8% of participants use illicit drugs, such as marijuana, solvents, cocaine, orexigenics, anorectics and others (CEBRID, 2005). This increase occurred significantly in developing countries mainly due to poverty, low educational adherence and social marginalization. It is a multicausal phenomenon that needs to be addressed by public policies that contribute to health promotion work. In the literature, two main models of treatment predominated: the medical/hospital-centric and the moral. However, other ways of intervening with psychosocial rehabilitation have been presented as: clinical therapies; data reduction, mutual-help groups; the matrix groups, as well, as works involving art. In this context, the present work is inserted, aiming to investigate drug addiction and its interfaces with the social, emotional and psychological aspects of women undergoing drug addiction treatment. This is a qualitative study, with the application of semi-structured individual interviews with 8 volunteers. The interviews were recorded, transcribed and analyzed according to thematic analysis. Among the results, the experience of representative losses in childhood, domestic violence and alcohol or drug abuse by parents stands out. Adolescence is marked by early negative love experiences and the beginning of drug use. The women claimed to seek the drug to alleviate their suffering. They suggested feeling afraid of the past and, concomitantly, indicated repetition of disaffection and social distancing in adult life. They show hope for a cure/rehabilitation, but believe they carry the consequences of their stories in their bodies. From a psychoanalytical perspective, these results suggest a set of social and family factors that affect emotional development in its initial stages, compromising important acquisitions

for a healthy path. It is considered important to align health work strategies that may prove to be sensitive and effective, respecting the complexity of this demand.

Keywords: Drug Addiction, Psychoanalysis, Rehabilitation

INTRODUCTION

The drug addiction phenomenon has grown globally. In 2021, there was a significant increase: “[...] 275 million people use drugs and more than 36 million suffer from disorders associated with drug use” (UNODC, 2021). Measures have been implemented, among which Ordinance N°. 2,197 by the Ministry of Health of Brazil, for the care of users of alcohol and other drugs. In its 4th paragraph, item I, users of alcohol and other drugs and their families are offered welcoming, comprehensive care (therapeutic / preventive practices / health promotion / education / psychosocial rehabilitation) and encouragement of their social and family integration (MS, 2010).

Between 2010 and 2019, the number of Brazilians who use drugs increased by 22%, partly due to global growth, highlighting the importance of looking at the harmful results of drugs on mental health, reaching young people, adolescents and adults (UNODC, 2021).

Occurrences were recorded not only in large urban centers, but in small towns, in addition to a large increase in drug consumption in developing countries, recorded during the period 2000-2018. Poverty, little education and social marginalization continue to act as factors that increase the risk of disorders associated with drug use (UNODC, 2020)

With regard to treatment with drug users, Ribeiro and Fernandes (2013) point out the existence of two traditional models that guide therapies in mental health institutions, which are referred to as: the medical/hospital-

centric model and the moral model. following a religious bias.

The first model observes drug addiction as a psychopathological problem emphasized in the biological and organic, having as treatment pharmacological therapies in order to cure the user, which is equivalent to the user abstaining from drug use. The second model proposes that the user becomes abstemious, adapting to the behavior desired by the institution and, thus, achieving a cure (RIBEIRO, FERNANDES, 2013).

However, it is also found in the literature on therapeutic communities (TC) created for SPA users, as alternatives for their rehabilitation treatment. These are sought by subjects who often feel socially rejected and by the scarcity of institutions dedicated to treatment (RAUPP, SAPIRO, 2008).

In the meantime, there is the intervention of public policy through ANVISA, to regulate the form of Treatment and Recovery for people with disorders arising from the use or abuse of psychoactive substances, determined by Resolution No. 101 of 2001, which considers Law No. 6,368/76 in its chapter II. This regulation seeks to define functions, sectors and professionals necessary for the smooth progress of drug addiction rehabilitation in extra-hospital spaces, as well as defining an interdisciplinary position among existing treatments, taking into account the patient above the ideological prejudices created by this or that bias that proposes to act together with the SPA user subject (ANVISA, 2001).

OBJECTIVE

Investigate the drug addiction phenomenon and its interfaces with the social, emotional and psychological aspects of women undergoing rehabilitation treatment.

METHODOLOGICAL COURSE

The present work is linked to the master's

project entitled "The theater as a practical instrument for health promotion: a proposal for acting through the body from a psychoanalytic perspective", carried out in the Professional Master's Program in Institutional Mental Health Practices at Universidade Paulista, headquartered in the city of Ribeirão Preto/SP. The project was approved by the Ethics Committee (CAAE:59292422.0.0000.5512) and is in progress. Its main objective is linked to the elaboration of a work strategy linked to art, specifically to the theater.

This is a qualitative research, whose methodological arrangement makes it possible to understand the phenomenon of drug addiction, with emphasis on the investigation of the use of theatrical dynamics, focused on expression through the body/movement, as a group technique for promoting mental health. Theatrical dynamics aim to facilitate the expression/contact with sensory, emotional and psychological elements that emerged during their practice, which carry significant content to be discussed a posteriori, with patients undergoing drug addiction treatment.

For this purpose, semi-structured interviews with women institutionalized for drug addiction treatment were used as data collection instruments for the study. Then, 5 meetings were held to apply theatrical group dynamics.

It must be noted that, in this work, only the results obtained from the interviews will be used. These interviews were composed of questions about the patients' life history, drug addiction and mind-body relationship. On a date and place previously established between the management of the rehabilitation institution, the researcher and the volunteers, individual interviews were carried out. At the beginning there were 15 volunteers, only 6 were finalized, transcribed and analyzed according to the model proposed by the Thematic Analysis (SILVA, BARBOSA, 2022).

RESULTS

From the analysis of the individual interviews carried out with the volunteers undergoing chemical rehabilitation treatment, it was possible to choose categories that represent the life experiences, emotional conflicts and psychological phenomena presented in common by them. These suggest significant psychodynamic aspects that have been discussed in the light of psychoanalysis.

CATEGORY 1. NEGATIVE CHILDHOOD EXPERIENCES

The interviewees reported traumatic childhood experiences, marked by losses, domestic violence and/or parental negligence regarding basic care. In addition, most also reported memories and experience with alcohol and drugs since the beginning of life, because their parents were chemically dependent. Below are examples illustrating such experiences:

E2 – “... I lost my father when I was eight years old... my father separated from my mother...”; “... and I still remember my father who had a dagger here like this, in my mother’s belly, saying that he was going to kill her out of nowhere”; “... my father drank, you know, so he was very violent”.

E6 – “As far back as I can remember, my parents already drank, then I would take the foam from the beer and start putting it in my mouth...”; “... then my mother put me in the orphanage ... she put me in another one, and the two of us were always drinking”; “... then she would give me to one family and give it to another until I fell into the world, aged thirteen”.

It is possible to infer that these women were not properly welcomed, causing them to only react to the environment in which they lived. Vorcaro and Lucero (2015 apud CÉFALO E SANTOS, 2017, apud GATTÁS, 2023, p.12) state that “The baby must begin

his relationship with the world existing and not reacting”. In this perspective, Winnicott (1945, apud GATTÁS, 2023, p.12) stated that “...without coziness, lullaby, holding, he does not satisfactorily develop the emotional and psychic aspects, equally important for him to be able to be in the world”.

Bion (1991, p.40), in turn, argues about experiences: “Not experiencing them coexists with the impossibility of rejecting or ignoring stimuli”.

SUBCATEGORY 1. 1. LOSSES AND GRIEFS: PARENTAL MARRIAGE SEPARATION AND DEATHS

Childhood stories were marked by tumultuous emotional moments, some from an early age, in the face of their parents’ marital separation and death. Thus, the experience of losses and mourning, both concrete and abstract, emerged throughout the interviews, as illustrated below:

E1 – “... despite my father and mother having separated ten times, coming back, many fights...”.

The experiences of losses suggest not only facing the expected mourning process in a healthy way, but also the loss/death of hope in the “children” (interviewees) for not being able to smile and, therefore, showing themselves to be fragile, with difficulty to perceive the other (their parents) as different from themselves (SPITZ, 1979). From this perspective, one can infer the possibility that the interviewees developed an excessive projective identification in their psyche when they experienced hopelessness in childhood, and, for which it is suggested that they experience great confusion between self and object because they have projected their self onto this object. split (KLEIN, 1957/1974).

Klein (1957/1974, p.224) states that “this is accompanied by a weakening of the ego and a serious disturbance of object relations”.

Suggesting, this way, a late psychic-emotional development and difficulty in maintaining a healthy ego that could repress and indicate the birth of the self by separating from its unconscious (SPITZ, 1979).

In this regard, Winnicott (2012) stated that the healthy psychic development of the subject depends on the importance of reducing the subjective phenomena in him, raising the objectively perceived “non-me” elements, in order to establish an I “that is physically contained in the skin of the body and is psychologically integrated” (WINNICOTT, 2012, p.113).

SUBCATEGORY 1.2. VIOLENCE: EXPERIENCE OF VIOLENCE

E3 – *“I was abused by my uncle from age seven to ten...”*.

The violence suffered by women during some period of their lives has been studied as an aggravating and decisive causal factor, as accuses research carried out in Spain, on the main reason for their abuse of alcohol and drugs. The study of psychological abuse events, including physical abuse and sexual abuse committed against them, are relevant factors for understanding the complex phenomenon of drug addiction among the female population (LUCCHESI; CAIXETA; SILVA et al, 2017).

From a psychodynamic perspective, it can be inferred that such experiences hinder the development of the ego, suggesting a cleavage: “a cleaved ego [...] capable of producing only precarious representations, as it loses its functions of synthesis. Introjection, which allows the inclusion of representations and associations in the psyche, is prevented” (FUCHS; PEIXOTO JÚNIOR, 2014, p.166).

Klein (1971 apud SILVA, 2020, p.141) stated that only “positive experiences are capable of counterbalancing these internal beliefs that the object is lost, due to fantasies

of destruction”. In this sense, Winnicott (1958/1990 apud SILVA, 2020) defended the importance of the mother’s identification with the baby to offer her the necessary holding, so that “over time, by being able to introject the mother, support of the ego, the baby becomes capable of being alone” (p.139), thus feeling safe.

However, if there are no such positive experiences - as read in interviews with chemical rehabilitation patients - the baby will have difficulties in identifying with the good object, becoming frustrated with the establishment of an object within his ego that would provide him with security and less destructive drive (KLEIN, 1971 apud SILVA, 2020).

Another traumatic childhood event, observed in the interviews, concerns the so-called “Terrorism of suffering”, which describes the child in a substitute activity for the maternal function, assuming the role of caregiver of the mother’s offspring (FERENCZI, 1933/1992 apud FUCHS; PEIXOTO JÚNIOR, 2014).

E4 – *“Yes, I had a rather difficult childhood... my father and mother had to work and then we had to take care of each other”; “... I had to take care of the little ones, you know. It’s always been like this, taking care of the little ones”*.

When the child assumes the role of caregiver early, Ferenczi (1933/1992 apud FUCHS; PEIXOTO JÚNIOR, 2014) considers such a pathological mechanism, traumatic progression, one of the possible reactions to trauma or psychic shock. In addition to this mechanism, put into action in the face of the deep division of the ego generated by the traumatic experience, the child can regress to an earlier phase, in an attempt to make such an experience non-existent.

CATEGORY 2. ADOLESCENT EXPERIENCES

The phase of adolescence addressed in the interviews was marked by experiences common to this period of the life cycle, linked to sexuality, first love experiences and the beginning of occupational activities; however, reports of a negative connotation were brought to these experiences, referring to precocity and lack of preparation for a healthy confrontation of them. It was also highlighted that this was the moment when they started using alcohol and drugs. Below is an example of a report:

E3 – “... *I started drinking when I was twelve, smoking cigarettes when I was thirteen and, always drinking like a teenager...*”; “Yes, when I was twelve, thirteen years old I already discovered my sexuality... *I’m homosexual... to run away from home... I married a man... he was eleven years older...*”; “... *I got pregnant when I was sixteen...*”.

Winnicott (1956 apud LEVISKY, 2017, p.169) points to the importance of the role of parents during adolescence, by offering welcome and directions that can help them create affective bonds and creative mental spaces, complex processes that contribute to the development of creative potential, resulting in multiple unconscious languages as forms of expression of symbolic and functional representations of the psyche, in search of personal and collective achievements and pleasures.

However, “[...] in a family where the parents are absent, are silent or, worse, indifferent to the voices of its members, acting in a repressive way, the delinquent act and the destruction of the subject are encouraged [...]” (LEVISKY, 2017, p.169).

Winnicott (1962/1983 apud FUCHS; PEIXOTO JÚNIOR, 2014) regarding how a teenager can feel living with amoral parents, stated that “disintegration takes us to very primitive states and to unthinkable anxieties. Failure to provide adequate care leads to

disintegration rather than a return to a state of non-integration” (p.171).

SUBCATEGORY 2.1. EARLY MARRIED OR LOVE LIFE

The experiences lived at the beginning of love and marital life were precocious and reported as negative experiences or without affection. Partners were described as people who showed violent behavior or drug addiction. The following quotes illustrate:

E5 – “... *I started dating when I was sixteen... a guy who is already dead today, he was a robber...*”;

E6 – “...*at thirteen. Then I was raped by twenty guys...*”.

Faced with aspects arising regarding early and conflicting marital and love life, Bittar (NAKANO, 2011) states that intra-family problems are decisive for the occurrence of these factors. Physical aggression between parents witnessed by the children, family environment involved with alcohol and drugs, sexual abuse committed against the child by the father or close people, social situation of extreme poverty and violence, losses due to death or separation of parents, neglected care and experiences of living in an orphanage distancing themselves from or disconnecting from home, are factors for adolescents to seek drugs as a way of dealing with disappointments, as an unconscious attempt to resolve their traumas.

When raising, therefore, the issue of relational conflicts in adolescence observed as coming from insufficient environments for the subject’s survival from childhood to puberty, one perceives the negative factor described by Green (1993/1997). The author stated that in his development along with relationships for traumatic reasons that influenced his entire psychic structure, becoming immunized to the appearance and/or disappearance of the object, which makes it no longer representative

to cause the teenager to repudiate the negative, but making this negative trait characteristic of his relational experience as a subject.

This denial can be seen from Winnicott's assertion (2019) when referring to a case study related to aspects of a patient's fantasy, saying about the negative trait that arises in the child from failed parental relationships because they are not available to her; which says in her report "All I have is what I don't have" (p.49).

Winnicott (2019) stated that the subject will use the negative as a means of transformation and last defense against all things, using the negative as the only positive for his life.

It can be inferred, according to Matheus (2012), that the adolescents described by the interviewees live in an antagonism of their instinctual forces, in the face of the inconsistencies and tensions caused by the environment and its (dis)organizations, which imputed to them to live together in a social body that aspired to belong and resemble, while in a young body that sought to understand itself in the face of narcissistic and sexual impasses, positioning itself next to a real non-symbolized society.

CATEGORY 3. CURRENT PREVALENT THOUGHTS AND FEELINGS

Participants who experience drug addiction reported being optimistic about the hope of rehabilitating themselves, as well as accused thoughts that indicated a great desire to return to their homes, as well as to reconnect with their families. In addition, they mentioned feelings and emotions that demonstrate anxiety and guilt as a result of their lives of chemical dependency. Below are examples illustrating such experiences:

E3 – "I think I'm in a great moment..."; "...I'm getting closer to my father, my daughter..."; "...the turning point of my life, God willing";

E6 – "I think that now I'm going to live for

the first time..."; "... enjoy my life normally, enjoy it healthy... not with drugs and drink!"; "Ah, I have a lot of willpower to have my things..."

When talking about negative thoughts and feelings expressed by the interviewees, I think it is first important to understand these through a quotation from Freud (1996/2006) who says that thoughts manifest themselves both unconsciously as an idea and in order to be linked with verbal representations, thus, stating that the idea is thought in motion and once attention is paid to it, it becomes the idea itself, acting through words that contain affect.

As for the feeling, Freud (1996/2006) inferred that it is a matter of sensory perceptions received externally and internally and that manifest themselves consciously and unconsciously, however, without any binding link to achieve their manifestation consciously, so that for Freud, the feeling is the part of the psychic dynamics that manifests our emotion, affecting the subject directly.

So that Freud (1925/1996/2006, p.197) when saying about the "special psychic function, attention" will punctuate this as an essential activity for the subject to reach meaning along with the fluency of institutional drives generated emotionally as much as perceived as ideas that denounce the thoughts in motion, thus being able to elaborate them and, consequently, help the subject to transform.

In this sense, some excerpts from the interviews are worth highlighting for expressing an intense desire to get out of the displeasure that drug addiction put them through, such as: "Today I think about moving on with my life" (E2); "I think I'm in a great moment..." (E3); "My main thought is... fight..." (E4); "I think now I'm going to live for the first time..."(E6).

In this sense, in order to understand desire as an expression of displeasure existing in the subject, Freud's statement (1925/1996/2006) is

considered about displeasure always requiring a greater discharge of energy by impelling the subject to change in search of of pleasure.

On this subject, the displeasure makes me infer about the cry for help that was found in each word expressed as the subject's proposal to remain hopeful in his continuing "being", to which Bion (apud Marra, 2017) commented on the suggestion the proposal to introduce "faith in what will come with the analytic experience [...]" (04).

As observed in the participants' speeches: "I feel very anxious, anxious..." (E1); "I feel a lot of guilt... the drink... taking away so much"; "It's no use, you also fight and don't win" (E4); "... because I'm older, forty-three, I'm tired" (E5), that they describe being in an anguishing intimate movement that suggests lack of protection and concomitant fear of going bankrupt, perhaps because they bring with them "revivals" of abandonment of which they feel difficult to transform their concrete figures into abstract ones, to which Bion (1991) said if dealing with beta-elements that make it difficult for thinking/feeling to become unconscious, thus preventing repression and, likewise, learning that would help to reduce their anxieties and guilt.

SUBCATEGORY 3.1. POSITIVE AND NEGATIVE FEELINGS

It can be seen from the participants' statements that they feel very sensitized by past occurrences and that they were representative (ideas), but not thought of. Since they suggest lines that contradict each other between feelings that are said to be positive and hopeful and feelings that are revealed to be negative and fearful. Below is an illustrative statement:

E5 – "I'm thinking positive, I think because of my age too, you know"; "I missed a lot in my life..."; "Anxious, anxious to see the result of all that will happen..."; "Yeah, I'm afraid of denial, you know!"; "If I start dreaming about being

active or taking drugs, I don't want to go back to sleep [...] the nightmare comes back [...] I stay awake... scared!"

According to Klein (1981), acting sincerely with the child is a factor that protects him from thoughts contrary to repression, contrary to the replacement of instinctive or sadistic tendencies by affection, contrary to repression of associations of repressed ideas, to which this can lead to destruction of emotions, thoughts and, which in turn produces in her a deep sense of emptiness and fear.

This emptiness that makes that child feel voraciously hungry, forcing him to insatiably feed (introject) beyond what he needs, in order to destroy that object that made him hungry (KLEIN, 1974); fear that is suggested to indicate anger, making the child feel terribly distressed and confused by having to deal with the truth that is presented in front of him, through the reality that is shown in his environment, both external and internal (KLEIN, 1981).

This way, the patients' speeches about emotions that were presented and described speak of feelings that are contradictory between idealizations and realities, may be associated with a feeling of loneliness. It is an attempt to manage the failures and losses described by Klein (1971 apud SILVA, 2020), Winnicott (2012) and Bion (1962/1990 apud SILVA, 2020), about the difficulty that occurred between subject-caregiver and caregiver sufficiently present and welcoming (SILVA, 2020).

CATEGORY 4. HISTORY OF DRUG ADDICTION

A conflicting and growing behavioral pattern was observed with regard to the use of alcohol and drugs among the participants, which led them to the difficulty of perceiving and reflecting on their attitudes and on themselves, that is, individuality. This way,

leading them to the subjugation given by an unhealthy and destructive conditioning from actions that at first appeared as attempts to overcome intense emotional frustrations, becoming, however, perverse and imprisoning actions against themselves. The following is a statement that justifies this opinion:

E3 – “... *I was always the one who drank the most... I made the drinks, the caipirinhas, so I ended up drinking more... now looking back... my exaggeration*”; “... *the real chemistry I met is the ace, I smoked marijuana twice [...] what I had the most contact with was alcohol [...] it will be 28 years since I drank*”;

E5 – “*Oh, I was always in the middle, but I never used it. Once out of curiosity I asked to let myself be used and I used it and I liked it*”; “*Then there was marijuana, after marijuana came cocaine, after cocaine came crack*”.

Based on the stories of women addicted to drugs who claim not to have any adequate parental identification with the good object, Câmara (2012) said that they pass themselves off as individuals with drugs who suffer psychological trauma on the first encounter, becoming addicted as victims of an encounter traumatic of themselves and determined by primitive experiences that did not reach meaning, presenting a structure that limits their choices, thus placing them in a rhythm of constant repetitions.

In this context, the idea of an incipient “I” stands out, as postulated by Heimann (1986), portraying the history of the interviewees who speak of deficiency in their healthy development due to the fact that their concrete experiences given by the outside world have not been experienced and abstracted, producing representative disarrangements in their functional psychic structure (BION, 1991).

Heimann (1986) pointed to the importance of the necessary and proper functioning of the mechanisms of introjection and projection,

which are fundamental for the construction of the Self. Studies on drug addiction denounce the presence of intense narcissistic relationships in the subject involved with psychoactive substances, suggesting that, due to this, he feels omnipotent with the “thing” and, this way, becomes a thing (Kessler, 2003).

FINAL CONSIDERATIONS

In this article, in order to understand the social, emotional and psychological aspects that occur among women who experience drug addiction, the existence of parental and/or family negligence from an early age was considered, making it difficult for them to have a healthy emotional development. them, followed by continuous representative losses arising from the socially unstructured environment, which caused these women to lack hope and “smile”, thus indicating a delay in the development and support of the ego against the forces of the unconscious. It was also observed that psychological, physical and sexual abuses occurred, which resulted in the fragility of the ego due to feeling constantly invaded, which generated great fear in them of introjecting positive experiences living divided, not allowing them to see themselves free from feelings of annihilation.

It was noted that these women have gone through disaffected and destructive love relationships, which made them persistently give up on themselves, disabling them of the possibility and hope of involvement and directly, this being a factor that corroborates in keeping them at bay. margin of social life through delinquent acts and self-destruction. It was also noticed that these women surrendered to the denial of the distressing objects themselves, starting to accept them without resistance because they no longer feel them as representative and relevant since they live in a hopeless world.

It was observed that the participants

conflicted through thoughts that put them between the possibility of the speech of improvement, as well as with the sensations of what they lived and, therefore, “reliving” their anguish brought by the memory of the constant cornering, a feeling that reinforces the idea in these women of living imprisoned in a cell of non-sincerity, that is, in the denial that made them keep close to the same imprisoning and destructive object without noticing that it was what they did not let them think to elaborate; the failure in the mother-

infant relationship was also considered to be a determining factor for such incarceration.

From what we can conclude, there is an intense narcissistic impulse and omnipotence among women addicted to drugs, generated by a constant attitude of denial of addictions and their own pain, which put them in greater disorganization in life than those they already brought with them due to their insufficient and destructive environments., reported by their stories.

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