Substances abuse, twilight consciousness and basic symptoms: a psychopathological perspective

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Abstract

A particular consciousness state, the twilight state, is the psychopathological synonym of the experience disorder which Addicts call "high". This twilight state of consciousness is the borderzone between substances effect and early Psycosis. Twilight state is already an intermediate phaenomenon, between basic symptoms and final phaenomena. In subjects with psychiatric vulnerability substances polyabuse enhances the transition between basic symptoms to final Psychosis. In this paper, the psycopathological perspective by Jaspers, Schneider, Huber, Gross, Sullwold and Klosterkoetter, based upon FBF Inventory, allows us to describe a form of atypical Psychosis in Addicts, which is called by the author "Basic Psychosis". "Basic Psychosis" is a mental condition characterized by "Basic Stages", even without final psychotic evolution. In this case Addicts who do not meet the criteria for Psychotic Disorders but nevertheless continue to feel overwhelming psychological symptoms (i.e. Basic Stages) tend to increase substances abuse in order to cure themselves, until they develop final Psychosis. The interest of this paper aims to recognise this "Basic Psychosis" in Addicts.

Key-words: Basic Psychosis; Twilight State; Substance Addiction and Psychosis; Atypical Psychosis.

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I. Introduction

Nous attendons le lever du soleil une bonne demi-heure. Le soleil se levait en face de moi; toute la vallée du Nil, baignée dans le brouillard, semblait une mer blanche immobile, et le désert derrière, avec ses monticules de sable, comme un autre océan d'un violet sombre dont chaque vague eût été pétrifiée.

La lumière liquide paraît pénétrer la surface des choses

et entrer dedans.

Gustave Flaubert, "Voyages: Égypte 1849-1850"

More and more often in clinical practice we find unclear psychopatho-logical syndromes characterized by psychiatric symptoms and sub- stances polyabuse. The connection between use, misuse, abuse and polyabuse of substances and psychiatric symptomatology is unclear.

The same substances, in fact, can both reveal and cover an underly- ing or contemporary mental disorder. Recently the change in abuse, for example polyabuse with mixed and often exciting substances, has re- duced the traditional covering effect of opiates.

In Addicts substances influence the form of psychiatric disorder connecting it to addiction. On the other hand in Italy there are many psychiatric outpatients who take substances on the road and become addicts after that. At this point, primitive psychiatric syndrome changes the clinical form. It□'s very important identify the cluster of symptoms which indicates the presence of psychiatric alteration in Addicts, in or- der to treat patients with agonists of opiates and psychopharmacother- apy, psychotherapy and rehabilitation.

The critical point of this Paper is to try to understand □– by Jaspers and Schneider's phenomenology – how early Psychosis bases itself on the addiction background.

Through the clinical observation and therapeutical treatment of many Addicts with psychotic symptomatology my question is, from a

psychopathological perspective, about the switch point from toxico- manic experience to psychotic experience. I have worked in Southern Italy Addiction Centres, and I have seen many patients in all mental and behavioural addiction related conditions.

The aim of this phenomenological way is to focuse the attention on particular state of consciousness, the *twilight state* and identify it as the crossing-point between substances abuse and psychotic simptomatology.

II. Psychopathology of consciousness in addicts

The psychopathology of consciousness has always represented for Psychiatry a sort of final frontier. From Janet's studies on the splitting of consciousness to Ey's studies on the destructuring of the field of consciousness, we can say that there isn't any psychiatric disorder which cannot be collocated on the ground of consciousness. According to K. Jaspers, we can understand consciousness through four different ways.

1. the sense of activity;

2. the sense of uniqueness;

3. the sense of identity;

4. the sense of oneself.

All these ways, obviously, change during depersonalization and derealization and, of course, even more, during hallucinations and delu- sions.

It's clearer and clearer, here, how subjective consciousness limits the field of experience of one's *being-at-the-world-with-others*, the dramatic change of which indicates the beginning of Psychosis. The as- sessment of a state of consciousness in Psychiatry is fundamental when, as a psychopathologist, I am face to with the Addicts under the effect of substances. In this kind of encounter I perceive the boundaries between the areas of consciousness where there is empathy and the areas of con- sciousness where there is no empathy.

If Husserl's Phenomenology arrives to consciousness as the last ground beyond which it is impossible come back, phenomenological psychopathology

plays, specially in this field, its crucial role.

The aim of starting again from consciousness, even if it is con- sciousness of Addicts, is the necessary dimension of each clinical rec- ognition and therapeutic approach. There isn't, in fact, the conscious- ness as arousal which here plays its crucial role. The consciousness, in other terms, is the condition of our experience of world.

For example, if we assume that depersonalization, derealization and splitting are global experiences of formal destructuring of the field of consciousness and not simple symptoms, we can find them also in a broad spectrum of psychiatric disorders, from schizophrenia to panic attack, from phobia to dissociation, from post-traumatic-stress disorder to somatic disorder, from addiction to withdrawal. At this point we come to the following conclusions.

1. consciousness is a field with formal and fundamental characteristics and there is no psychiatric disorder which doesn't find its back- ground in modification and destructuring of consciousness;

2. causes of disease which produce the modification of ordinary state of consciousness, especially substances, strongly influence the development of psychiatric disorder, touching many aspects of psychopathological vulnerability.

III. The twilight state of consciousness and psychotic transition

One of the most important aspects of phenomenological psychopa- thology is a language able to describe as they are.

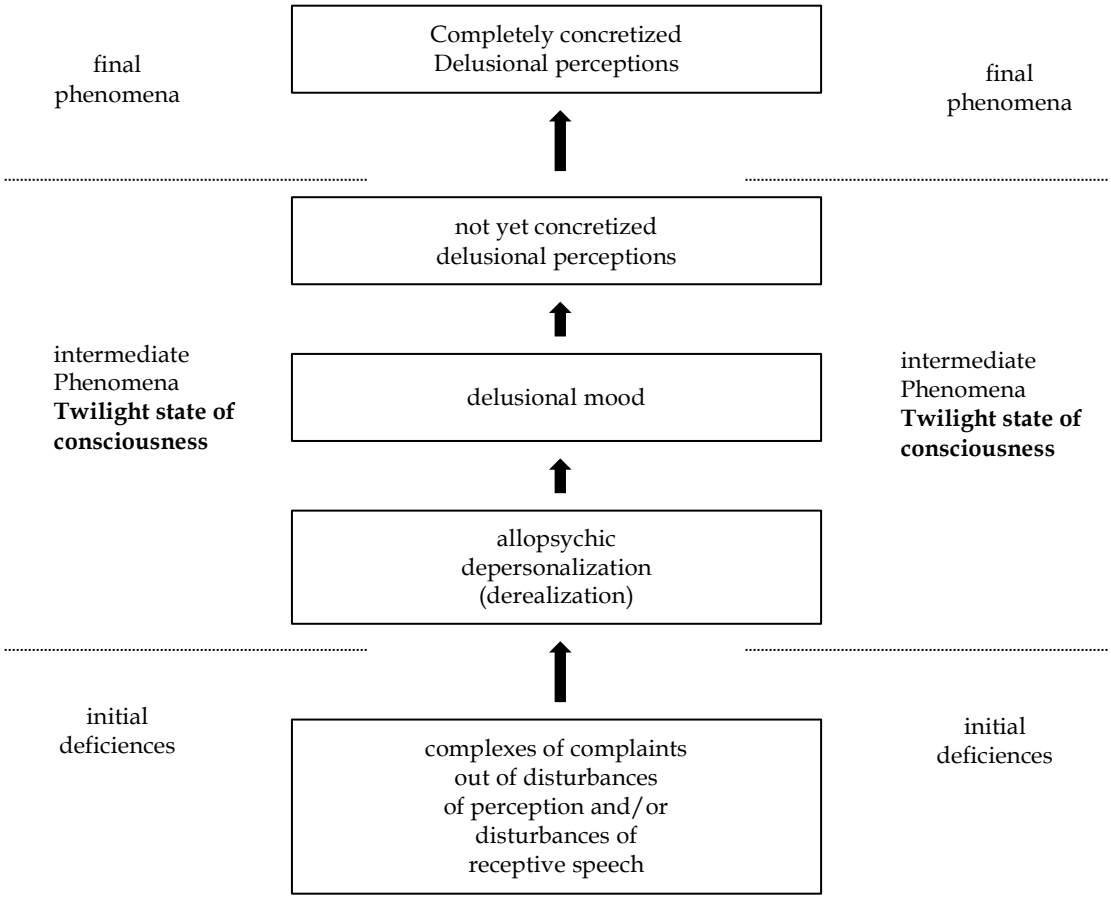
What do the Addicts mean when they say: "I am high?" What is the psychopathological meaning of this state of consciousness which for them represents a sort of steady-state? B. Callieri described a condition of "twilight calm" in subjects who experienced LSD, after hallucinatory state. We can considerer the experience of a *high* an equivalent of *twilight state* of consciousness.

In classical description of Jaspers and Schneider, *twilight state* of consciousness is a restriction of the field of consciousness. In the *twilight state* of

consciousness there is no dramatic alteration of arousal. The field of consciousness, furthermore, can still spread itself. The *twi- light state* of consciousness is a sort of threshold between the light of reality and the shadow of dream and psychosis. The *twilight state* of consciousness promotes illusions, delusions, hallucinations. Deperson- alization and derealization are normal experiences in the *twilight state* of consciousness, in which it is easier that Klosterkötter transitional phenomena happen, from basic symptoms to final phenomena.

Addicts experience this vulnerable condition every day, every month, every year. The perception of reality in Addicts is discontinu- ous, incomplete and this *twilight state* becomes a sort of normal way of life. This state of consciousness is like a display that is continuously turned on and off, short flashes appear and disappear. Because instable- ness the *twilight state* becomes a transitional state, like a *funnel*. When the *funnel* is upside down the Addicts lose reality and fall into delusions.

Transition sequence to delusional perceptions



IV. The basic psychosis in the addicts

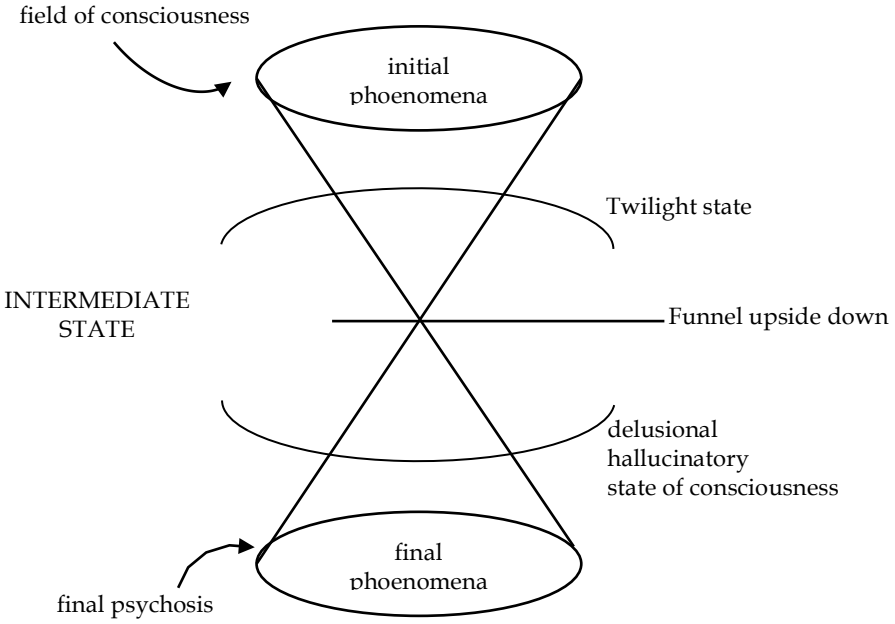
At this point what is the typical form of psychosis which develops in the Addicts going through the *twilight transition* of consciousness?

When psychosis begins to manifest itself in the Addicts it is very difficult to differentiate typical schizophrenia from bipolar psychosis. This "twilight psychosis" remains a sort of cluster of basic symptoms, in which mood, cognition, thought and perceptions are affected. In this *twilight state*, at the end, a particular form of Psychosis develops: I call this "Basic Psychosis".

In this "Basic Psychosis" cognitive and thinking symptoms are confused with perceptive and mood symptoms. The recognition and the as- sessment of this "Basic Psychosis" can be done by basic symptoms in- terview (FBF).

Basic symptoms are described by Huber, Gross (1986-1996), Klosterkötter (1992), as alterations of subjective experience which mean indication of the beginning of psychosis. The sequences of tran- sition by Klosterkötter lead the transformation from basic symptoms to final phenomena. Several basic symptoms together constitute a psycho- pathological condition defined as "basic stage".

Twilight state and Psychoticswitch:
"funnel upside down hypothesis"



"Basic Psychosis" is based upon one or more basic stages. It is very difficult to classify this "Basic Psychosis" in Addicts. Psychiatrist don't often recognize it and as a consequence fail to treat it. This "Basic Dis- orders" cause severe discomfort in the Addicts and induces them to self-administration of substances. The mental functioning is disturbed by this basic symptomatology. Many Addicts don't give up substances because they feel acute discomfort of "Basic Psychosis" when they are drug free. Substances cover and aggravate the "Basic Psychosis".

V. Conclusion and perspective

"Basic Psychosis" in Addicts is thus characterized by an underlying simptomatology when it is compared to psychosis, because substances cover and block effectively the appearance of easily diagnosed mental disorder.

"Basic Psychosis" is made up several clusters of basic symptoms, (i.e. basic stage).

"Basic Psychosis" is a pervasive and common disorder in Addicts which limits social functioning of patient and encourages continued ad- dictive behaviour.

To identify this form of psychosis in Addicts is important in order to treat them adequately.

The destiny of an addict can depend on the recognition and treat- ment of this disorder. Basic symptoms inventory (FBF) is very useful to identify the presence of a basic state and can lead to treatment. The aim of the recognition and early treatment of basic symptoms in addicts is:

1. to block the transition from Basic Psychosis to final psychosis;

2. to reverse basic symptoms as when as possible in ordinary

experiences;

3. to help the patient in coming-out from substances-abuse.

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