

# The delusional experience in cocaine-induced psychosis: a case report

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## Abstract

**The structural model of vulnerability to psychosis in substance abuse considers three possible presentations of the psychotic experience, according to different models of temporality: hyperstability, unbalance, exhaustion. The exhaustion type is usually observed as the final stage of a process when, after a history of repeated substance-induced psychotic episodes, the delusional experience pervades reality. The delusional experience constitutes a new, crystallized existential configuration, that endures well beyond substance use. In this clinical case we describe a subject with psychotic symptoms following a long-term use of cocaine. This framework can help clinicians in the development of treatment strategies that take into account the psychopathological specificity of psychoses related to substance use.**

**KEY WORDS:** cocaine, delusion, psychosis, hyperstability.

## Introduction

In the present case report we describe a delusional disorder that corresponds to the "exhaustion" typology of Guilherme Messas's structural model of vulnerability to psychosis in substance abuse. This model considers three possible presentations of the psychotic experience, according to different models of temporality: hyperstability, unbalance, exhaustion (1). The exhaustion type is usually observed as the final stage of a process when, after a history of repeated substance-induced psychotic episodes, the delusional experience pervades reality. The delusional experience constitutes a new, crystallized existential configuration, that endures well beyond substance use. The dimension within which the delusion exists becomes all-encompassing and the delusional meaning grows to be the new gravitational center of existence (2, 3).

## Clinical case presentation

The patient is a 46-year-old male who reported early onset (17 years of age), long-term (25 years), high frequency, high dosage (up to 5 g/day) cocaine abuse and occasional cannabis use. At the time of the clinical interview, he was abstinent for 6 years, ever since his parents' death. He mostly used alone, but sometimes insisted that his wife join in order to engage in "extreme sexual practices" while high. As a result of cocaine use he sometimes engaged in risky activities (i.e., incautious drug smuggling from abroad). Divorced; one daughter who is 15 years old. His marriage ended due to an extramarital affair. The patient lives in his deceased parents' house with his daughter and one of his two brothers, a divorced professional photographer. He started working after graduating from middle school and claims he has had different jobs over the years (DJ, bar tender, shop assistant). During the interview, the patient was restless and annoyed, demanding to end hospitalization as he felt he did not belong in a place "full of drug addicts". The patient began experiencing psychotic phenomena approximately 16 years ago. These phenomena comprised the belief that "the Americans have chosen me over everybody else for my integrity and purity". Around that time his job performance drops as he feels he has received "no credit from his boss, who has never congratulated him on his extraordinary work for the Americans". He also argues that his part-

ner was involved in show business and lied when she claimed to be an “ordinary secretary”. Over time, these delusional ideas emerged regardless of intoxication and became highly structured, saturating the patient’s existential field. He believes the Americans have cast him as the protagonist of an epic, ever-on-going movie. He maintains his life is broadcasted live for everybody to see and constantly rated; 70% of the viewers are “excited” while the remaining 30% (“the envious ones”) will eventually carry out a long-planned attack. As part of this “attack” the patient claims he is the target of painful laser beams on his head and heart. As a result, he experiences intense anguish and feels he is in great danger, “unless he agrees with what the Americans want from him”. Experiences from his past are also swallowed up by the delusional experience: shots of Rome he took as a young adult with a camera his mother gave him as a gift are often randomly brought into “the Movie”. The patient longs for the Movie to end, and imagines a final scene during which he is at a party at his house and has sexual intercourse with a woman while “the audience is applauding”.

## Discussion

This case portrays one of the possible final stages of cocaine addiction, as described by Messas’s “exhaustion” typology of vulnerability to psychosis in substance abuse, where the gradual crystallization of the delusional conviction leads to a point of transition into a new, fixed existential configuration that is enduring and independent of substance use. Level of self-awareness is low and a radical change in the structure of time pervades the clinical presentation as a “timeless” factor intervenes. A loss of the habitual temporal configuration and a fragmentation of the

structure of existence is experienced. Life is experienced in an isolated, fragmented present, like stills captured from a movie, with no future and no past. Messas’s “exhaustion” typology can guide assessment of this complex psychopathological condition (4). This framework can also help clinicians in the development of treatment strategies that take into account the psychopathological specificity of psychoses related to substance use. When the temporal structure of existence is profoundly altered and the delusion is predominant and pervasive in its nature a therapeutic approach that considers the role of methadone substitution therapies and/or some atypical antipsychotics is warranted (5, 6). The importance of building an empathic therapeutic relation associated with a supportive psychotherapy without other more structured interventions may also be of clinical relevance.

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