

Psychopathology of Affect in Recently Detoxified Drug Dependant Egyptian Males A Multidimensional Approach

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The purpose of this study is to investigate the different dimensions of affect among drug dependent Egyptian males. The dimensions we attempted to examine included: emotional processing; emotional stability; depression, taking into consideration both its cognitive affective and somatic performance aspects and ego strength. We hypothesised that substance dependent subjects who suffer from difficulty in identifying and describing feelings will tend to describe them in a somatic way. This would apply to depression where they will tend to report more of somatic rather than affective symptoms. With the difficulty in processing emotions we expected rigidity and weak ego strength.

The majority of subjects reported a severe cognitive affective depression. Otherwise there seemed to be two profiles those who were alexithymic reported highly on the somatic performance depression subscale, had a weaker ego strength and were more rigid while those who were nonalexithymic reported less somatic performance complaints, were more stable and less rigid and with a stronger ego.

(Egypt.J.Psychiat., 1998, 21 :225 - 238).

INTRODUCTION

It has been hypothesized that substance dependent individuals use alcohol or drugs in an attempt to medicate themselves for certain unpleasant emotional states which are experienced as unmanageable or overwhelming. This has been mainly attributed to their limited cognitive capacity to differentiate and modulate affect (Taylor et al, 1990). Dodes (1990) suggested that a central function of addictive behavior is to manage feelings of helplessness and powerlessness. Use of substances is seen by him as an attempt to regain control over one's effective state, thereby reestablishing the ability to control one's own inner experience.

On the other hand, Khantzian (1974) stressed the notion that the addict often turns to a particular drug because

of its ability to compensate for very specific defects in affect control. For example, a person feeling overwhelmed by rage might prefer opiates because of its sedative effects and ability to reduce aggressive drives. Amphetamines are preferred by those who wish to feel more active and competent especially depressed persons (Forsch and Milkman, 1977). This might explain why some benzodiazepines (as lorazepam and alprazolam) that induce euphoria more rapidly have the highest abuse liability (Ciraulo et al, 1991).

Freud (1985) saw alcoholism as symptomatic of unconscious instinctual conflicts with drinking as a substitute for sexual gratification. Kohut (1971) and Kernberg saw alcoholism as an attempt to correct a structural self - object flaw in the personality. Similarly early psychoanalytic formulations tended to equate opiate use with unfulfilled or

pathological drive states related to sex and aggression, inability to cope with pervasive negative emotions including depression and anxiety, basic ego and superego deficiencies and general immaturity or childhood fixations (Sutker & archer, 1984).

Khantzian was greatly impressed with the enormous, lifelong difficulties heroin addicts have with feelings and impulses associated with aggression. Opiates counteract regressed, disorganized and dysphoric ego states associated with overwhelming feelings of rage, anger and related depression. The effect is particularly appealing and welcome given that the ego capacities in such individuals are weak or absent especially against aggressive drives. It appears that addicts crave less for euphoria than they do for relief from dysphoria associated with anger, rage and related restlessness which, in the short term narcotics seem to provide (Khantzian 1974, 1975, 1978, 1985 & Khantzian et al 1974).

Several vulnerabilities have been observed to characterize chronic substance abusers, these include:

a) Major difficulties in tolerating to experience gradation of feelings that enable an emotionally full existence, appropriate anticipation of distress and the use of affective signals in smooth coordination with defensive functions.

b) vulnerability in self-esteem associated particularly with heavy reliance on narcissistic protectiveness and incompletely integrated inner self and object images.

c) a range of disturbances in thinking and judgement related to rigid and immature defensive and adaptive coping capacities (Krystal & Raskin, 1970).

Wurmsmer believed that narcotics are used as an artificial affect defense, that

is, they are compulsively taken to bring about relief from overwhelming feelings, specifically an attempt to get rid of feelings and thus of undesirable inner and outer reality (Miller, 1990). This presupposes an inclination for what Krystal (1977) has described as affect regression i.e. global undifferentiated nature of emotions that is converted into somatic sensations as they cannot put into words and other symbolic forms.

To summarize the literature review reveals that substance dependent individuals, as regards affect, are characterized by:

1- overwhelming unpleasant emotional states including anger, rage, dysphoria and anxiety

2- inability to differentiate and modulate affect

3- difficulty in tolerating affects and/or incapacity to experience gradation of feelings

4- inability to put emotions into words and other symbolic forms and instead convert them into somatic sensations

5- craving for relief from dysphoria rather than for euphoria and hence dependence on different substances

5- weak or absent ego capacities reflected when dealing with affects by rigidity, affect regression, etc.

The purpose of this study is to investigate the different dimensions of affect among drug dependent Egyptian males. In order to neutralize the effect of active substances we chose the period immediately following detoxification and while the patients are under strict observation. We attempted to examine the following dimensions:

1- emotional processing i.e. ability to identify and describe feelings and ability to distinguish feelings from bodily sen-

sations using Toronto Alexithymia Scale (TAS).

2- emotional instability versus rigidity using the Cycloid Disposition Scale of Guildford Personality Scale.

3- depression taking into consideration both its cognitive affective and somatic performance aspects using the Revised Beck Depression Inventory rBDI.

4- Ego strength using MMPI.

Our hypothesis is that substance dependent subjects who suffer from difficulty in identifying and describing feelings will tend to describe them in a somatic way. This would apply to depression where they will tend to report more of somatic rather than affective symptoms. With the difficulty in processing emotions we expect rigidity and weak ego strength.

SUBJECTS AND METHODS

93 Egyptian male patients admitted to one of four private hospitals in Cairo for treatment from drug dependency between 1995 and 1996. Subjects had to have completed detoxification and abstinent for at least 2 weeks. Also they had to fulfill the criteria of DSM-IV for substance dependence. Subjects who had any other axis I diagnosis were excluded.

INSTRUMENTS

A. Toronto Alexithymia Scale (TAS)

A 26 item self report questionnaire. Respondents use a 5-point scale that ranges from 1 (strongly disagree) to 5 (Strongly agree) to rate each of the 26 self descriptive statements. As such total scores can range from 26 to 130. The higher the score the more the alexithymia.

It shows excellent construct & criterion-related validity. It was constructed to cover the four features of alexithymia:

1- Difficulty identifying & describing feelings

2- Difficulty distinguishing feelings from bodily sensations

3- An impoverished fantasy life

4- An externally oriented, operative cognitive style.

B- Revised Beck Depression Inventory (rBDI)

A 21-item instrument usually self administered. Respondents rate each item on a 4 point scale ranging from 0 (absent) to 3 (severe). Total scores then can range from 0 to 63.

It has two subscales

1- Cognitive affective (pessimism, sense of failure, suicidal ideas, etc...).

2- Somatic performance (work difficulty, insomnia, fatiguability, etc).

C- Cycloid Disposition Emotional Instability Scale (Guildford Personality Scale)

A 69 item instrument to be answered by yes or no. Maximum total score is 104 and norms for males are 31.28 ± 13 . High indicate emotional consistency and absence of cycloid temperament while lower scores indicate the reverse. Very high scores point to a colorless inert individual.

D- Ego Strength MMPI

A 68 item scale usually administered by the investigator. Respondents comment by yes or no. Raw scores are transformed to T scores and subjects are score either high (normal) or low (below 45).

The items are selected from the MMPI and cover the following aspects:

Table 1
Age of Drug Dependant Subjects

Age	No	%	Age	No	%
20 $\geq$	19	20.34			
21 - 25	35	37.63	36 - 40	5	5.38
26 - 30	10	20.43	41 - 45	2	2.15
31 - 35	11	11.83	50 - 46	2	2.15

Table 2
Number of Years Spent by Subjects
in the Education System

No of years	No	%
≤ 10	2	2.47
11 - 15	33	40.74
16 - 20	40	49.38
21 - 25	6	7.41

Table 3
Level of Education Attained by Subjects

Level of Education	No	%	Level of Education	No	%
Primary	2	2.27	University	52	59.09
Preparatory	2	2.27	High institute	14	19.91
Secondary	16	18.18	Diploma / Master	2	2.27

As table 3 about 60% of the subjects reached university . None of the subjects was illiterate.

Table 4
Occupation of Subjects

Occupation	No	%	Occupation	No	%
Professional / high managerial	16	17.78	Semiskilled	20	22.22
Intermediate	15	16.67	Student	25	27.78
Skilled manual / Routine nonmanual	6	6.67	Unemployed	8	8.89

Table 5
Marital Status of Subjects

Marital Status	No	%	Marital Status	No	%
Single	55	72.37	Separated	1	1.32
Married	12	15.79	Divorced	1	1.32
Engaged	7	9.21			

Table 6
Number of Drugs Abused

No of Drugs Abused	No of Patients	%
1	31	35.63
2	31	35.63
3	19	21.84
4	6	6.9

Table 7
Duration of Dependence

Duration of Dependence (years)	No	%	Duration of Dependence (years)	No	%
<1	4	4.76	16-20	8	9.52
1-5	33	39.29	21-25	2	2.38
6-10	25	29.76	26-30	1	1.19
11-15	11	13.10			

Table 8
Family History of Drug Abuse

Family History	No of Patients	%
Positive	32	39.73
Negative	48	60.27
Total	80	100

Table 9
Total Duration (Days) of Hospitalisation (s)

Duration (days)	No of Patients	%
≤ 14	22	27.85
15-30	21	26.58
31-60	16	20.25
61-90	8	10.13
>90	12	15.19

Table 10
Distribution of Subjects Among TAS Categories

Categories	Global Scale		1 Factor		2 Factor		3 Factor		4 Factor	
	No	%	No	%	No	%	No	%	No	%
Nonalexithymic	13	14.44	20	18	22.22	20	30	27	52	57.78
Borderline	23	25.56	22	24.4	21.11	19	30	27	30	27
Alexithymic	60	54	50	44.5	51	56.6	40	36	12.22	11
Total	100	90	100	90	100	90	100	90	100	90

Factor 1- Difficulty identifying & describing feelings

Factor 2- Difficulty distinguishing feelings from bodily sensations

Factor 3- An impoverished fantasy life

Factor 4- An externally oriented, operative cognitive style.

Table 11
Distribution of Subjects Among rBDI Categories

Categories of Depression	Full Scale		Cognitive Affective		Somatic Performance	
	No	%	No	%	No	%
Minimal	6	6.59	2.2	2	19.78	18
Mild	24.18	22	5.5	5	28.57	26
Moderate	53	58.24	14.28	13	39.56	36
Severe	10.99	10	78.02	71	12.09	11
Total	100	91	100	90	100	90

Table 12
Distribution of Subjects According to Scores Obtained on the Cycloid Disposition Scale

Scores	No of Patients	%	Comments
17.83- < 41.28	3	3.37	Within
31.28- < 44.83	13	14.61	Normal Range
- 44.83 < 58.38	26	29.21	High
- 58.38 < 71.93	25	28.09	High
- 71.93 < 85.48	18	20.23	Extremely high
85.48 - < 99.03	4	4.49	Above 3 SD
Total	89	100	

Table 13
Sociodemographic and Psychometric mean Scores
of Nonalexithymic and Alexithymic Groups

	Nonalexithymic Group	Alexithymic Group	T	P
Age	25.833 ± 6.354	26.427 + 7.24	.393	.6954
Years of education	16.31 ± 3.072	15.77 + 3.084	.741	.4608
No of drugs	1.938 ± 0.84	2.058 + 0.998	.568	.5715
Duration of abuse	7.583 ± 6.635	7.975 + 5.738	.28	.7801
No of admission	4.3 ± 5.214	2.62 + 3.2	1.792	.077
Duration of Hospitalisation	103.14 + 176.41	69.75 + 142.67	.901	.3704
rBDI Global	18.11 ± 6.043	21.208 + 7.749	1.994	.0494*
Affective Cognitive	12.686 ± 4.136	13.453 + 5.573	.697	.4878
Somatic Performance	5.429 ± 3.051	7.755 + 3.61	3.141	.0023**
Cycloid Disposition	52.2 ± 13.313	64.65 + 14.34	4.071	.0001**
Ego Strength	50.156 ± 9.555	43.306 + 8.145	3.454	.0009**

Table 14
Correlation Among TAS, BDI, Cycloid Disposition and Ego Strength

	BDI	Cog - Aff	Som - Per	TAS	F1	F2	F3	F4	Cycloid
BDI	1								
Cog -AFF	.895	1							
Som - Per	.764	.396	1						
TAS	.215	.146	.231	1					
F1	.346	.256	.341	.766	1				
F2	.156	.102	.174	.725	.695	1			
F3	.119-	.112-	.083-	.259	.159-	.128-	1		
F4	.172	.159	.125	.506	.232	.158	.209	1	
Cycloid	.482	.309	.546	.399	.581	.377	.19-	.121	1
Ego St.	.458-	.311-	.493-	.288-	.311-	.253-	.113	.164-	.164-

I=Beck Depression Inventory; Cog-Aff= Cognitive affective; Som-Per= somatic Performance. TAS= Toronto Alexithymia Scale; F1=Difficulty identifying & describing feelings; F2=Difficulty distinguishing feelings from bodily sensations; F3=An impoverished fantasy life; F4=An external, operative cognitive style. Ego St= Ego Strength.

- General health, somatic and physiological functions and consistency
- Tendencies for withdrawal, introversion and other neurotic tendencies eg. anxiety, obsessions, hypersensitivity. . .
- Religious beliefs and inclinations
- Self esteem including sense of personal attractiveness, challenge, interests in the opposite sex. . .
- Relation to reality
- Personal abilities
- Phobic tendencies.

Statistical Analysis

Stat view statistical program and an Apple Macintosh Desktop computer (Macintosh Performa 5200) were used to compute:

Unpaired two tail t test for comparing means of groups

Chi square for contingency table analysis

Correlation matrix.

RESULTS

I- Characteristics of Subjects

A- Age

It ranged from 17 to 48 years. As table 1 shows more than half the subjects were less than 25 years old

Table (1) Age of drug dependant subject.

B- Education

1- Years of education

A considerable proportion of the subjects have been hindered in their studies and needed to repeat one or more years. They spent between 6 and 22 years in the educational system. As table 2 shows the vast majority spent between 11 and 20 years in the educational system.

Table (2) Number of years spent by subjects in the educational system

Level of education

Table (3) Level of education attained by subjects

As table 3 shows about 60% of the subjects reached university. None of the subjects was illiterate.

C- Occupation

Table (4) Occupation of subjects

As Table 4 shows only 9% of the sample were unemployed. However, a considerable number of the subjects had a family business eg. factories, import/export companies etc. and considered themselves the "boss" or at least employers. In fact their actual input and performance was minimal if not nil.

D- Marital Status

Table (5) Marital Status of subjects

As table 5 shows only 16% of the subjects were married.

II Drug Dependency

A- Number of drugs abused

As table 6 shows the number of drugs abused ranged from 1 to 4. As a matter of fact this represents the number of categories used, for example, barbiturates and benzodiazepines were considered as 1, different types of cough medications as 1 and so on. Only 35% of the subjects used one drug the vast majority were polydrug users. Heroin, the most common single substance abused, was used by 18 subjects i.e. 3/5 of those abusing a single drug. The most common mixture was hypnotics, cough medication and cannabis (abused by 15 subjects i.e. 17.44%)

B- Duration of Dependence

As table 7 shows the range was from less than a year (3 months) to 30 years. However, about 45% were dependent for 5 or less years.

C- Family History of Drug Abuse

As table 8 shows 40% reported a positive family history for drug abuse.

III- Hospitalisation

A- Number of Hospitalisation

This ranged from once in 35 subjects (41.67%) up to 23 times in 1 subject. Twenty subjects (23.81%) were admitted twice while 9 (10.71%) were admitted 3 times.

B- Duration of Hospitalisation(s)

Table (9) Total Duration (days) of Hospitalisation(s)

The duration of hospitalisation ranged from 7 to 800 with a mean of 83.87 ± 157.29 ; the majority stayed in hospital for 2 to 4 weeks.

IV- Affect

A- Emotional Processing

Table (10) shows the Distribution of Subjects among TAS Categories

As table 10 shows between 55 and 60% of subjects were alexithymic on the whole scale as well as on factors 1, 2, and 3.

B- Depression

Table (11) shows the Distribution of Subjects among rBDI Categories

According to the rBDI full scale and Somatic-Performance subscale the majority of subjects were mildly to moderately depressed. However, according to the Cognitive-Affective subscale the vast majority was severely depressed.

C- Cycloid Disposition

As Table 12 shows none of the subjects scored below the normal range but 25% scored above mean + 3 SD denoting a skewed distribution.

D- Ego Strength (MMPI)

39 (46.43%) of subjects scored within low denoting weak ego strength as op-

posed to 45 (53.57%) showing normal ego strength.

E- Comparison Between Nonalexithymic and Alexithymic Groups.

Table (13) Sociodemographic and Psychometric Mean Scores of Nonalexithymic and Alexithymic Groups

As table 13 shows that there is no significant statistical difference between the nonalexithymic and alexithymic groups on any of the sociodemographic data. However as regards hospitalisation the nonalexithymic group had a higher mean duration of stay in hospital..

Correlation among TAS, BDI, Cycloid Disposition and Ego

Correlation Matrix showed that the two rBDI subscales were positively and strongly correlated to the global score but barely moderately correlated to each other. As regards TAS, F1 difficulty identifying and describing feelings and F2, inability to distinguish feelings from bodily sensation were positively and strongly correlated to total score and to each other but not other factors. None of the TAS factors nor total score correlated to the Beck nor its subscales. However, F1 BDI Somatic - Performance subscale were just short of moderate correlation .341. Ego Strength was negatively and moderately correlated to global BDI score as well as BDI Somatic Performance subscale and cycloid predisposition. The Cycloid predisposition correlated positively and moderately to BDI, BDI Somatic-Performance and F1 of the TAS and barely so with TAS global score and F2 .399 and .377 respectively.

DISCUSSION

Sociodemographic

As the majority (60%) of subjects were 25 years or less a considerable proportion were single. Being admitted to private hospitals meant that the majority belonged to families, at least economically, belonging to the higher socioeconomic bracket. As such it is understandable that none of our patients was illiterate and that 75% obtained higher education. Very few were unemployed as families were able to employ patients in family business.

Drug dependence

The majority of patients were dependent on more than one drug. The most common combination being cough medications, hypnotics and cannabis, a combination that seems to pacify and dampen emotions. However, when patients depended on one drug it was heroin. Several of these mono-drug users were either poly-drug users or shifted from one category to another until they depended solely on heroin. This is in line with the conclusion reached by several researchers in the field that opiate addiction seems to be the end stage of increasingly chronic substance abuse (Miller, 1990).

In spite of the relative young age of the majority of patients very few (4.7%) had a duration of drug abuse less than a year. Forty percent had a positive family history of drug abuse which indicates that other factors, for example peer pressure and imitation, are as influential at younger age.

Alexithymia

In this study 60% of subjects were alexithymic, which is slightly higher than the prevalence of 50% reported by Haviland et al (1988) and Taylor et al (1990). Also a higher percentage than that found

among normal Egyptian subjects (40%) (Moussa, 1993). The global score on the TAS appears to be mainly the reflection of scoring on the feelings factors: Factor 1, difficulty identifying and describing feelings and factor 2, difficulty distinguishing between feelings and bodily sensations. This is again in line with Haviland et al (1991) findings. In their study as well as in this study, these two factors were not only strongly correlated to the global score but also to each other.

Depression

According to BDI global score the and BDI somatic performance scale, the highest percentage of drug abusers were moderately depressed. However, on the BDI cognitive affective scale, the vast majority (78%) were severely depressed (Table 11). In addition the difference in mean scores between the alexithymic and non alexithymic drug abusers on the cognitive affective subscale was not significant; while highly significant on the performance somatic subscale ($p=.0023$). From our point of view these findings mean that all drug abusers suffered from overwhelming dysphoric feelings that they were unable to modulate nor moderate. Thus, they scored high on the cognitive affective subscale whether they were alexithymic or not i.e. whether they can describe feelings and distinguish them from bodily sensations or not. This mainly means that inability to process emotions (alexithymia) is a different dimension than moderating or the process of gradation of feelings.

Those who were alexithymic however appeared to suffer more with the somatic aspect of depression and hence scored significantly higher than those who were nonalexithymic. This could be due to their inability to communicate emotions using words &/or inability to differentiate feelings from bodily sensa-

tions. However, their ability to indicate on self report tests that they were alexithymic and depressed at the same time suggests that their alexithymia has not blocked all awareness of painful affect.

The causal nature of the relationship between alexithymia and depression is difficult to address when assessments are done at one time point. Two alternative hypotheses have been proposed by researchers in the field a- alexithymia arises as a situational response to the depression, and b- high depression scores result from an alexithymic individual's inability to cope with or modulate distressing emotions i.e. it might provide a defense against emotional awareness. This could explain the finding that the feeling factor (factor 1) was more correlated to depression than the TAS global score (Haviland et al, 1990). Taylor et al (1990) stated that the higher levels of dysphoria and physical symptoms found in alexithymic patients were unlikely to be a cause of their alexithymia but rather a consequence of the ego's inability to modulate distressing affects. i.e. depression a consequence and not a cause. This is not in line with our findings as even those who were not alexithymic were depressed. Thus it seems that at least in this study alexithymia was more of a defense mechanism applied by some of those who were depressed. To address the issue of causality serial assessments should be carried to examine the relation between depression and alexithymia longitudinally and not cross sectionally. However, if for the time being we accept that at least some of our subjects used alexithymia as a defense mechanism, it seems noteworthy to study the different defensive styles and ego functions adopted by the drug abusers.

Cycloid predisposition: stability versus rigidity

None of the subjects showed low scores indicating absence of emotional instability. On the contrary the majority attained very high scores denoting rigidity, colorlessness and inertness. This is in line with Khantzian's (1985) proposition that the rigid character traits and alternating defenses employed by addicts are adopted to maintain a "costly psychological equilibrium".

Ego Strength

46% of subjects showed a weak ego strength with alexithymic subjects obtaining a significantly lower mean score (weaker ego) than those who are nonalexithymic. This finding is similar to that reported by Taylor et al (1990).

Conclusions and Recommendations

This study showed the following affective profile:

The majority of subjects reported a severe cognitive affective depression. Otherwise there seemed to be two profiles those who were alexithymic reported highly on the somatic performance depression subscale, had a weaker ego strength and were more rigid. On the other hand those who were nonalexithymic reported less somatic performance complaints, were more stable and less rigid and with a stronger ego.

In further studies it would be more comprehensive to assess anxiety, aggression and impulsivity in addition to depression as constituents of dysphoric mood. Also assessments should be carried on serially to shed light on the possible different intercorrelations among the various dimensions of affectivity.

It is of great importance to study not only the ego strength but other ego functions and defensive styles together with

the affective profile. The difficulties in coordinating affective signals with defensive functions and their relation to self esteem is an intriguing area that needs further research.

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دراسة الأبعاد السيكوباتولوجية المتعددة للوجدان لدى عينة من الرجال المدمنين المصريين حديثي التخلص من التأثير البيولوجي للمخدرات

يستهدف هذا البحث القاء الضوء وتوصيف الأبعاد المتعددة للمشاعر والوجدان لدى عينة من الرجال المصريين المدمنين وقد تطرق العمل لدراسة القدرة على إدراك وإستيعاب المشاعر والتعبير عنها، ثم الثبات العاطفي عامة والاكتئاب بشكل خاص. هذا وقد وضع فى الاعتبار قطبى الخبرة الوجدانية من حيث الجانب الفكرى والجسدى. هذا إلى جانب وظيفة الأنا معبراً عنها بقوة الأنا بشكل عام.

وقد تبيننا فى هذا العمل افتراض أن المدمن يعاني صعوبة فى إدراك وإستيعاب كافة خبراته الوجدانية وكذا وصفها والتواصل الصحى من خلال ذلك، وقد ينجم بديل تعبيرى من خلال الجسدة التى ترتقى غالباً إلى المستوى العرضى المرضى. وينطبق هذا بالطبع إلى التعبير عنه بالجسدة بالدرجة الأولى. وقد صاحب هذا أيضاً هذا افتراض فرعى يتضمن مواكبة ما سبق بتصلب وضعف فى الأنا (ego).

إستخلصت النتائج مؤشرات مدعمة للافتراض الأولى. فقد تبين أن معظم المدمنين يعانون من اكتئاب شديد مقاس أساساً على القطب الفكرى الوجدانى. هذا ويبدو أيضاً أن هناك نوعين من التصنيف للمدمنين طبقاً لموضوع البحث الرئيسى إذا جاز التقسيم: أحدهما يعاني من صعوبة فى ادراك وتبين التعبير عن الخبرة الوجدانية ويتميز هذا النوع بارتفاع على مقياس الاكتئاب المجسدين ويصاحب ذلك ضعف واضح على المستوى الوظيفى للأنا فضلاً عن الصلابة وعدم المرونة. والثانى يشتمل على مدمنين لا يعانون من الصعوبة السابقة ويصاحب هذا درجة أقل من جسدة المشاعر مع ثبات عاطفى ومرونة وقوة الأنا.