ACTA MEDICA SALINIANA

ORIGINAL

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ISSN 0350-364X

Type of manuscript:
Original papers

Title:
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DOI: 10.5457/581

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INTRODUCTION:
According to the American Diagnostic Manual DSM-IV [1], dependence on a psychoactive substance is defined as: drug addiction is a sociopathological phenomenon that disrupts physical and mental health, social and economic balance, affects both the individual and his family, as well as the wider community. The average age of the first intake is 15 years, the first injection of the drug is 21 years, and the first going for treatment between 22-25 years. The opiate type of addiction is most prevalent among addicts and accounts for about 90% of the population who come for treatment [2]. It is difficult to generalize personality traits that are a predisposing factor for the onset and continued use of drugs, yet it has been found that there are some character traits such as fear, hypersensitivity, feelings of inferiority, mood lability, introversion, difficulty making contact with others persons who to some extent represent predisposing factors for drug use [3]. Psychoanalytic theory especially emphasizes the interrelationship between personality, personality traits, and emotions [4]. The multidimensional model of emotions [5] derives from basic patterns of behavior and the assumption that there must be a connection between the functional analysis of emotions and the subjective and objective aspects. According to this theory, personality traits are understood as a mixture of different emotions [5]. Emotion theory is based on the assumption that personality traits can be considered the result of a mixture of primary emotions and emotional states. Plutchik [6] defines emotions as patterned reactions of the body caused by a certain stimulus, which occur in terms of protection, destruction, reproduction, deprivation, acceptance, rejection, exploration - research or direction, or in their mutual combination. Plutchik [7] believes that behind most psychiatric symptoms is an emotional disorder. Several divisions of emotions have been described in the literature, according to different criteria. Thus we meet the division into primary or primary (joy, sorrow, surprise, fear, anger, disgust) and secondary or derived, into pleasant or pleasant (joy, pleasure, love, pride) and unpleasant or unpleasant (sadness, fear, guilt, shame)) [8]. According to the complexity of emotions we can divide into simple (fear, anger, joy and sadness) and complex (love, jealousy, aggression, hatred and envy).

AIM:
To investigate and question which personality traits and what emotional structure make up a set of risk characteristics when it comes to the development of addiction, and what are the differences in the emotional structure of addicts compared to the control group of non-addicts.

SAMPLE AND METHOD:
The total sample in this study consisted of 297 subjects, of which 155 subjects of the clinical group and 142 subjects of the non-clinical group, where the average age of the subjects of the clinical group was 30.85 ± 4.44 years while the average age of the subjects of the non-clinical group was 21.75 ± 1.93 years. When it comes to the structure of the sample according to gender, the sample consisted of 271 men (142 in the clinical and 129 in the non-clinical group) and 26 women (13 in the clinical and 13 in the non-clinical group). The eight basic emotions that this questionnaire evaluates are: Reproduction (reflects the emotional state of joy), Incorporation (reflects the emotional state of acceptance), Uncontrollability (reflects the emotional state of impulsivity or the need for new experiences, new experiences), Self-protection (implies the emotional state of fear), Deprivation (expresses an emotional state of sadness), Opposition (expresses an emotional state of rejection), Exploration (reflects an emotional state of expectation or planning), Aggression (corresponds to an emotional state of resentment) A high BIAS score indicates a person's tendency to be socially acceptable while a low score indicates a person's tendency to be portrayed as socially less desirable. in the non-clinical group)

Method: In assessing the emotional characteristics of both subsamples, the personality test Emotional Profile Index (PIE) was used, based on Plutchik's theory of eight basic emotions, which tends to cover the whole

personality, combining emotions and structuring them into personality traits. PIE is a forced choice test, which consists of 62 pairs of 12 different expressions (personality traits), where the task of the examinee is to choose the expression that best describes him in each pair. Based on this test, a profile was obtained consisting of eight basic emotions and a BIAS scale (bias scale in giving answers). Expressions that are placed opposite each other are: Sociable (pleasant in relationships with people; likes to be in company; sociable), Gnaws at himself (he is tormented by dissatisfaction, he cannot express it openly; grumpy), Nagao (currently reacts, not thinking about the consequences; timid), Insecure (from the force of worry what impression he will leave in this society becomes unsuccessful and dissatisfied; confused), Cautious (because he is afraid that something unpredictable or unpleasant will happen to him), Angry (irritable; impulsive; grumpy; flames easily), obedient (usually does what is required of him without opposition), depressed (moody and gloomy; disappointed), prone to arguing (often provoking argument, arguing), prone to adventure, enjoys change, he is attracted to everything that is new and exciting), Confused (timid and insecure in the presence of other people and in new situations; shy, cordial (direct, often and easily expresses his sympathy for others)

Table 1. Reliability, representativeness and homogeneity indicators for the Emotional Profile Index (IEP)

	α	β	λ1	λ6	MSA	H2
Emotional Profile Index (IEP)	0,86	0,86	0,81	0,87	0,88	0,87

Note: α - Cronbach – reliability coefficient; β - Lord – Kaiser – Caffrey reliability coefficient of the first main component;; λ1 – Gutman – absolute lower limit of reliability; λ6 – Gutman – absolute upper limit of reliability; MSA – normalized Kaiser – Majer – Olkinov representativeness coefficient; H2 – relative size of the variance of the first main image component

The Cronbach's alpha reliability coefficient of the whole questionnaire on the tested sample of 297 subjects is α = 0,86 and it can be said that the internal consistency of the scale is satisfactory. The results of the metric characteristics of the Emotional Profile Index (PIE) were calculated and shown in Table 1. The lower confidence limit calculated according to the Guttman measurement model is λ1 = 0,81 while the upper reliability limit is λ6 = 0,87. The normalized Kaiser - Mayer - Olkin representativeness coefficient is 0.88. Statistical analysis: In order to determine and verify the difference in the obtained measurement values in the subjects of the clinical and non-clinical group, at the level of statistical significance, the Mann-Whitney U test was used for two independent samples.

RESULTS:

Table 2 shows the descriptive indicators in the assessment of the emotional characteristics of the respondents with the Emotional Profile Index (PIE), and with regard to the group to which the respondents belong (clinical and control group).

Table 2. Kolmogorov Smirnov test for subjects of the clinical and control groups on the PIE test

Variables	Group	N	M	S.D.	Min	Max	K-Sz	p	Zskew.	Zkurt.
Incorporation	Clinical	155	64,86	33,71	0	99	0,223	0,000	-0,616	-1,121
	Control	142	63,17	28,21	0	99	0,156	0,000	-0,397	-1,190
Uncontrolled	Clinical	155	37,90	25,79	1	96	0,127	0,000	0,369	-0,844
	Control	142	39,94	22,97	1	92	0,079	0,032	0,230	-0,637
Self-protection	Clinical	155	56,81	23,31	3	96	0,110	0,000	-0,345	-0,869
	Control	142	60,89	25,63	4	233	0,087	0,010	1,919	13,301
Deprivation	Clinical	155	68,47	21,47	4	100	0,168	0,000	-0,910	0,160
	Control	142	60,84	21,10	4	99	0,121	0,000	-0,547	-0,430
Opposition	Clinical	155	34,10	29,16	0	100	0,179	0,000	0,708	-0,646
	Control	142	37,01	28,93	0	123	0,157	0,000	0,688	-0,472
Eksploration	Clinical	155	25,97	20,77	0	92	0,139	0,000	10,026	0,576
	Control	142	25,96	19,18	0	90	0,166	0,000	1,010	0,526
Aggression	Clinical	155	55,32	24,61	4	100	0,102	0,000	-0,166	-1,026
	Control	142	55,51	24,37	4	100	0,121	0,000	-0,361	-0,926
Reproduction	Clinical	155	55,06	27,83	0	99	0,118	0,000	-0,245	-1,056
	Control	142	53,99	23,47	1	99	0,134	0,000	-0,239	-0,962
BIAS	Clinical	155	50,87	29,97	0	100	0,121	0,000	-0,142	-1,213

As can be seen from Table 2, the distributions of results on all dimensions of the test for assessing the emotional characteristics of the subjects of the clinical and control groups, significantly deviate from the normal distribution. Given the specificity and characteristics of the instrument itself, which belongs to the semi-projective personality tests, the obtained results on the subscales were not transformed, and appropriate non-parametric statistical methods were applied in the hypothesis testing process. The values of skewness and kurtosis for these

distributions of results in the clinical and control groups can be explained by the specificity of the instrument itself, the characteristics of the sample and the very nature of the description of these variables. Comparative analysis of emotional characteristics of addicts and of non-consumers: The average values of arithmetic means on eight basic emotions in both subsamples of the research are shown in Graph 1.

Graph 1. Personality profiles of clinical (non-clinical) and non-clinical (right) subjects examined by the Emotional Profile Index (PIE) The Mann-Whitney U test for two independent samples was used to determine a statistically significant difference and to verify the obtained measurement values in the subjects of the clinical and non-clinical groups. The results of the analysis are shown in Table 3.

Table 3. Mann-Whitney U test

	Mann-Whitney U	Z	P
Incorporation	9937,5	-1,447	0,148
Uncontrolled	10342	-0,899	0,368
Self-defense	10345	-0,794	0,427
Deprivation	8452	-3,464	0,001
Opposition	10250,5	-1,023	0,306
Eksploration	10713,5	-0,395	0,693
Aggression	10887	-0,160	0,873
Reproduction	10606,5	-0,541	0,588
BIAS	10299,5	-0,955	0,339

Based on the obtained results on Mann-Whitney In the test it can be noticed that a statistically significant difference in the responses of the subjects was found only in the Deprivation scale where the value of MW = 8452 is significant at the level of P = 0.001. In the other examined emotions, no statistically significant difference was found between the examinees of the clinical and non-clinical group.

DISCUSSION:

According to the results obtained in this study, the emotional characteristics of both groups of subjects were formed according to the obtained profiles. Addict profile: these are less adaptable, gullible, dependent and suggestible individuals who tend to accept people and approach them with confidence. They strive for stability and security, avoid social contacts, feel repressed, depressed, dissatisfied with life prospects. They do not strive for criticism and rejection, they are susceptible, they do not plan for the future, they are disorganized both mentally and in activities, without self-control. Such a way of life makes them dissatisfied and depressed. Profile of non-consumers: these are cautious, tense but more adaptable and incomprehensible people, worried about the opinions of others and difficulties that they will not be able to overcome. These are non-combatant, unpredictable, indecisive and helpful people who still live unplanned, without excessive self-control. They may be occasionally sad and depressed with the fear of loss present. As we can see from the described profiles, obtained by the results of the research, the respondents differ the most according to the characteristic on the scale of deprivation (depression), which describes pessimism, helplessness, hopelessness, inadequacy and insecurity in withdrawn, inhibited, shy, reserved but also irritable and rigid people. in which a tendency towards self-punishment and self-accusing ideas is possible. Petrović [9] proved with his research that the personality profile of a drug addict differs from a normal personality in personality traits, motives and defense mechanisms. He described the personality profile of drug addicts as depressed, anxious, impulsive, unsociable and uncooperative, using projective defense mechanisms. The obtained results of our research are consistent with the results of previous research in which it was also found that people with depressive personality traits are more prone to the consumption and abuse of psychoactive substances [10]. Research by Judd and co-workers in the San Diego area [9] found significant differences in the lack of meaningfulness of life in students who took drugs from those who did not. Similar results of the Lina [9] study were obtained on a sample of 700 students at the University of Wisconsin. In her research on a sample of opiate addicts treated with Methadone, Jovanović [11] also found a significant prediction of anxiety and depression on the very beginning of taking psychoactive substances, as well as on the recurrence of opiate addiction, but also a significant influence on the choice of treatment protocol for each individual. Naumovska et al. [12] in a similar study conducted in Macedonia found an extremely high degree of depression in opiate addicts. Roganović et al. [13] based on the results of a study conducted on a sample of hospitalized addicts at the Psychiatric Clinic in Kotor in 2009, found a marked comorbidity of personality disorders, depressive and anxiety disorders with heroin addiction. Sakoman [14] points out that in the background of drug abuse, as an important etiological factor in the development of addiction, we find premorbid psychological problems (depression and anxiety present in about 60% of cases). Many authors of psychology and psychiatry textbooks describe depression as a state of general melancholy, apathy, lethargy, loss of sleep and appetite, which as such can be alleviated or even completely eliminated by taking certain substances, and if not taken under professional supervision can "get out of

control". very easily go into a state of addiction. Nutt and Nestor [15] state that opiates significantly reduce anxiety and stimulate mood, so the question arises whether depression and anxiety are the cause or consequence of taking psychoactive substances, or occur in parallel with the use of the substance, and whether there is a genetic predisposition and whether it is a kind of self-medication with narcotics. One of the assumptions that explains the connection between anxiety and mood disorders with drug abuse and dependence is the emergence of self-medication, which explains drug abuse in order to reduce the unpleasant effects of primary psychopathology. Then in addicts, the choice of drug is not accidental, but is closely related to the effects achieved by consuming it. Opiates are most commonly taken by people with feelings of internal disorganization, aggression, anger, and depression, while stimulants are used by individuals with a pronounced sense of boredom, hyperactivity, low self-esteem, and high depression [16] Some research reveals the suicidal mentality of drug addicts, and this is supported by a high percentage of depressed people among drug addicts who claim to manifest their self-destructive tendencies through delayed suicide through intoxication with psychoactive substances [17] In a study conducted on a population of 93 patients involved in the rehabilitation process for drug abuse, suicide risk was measured by Plutchik's suicide risk questionnaire, where it was found that 57% of respondents showed an increased suicidal risk. A positive correlation was found between suicidal behavior and drug and alcohol consumption, childhood trauma, physical and mental abuse in childhood, mental illness, anxiety, depression, and low self-esteem [18].

CONCLUSION:

People with depressive personality traits are more prone to consuming and abusing psychoactive substances, and depression is the most common mental disorder that is in comorbidity with heroin addiction. Heroin gave a new stamp to drug addiction in our environment and quickly introduced itself as the "most antisocial drug" that directly threatens not only the integrity of the individual, but also disrupts his relations with his family and immediate environment. An alarming increase in mortality, an increasing number of disintegrated families as well as increased crime among drug addicts, imposes an imperative on society to take appropriate measures as soon as possible in preventing and combating the new plague of our time [19].

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