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Odesa, UkraineЧебикін О.Я.<sup>1</sup>, Жилина В.В.<sup>2</sup>, Жилін М.В.<sup>2</sup>**Емоційно-особистісні особливості осіб з різними рівнями складної хімічної залежності**<sup>1</sup> Державний заклад «Південноукраїнський національний педагогічний університет імені К.Д. Ушинського», м. Одеса, Україна<sup>2</sup> Одеський національний морський університет,  
м. Одеса, Україна[menvik1907@gmail.com](mailto:menvik1907@gmail.com)**Introduction**

Under conditions of prolonged social tension, the problem of complex chemical dependency becomes especially severe for the public healthcare system [1]. Substance abuse is connected with increasing disability, criminalization of behaviour, and destruction of family bonds and labour ties, which intensifies the burden on healthcare and social services. In this regard, the study of psychological factors increasing addictive personality that, in its turn, complicate its course, can become the objective of psychological prevention and correction, and is of particular importance.

Current concepts of chemical dependency are based on a biopsychosocial approach that combines neurobiological, psychological, and social determinants [2; 3].

Within this approach the neurobiological models of changes of the reinforcement system, stress reactivity and control [4; 5], cognitive-behavioral models that describe the movement from the trigger to the episode of use through automatic thoughts and affective reaction [6; 7], socio-ecological and system-family approaches that highlight the role of the micro- and macro-context [8; 9] are actively developed.

For clinical practice, the phenomenon of complex chemical addiction, meaning the abuse of one or more psychoactive substances and resulting to medical, psychological and social consequences [10; 11], becomes important.

Primarily it concerns the drug addiction, which in combination with other kinds of addictions creates complex forms of chemical dependency [12; 13]. This kind has a tendency to relapse and is accompanied by distinct disturbances of emotional regulation [14; 15]. In this context, the measuring of individual emotional-personal characteristics, which combine stable personality traits and specific features of emotional regulation

of drug-addicted people, remains less studied and developed [16; 17].

The results of previous studies [18; 19; 20] indicate that individuals with complex chemical dependency are characterized by difficulties in identifying and verbalizing their own experiences, reduced frustration tolerance, impulsive aggression, and a tendency to use psychoactive substances as a quick way to ease the tension. There are scientific works that prove that emotional intelligence, emotional maturity, the capacity for empathy and constructive self-regulation are considered to be the most important resources that can reduce the risk of addiction formation, and can affect its severity and prognosis [21; 22].

The analysis of the emotional features of the individual is of particular importance, taking into account the level of expression and the nature of the course of dependency [23; 24]. Four levels of complex chemical dependency are identified in our study: low, medium, high and unstable-oscillating. The low level describes the situation as relatively controlled, although with a problematic use, the medium one is characterized by more stable patterns of use with pronounced mental dependency; the high level is a severe, chronic form with significant medical and social consequences; the unstable-oscillating level is characterized as a wave-like course with alternating phases of strengthening and weakening of use, frequent breakdowns and unstable remissions. This differentiation allows us to consider the level of complex chemical dependency as an indicator of the degree of emotional disorganization. The identification of specific emotional and personal characteristics for each level of dependency provides an opportunity to differentiate psycho-preventive and psychocorrective strategies oriented on specific risk groups in the public healthcare system. The above-mentioned arguments caused the study

of emotional and personal characteristics of individuals with different levels of complex chemical dependency.

**The purpose of the research** is to characterize the emotional and personal characteristics of individuals with different levels of complex chemical dependency in order to outline possible directions of the use of the identified patterns in the psychoprophylaxis system in the field of public healthcare.

### Object, materials and research methods

The object of the research is individuals with complex chemical dependency. The empirical study involved 82 persons receiving treatment or a rehabilitation course in health-care facilities and psychological and social care centres in Odesa city. The research included 50 men (61%) and 32 women (39%) aged between 18 and 68 ( $M=28.5$ ;  $SD=9.3$ ). According to clinical documentation, all participants were addicted to narcotic substances, combined with the use of other drugs. The information about the time period of addiction, the nature of the substances used, previous attempts of treatment, mental and somatic disorders was clarified according to medical records of the survey. The level of self-dependency was determined by self-evaluation of the participants: low – 26.8% ( $n=22$ ), medium – 24.4% ( $n=20$ ), high – 3.7% ( $n=3$ ), unstable-oscillating – 45.1% ( $n=37$ ).

Since the subject of the study is the emotional and personal characteristics of persons with addiction of different levels of expression, the complex of empirical methods included tools aimed at studying emotional manifestations. There was used the survey for diagnosing emotional maturity of the personality by O. I. Chebykin, the test of emotional intelligence by J. Mayer and his co-authors, the Freiburg Personality Questionnaire (FPI). The author's questionnaire aimed at collecting socio-demographic data, the information about the social context of use and the experience of appealing for help, the involvement in rehabilitation programs was applied as well.

**Data processing:** Statistical processing of the results involved the use of descriptive statistics (medians, quartiles, frequencies and percentages), correlation analysis (Spearman's rank correlation coefficient, conjugacy analysis of categorical variables using Pearson's  $\chi^2$  criterion and Kramer's V coefficient) and non-parametric criteria for comparing independent samples (Kruskal-Wallis and Mann-Whitney criteria). Results were processed using the IBM SPSS Statistics 21 package.

### Research results

According to the results of the survey, it was revealed that the subjects were mainly young residents of the city, mostly with university or unfinished university degree (79%) and with a basic monthly income of up to UAH 15,000 (85.4%). Approximately three quarters of the respondents (74.4%) were not in stable partnerships, 80.5% had no children. 84.1% of respondents had

chronic somatic diseases, only 9.8% assessed themselves as practically healthy. Almost all participants (89%) had someone from their surrounding with an addiction (mostly acquaintances and friends). Awareness of dependency: 70.7% of respondents could not clearly describe its content and symptoms, about a quarter of them took it calmly or undervalued its seriousness. Most of respondents were characterized by a high frequency of substance use – 4–5 times a week – 56.1%, daily – 9.8%, in medium and high doses – over 68%. The main motivations to use were the need of emotional self-regulation, such as lifting the mood, relaxing, turning off the mind (70%). A third (31.7%) had a clear need to continue the use after the end of the substance. The need for help was noted by 51.2% of the subjects, 47.6% had experience in contacting specialists, while the rest were either not included in long-term programs at all, or limited themselves to episodic appeals.

According to the method of emotional maturity diagnosing, the majority of respondents preserved basic emotional abilities against frequent violations of their use in their real behavior. Thus, the value of the introexpressiveness indicator of 91.5% of people was in the range of 3–4 points. Extraexpressivity and introempathy of 84.1% of people also had 3–5 points. At the same time, 37.8% of the examined had reduced estimates of the extraempathy rate (1–2 points). 37.8% of the subjects demonstrated empathy violation according to the corresponding scale, 34.1% had the violation of mimic reflection of emotions, 34.1% demonstrated the violation of the ability to influence other people, and the violation of emotional self-regulation was observed in 57.3% of respondents.

Based on the assessment of emotional intelligence, it was found that the majority of respondents had a relatively good understanding of emotional situations, but a considerable proportion experienced difficulties with the identification and regulation of emotions.

Half (50%) of the respondents demonstrated a sufficient level of understanding of emotional information, 46.4% – a sufficient ability to regulate their own emotional states, and about a third (30.5%) – the ability to use emotions as a resource of thinking (emotional facilitation). At the same time, 26.8% of respondents had reduced indicators of identification of emotions, 30.4% – reduced the level of facilitation of thinking with emotions, 26.8% revealed insufficient understanding of emotional meanings, 29.2% demonstrated insufficient self-regulations of emotional states. The most problematic one was the regulation of other people's emotional states, where 47.6% of individuals had low values (1.4–1.9 points) and only 29.3% had relatively high values (2.6–3 points).

According to the FPI questionnaire, it was found that 70.7% of the subjects had an increased level of neuroticism, 60.9% had signs of depression, 47.6% demonstrated irritability, 62.2% increased spontaneous aggressiveness, 69.5% had high reactive aggressiveness, and 67.1% were characterized by pronounced emotional lability.

To analyze the relationships between the level of complex chemical dependency and emotional-personal

indicators, we have been forced to abandon the use of Spearman's rank correlation coefficient, since the level of dependency was coded by numbers from 1 to 4 (low, medium, high, unstable-oscillating), but these categories do not form a strict rank scale. In particular, the unstable-oscillating level of dependency describes the wave-like course and cannot be interpreted as higher or lower comparing with other categories. Therefore, all data regarding the relationship of the level of dependency with emotional-personal indicators were analyzed according to the logic of cross-distributions, where both variables were considered as categorical, cross-tables were constructed, after which the significance of the association was evaluated according to Pearson's  $\chi^2$  criterion and the strength of the relationship according to Kramer's V coefficient.

For most indicators, the criterion  $\chi^2$  did not reveal statistically significant relations ( $p > 0.05$ ), but in some cases some associations which are worth paying attention to were recorded. In particular, for the extraexpressivity index  $\chi^2(9) = 17.95$ ,  $p < 0.05$ ;  $V = 0.27$ , which corresponds to the moderate strength relationship. The structure of cross-distributions showed that a medium, relatively stable level of dependency is more often combined with higher values of external emotional expressiveness, while with an unstable course this characteristic is less pronounced. A similar trend is observed for extraempathy, where a relatively moderate relationship is recorded ( $\chi^2(12) = 24.02$ ;  $p < 0.05$ ;  $V = 0.31$ ). According to the association of categorical variables, it was the group with a wave-like course of dependency that was marked by a bigger proportion of low values of extraempathy compared to groups with a stable low, medium or high level of dependency. The association between the level of dependence and emotional facilitation of thinking ( $\chi^2(45) = 64.91$ ;  $p < 0.05$ ;  $V = 0.51$ ) was also statistically significant, which shows that individuals with wave-like levels of dependency were more likely to have lower values of using emotions as a resource of thinking compared to other groups. A distinct association was found for depressivity ( $\chi^2(30) = 44.73$ ;  $p < 0.05$ ;  $V = 0.43$ ), and cross-matching of categories demonstrated that with increasing depressive manifestations, the proportion of individuals with medium and unstable-oscillating levels of dependency increases, while the proportion of individuals with low levels of dependency gradually decreases. Therefore, statistically significant associations of the level of complex chemical dependency with extraexpressiveness, extraempathy, emotional facilitation of thinking and depression have been found.

Further analysis was aimed at investigating the internal structure of the relations between the emotional-personal indicators themselves. Since all scales here were interval scales, Spearman's rank correlation coefficient was used and the relations under conditions  $p < 0.05$  were considered statistically significant. Among the numerous correlations, a complex of positively correlated indicators stood out, which included intro – and extra-expressiveness, intro – and extra-self-regulation, intro – and extra-empathy, as well as five scales of emotional intelligence

(identification of emotions, emotional facilitation of thinking, understanding of emotional information, regulation of one's own emotional states, regulation of other people's emotional states) (Fig. 1).

The first block of the complex consisted of indicators of emotional maturity. Positive correlations between 0.41 and 0.81 ( $p < 0.01$ ) prevailed, reflecting the agreement between the capacity of adequate expressions of emotions, internal and external regulations and empathic responses. The second block (emotional intelligence scales) formed a node with very high interrelations, which coefficients are greater than 0.7 ( $p < 0.01$ ), where the indicators of emotion identification, emotional facilitation, understanding of emotional meanings and affect regulation are closely related. Numerous direct correlations with coefficients between 0.44 and 0.67 ( $p < 0.01$ ) are also present between these two blocks. These behavioral forms of emotional regulation are combined with higher cognitive and emotional capabilities.

A separate complex was formed by FPI scales (neuroticity, spontaneous aggressiveness, irritability, reactive aggressiveness, emotional lability). Depressivity had weaker but one-way relations with these indicators. Within this block, positive correlations prevailed, with coefficients ranging from 0.36 to 0.88 ( $p < 0.01$ ), reflecting tendencies towards emotional instability, tension and aggressive responses.

Between the complex that integrates emotional maturity and emotional intelligence, on the one hand, and the indicators of neuroticism, aggressiveness, irritability and emotional lability, on the other one, the correlations had an inverse direction with coefficients ranging from  $-0.36$  to  $-0.65$  ( $p < 0.01$ ). In fig. 1, this is presented as dotted lines combining the right-hand block of the FPI with the blocks of emotional maturity and emotional intelligence on the left. These results show that higher values in measures of expressiveness, emotional self-regulation, empathy and emotional intelligence are associated with a lower level of neuroticism, aggressiveness, irritability and emotional lability.

Before analyzing the differences between the subgroups of respondents with low, medium, high and unstable-oscillatory levels of complex chemical dependency, the compliance of the distribution of indicators of the normalcy criteria according to the Shapiro-Wilk test was checked. For most variables in the groups, the distributions were found to be abnormal ( $p < 0.05$ ), which conditioned the use of the Kruskal-Wallis criteria for intergroup variations and Mann-Whitney for pairwise comparisons.

According to the Kruskal-Wallis criterion, statistically significant differences between the groups of subjects were found for indicators of extraempathy, ability to identify emotions, emotional facilitation of thinking and depression (Table 1).

A comparison of the medians showed that in groups of people with low and medium levels of dependence, the values of the cognitive-emotional components of emotional intelligence are higher than in subjects with

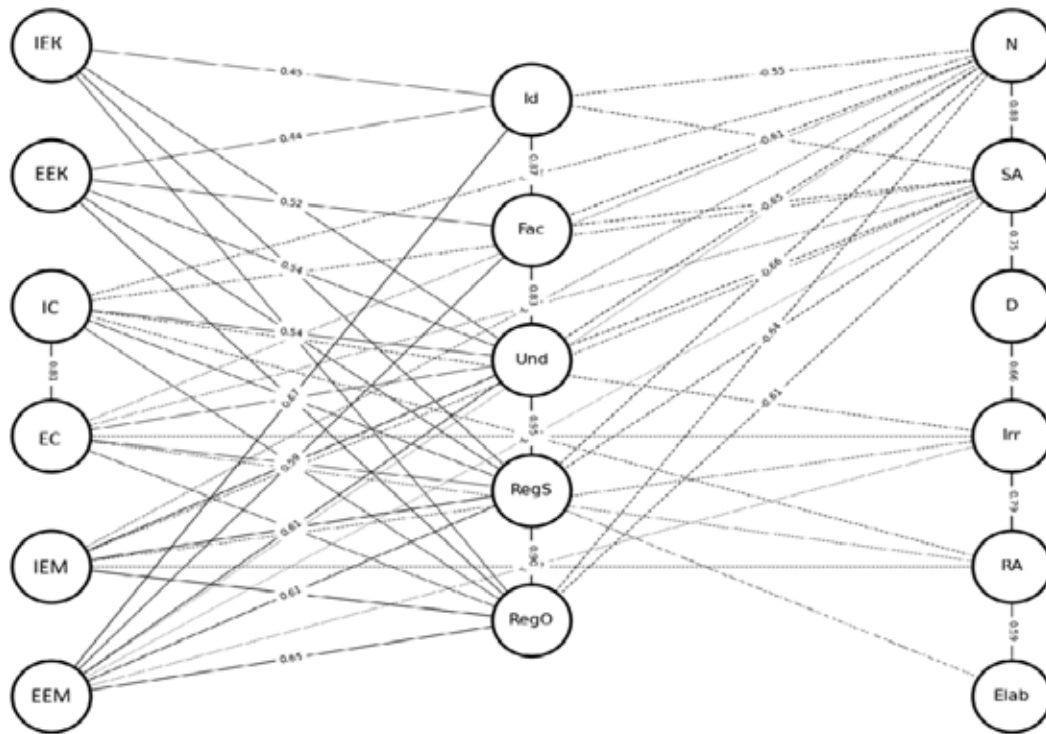


Fig. 1. Interrelationships between indicators characterizing the emotional and personality traits of individuals with complex chemical dependence (n=82), where correlations at the level of  $p < 0.01$  are shown, a solid line indicates a direct correlation, a dotted line indicates an inverse correlation, IEK – introexpressivity, EEK – extraexpressivity, IC – introregulation, EC – extraregulation, IEM – introempathy, EEM – extraempathy, Id – emotion identification, Fac – emotional facilitation of thinking, Und – understanding of emotional information, RegS – regulation of one’s own emotions, RegO – regulation of other people’s emotions, N – neuroticism, SA – spontaneous aggression, D – depression, Irr – irritability, RA – reactive aggression, Elab – emotional lability

Table 1

Statistically reliable differences in the manifestation of emotional and personal characteristics between groups of people with different levels of complex chemical dependency (df=3)

indicators	Groups of people with different levels of complex chemical dependency; Me [Q1;Q3]				Statistical significance of differences	
	gr.1 (n=22)	gr.2 (n=20)	gr.3 (n=3)	gr.4 (n=37)	H	p
Extraempathy	3 [2; 3]	3 [3; 4]	4, [3; 4]	2 [2; 3]	14,91	$p < 0,01$
Ability to identify emotions	3,4 [2,7; 3,6]	3,3 [2,6; 3,6]	3,2 [2,9; 3,4]	2,7 [2,5; 3,2]	11,94	$p < 0,01$
Emotional facilitation of thinking	3,2 [2,5; 3,5]	3,4 [2,5; 3,6]	2,9 [2,7; 3,1]	2,7 [2,5; 3,1]	9,16	$p < 0,05$
Depressiveness	7 [6; 9]	9 [6,5; 9,5]	11 [9; 11,5]	10 [9; 10]	20,87	$p < 0,01$

Notes: df – degrees of freedom; gr.1 – group of individuals with a low level of complex dependence; gr.2 – group with an average level; gr.3 – group with a high level; gr.4 – group with an unstable fluctuating level of dependence; Me – median; Q1 and Q3 – distribution quartiles; H – value of the Kruskal-Wallis criterion in units of distribution  $\chi^2$ ; p – statistical significance for the criterion.

an unstable-oscillating level. Thus, the ability to identify emotions in the first and second groups is 3.3–3.4 points, while in the fourth one is 2.7 points.

The emotional facilitation measure of thinking had the highest median in the group with a medium level of dependency (Me=3.4), slightly lower in the individuals with a low level (Me=3.2) and the lowest in those

ones where the level of dependency fluctuates (Me=2.7). Extraempathy in groups of individuals with low and medium levels of dependency had moderate values (Me=3), individuals with a wave-like level had a lower level (Me=2), and the group with a high level the highest ones (Me=4). Depressivity increased from lower values in the low-level group (Me=7) to higher values

in the medium-level groups ( $Me=9$ ) and unstable-oscillating ( $Me=10$ ) dependency levels.

Subsequent pairwise comparisons using the Mann-Whitney test showed that no statistically significant differences were found between the low and medium dependency subjects ( $p>0.05$ ), that is, their emotional-personal profile is generally similar. The most pronounced differences were determined between groups of persons with low and unstable-oscillating levels of dependence. Respondents with a wave-like course of dependence recorded lower rates of extraempathy ( $U=279$ ;  $p<0.05$ ), ability to identify emotions ( $U=210$ ;  $p<0.01$ ) and emotional facilitation of thinking ( $U=245.5$ ;  $p<0.05$ ), and their depression was higher ( $U=132.5$ ;  $p<0.01$ ). A similar pattern was found when comparing groups of subjects with medium and unstable-oscillating levels, where individuals with medium dependency levels had higher values of extraexpressivity ( $U=259$ ;  $p<0.05$ ), extraempathy ( $U=171$ ;  $p<0.01$ ), emotion identification capacity ( $U=219.5$ ;  $p<0.05$ ) and emotional facilitation of thinking ( $U=230$ ;  $p<0.05$ ), and in the group with a wave-like course of dependency, depression was higher ( $U=238$ ;  $p<0.05$ ). Pairwise comparisons of groups of individuals with high dependency did not reveal statistically significant discrepancies with other groups ( $p>0.05$ ), which is probably due to the small number of this group ( $n=3$ ), which limited the statistical power of the criterion. Summarizing the results, we can formulate two regularities found in the emotional and personal profile of people with different levels of complex chemical dependency: 1) with low and medium levels of dependency, the basic resources of emotional maturity and emotional intelligence were generally preserved, but with a wave-like course, there was a combination of decreased empathy, identification, understanding and facilitation of emotions, self-regulation became weaker and a pronounced depression was observed; 2) increase in neuroticism, aggressiveness and emotional lability are associated with decreased emotional regulations and empathic abilities, and lower levels of maladaptive manifestations corresponded to more advanced regulatory and cognitive-emotional components.

On the basis of the identified regularities, scientific and methodological recommendations were developed for the use of emotional and personal characteristics of persons with complex chemical dependency in the system of psychoprophylaxis and psychocorrection. Recommendations are structured in two blocks.

The first block is aimed at direct psychocorrective work with clients and is presented as a step-by-step program that includes four functionally related modules. The diagnostic-orientation module involves the use of a package of methods to determine emotional maturity and emotional intelligence, expressiveness of depression, aggressiveness and lability, as well as characteristics of the course of addiction. On this basis, individualized goals are formulated with an emphasis on the stabilization of an effect, the reduction of depressive symptoms, the development of empathy and strengthening cognitive processing of emotional signals. The basic regulatory

module focuses on the development of self-emotion recognition skills, the differentiation of physical and emotional signals, and the assimilation of available techniques suitable for risky situations. The interpersonal-oriented module aims to restore extraempathy, suggests constructive interaction strategies how to de-escalate conflicts, which is especially important for individuals with complex chemical dependencies. The integration and prevention module provide with the formation of an individual plan for the prevention of relapses, taking into account individual combinations of depression, lability and aggressive reactions.

The second block of recommendations is addressed to specialists and designed as an educational and methodological complex with a description of the diagnostic package, principles of interpretation and algorithms for adapting interventions.

Collectively, these recommendations provide with the technology of the transition from a diagnostic profile to targeted psychocorrective and psychopreventive work.

### Discussion of research results

The obtained results make it possible to describe the emotional and personal profile of persons with complex chemical dependency as internally contradictory. On the one hand, a significant part of the subjects has preserved basic emotional resources (expressiveness, empathy, the ability to understand emotional signals), on the other hand, these resources function against the increased neuroticism, aggressiveness, emotional lability and dysregulation, especially in interpersonal situations. Such data are in good agreement with modern notions of addictive behavior as a way of external, artificial regulation of affects in conditions of scarcity of internal regulatory mechanisms [25; 26].

Taking into consideration all the contextual characteristics, high socio-economical and family vulnerability (unstable relationships, absence of children, chronic somatic diseases, presence of persons with addiction in the immediate environment) is revealed and it creates space for stressful influences. Against these narcotic substances are in fact integrated into the daily practice of emotional self-regulation, which is consistent with the concepts of self-medication and the compensatory function of addictive behaviour [27; 28]. The fact that a significant part of the respondents did not have clear ideas about the nature of addiction and was prone to undervalue the seriousness of the state that, in its turn, increases the risk of turning the symptom complex into a chronic state and complicates the motivation to changes.

An important result is the identification of two interconnected emotional-personal systems. The first one, resourceful, includes emotional maturity and emotional intelligence. Direct correlations between these indicators suggest that behavioral forms of emotional regulation rely on cognitive-emotional abilities, thus forming a single regulatory system consistent with data on the integration

of the aptitude and trait components of emotional regulation [29].

The second system, maladaptive, unites neuroticism, aggressiveness, irritability, emotional lability and, in a slightly weaker form, depression. All these symptoms tend to unsustainable, tense, conflicting functioning. The presence of persistent feedbacks between this system and the emotional maturity-emotional intelligence complex suggests that resource and risk emotional-personal tendencies act as relative polar poles of a single continuum. The higher the level of internal and interpersonal regulation of emotions, the lower the manifestations of neuroticism, aggressiveness, irritability and emotional instability, and vice versa. This result is consistent with research models where emotional competence is seen as a protective factor for emotional maladaptation, impulsive aggression, and depressive symptoms in individuals with addictions [20; 30].

Differences between people with different levels of complex chemical dependency deserve special attention. Importantly, no significant discrepancies in resource indicators were recorded with those who had low and medium levels, and their emotional and personal characteristics turned out to be relatively similar. Contrasts arise when comparing these relatively stable forms of dependency with a group of individuals where its level fluctuates. It is with the wave-like course of addiction that reduces indicators of extraempathy, the ability to identify emotions and emotional facilitation of thinking in combination with a higher depression. These results complement research data showing that it is not so much the severity of addiction as its unevenness and repeated attempts to stop that are associated with greater emotional disorder and suicidal risks [31; 32].

Associations of the level of addiction with extraempathy and emotional facilitation of thinking are especially indicative. A decrease in the ability to empathically respond to others, combined with the limited use of emotions as a thinking resource with individuals who have a wave-like course of addiction, may mean that it is at the stage of unstable remissions and relapses that these resources are gradually depleted. This, in its turn, reduces the potential for conscious experience of addiction-related suffering and realistic prediction of the effects of use, which maintains a circle of closed, unsuccessful attempts to change. The increased depression characteristic of this group can then be considered as an emotional background of frustrated attempts of control and permanent feelings of failure, as by other studies report [33].

The revealed paradoxical nature of high values of extraempathy in a group of people with a high level of dependency is interesting. Because of the small number of subjects, this trend should be interpreted with caution. However, it may reflect the phenomenon of excessive sensitivity to the emotional state of others, which, according to some sources, is combined with high vulnerability, guilt and self-blame and is used as a psychological basis for maintaining codependent relationships [34]. In this case,

empathy ceases to be a resource of regulation and acquires a disorganizing, exhausting character.

Determining the actuality of the study, we can say that the results are in the accordance with the biopsychosocial approach [2] and modern models of addiction, which emphasize the key role of emotional dysregulation in maintaining the use and risk of relapses [15; 20; 23; 26], at the same time, clarifying them at the level of the structure of the emotional-personal profile of individuals with complex chemical dependency, where resource (emotional maturity and emotional intelligence) and maladaptive (neuroticity, aggressiveness, emotional lability, interact depressivity) complexes interact. A fundamentally new aspect is the identification of the fact that the greatest exhaustion of the emotional resource is not associated with a consistently high, but with an unstable-oscillating course of dependency, which complements the perception of the heterogeneity of the clinical-psychological

The practical relevance of the results is determined by the possibility of using them to improve diagnostic and remedial rehabilitation programmes in the health care system [1]. Taking into account modern approaches in the prevention of relapses and psychological assistance to people with chemical addiction [6; 12], it is proposed to apply emotional and personal characteristics as indicators of risk groups and as targets for psychocorrection. An important clarification is the selection of persons with a wave-like course of addiction who are considered to be the most vulnerable group. The main priority is to restore extraempathy, to train how to identify emotions, to develop emotional self-regulation skills and to carry on systemic correction of depressive symptoms. On this basis, scientific and methodological recommendations have been developed, which can be integrated into short diagnostic packages and modular psychological support programs, coordinated with modern resource-oriented approaches in rehabilitation and psychotherapy of addictions [3; 6; 21].

### Prospects for further research

In further research, it is advisable to enlarge the subject area to include the analysis of cognitive, motivational and family-systemic determinants of complex chemical dependency, as well as to conduct a longitudinal experimental study of the dynamics of emotional and personal characteristics in the process of implementing the proposed scientific and methodological recommendations.

### Conclusions

1. Individuals with complex chemical dependency have been shown to be predominantly young urban dwellers with familial instability, somatic burdens, and the substance use is a mundane phenomenon in their immediate social environment. Their emotional-personal profile reveals a combination of relatively preserved emotional abilities with pronounced neuroticism, aggressiveness, emotional

lability and disorders of emotional self-regulations in interpersonal interactions.

2. The existence of two oppositely directed emotional-personal complexes is found in the study: the resource complex, which unites emotional maturity and emotional intelligence, and the maladaptive one, represented by neuroticism, reactive aggressiveness, irritability, depression and emotional lability. Stable connections have been found between these complexes, that is, the higher the formed resources of emotional maturity and emotional intelligence, the lower the expressiveness of maladaptive emotional tendencies.

3. It was determined that the most emotionally vulnerable group is a group with a wave-like course of complex chemical dependency, which is characterized by reduced extraempathy and identification, facilitation

of emotions and pronounced depression. This justifies the expediency of directing psychocorrective work into the favour of development of emotional maturity and emotional intelligence, as well as the correction of depressive manifestations which are the key targets of psychological assistance to persons with complex chemical dependency.

In general, the obtained results support the idea that successful rehabilitation in addition to reducing the frequency and intensity of use, requires the purposeful development of emotional maturity and emotional intelligence as the basic mechanisms of internal and interpersonal regulations. It is that field that opens new opportunities for further scientific and practical studies, including an in-depth analysis of the effectiveness of specific psychocorrective measures built on the revealed regularities.

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**Purpose.** Objective: to characterize the emotional and personality traits of individuals with varying degrees of complex chemical dependence and to outline possible directions for applying the identified patterns in the system of psychoprophylaxis in public health.

**Materials and methods:** 82 individuals with varying levels of complex chemical dependence were examined: low (n=22), medium (n=20), high (n=3), and unstable-fluctuating (n=37). We used O. Ya. Chebykin's questionnaire for diagnosing emotional maturity, J. Mayer et al.'s emotional intelligence test, the Freiburg Personality Inventory (FPI), and our own questionnaire. We used the Kraskel-Wallis and Mann-Whitney criteria to compare the groups. The relationship between the level of dependence and emotional and personality indicators was assessed using cross-tabulation logic with Pearson's  $\chi^2$  and Cramer's V. Correlations between the indicators of emotional and personality characteristics of the subjects were determined using Spearman's criterion.

**Results.** Statistically significant intergroup differences were found in terms of extraempathy ( $p < 0.01$ ), ability to identify emotions ( $p < 0.01$ ), emotional facilitation of thinking ( $p < 0.05$ ), and depression ( $p < 0.01$ ). Significant associations ( $p < 0.05$ ) were found between the level of dependence and extra-expressiveness, extra-empathy, emotional facilitation of thinking, and depressiveness. Correlation analysis between emotional and personal manifestations demonstrated the presence of two interrelated correlation complexes: resourceful (emotional maturity and emotional intelligence) and maladaptive (neuroticism, aggressiveness, irritability, emotional lability, and depression), between which inverse relationships prevail.

**Conclusions.** The group with an unstable and fluctuating level of complex chemical dependence proved to be the most emotionally vulnerable, as it combines a decrease in empathic and cognitive-emotional resources with an increase in depressive background. The interrelationships within emotional and personal manifestations indicate the opposite direction of resourceful and maladaptive emotional and personal complexes, which reflects the common regulatory basis of resourcefulness and vulnerability within the dependent profile. Based on the results obtained, scientific and methodological recommendations have been developed aimed at differentiated support for individuals with different levels of dependence, focusing on the restoration of extra-empathy, training in emotion identification, and the development of emotional self-regulation skills.

**Key words:** level of complex chemical dependence, emotional maturity, emotional intelligence, depression, scientific and methodological recommendations.

**Мета:** схарактеризувати емоційно-особистісні особливості осіб з різними рівнями складної хімічної залежності та окреслити можливі напрями використання виявлених закономірностей у системі психопрофілактики в галузі громадського здоров'я.

**Матеріали та методи.** Обстежено 82 особи з різними рівнями складної хімічної залежності: низьким (n=22), середнім (n=20), високим (n=3) і нестабільно-коливним (n=37). Застосовано опитувальник діагностики емоційної зрілості особистості О. Я. Чебікіна, тест емоційного інтелекту Дж. Маєра та співавторів, Фрайбурзький особистісний опитувальник (FPI) й авторську анкету. Для порівняння груп використано критерії Краскела–Уолліса і Манна–Уїтні. Оцінку зв'язку рівня залежності з емоційно-особистісними показниками здійснювали за логікою перехресних розподілів із застосуванням  $\chi^2$  Пірсона та V Крамера. Кореляції між показниками емоційно-особистісних особливостей досліджуваних визначали за критерієм Спірмена.

**Результати.** Статистично значущі міжгрупові відмінності виявлено за показниками екстраемпатії ( $p < 0,01$ ), здатності до ідентифікації емоцій ( $p < 0,01$ ), емоційної фасилітації мислення ( $p < 0,05$ ) та депресивності ( $p < 0,01$ ). Виявлено значущі асоціації рівня залежності з екстраекспресивністю, екстраемпатією, емоційною фасилітацією мислення та депресивністю на рівні  $p < 0,05$ . Кореляційний аналіз між емоційно-особистісними проявами продемонстрував наявність двох взаємопов'язаних кореляційних комплексів: ресурсного (емоційна зрілість і емоційний інтелект) та дезадаптивного (невротичність, агресивність, роздратованість, емоційна лабільність і депресивність), між якими переважають обернені зв'язки. Розроблено науково-методичні рекомендації для психопрофілактичної та психокорекційної роботи з особами із складною хімічною залежністю, які включають 4 модулі. Діагностично-орієнтаційний модуль – це пакет методик для визначення профілю емоційної зрілості, виразності депресивності, агресивності та лабільності, а також характеристики перебігу залежності, який має на меті формулювання індивідуалізованих цілей з акцентом на стабілізацію афекту, зниження депресивної симптоматики, розвиток емпатії й посилення когнітивної обробки емоційних сигналів. Базовий регулятивний модуль зосереджений на розвитку навичок розпізнавання власних емоцій, диференціації тілесних та емоційних сигналів і засвоєнні доступних технік самозаспокоєння, при-

датних для ситуацій ризику. Міжособистісно-орієнтований модуль спрямований на відновлення екстраемпатії, конструктивні стратегії взаємодії та деескалацію конфліктів. Інтеграційно-профілактичний модуль передбачає формування індивідуального плану запобігання рецидивам із фокусом на критичних комбінаціях депресивності, лабільності й імпульсивних реакцій.

**Висновки.** Особи зі складною хімічною залежністю переважно є молодими міськими мешканцями з сімейною нестабільністю, соматичною обтяженістю та нормалізацією вживання психоактивних речовин у найближчому соціальному оточенні. Їхній емоційно-особистісний профіль виявляє поєднання відносно збережених емоційних здібностей з вираженою невротичністю, агресивністю, емоційною лабільністю та порушеннями емоційної саморегуляції, особливо у міжособистісній взаємодії. Встановлено наявність двох протилежно спрямованих емоційно-особистісних комплексів: ресурсного, який об'єднує емоційну зрілість та емоційний інтелект, і дезадаптивного, представленого невротичністю, реактивною агресивністю, роздратованістю, депресивністю та емоційною лабільністю. Між цими комплексами виявлено стійкі обернені зв'язки, тобто, чим вище сформовані ресурси емоційної зрілості та емоційного інтелекту, тим нижчою є виразність дезадаптивних емоційних тенденцій. Найбільш емоційно уразливою є група з хвилеподібним перебігом складної хімічної залежності, для якої характерні знижена екстраемпатія, ідентифікація, фасилітація емоцій та виражена депресивність. Це обґрунтовує доцільність спрямування психокорекційної роботи на розвиток емоційної зрілості та емоційного інтелекту, а також на цілеспрямовану корекцію депресивних проявів як ключових мішеней психологічної допомоги такої категорії осіб зі складною хімічною залежністю.

**Ключові слова:** рівень складної хімічної залежності, емоційна зрілість, емоційний інтелект, депресивність, науково-методичні рекомендації.

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