

Derived from clinical observational data, the alexithymia construct encompasses several of the characteristics discussed or alluded to by Coltart, including (a) difficulty identifying and describing affects, (b) an inability to use affects as signals of inner conflict or of responses to external situations, (c) restricted imaginative processes, as evidenced by a paucity of dreams and fantasies, and (d) an externally-oriented cognitive style. Lacking access to feelings and other inner experiences, alexithymic individuals tend to focus on and amplify the physiological component of emotional arousal. This is thought to explain their tendency to somatisation and their proneness to discharging tension through binge-eating, substance abuse, and other compulsive activities – behaviours that were first reported in this type of patient by Horney (1952).

While some psychiatrists associate psychological-mindedness with socioeconomic status, educational level, and intelligence, our research with the TAS has shown no relationship between alexithymia and these variables in normal adults. Investigations with the TAS have also provided considerable empirical support for the validity of both the scale and the alexithymia construct (Taylor & Bagby, 1988). For example, factor analysis studies of the TAS have demonstrated a stable and replicable 4-factor structure theoretically congruent with the alexithymia construct. In addition, the TAS has been shown to correlate in predicted directions with measures of other constructs, including the psychological-mindedness subscale of the California Personality Inventory, the Need for Cognition Scale, the Anger Expression Scale, and the Short Imaginal Processes Inventory. Consistent with Coltart's view that the prospect of successful treatment is influenced by the level of psychological-mindedness, the TAS was also found to correlate strongly and negatively with Barron's Ego Strength Scale, a test that was designed to predict successful response to psychotherapy.

Given their unsuitability for analytical psychotherapies, patients who are not psychologically-minded have been largely neglected by psychoanalysts. The formulation and validation of the alexithymia construct, however, has focused attention on this difficult group of patients and prompted some analysis to devise modified psychotherapeutic techniques for treating them (Krystal, 1988, Taylor, 1987).

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### Illicit drug use in strength athletes

SIR: We are currently conducting a psychological investigation with strength athletes, some of whom illicitly self-administer performance-enhancing drugs. The use of these drugs, mainly anabolic steroids, is widely recognised (Pope & Katz, 1988). We have been surprised by the willingness of these amateur athletes to try new drugs offered by friends and fellow competitors, despite little knowledge concerning their effects. In a recent example, a young male body-builder (aged 22) took 1000 mg L-dopa per day for three days in the belief that it would make his veins more prominent, thus enhancing muscular definition (an important attribute in bodybuilding competitions). He suffered flashes and pulses of pain in his head and experienced auditory hallucinations. This confirms the hallucinogenic properties of L-dopa reported elsewhere (Bradley & Hirsch, 1986). Following drug withdrawal these symptoms disappeared, and he has now returned to taking anabolic steroids. Steroids, however, may also cause negative side-effects: feelings of anger and hostility (Goldman, 1984), physical acts of violence (Pope & Katz, 1989), manic or psychotic episodes (Pope & Katz, 1988), and depression on drug withdrawal (Pope & Katz, 1988). Similar occurrences have been noted in our study, although causation could not be established.

The honesty of this athlete in admitting to drug use contrasts with the more frequently encountered reluctance. Amateur or professional athletes may therefore present for medical consultation with symptoms relating to illicit drug use. It is suggested that this should be suspected and objectively monitored before alternative diagnoses are offered.

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— & — (1989) Homicide and near homicide by anabolic steroid users (in press).

#### Corrigendum

*Journal*, December 1988, **153**, 796 (N. Kreitman & P. Casey). Table VI was omitted: it is given here.

TABLE VI  
Rates per 100 000 by social class and category (average of three cohorts, males only)

Social class	First-evers	Minor repeaters	Major repeaters
I & II	58.4	40.1	10.2
III	112.2	74.3	17.6
IV	208.8	154.6	78.5
V	450.4	443.0	277.8

### A HUNDRED YEARS AGO

#### The education of idiots and imbeciles

It is now a matter of common intelligence that a large proportion of the inmates of Asylums for Idiots and Imbeciles are capable of instruction. Not only is this true of ordinary school tasks, of course in a limited degree, but it applies also to the case of trade handicrafts and rational amusements. Shoe-making, tailoring, straw-hat making, weaving, and other occupations have thus been taught and learnt, and the success attained is on the whole encouraging. With material apparently so unpromising to deal with, the temptation to do nothing by way of education must

be considerable, the more so since it has proved in the case of a substantial minority of the pupils practically hopeless. The marked success attained in other instances is a monument to the perseverance of those who achieved it. It is also an example of really useful work done by conserving, so to speak, the scraps of the national intellect, and it affords a strong argument in favour of the support of those institutions in which this work is carried on.

#### Reference

*The Lancet*, 19 January 1989, 136.

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