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Psychological Peculiarities Of Addicted Patients In The Various Rehabilitation Stages

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Abstract: The article dedicated to one of the widespread problems of society addiction. In it described research on social-psychological rehabilitation processes of patients with substance abuse and alcoholism. Authors investigated cognitive, emotional, motivational, volitional aspects of addicted patients in different stages of recovery. They also made appropriate conclusions and recommendations on effective therapeutic techniques for each stage of rehabilitation process.

Key words: Substance abuse, alcoholism, addiction, social-psychological rehabilitation, socio-psychological factors, motivational, emotional-volitional, intellectual spheres, the value system, Precontemplation, Contemplation, Readiness to Act stages.

1. INTRODUCTION

The relevance and relevance of the topic of the dissertation. From year to year, the threat of problems caused by the “Plague of the Century” —dependence on psychoactive substances for the entire population of the world — is increasing all over the world. According to the World Health Organization (September 21, 2018), 3.3 million people die from alcohol and substance abuse in a year, and this addiction is the cause of many other diseases. Dependence on psychoactive substances is not only medical problems, it is also the commission of serious crimes, the destruction of families and the change of the gene pool of the entire population, i.e. spiritual, moral, legal, social, psychological problems, early prevention, treatment and elimination of which are of great importance.

Worldwide, addiction is one of the pressing problems of medical psychology, which is engaged in the study of socio-psychological factors, motivational, emotional-volitional, intellectual spheres, the value system of people with addiction to psychoactive substances (SAW), and the development of programs for medical and psychological, socio-psychological rehabilitation, effective psychotherapeutic methods of exposure. The problem of studies of the clinical and psychological characteristics of patients with dependence on

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psychoactive substances at different stages of rehabilitation, the development of appropriate differential psychotherapeutic agents, increasing efficiency and shortening rehabilitation periods, prolonging remission remain relevant to this day.

The present study is based on data from investigation of addicted people in 2010 which was conducted by author (especially clinic-psychological aspects). In this research took part 120 patients of Republican Narcological Centre (Uzbekistan, Tashkent) on learned index of readiness to change. The half of patients (60 persons) has had just medical rehabilitation, and the other half of investigating people together with the medical assistances were involved in psychological rehabilitation (counseling, psychotherapy).

Differences were revealed in the groups by length of use, by type of dependence and gender. Differences in the results of the methods in patients with medical and psychological rehabilitation were checked by the Student criterion and a general correlation analysis was performed. But this correlation analysis did not reveal the features of the stages of rehabilitation. Therefore, based on the degree of motivation for changing patients, we grouped them in the stages of Pre-reflection, Reflection and Action. The differences between these groups were tested in the Bonferroni and Hochberg criteria.

According to the qualitative and quantitative analysis of the results on the cognitive sphere of patients with addictive behavior tested using such methods as: “Arrange the icons”, “Pictograms”, the intelligent CFIT test. In both groups according to the “Arrange the badges” methodology, the lowest indicators were revealed, the average indicator was a negative sign. Therefore, we did not include data from this technique for mathematical processing. From the results of the methodology, we can conclude that during medical and psychological rehabilitation, more attention should be paid to social rehabilitation (rehabilitation, disability, professional rehabilitation). Using the “Pictograms” technique, very low coefficients were obtained; we also did not consider it necessary to use them in mathematical processing. The author came to the conclusion that it is necessary to especially increase cognitive and intellectual activities in patients with a drug addiction center.

2. MATERIALS AND METHODS

General and private correlation analyzes did not show a connection between intellectual potential and the motivation for change in addictive patients. At the beginning of the rehabilitation process (at the stage of pre-reflection), an intellectual indicator determines emotional instability, internality in family relationships and dissatisfaction with the patient. In the middle of rehabilitation (at the stage of reflection), the intelligence coefficient determines conflict, with internality in the field of industrial relations, a positive assessment of one's own character. By the end of rehabilitation (at the stage of readiness for action), intellectual potential determines a feeling of loneliness, responsibility in the field of achievements and industrial relations, self-esteem of character, health and happiness. Based on the above revealed, we came to the conclusion that although in the process of rehabilitation the intellectual potential is not directly related to the motivation for change, it is interconnected with the emotional sphere, complacency and self-esteem, which are potential for change.

To study the emotional sphere of patients with addictive behavior, we used the Lusher color test, the Questionnaire for the study of emotional instability and the Questionnaire for the study of conflict K. Thomas, “The Scale of Solitude” D. Russell, L. Peplo and M. Ferguson.

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The Luscher test revealed a vulnerable nature, frustration, unwillingness to obey the requirements of others, a confrontation in the general emotional sphere of patients of the drug treatment center, because of constant confrontations, prohibitions, “quarrels”, they feel tired and lonely. Surrender to illusions without enduring criticism of others. It is known that psychoactive substances are a means of achieving these illusions. Patients have a clear emotional instability.

In the early stages of rehabilitation, emotional instability is caused by conflict, internalities in interpersonal and family relationships, and assessment of one's own health. Somewhere in the middle of the rehabilitation process, emotional instability affects the feeling of loneliness, conflict and determines the general, family and interpersonal internality. Life goals, satisfaction with the process and life results, assessment of one's own health and intellectual abilities also affect emotional instability. Towards the end of rehabilitation, emotional instability is due to a change index and conflict. Internalities in failures, work relationships, and health are causing emotional instability. Emotional stabilization is influenced by satisfaction with life goals, process, results, as well as high self-esteem of the mental and characterological properties of the individual.

In patients recently involved in psychological rehabilitation, conflict is caused by a feeling of loneliness and emotional instability. Life goals, satisfaction with oneself and life also determine a person’s conflict. Internality in production and family relations is also predetermined by conflict. The subjects at the stage of reflection of internality in the field of achievements, production and interpersonal relations contribute to conflict. This coefficient also determines emotional instability and readiness for change. A high self-esteem of personal qualities also affects the conflict of the patient. In the last stages of rehabilitation, conflict is caused by a feeling of loneliness and emotional instability. Internalities in interpersonal relationships and in relation to health predetermine conflict in patients. But the most important thing in patients at the stage of action is conflict is the intention of change.

At the beginning of rehabilitation, a feeling of loneliness is due to conflict. This indicator is predetermined by internalities in the field of achievements and industrial relations. The feeling of loneliness is affected by dissatisfaction with life and underestimation of the level of happiness for the sick. In the middle of the rehabilitation process, a feeling of loneliness is interconnected with emotional instability. If the indicators of internalities of the general, in the field of failures, family, interpersonal relationships and health are higher, then the coefficient of loneliness has low indicators. The motivation for change is due to a feeling of loneliness. High rates of satisfaction with life goals, process, results, life also contribute to a decrease in feelings of loneliness. The feeling of loneliness affects the self-esteem of mental abilities and the degree of happiness experienced. By the end of rehabilitation, the coefficient of loneliness causes conflict. Internality in the areas of achievement, family, industrial relations and health is determined by a feeling of loneliness. A high assessment of one's own health and happiness leads to a decrease in feelings of loneliness.

To study the degree of internality or responsibility in patients with psychological and medical rehabilitation, there was not a big difference in the average indicators by the USK method. Only in the IP subscale, the average indicators of internality turned out to be very low (in group A 5.68 walls, in group B it amounted to 5.72 walls), and the remaining subscales of the USK internality technique are of average level. However, the average values on the USK

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scales for patients at the stage of pre-reflection and reflection were higher than for rehabilitants at the stage of action. The dynamics of internalities by stages shows that at the initial stage of rehabilitation they are above average, reach their apogee (above average) at the stage of reflection, and by the end, indicators fall below average. This proves that internality is significant in the appearance of the intention of change and its reinforcement in the early stages, but they lose their significance at the stage of action. Low rates of IP are due to the fact that medical rehabilitants are treated for 21 to 30 days, rehabilitants involved in psychotherapy from 3 to 6 months, from 8 months to a year or more are hospitalized, which happens in separation from work and work.

Based on the study of the volitional sphere of patients with addictive behavior, we came to the following conclusions:

At the beginning of rehabilitation, internality affects the emotional sphere and life satisfaction. In the middle of the rehabilitation process, all kinds of internals determine the motivation for change and are determined by the emotional state and self-esteem of patients. At the end of rehabilitation, internals are characterized by a degree of satisfaction with life and an assessment of their mental abilities.

At the beginning of rehabilitation, the motivation for change is influenced by general internality, internality in interpersonal relationships and in the field of health. In the middle of rehabilitation, general internality, internality in achievements, family, industrial relations, and in relation to health determine the motivation for change. At the end of rehabilitation, internals in the areas of failure and health are the cause of the motivation for change. Taking into account the above facts, timely adjustment of the therapeutic program effectively affects the treatment process.

We utilized for studying the terminal and instrumental values method of M. Rokich in patients with addictive behavior, the method of “Meaning of life orientations” D.A. Leont'ev, Dembo-Rubinstein’s self-assessment scale, URICA methodology.

The following are the terminal values according to the method of M. Rokich:

1. A happy family life, Health and Love - that is, the need for close social society, for affiliation, for mental and physical health are common terminal values for both groups. The excellent terminal values of group B involved in psychological rehabilitation are the need for reflection, individualization and high activity in life. In group A, those involved in medical rehabilitation revealed values threatening the return of addictivity - Friends and Material Income.
2. Development, Confidence, Public recognition are common values of medium importance for both groups. If for Group A, Life Wisdom, Freedom and Efficient Life are of medium importance, then for Group B such values as Material Welfare, Interesting Work and the pursuit of Knowledge predominate. For the participants of group A, a fruitful life is manifested in the effective use of themselves, their resources, abilities (rehabilitation process), then for the participants of group B the desire for new things and the need for fresh resources (neo-rehabilitation) are of average importance.
3. To insignificant terminal values, subjects of both groups include Creativity, Beauty of nature and art, Happiness of others, Pleasure. This means that a creative approach to the profession, an experience of tender feelings, an altruistic tendency, pastime with light activities are of very little importance in patients with addiction.

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The instrumental values of M. Rokich revealed the following:

1. The most important common instrumental values include Strong Will, Honesty, and Bringing Up. The differences in the groups are that in group A, independence, responsibility and sensitivity are also considered the most important values, while subjects from group B determine self-control, restraint and education as the most important values. The participants in medical rehabilitation are dominated by communicative values in interpersonal relationships, while the participants in psychological rehabilitation are dominated by self-control, overcoming difficulties, self-development, that is, self-actualizing values.
2. Addictive patients include General instrumental values of medium importance, Executiveness, Rationalism, Diligence, Effectiveness in business. The peculiarity of the subjects of group A is that they consider restraint and self-control to average values, while the rehabilitants of group B give preference to independence and responsibility.
3. In both groups, High inquiries, Wide outlook, Cheerfulness, Intransigence to shortcomings in oneself and others, Courage in upholding one's opinion were listed to common insignificant instrumental values. A feature of group A is the fact that it has classified Education as a value that does not matter. In group B, the participants decided that Sensitivity is one of few important values.

3. RESULT AND DISCUSSION

In our study, to study the degree of satisfaction with life, we used the method of D. A. Leontyev “Meaning of life orientations”. At the very beginning of rehabilitation, indicators of life satisfaction are below average, in the middle of the rehabilitation process they are above average, the highest indices of life satisfaction reach at the end of rehabilitation.

The following are generalizations of the methodology of “Meaning of Life Orientations”:

At the beginning of rehabilitation, satisfaction with life is determined by conflict and responsibility in family relationships. In the middle of rehabilitation, the indicators of satisfaction with life are affected by the motivation for change, a feeling of loneliness, responsibility for health and self-esteem of the patient. Towards the end of rehabilitation, life satisfaction is characterized by responsibility for achievement, a feeling of loneliness and self-esteem of character.

To determine self-esteem in groups, the methodology of T.V. Dembo-S.Ya. Rubinshteinwas used. The results of the methodology show that self-esteem increases from an average to a high value from one stage to another. Only in patients at the stage of Action does the index of health index have an average value.

Generalizations of the results of self-esteem revealed during rehabilitation: at the beginning of rehabilitation, self-esteem is due to internality in the field of achievements, in the middle it is determined by the motivation for change, emotional sphere, self-efficacy (life satisfaction), by the end of rehabilitation it is interconnected with the emotional sphere, life satisfaction, internations in the field of failure, family and interpersonal relationships. Our study showed that the self-esteem of Character and Happiness has no connection with the motivation for change. The motivation for change is directly related to the self-esteem of Health (in the middle of rehabilitation) and the self-esteem of Mental abilities (at all stages of the rehabilitation process).

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As part of the study of the motivational sphere of addicted patients, the methodology "Unfinished offers" was used in our dissertation. Of the 15 relationship groups, we selected 7 relationship groups. Using this technique, we tried to study motivation and values, volitional qualities, attitudes, self-esteem of people with dependence on psychoactive substances. The convenience of using this technique is to save time; there are 4 questions for each group of relations. Subjects record the first thoughts that came to their mind; the main advantage of this technique is semi-projectivity.

In those dependent on surfactants, the motivation for change is due (Table 2) to emotionality (Feeling of loneliness, Emotional instability). Generality of internality, in the field of achievements and interpersonal relations predetermine the index of change. The motivation for change determines life goals, satisfaction with the process, results, self and life in general. The coefficient of change is influenced by the subjective assessment of one's mental abilities and character.

At the beginning of rehabilitation (table 3) in patients, the index of change is determined by the internalities of the general, in the field of interpersonal relations and health. The subjects at the stage of Reflection, a high assessment of their mental abilities determines the coefficient of change.

In the middle of the rehabilitation process (table 4), the feeling of loneliness, emotional instability, and conflict affect the motivation for change. At the stage of Reflection in patients with addiction, the motivation for change is due to the internals of the general, in the field of achievements, family, industrial relations and health. For addicts at this stage of rehabilitation, indices of life satisfaction are directly related to the motivation for change. The higher the indicators of life satisfaction (self-efficacy), the higher the coefficient of change. In the middle of rehabilitation, a high assessment of one's own health and mental abilities determine the motivation for change.

At the last stages of rehabilitation (table 5), the change index is determined by the internals in the field of failures and health. Concrete life goals, satisfaction with the results and achievements of one's life are directly related to the motivation for change. In patients at the stage of action, emotional instability and conflict determine the motivation for change. The coefficient of change in patients at the stage of action is determined by a subjective assessment of mental abilities.

4. CONCLUSION

1. Psychological rehabilitation is a combination of complex, multi-stage corrective and therapeutic procedures aimed at restoring the functional state of the body, which includes dynamic and cyclical changes in the emotional, moral, volitional, motivational spheres, achieving optimal adaptation to return to work and restore professional qualities.

2. The systematic use of diagnostic techniques proposed by the author during psychological rehabilitation for psychological monitoring and the timely use of adequate means will increase the effectiveness of psychotherapy.

3. As a study has shown, a rehabilitation program should be used to restore the cognitive sphere of addicts. Although it turned out that intellectual abilities do not directly affect the motivation for change, they affect the emotional state and volitional qualities directly related to the motivation for change.

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4. The emotional sphere is the most important mechanism in therapeutic changes throughout the rehabilitation process of patients with dependence on psychoactive substances. If at the beginning of rehabilitation the emotional sphere affects general internals, self-esteem and self-efficacy, then by the middle and the end of rehabilitation it interacts with the motivation for change, internals in relation to health and failure, satisfaction with the process and results in life, with the level of self-esteem of patients.

5. The volitional sphere of patients with addictive behavior is important in the occurrence and in maintaining the motivation for change. At the beginning of rehabilitation, the internal sphere is affected by the emotional sphere, self-efficacy, in the middle, all types of internalities are directly related to the motivation for change, the emotional sphere and the degree of satisfaction with life, at the last stages of rehabilitation, life satisfaction and self-assessment of mental abilities affect the internalities of patients with addiction to surfactants.

6. The degree of satisfaction with life and high self-esteem are a means of preserving the motivation for change in patients with dependence on psychoactive substances.

7. In rehabilitation in patients with alcohol and drug addiction, the formation and preservation of the motivation for change are not generally accepted, abstract values, but concrete values that stimulate the patient's activity, promote individualization, self-determination of the patient's personality.

5. RECOMMENDATIONS

1. In patients at the stage of Precontemplation, conduct trainings aimed at understanding the severity and global nature of the problem (dependence on psychoactive substances), apply techniques for managing emotions, working with value orientations, use art therapy and labor therapy.

2. In patients at the Reflection stage, increase stress-coping techniques, expand the analysis of situations leading to relapse, use techniques to develop the patient's volitional qualities, prepare essays and reports based on therapeutic literature, increase techniques and tasks leading to personality transformation, and correct cognitive processes , vocational rehabilitation.

3. In patients at the stage of the Action, the use of supportive therapy, the use of effective ways to increase self-esteem, anti-relapse techniques, an in-depth analysis of problems after discharge by a rehabilitant from a hospital, work with relatives of a rehabilitant, with spiritual and moral values, support of social and labor rehabilitation.

4. Periodic monitoring of the achievements and shortcomings of patients with psychodiagnostic techniques and the timely use of adequate means to increase the effectiveness of psychotherapy.

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