Excessive Drinking Effects and Motivation for Changes
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Abstract
Several people confess their problems, which have pushed them to consume alcohol and which they think that is the cause of their suffering. Viewed up close, a series of psychological reasons, such as concerns, loneliness, misunderstanding, unemployment or working conditions, does not explain the real reasons, but rather represents the consequences of abuse. Drinkers call them "alibis". It is true that during the life, people can encounter lots of difficulties that approach them and yet not all seek refuge in alcohol. This study aims to identify the effects that excessive drinking has on individuals' physical, social, intra- and interpersonal and existence/absence of motivation to change this behavior.

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1. Introduction
Alcoholism represents a pathological conduct, a heterogeneous clinical entity; clinicians are trying for decades to build explanatory models concerning addictive behaviors of alcoholic types and to propose various approaches nosographic.
Alcoholism is due to excess, having complex determinism in association with many factors related to cultural and social habits, physiological and psychological frailty of the patient, but also its own effects of alcohol [1].
Psychological counseling help people to understand better the causes, physical and mental aspects of addiction, to gain confidence and motivation to complete a treatment program in order to give up drinking and maintain abstinence [8]. Depending on the degree of dependence and client/patient situation, the counselor may recommend possible treatment methods [6]:
- further counseling sessions;
- following a cure for alcoholism in a clinic/in a hospital;

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admission to a post-cure treatment centre (after rehab);
• regular attendance within a support group for dependents;

In account of the personality and life experience of each person, are designed to allow each patient to "rebuild" itself, so that the problems that led to addiction, to be removed or at least controlled. By deepening self-knowledge, it is favored the improvement of behavior patterns [10].

Motivational interviewing is an innovative interview technique, with the aim of obtaining motivation for changes, especially in cases of people addicted to alcohol, drugs or other addictive behaviors.

Motivational interviewing is a therapeutic attitude and style that facilitates overcoming resistance, resolving ambivalence, involvement in changing and maintaining it.

This technique is centered on a person, not a diagnosis, is directive, aiming to highlight intrinsic motivation.

Triggering motivation for changes is particularly important in clinical practice and in promoting sanogenetic behavior. The motivation for changes is generated by [4]:
• personal reasons;
• external constraints;
• negative effects of unhealthy lifestyle.

The change of the cycle was first described by Prochaska and Di Clemente [7], the authors reference directly to nicotine dependence.

Although the initial stages of changes have been described by the authors for specific casuistry of smokers, now it's established and recognized that the same principles apply to any therapeutic intervention, requiring induction of motivation for any changes in lifestyle.

As described by the authors, behavior changes through five stages:

1. **Pre contemplation.** This people are unaware that they have a problem and therefore have no motivation to change their behavior or to ask for help. These people need to be informed about the consequences of drug abuse, to bring the evidence about the problems associated with alcohol consumption, to provide them necessary help to become aware that they are able to change their behavior.

2. **Contemplation.** This people consider the possibility that they might have a problem. Appears the negative effects of alcohol consumption, not just the positive ones. This people may be ambivalent, in that way that they did not decide whether to change or not their behavior, fearing that the failure of an attempted change would lead to disastrous psychological effects. In this phase, the therapist/counselor should try to influence self-esteem, competence, knowledge and concern for drug users, in order to create a state of cognitive dissonance to stimulate the patient’s motivation for changes.

3. **Preparation – the decision.** This person decides that he has a problem and the fact that he should act. The change is seen as a practical necessity, related of expectations and working methods.

4. **Action.** The individual engages himself in attempt to change, imposing abstinence from addictive substances that developed.

5. **Keeping.** This phase is probably the most difficult, although the individual obtained success in changing addictive behavior. Many people have relapsed after completing the cycle of change. Personal or family factors take precedence over the economic and legal factors, in every phase of changing addictive behaviour. Detoxification should be a manifestation of freedom of choice

2. **Research objectives**

To identify the effects, which the excessive alcohol consumption has on the individual's physical, social, intrapersonal and interpersonal and impulse control and identifies the presence/absence of motivation for changes in individuals who consume alcohol in excess.

3. **Research hypotheses**
It is assumed that there are statistically significant differences, in terms of the physical consequences among excessive drinkers compared with occasional consumers;

It is assumed that there are statistically significant differences, in terms of social responsibility among excessive drinkers compared with occasional consumers;

It is assumed that there are statistically significant differences, in terms of consequences on the interpersonal level among excessive drinkers compared with occasional consumers;

It is assumed that there are statistically significant differences, in terms of impulse control among excessive drinkers compared with occasional consumers;

It is assumed that there are statistically significant differences, in terms of consequences on the interpersonal level among excessive drinkers compared with occasional consumers.

4. Sample

The research involved 60 people of the male gender, aged between 22 and 52 years: group 1 consists of 30 subjects who consume alcohol frequently, and group 2 consists of 30 subjects who drink occasionally.

5. Working methods and techniques:

The Drinker Inventory of Consequences (DrlnC). The instrument was developed in support of Project MATCH, the multisite investigation of how different subtypes of alcoholics respond to alternative interventions. Scores on the DrlnC serve both as baseline client descriptors and as variables to evaluate outcome of the three MATCH treatments. Beyond playing a key role in this major national study, DrlnC will no doubt be adopted by clinicians to more specifically focus their own treatment efforts on client needs and to evaluate effects of treatment. DrlnC will also be of use in research on the efficacy of investigational treatments of alcoholism.

Readiness to Change Questionnaire (RTCQ). The RTCQ is a 12-item questionnaire, based on Prochaska and DiClemente's stages-of-change model, for assignment of excessive drinkers (i.e., harmful and hazardous drinkers) to Precontemplation, Contemplation, and Action stages. Target Population Adults / Adolescents. Especially helpful for hazardous or harmful drinkers who are not seeking treatment. Administrative Issues 12 items, 3 subscales. Pencil and paper self-administered

Time required: 2-3 minutes. No training required for administration.

6. Analysis and interpretation of results

After applying individual questionnaires, the data obtained were entered and processed in SPSS, version 16.0. As a method of comparison the results was used t test applied on independent samples.

As the first operational hypothesis assumes a significant statistic difference in the consequences of alcohol consumption on the physical plane, the results confirm the hypothesis: the average of group 1 is 7.23, while the average of group 2 is 4.73. (See figure 1a). The value of t (12.08) is significant at p = .000. Item analysis allowed the identification of the consequences of excessive alcohol consumption on the physical plane: thus, group 1 show a higher frequency of sleep disorders (difficulty sleeping, nightmares appearance), vomiting, poor nutrition, impairment of health and sexual life.

Regarding the second operational hypothesis, which assumes a significant statistic difference in the level of social responsibility, the results obtained refute the hypothesis: the average of group 2 is 6.30, while the average of group 1 is 4.73. (See figure 1b). T value (1.15) is significant at p > .01. Item analysis allowed the identification of the level of social responsibility: thus, group 1 recorded a lower level of this valence; the subjects of this group experienced a decrease in the quality of their work, financial difficulties due to purchase alcohol, and the loss of a person in the entourage of friends because of this behavior.
Regarding the third operational hypothesis, which assumes a significant statistic difference in the intrapersonal consequences, the results confirm the hypothesis: the average of group 1 is 7.60, while the average of group 2 is 5.76. (See figure 2a). T value (11.4) is significant at p = .000.

Analysis allowed the identification of the consequences intrapersonal level: thus, group 1 recorded higher levels of this valence, the subjects of this group felt a sense of "deprivation", unhappiness, guilt, taking unnecessary risks, loss of interest in hobbies, loss reputation, to a greater extent compared with the control group.

Regarding the fourth operational hypothesis, which assumes a significant statistic difference at the level of the impulse to drink, the results confirm the hypothesis: the average of group 1 is 3.56, while the average of group 2 is 6.56. (See figure 2b). T value (11.8) is significant at p = .000. Thus, the subjects of group 1 recorded a low impulse control compared to those who drink alcohol occasionally.

Item analysis allowed the identification of impulse control ability to drink: thus, subjects from the group 1 said they drove after drinking three or more glasses of alcohol; higher consumption of other drugs (e.g., tobacco), aggression, destruction of objects and extra pounds, in a much higher measure compared with the control group.

Regarding the last operational hypothesis, which assumes a significant statistic difference at the level of interpersonal consequences, the results obtained refute the hypothesis: the average of group 1 is 9.23, while the average of group 2 is 9.06. (See figure 3). T value (.942) is significant at p > .01. Thus, the subjects of group 1 record sensitive test results equal to those who drink occasionally.

Item analysis allowed the identification of the consequences in the interpersonal plan: thus, it highlights the damage of the close persons because of to the consumption of alcohol, affecting the capacity of the role of parent, verbalizing or making embarrassing actions, affecting the couple's relationship, or even its destruction in a greater extent than in the control group.
The last phase of the analysis was focused on classification of the group 1 (people consuming excess alcohol) according to the presence or absence of motivation for changes.

In the pre contemplation phase, the individual does not perceive the problems he still has, the negative consequences of alcohol consumption, but people in his entourage may refer these matters.

The largest share has the contemplation phase, in which people understand their alcohol problems, but do not have a sufficient commitment to take action.

In the preparation phase, the person recognizes the need for change, but is still influenced by positive perceptions of alcohol and is unable to assume a firm commitment.

![Histogram](image)

Fig. 3. Histogram 5. The average between both groups at intrapersonal consequences scale;

7. Conclusions

This study aimed at identifying the effects of excessive alcohol consumption has on the individual physical, social, intra-and interpersonal, and impulse control ability for two groups of subjects: people consuming alcohol excess and occasional users. A second objective was to identify the presence/absence of motivation for changes, in individuals who consume alcohol in excess. Were outlined five operational assumptions, two of which were denied, the other three were confirmed. Although similar results were found in terms of interpersonal consequences and the level of social responsibility for the two groups, no statistically significant differences. Alcoholism exists in all countries, in all races, in any cultural or political climate. However, despite all the research, nothing clearly explains why certain people are victims of alcohol, while others never meet these challenges. Patients who consume alcohol know the alcohol imprisonment and confess that there are times when they need to talk to someone about their problem. Most times, however, required secrecy and solitude. It is important that at the start of the installation of this suffering will be there someone trusted, a family member, a friend, a physician or a psychologist, whom the patient could entrust his problem. Failure to discuss the source of all conflicts with his entourage, which the alcoholic departs increasingly more and more, although he would need it to help him.

References


