

## CHANGE STAGES IN ADDICTED PEOPLE REHABILITATION

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### ABSTRACT

The article is dedicated to one of the most pervasive problems of the contemporary – drug addiction and its rehabilitation. Author describes in it psychological aspects of rehabilitants' behavior, cognitive, emotional, volitional qualities, self-assessment, expectations. It also contains correlation of change stages with other factors and recovery tandem. Scientist discovers peculiarities of addicted peoples' rehabilitation stages and makes important conclusions.

**Keywords:** locus control level, readiness to changes, precontemplation, contemplation, action stages, the total correlation, partial correlation, general internality, internality in achievements, failures (unsuccessfulness), family relationships, interpersonal relationships, work relationships, in health and disease.

### INTRODUCTION

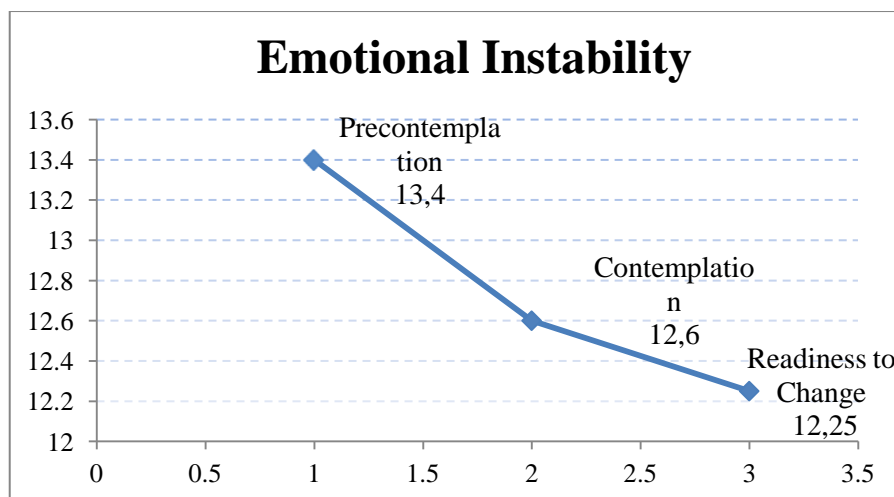
The 20th century has witnessed the spread of narcotics to the entire world. Drug abuse has become a real plague of the 20th and 21st centuries in many countries of the world. Psychoactive substance use poses a significant threat to the health, social and economic fabric of families, communities and nations.

The bare facts announced by WHO on alcohol and drug addiction scare a lot. The harmful use of alcohol results in 3.3 million deaths each year. On average every person in the world aged 15 years or older drinks 6.2 litres of pure alcohol per year. Less than half the population (38.3%) actually drinks alcohol, this means that those who do drink consume on average 17 litres of pure alcohol annually. Some 31 million persons have drug use disorders. Almost 11 million people inject drugs, of which 1.3 million are living with HIV, 5.5 million with hepatitis C, and 1 million with both HIV and hepatitis C. Above-mentioned facts are the case of numerous research and investigations in psychology.

Author worked on a problem of addicted people rehabilitation during many years. The research conducted during 2014-2018 years. In our 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). The first group consisted of medical rehabilitants, which remained at least 20-30 days in the centre. Substance abuse experience embraced from 1 year to 18 years; average group score is 7 years. The patients' age is between 20 to 56 years; average age of this group is 34,1 year old. 10 percent of medical rehabilitants are women, the last 90 percent of patients are men. 62 % (37 people) have families, 23 % (14 persons) are not married/single and 15 % (9 patients) are divorced.

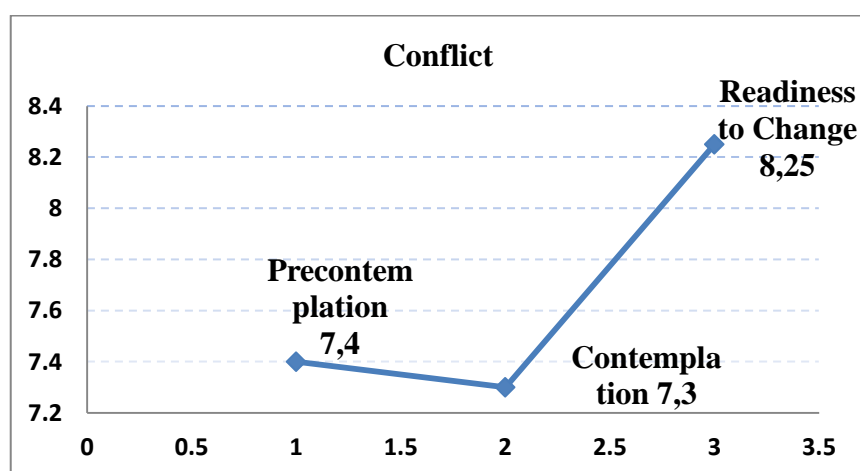
The other group named psychological rehabilitants' group consisted of 60 patients. These group members were involved in psychotherapy and stayed in centre from 3 month up to 9 and 12 months. Dependency years are between 1 year and 25, average group score is 12 years. The age of this group is between 23 and 62 year, average age is 35,6 year old. 23 % (14 persons) of group members were women, the last patients (77% - 46 people) were males. 53 % of (32 patients) psychological rehabilitants had families, 28 % (17 persons) were single and 19 % (11 rehabilitants) were divorced. 3,5 % (2 men) from medical rehabilitants and 25 % (15 persons) of psychological rehabilitation group were alcohol consumers; 96,5 % (58 patients) of patients from first group and 75 % (45 people) of therapy group were drug addicted people.

There were used such methods like Fergusons and etc's "Loneliness Scale", K.Thomas questionnaires' on conflict and emotional instability; Bajin, Golyknina, Etkinds' "Level of subjective control", Leontev's "Meaningful orientations", Dembo-Rubinshtein's "Self assessment", Kettle's CFIT, URICA and etc.



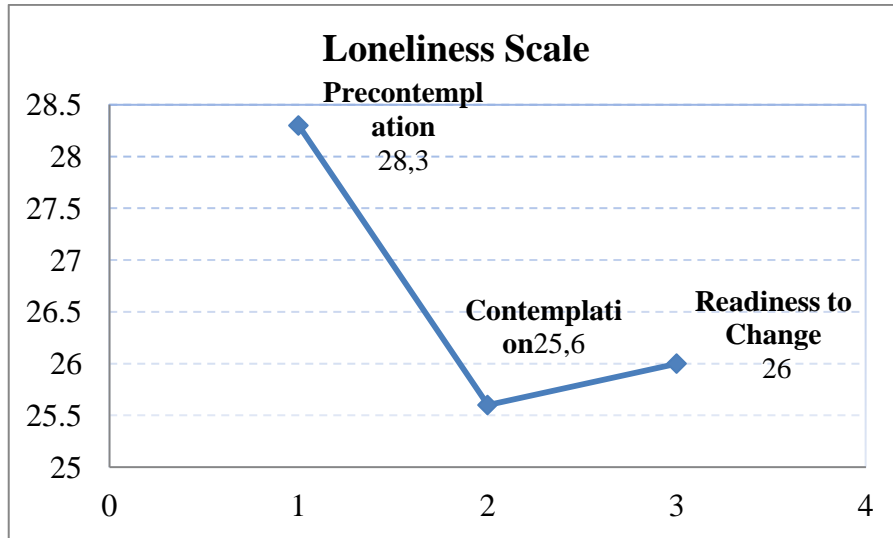
**Picture 1. Results of K.Thomas' Questionnaire of Emotional Instability**

Picture 1 shows that at the beginning of therapeutic trip patients have comparatively high rate of emotional instability than at the final stage of therapy.



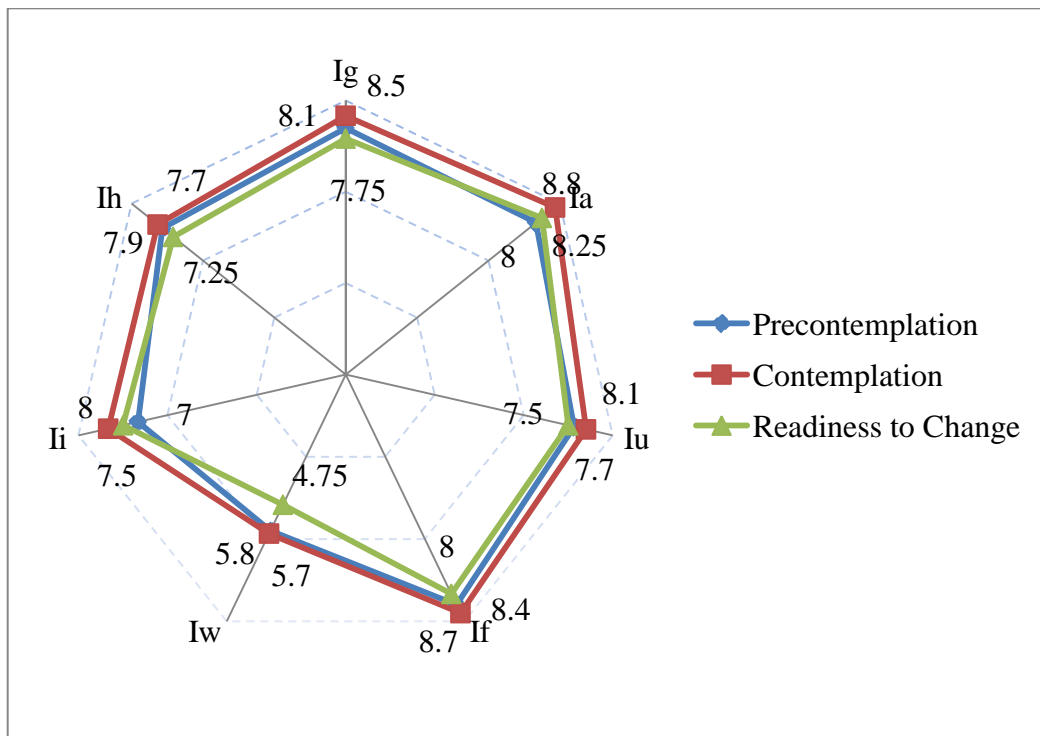
**Picture 2. Results of K.Thomas' Questionnaire of Conflict**

Picture 2 demonstrates curious phenomenon Conflict increases at the last stages of rehabilitation process.

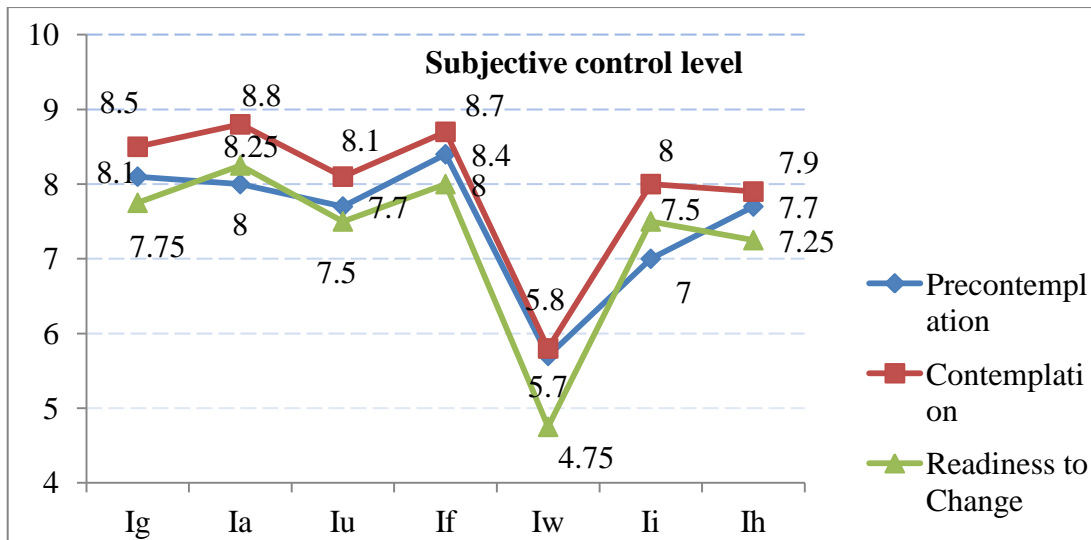


Picture 3. Results of Ferguson and etc's "Loneliness Scale"

Results of picture 3 indicate that feeling of loneliness is higher at the beginning of psychotherapy but diminishes by the end.

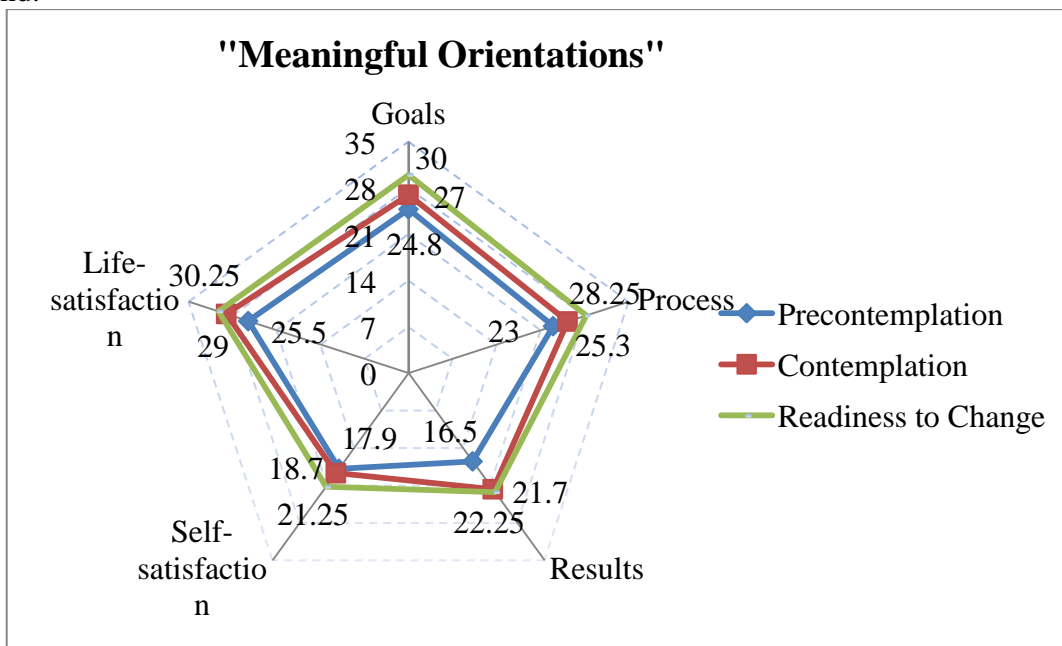


Picture 4. Results of Bajin, Golyunkina, Etkinds' "Level of subjective control"

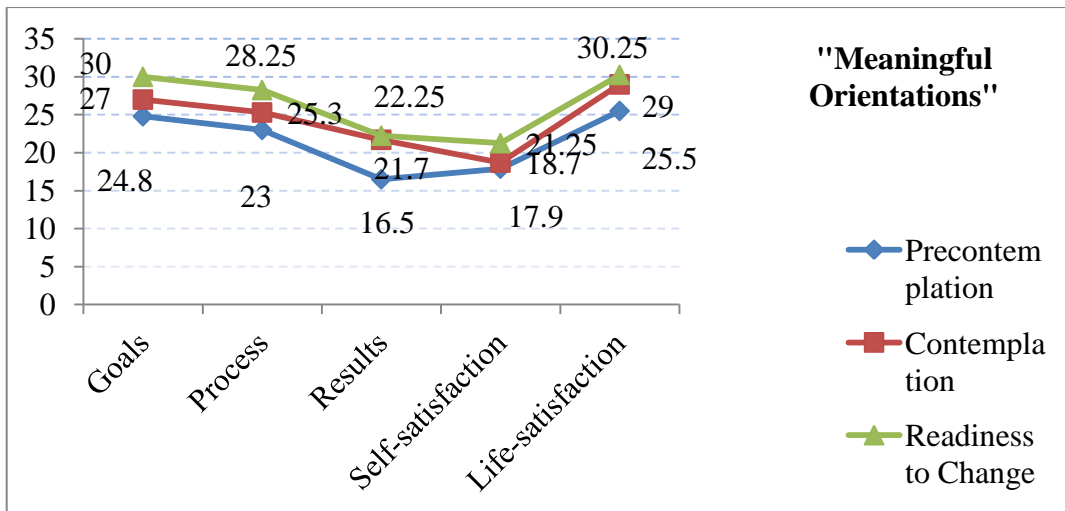


Picture 5. Results of Bajin, Golykina, Etkinds’ “Level of subjective control”

Results of picture 4 and 5 also were unexpected by researcher. Author supposed that responsibility or internality increases and remains stable at last stages. But study showed that therapy starts with lower internality, it increases great at the middle and falls below average by the end.

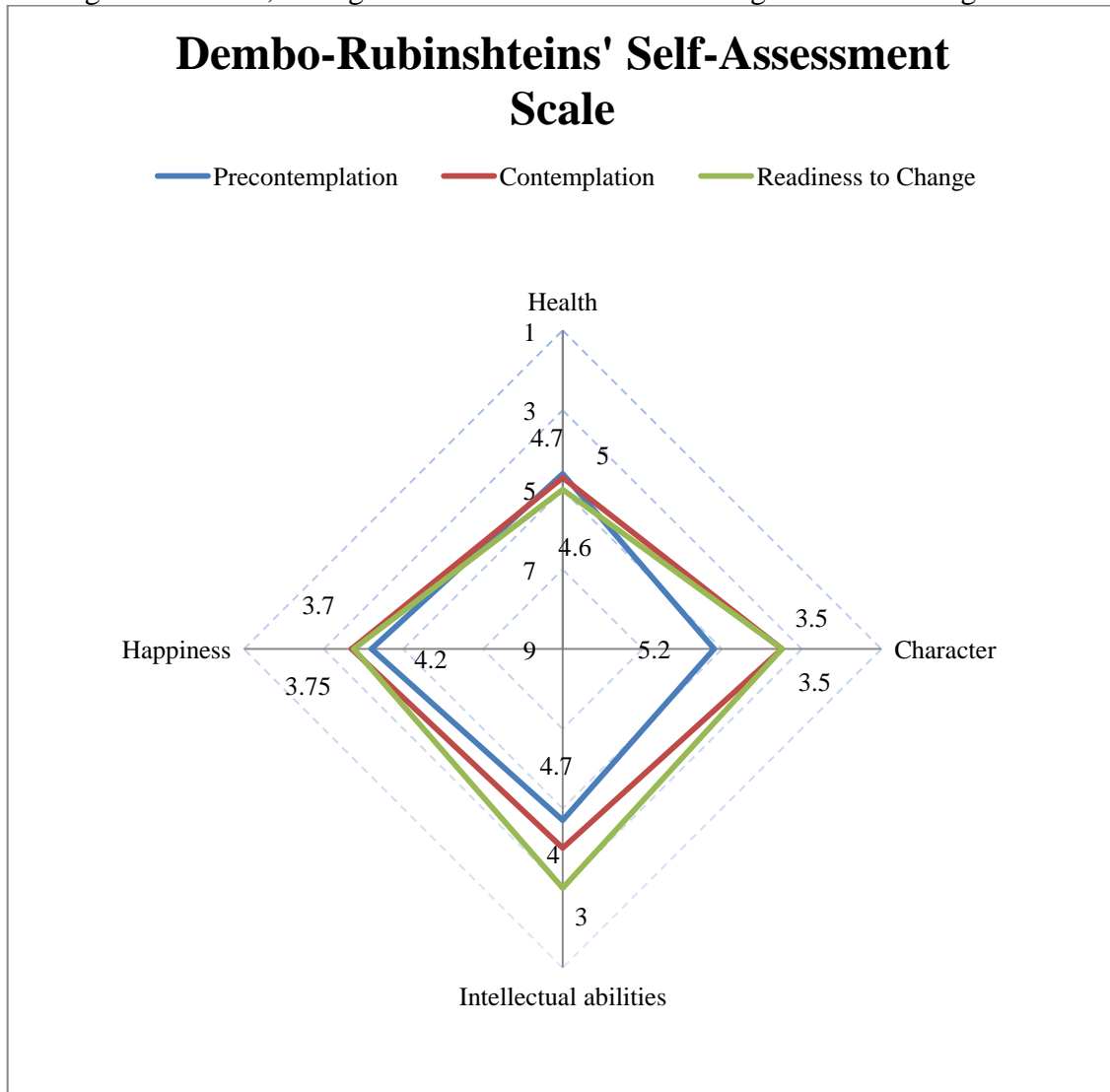


Picture 6. Results of Leontev’s “Meaningful Orientations”



Picture 7. Results of Leontev’s “Meaningful Orientations”

The most expected results exhibit picture 6 and 7. Precontemplation stage patients have below-average satisfaction, during rehabilitation it increases and gets above average.



Picture 8. Results of Dembo-Rubinshteins’ Self-Assessment Scale

According to Dembo-Rubinshteins' method self-assessment raises from stage to stage (picture 8).

General Correlation of addicted patients showed that readiness to change is connected with general internality ,246(\*\*), internality in achievements ,299(\*\*) and internality in interpersonal relationships ,273(\*\*). This fact proves that rehabilitation process of addicted people should base upon interpersonal relations and personal responsibility in achievements. Positive expectations or motivational focus in therapy also promote changes. Direct goals 290(\*\*), satisfaction with life 363(\*\*), the results ,407(\*\*), self-satisfaction ,239(\*\*) increase self-esteem and influence on change stage of addicts. Feelings of loneliness -,230(\*) and emotional instability -,277(\*\*) also cause readiness to change. Process of rehabilitation badly needs emotional involvement. During rehabilitation process patients with alcohol or drug addiction reassess life values and have more positive assessment of intellectual -,363(\*\*), personal abilities -,344(\*\*).

In order to have adequate data of Change levels we divided patients into three groups - Precontemplation stage patients, Group of Contemplation stage patients, Group of Readiness to change stage, and used Partial Correlation. Group of Precontemplation stage patients consists of 30 patients, average group score is 7.19. Readiness to change of Precontemplation stage patients is connected with general ,380(\*), interpersonal ,413(\*) and health -,481(\*) internalities. This indicates that recently joined addicted people are motivated by responsibility, obligation for interpersonal relationships and one's health. It is also curious that self-evaluation of intellectual abilities ,467(\*\*) influences on readiness to change.

Group of Contemplation stage patients consists of 78 patients, average group score is 9.49. Unlike Precontemplation stage patients Contemplation stage patients have numerous correlative connections with change index. Conflict ,245(\*), loneliness -,351(\*\*) and emotional instability -,411(\*\*) are precursors of personal changes. As a fact emotional involvement influences profound personal changes. List of internalities is wider: general internality ,447(\*\*), internality in achievements ,316(\*\*), family ,229(\*), , and responsibility at work ,311(\*\*), for health ,479(\*\*). All indexes of self-satisfaction are connected directly with coefficient of readiness to change (goals ,242(\*), process ,237(\*), results ,298(\*\*), self-satisfaction ,240(\*), life-satisfaction ,272(\*)). Self-evaluation of health -,453(\*\*) and intellectual abilities -,270(\*) are conditioned by readiness to change.

Group of Readiness to change stage consists of 12 patients, average group score is 12.27. Readiness to change stage has strong binds with internality in unsuccessfulness -,738(\*\*) and health -,833(\*\*). For patients who are almost changing is sufficient responsibility for failure and health. Emotional instability ,949(\*\*) and conflict -,833(\*\*) also cause readiness to change. Satisfaction with life goals ,632(\*) and its results ,833(\*\*) influence on therapeutic changes. Higher self-evaluation of intellect -,778(\*\*) is more valuable for addicted patients than their real IQ level.

Based on our research, we draw the following conclusions:

- There is not found correlation between IQ index and Change stage, but self-evaluation of intelligence has connection with Change intentions.
- Conflict is not just resistance, but is indicator of Change.
- Internality varies from stage to stage. Peak of growth is the middle of therapy, than it is no longer relevant (by the end).
- Satisfaction and self-esteem are important bridges to Change.

- At the stage of Precontemplation patients are involved in therapy because of interpersonal relationships internality.

- At the stage of Contemplation patients are involved emotionally, internally, more satisfied and self-esteemed.

- At the last Change stage (Readiness to Change) responsibility for failure and health, real life goals and results, conflict and high intellectual self-assessment causes Changes.

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