

Motivation for Change in Alcohol Dependent Individuals

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Abstract

This study focusses on understanding the nature of motivation for change in the alcohol dependent individuals. Towards this aim, a comparison of 30 alcohol dependent individuals with that of 30 normal subjects was made. They were matched for age and education. Age ranged from 25-50 years and education ranged from 7-18 years. Both the groups were administered the 'Motivation Scale'. The results obtained showed significant difference between alcohol dependent subjects and normal subjects on five subscales of the motivation scale. The nature of motivation for change indicated healthy motivational structure of the normal subjects having high self-esteem, internal locus-of-control. Their attitude towards drinking related locus-of-control is also internal. They have high growth-motivation and self-criticality. Alcohol dependent subjects on the other hand showed low self-esteem, lack of internal locus-of-control, low growth-motivation and were low on self-criticality. Their drinking related locus-of-control was external. However they maintain the same religious-attitude as that of normals. The study highlights the need for psycho-social intervention for alcohol dependent individuals to help them with regard to their deficits in nature of motivation.

Key words -

Motivation for change,

Self-esteem,

Locus-of-control,

Growth-motivation,

Religious-attitude,

Self-criticality

The term 'Motivation' denotes the importance of aspects like Security-insecurity, Affiliation, Self-esteem, Self-actualization, Achievement, Extrinsic-Intrinsic motivation or Locus of Control. The contribution of Maslow's [1] motivation theory highlights the above said aspects crucial for understanding human motivation. If one broadly defines motivation as the set of all variables which arouse, sustain and direct behaviour [2], then most clinicians would agree that motivation plays an important part in patient's participation in psychotherapy.

Stunkard [3] stresses motivation as patient's recognition of his disability, ability to see himself as a patient, that is, one needing help, and an ability to perceive the therapist as some one who can help him.

Miller [4] indicates that client characteristics like distresses, self-esteem, locus of control are important components of motivation in addition to environmental variables and therapist characteristics. In the context of studying motivation with reference to a specific condition like alcoholism he points out that the treatment failures can commonly be attributed to poor motivation.

Since motivation is a significant companion in response to therapy in alcohol dependent individuals, it is imperative that the motivational status in these patients is estimated, which may prove as a prognostic factor as well as indicate models of psychotherapeutic intervention that will facilitate positive change.

Aim

The present study is aimed at measuring the nature of motivation for change or motivation for treatment in the alcohol dependent individuals.

Material and Methods

Thirty alcohol dependent individuals were selected from both out-patient and in-patient units of NIMHANS, Bangalore. These cases were assessed by the concerned Psychiatric Consultants and were diagnosed in accordance to ICD-9 Code 303. Their age ranged from 25-50 years and education 7-18 years. Only males belonging to an urban background were considered. Thirty normal subjects were taken, who were non-alcoholic and their age ranged from 25-50 years and education 7-18 years also belonging to the urban background. Both these groups were administered the 'Motivation Scale' developed by Neeliyara [5].

Motivation Scale is a multi-dimensional scale consisting of 80 items. It has six subscales as emerged by Factoranalysis. Subscales are Factor I-Self-Esteem, Factor II- Locus of Control, Internal (Intrinsic), Factor III-Drinking related Locus of Control - Internal, Factor IV- Growth Motivation, Factor - V - Religious attitude, Factor VI - Self - Criticality. The first two factors have 20 items each and the last four have 10 items in each. The scale has split half reliability coefficient of 0.8975 which is highly reliable. The tool was developed on normative sample of 600 subjects to assess the of motivation for changes. This scale has been clinically validated on alcohol dependent individuals.

Results and Discussion

The results of the comparison between these 2 groups are presented in Table I.

The Table I shows that alcohol dependent subjects differ from the normal subjects significantly on the five sub-scales. On one subscale i.e., Factor V - 'Religious attitude', they do not show significant difference. The findings indicate that the alcohol dependent subjects have low self-esteem and are low on growth motivation and their locus of control is not internal. They also have low self acceptance and self-regard. They have more need for change in these aspects. Their locus of control is different from normals, they are external, especially with regard to drinking related locus of control and need to be trained to develop internal locus of control. The normal subjects seem to be having high self-criticality

whereas the alcohol dependent subjects show low-self criticality indicating that they have problems in objectively perceiving themselves.

Table I - Mean, SD's and 't' values for the 6 sub-scales on the motivation scale for the standard score of alcohol dependent subjects and the normal subjects

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Motivation of people with low self-esteem have been unclear and controversial [6], [7], [8]. According to early views based on consistency seeking people with low self-esteem, desired conformation of their ineptness and inferiority even to the extent of rejecting success because of their preference for failure. But study by Jones [9] found that people with low self-esteem scores have normally preferred success and approval over failure and rejection. Low self-esteem may even increase help-seeking and dependent-complaint behaviour [10]. The aspects like decreased self-esteem, negative self-perception, distress, depression and denial of problem were often seen in low motivated groups [11].

Hence the maintenance of self-esteem emerges as one of the most common general goals mentioned by individual as a motivating factor in their behaviour [12]. Therefore it can be concluded that threat to self-esteem is a reliable predictor of an individual's response to offered aid [13].

Internal vs external Locus-of-control has been studied extensively among alcoholics. An external orientation is associated with higher anxiety and distress which may in turn influence motivation for treatment [14].

Coudret and Huffman [15] examined effect of treatment on external alcoholics to those on internal alcoholics. The following comparisons was made between external and internal control among alcoholics.

- (1) External alcoholics display more physical, psychological and social impairment
- (2) External alcoholics drink for social benefits and self-enhancement but experience more drinking related difficulties
- (3) Internal alcoholics are more success oriented while external alcoholics are engaged in behaviour directed at avoiding failure, and
- (4) Internal alcoholics indicate a great need for affection, are more supportive, less angry, less aggressive and respond more favourably to treatment.

In addition, in the present study the alcohol dependent individuals are low on growth motivation, which indicates that their capacity to improve growth potential is inadequate. According to Appelbaum [16] a person's capacity to change is determined by his motivation. It is more likely that a person's ability to desire and tolerate change is dependent upon something that could be called as ego-strength or general level of integrative psychological functioning, one aspect of which is the capacity to adapt to changed internal and external conditions by changing oneself. Sifneos [17] describes 7 variables of motivational criteria. Psychological mindedness, active participation, curiosity to understand oneself, willingness to change and experiment, honest communication, realistic goals and willingness to make sacrifice for treatment. These variables according to him are the key predictors of success in therapy. With regard to the religious attitude both the groups seem to maintain the same religious attitude with faith in God. This commonly shared belief in this factor by both the groups can be utilised to bring about change in other aspects of motivation in alcohol dependent individuals.

Further, the alcohol dependent individuals are low on self-criticality as they are unable to assess their assets and shortcomings. They are unable to be self-critical because of virulent defense mechanisms particularly denial [18], [19]. The layers of denial in alcoholism run deep and present an almost impenetrable wall [20].

The overall findings suggest that the motivation for change by the alcohol dependent subject is to improve their self-esteem, growth aspect and make locus of control appropriate to the situation. They need to become aware of their assets and liabilities thereby learning to be more objective.

From the above findings we may infer that client characteristics like distress, self-esteem, locus of control, growth motivation and self-criticality are some of the motivational variables that increase the probability of initiating, complying with and continuing behaviour intended to promote recovery.

Thus in the present study it is evident that the alcohol dependent group has significantly lower motivation for change as assessed by the motivation scale. This would probably throw light on the maladjustment in the alcohol dependent subjects and also their resistance to change which is an important factor in the therapeutic process. Very often this aspect of motivation is assumed to be related to healthy behaviour and greater the motivation to change, the quicker the process of treatment.

The results obtained by normal subjects as seen in Table I represents healthy motivation structure of the healthy average person. They are the people with optimum self-esteem, adequate self-acceptance, adequate self-regard and they have internal locus of control. They are self-critical and show high growth motivation. In addition, with regard to the phenomenon of drinking their positive attitude is brought down in one of the sub-scales - Factor III by the normal subjects. This is a crucial clinical finding because there is a need for bringing about this positive attitude in the alcohol dependent persons in the psycho-social intervention programme so that relapse in drinking can be prevented.

The attitudinal set with regard to religion is shared both by alcohol dependent individuals and normals. The religious attitude can be made use of to bring about change in other aspects of motivation specially in alcohol dependent individuals.

Conclusion

This study on motivation for change in the alcohol dependent individuals highlights the need for psycho-social intervention for the alcohol dependent subjects and improve their self-esteem, growth motivation, self-acceptance, self-regard and self-criticality. In addition, they need to be trained to develop internal locus of control with regard to drinking behaviour.

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