

Available online at [www.sciencedirect.com](http://www.sciencedirect.com)**ScienceDirect**journal homepage: <http://www.elsevier.com/locate/kontakt>**Original research article****The magnitude of problems in selected areas of the life of addicts entering resocialization in the context of the overall extent of their motivation****L'uba Pavelová\***

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**ABSTRACT**

Addicted persons have a large number of unsolved problems in different areas of their lives. The magnitude of these problems creates external and internal pressure, which is perceived as a motivating factor for the decision of addicted persons to solve their situation. In doing so, we consider the motivation for change and its maintenance as a foundation for entering the healing process and the keeping of abstinence. Motivation of addicted clients is perceived as a part of the “essential treatment-related perceptions” complex. The level of motivation when entering treatment significantly influences the treatment duration, as well as its outcome. This paper provides selected results of conducted research and deals with the extent of problems importance of addicted persons and the whole extent of their motivation while entering the resocialization centre. It presents results of a research conducted on a research set of 138 clients before entering 15 resocialization centres in the Slovak Republic over the course of one year. EuropASI and CMRS standardized questionnaires were used as research tools. The research shows the level of motivation and external circumstances which are crucial for entering and maintaining clients in a resocialization process. Among the identified external circumstances, there is also a high severity of problems in relationship problems in a family system and with people outside a family. This finding points to the legitimacy of social work and its methods and justifies the changes in a system of work with an addicted client towards a systemic work with the whole family.

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## Introduction

In order to handle addiction as a chronic, relapsing disease, the developmental view of change is important, according to De Leon [1]. At the same time, it is essential to accentuate the process when a drug addict evolves from the state of active abuse and denial to stabilized abstinence from psychoactive substances and permanently maintaining a drug-free status. This is called the process of healing, offering the perspective of a complex solution for drug addicts' lives and not only for the addiction itself. De Leon [1] describes the process as one of the cornerstones of the therapeutic communities concept, understanding healing as a change in lifestyle and identity.

Recent researches respond to the need to identify and support motivation tendencies to abstinence, aiming at providing more efficient interventions [2,3].

### *Problems in the lives of addicted persons and motivations towards change*

A multidisciplinary view on development, maintaining and solutions of addictions are confirmed by scholars as well as practitioners, which leads to the need for interdisciplinary cooperation regarding this issue. This opinion is successfully presented by the field of addictology. According to Kalina et al. [4], the interdisciplinary character of addictology requires close cooperation among relevant fields of science, and addictology is responsible for mutual interconnection and integration of the knowledge. Furthermore, the author supports a multidisciplinary approach, corresponding to one of the clear current trends of science and expert work development. Besides constantly growing diversification and hyperspecialization (obviously present in science since the dawn of our civilization), interdisciplinary integration has still been strengthening, examining a certain question, approach or issue from diverse aspects. Jaroslav Skála, the founder of Czech addictology, was the one who supported and enforced an interdisciplinary approach at the time when it was still unusual and when biomedical approach was confrontational towards socio-educational and moral approaches.

Today, this view gives the floor to solutions which are necessary during the whole healing process, and which cannot be provided by a sole field of science, one specialization or even an expert, regardless of how elaborated his/her interventions would be. Therefore, there cannot be a border between the healing process and subsequent care, and the whole complex of work with an addicted person is currently built in the horizontal continuum: *pre-treatment – treatment – post-treatment care*, which could be similar to the concept of primary, secondary and tertiary prevention, though it cannot be identical. In the vertical position, the attention is focused not only on the addicted client, but also on his/her social background, especially family, which is started in practice since the first contact with the addict's relatives according to Šavrnichová [5]. Thus, the support network maintaining the client's decision is extended, taking into consideration his/her predispositions (affected on a neurobiological level) to fail in

certain situations. The neurobiological model theories support such a concept.

Addiction is not a phenomenon existing with no subsequent problems. Its emerging problems are not related to the drug addict only, therefore the problems accompanying addictions are considered multifactorial, and linked to different areas of drug addicts' lives. Generally, the problems are connected to the following areas: family and community, health, education, criminality, work and employment.

The rate of problems related to the abuse of psychoactive substances or addictions cannot be precisely identified; the rate of problems at different moments of a certain person is uneven, as it is affected by various circumstances. The problems are observed mainly in the spheres of drug addicts' lives connected with their quality of life. If the level of severity of such problems is no longer bearable for the addicted person and his/her environment (while such a level is also different depending on each person and the environment), a period of increased permeability of internal and external pressure towards the process of change follows. Such pressures can be called "motivators"; at the beginning of the healing process those are mostly external pressures and circumstances, forming an external framework for the decision making of an addicted person. The motivators represent incentives affecting the decision making of an addicted person, and the stimulation is intentionally conducted by people affecting an addict, especially his/her family. Without the external motivation, it is almost impossible to imagine the transfer to internal motivation, which is the basis for the change maintenance and accepting the new lifestyle. If this happens, motivation is one of the fundamental pillars of life quality in abstinence, and its support and maintenance is a lifelong need.

A motive represents certain internal, psychical power – an impulse or an incentive. According to Bedrnová et al. [6], it can be understood as a psychological cause behind certain behaviour or proceeding of a human being, individualizing his/her experiences and giving psychological sense to his/her activities. Provazník and Komárková [7] note that each person is constantly affected by several motives, which are either in mutual accordance or of different directions, intensity or stability. Therefore, the conforming motives support each other, while the non-conforming ones disturb or even obstruct the motivated activity.

The term motivation is derived from the Latin word "movere" – move. It describes all internal incentives leading us to a certain activity. "The term motivation expresses the fact that in the human psyche there are specific, active and internal driving forces which are not necessarily deliberate – impulses, motives. They orient (focus) activities of people (i.e. behaviour, experiencing, recognition, and proceeding) to a certain goal. Externally, such forces are expressed in the form of a motivated activity or motivated behaviour" [6]. According to Kalina [8], motivation is understood as the "process of managing, maintaining and energizing behaviour, the process of increasing and decreasing the activity of a person. Through drug abuse, this fundamental personal dimension is subject to essential changes – through the final decrease of interest in whatever is different to drugs, and through the loss of energy, necessary for growth and prosperity. It is one of the four

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