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Литвинчук Леся Михайлівна, кандидат психологічних наук, старший науковий співробітник, старший науковий співробітник лабораторії психології соціально дезадаптованих неповнолітніх Інституту психології імені Г.С. Костюка НАПН України

e-mail: lutol@ukr.net

ОСОБЛИВОСТІ МОТИВАЦІЙНОЇ СТРУКТУРИ ОСОБИСТОСТІ ЗАЛЕЖНИХ ВІД ОПІОЇДІВ

Анотація

У даній статті розглядається питання мотиваційної структури осіб, залежних від опіоїдів. Розкрито суть розроблених і реалізованих етапів психологічної реабілітації. Наголошується на важливості застосування трансформативної моделі зміни поведінки. З метою оцінки мотиваційних змін автор застосував модифікований опитувальник «Діагностика мотиваційної структури особистості» Мільмана В.Е., спрямований на діагностику мотиваційної структури особистості. За допомогою даної методики ми дослідили основні життєві прагнення залежних від опіоїдів, визначили типи емоційних профілів. Згідно з даними Мільмана В.Е., в структурі особистості існує два види мотивації: продуктивна і споживча. Споживча мотивація спрямована на підтримку життєдіяльності суб'єкта та обумовлена його потребами. Існує декілька варіантів даної методики. Зміст шкал також може відрізнятися. У той же час, оскільки ідея методики представляється досить привабливою, ми використовували методику діагностики мотиваційної структури особистості. За допомогою даної методики ми простежили типи емоційних профілів, які включено в дослідження. Включення емоційних профілів в загальний мотиваційний компонент вмотивовано в науковому плані нерозривністю мотивації та емоційності. В експериментальному дослідженні таке поєднання дає нам суттєву діагностичну інформацію.

Представлені результати емпіричного дослідження мотиваційної структури залежних від опіоїдів.

Ключові слова: *мотиваційна структура, психологічна реабілітація, залежний від опіоїдів, опис проблеми, трансформативна модель зміни поведінки.*

Литвинчук Леся Михайлівна, кандидат психологічних наук, старший науковий співробітник, старший науковий співробітник лабораторії психології соціально дезадаптованих неповнолітніх Інституту психології імені Г.С. Костюка НАПН України

ОСОБЕННОСТИ МОТИВАЦИОННОЙ СТРУКТУРЫ ЛИЧНОСТИ ЗАВИСИМЫХ ОТ ОПИОИДОВ

Аннотация

В данной статье рассматривается вопрос мотивационной структуры лиц, зависимых от опиоидов. Раскрыта суть разработанных и реализованных этапов психологической реабилитации. Отмечается важность применения транстеоретической модели изменения поведения. С целью оценки мотивационных изменений автор использовал модифицированный опросник «Диагностика мотивационной структуры личности» Мильмана В.Е., направленный на диагностику мотивационной структуры личности. С помощью данной методики мы исследовали основные жизненные стремления зависимых от опиоидов, определили типы эмоциональных профилей. Согласно данным Мильмана В.Е., в структуре личности существует два вида мотивации: производительная и потребительская. Потребительская мотивация направлена на поддержание жизнедеятельности субъекта и обусловлена его потребностями. Существует несколько вариантов данной методики. Содержание шкал также может отличаться. В то же время, поскольку идея методики представляется весьма привлекательной, мы использовали методику диагностики мотивационной структуры личности. С помощью данной методики мы проследили типы эмоциональных профилей, включённых в исследование. Включение эмоциональных профилей в общий мотивационный

компонент мотивировано в научном плане неразрывностью мотивации и эмоциональности. В экспериментальном исследовании такое сочетание дает нам существенную диагностическую информацию. Представлены результаты эмпирического исследования мотивационной структуры зависимых от опиоидов.

Ключевые слова: *мотивационная структура, психологическая реабилитация, зависящий от опиоидов, описание проблемы, транстеоретическая модель изменения поведения.*

Lytvynchuk Lesya Mykhaylivna, candidate of Psychological Sciences, senior researcher, senior researcher department of psychology of socially maladjusted minors psychology of Institute of psychology named by G. S. Kostyuk NAPS of Ukraine

FEATURES OF MOTIVATIONAL STRUCTURE OF AN OPIOID ADDICTED PERSONALITY

Summary

In this article the issue of a motivational structure of an opioid addicted personality is addressed. The essence of the developed and implemented stages of psychological rehabilitation is revealed. The importance of applying transtheoretical pattern of behavior change is stressed. To assess the motivational changes, we used a modified questionnaire called "Diagnostics of Motivational Structure of Personality", by V. E. Milman, aimed at diagnosing

the motivational structure of personality. Using this technique, we examined the basic life aspirations of opioid addicts, identified the types of emotional profiles. According to V. E. Milman, the structure of personality contains two types of motivation: the productive and the consumptive one. Consumptive motivation is aimed at supporting an individual's life and is determined by his needs. There are a number of versions of this technique. The content of scales may vary as well. At the same time, since the idea of the technique appears attractive enough, we applied the technique of diagnostics of motivational structure of personality. This technique enables us to trace the types of emotional profiles included in the study. Inclusion of emotional profiles into general motivational component is substantiated scientifically by indissolubility of motivation and emotionality. In pilot study, this combination provides us significant diagnostic information.

The results of empirical study of opioid addicts as to their motivational structure are presented.

Keywords: *motivational structure, psychological rehabilitation, an opioid addict, description of the problem. transtheoretical model of behavior change.*

Formulation of the problem i relevance of research.

Special attention needs psychological rehabilitation of persons dependent on opioids. Psychological rehabilitation should include many-sided support in resolving various problems: counseling on health issues, coordinating the duration of the rehabilitation process, work with the family. Quite important element of the motivational component in this process of rehabilitation. So the question motivational component of people dependent on opioids is important both in theoretical and practical sense.

Meta. This article aims to reveal the features of empirical research motyatsiynoyi part of persons dependent on opioids.

Presenting experimental material. The system consists of elements, each of them being a subsystem immersed in an environment in which the continuous life motion is going on.

We have developed stages of undergoing by the patient the psychological rehabilitation of opioid addicts program. *Here are the stages of going through the program of psychological rehabilitation by a client.*

1. Diagnostic (up to 1 month)

1.1. Setting the initial compliance. An indicator of the quality of the work done is the presence of counseling and consent of a dependent person to participate in the rehabilitation program, improvement in health by mutual agreement with the patient.

1.2. Problem description.

At this stage it is necessary to identify and describe the problem. The major problem of a drug dependent person, in our opinion, is organic, psychological, social, psychological and social degradation.

It is impossible to identify the supporting addiction attitudes and affect them, without taking into consideration the personal characteristics of patients [1]. The

cardinal problem will be relatively independent but interrelated structural features of a drug addicted personality, including:

- destroyed psychophysiological self-regulation system,
- disintegrated "self-concept" system of illusory-compensatory sense of self,
- destroyed system of interpersonal relations,
- asocial, rigid role pattern of behavior,
- system of concepts of values and importance of transpersonal emotional experience,
- pathological demanding-motivational-semantic structure,
- pressing emotional state - anxiety, depression, frustration, etc.,
- reduction or loss of critical attitude to one's own disease (the notion of the disease).

A number of authors explain anosognosia of opium addicts by significant deformation of personality and believe that the reduction or loss of critical attitude to one's own disease and oneself is the most characteristic feature of this contingent of patients [2].

The awareness of disease becomes apparent in the process of collecting diagnostic data, and then psychological diagnosis is determined.

At the beginning and at the end of the rehabilitation program a diagnostic counseling is conducted. *The methodology applied included:*

- self-exploration techniques,
- psycho-emotional state examination,
- interpersonal relationships diagnosis.

Support methodologies:

- psychodiagnosis of personality traits (SMIL),
- cognitive functions examination (Schulte Table, classifications, exclusion and generalization of concepts, diagnostics of thinking).

An indicator of quality is the available psychodiagnostic examination conclusion. The description of the problem includes: structural characteristics analysis, level of motivation, intelligence, emotional development, and taking into account the severity of disorders, range and duration of chronic disease, drug-addicted person's ability to adequately assess the social situation, his power to introspect and work autonomously on his own problems.

While revealing the second component of our pattern of drug addicts' psychological rehabilitation, *the description of the problem*, we should emphasize the describing not only of the problem of the drug-dependent person, but also of his family. Since chemical addiction is a family illness, the whole family is sick, both physically, mentally and spiritually, so the recovery must correspondingly begin with each family member.

2. Motivational (1st-2nd month)

The system is a rehabilitation process that includes individual and group psychotherapy, theoretical unit of teaching the patients, teaching the basics of psychophysiological self-regulation in a psychologist-patient system: psycho

correction and psychotherapeutic work with both the drug addict, and his relatives as well.

A clinical psychologist, a psychologist, a social worker conduct the following necessary steps:

a) reinforce the motivation for positive changes.

The Task is to:

- determine the events that led to hospitalization,
- identify the client's attitude to the existence of the problem,
- define the social resources,
- define the personal resources,
- determine the disposition to change.

b) take measures to improve psycho-emotional state.

The Task is:

- empathic listening;
- non evaluating acceptance of a client and his problem.

c) prevent HIV infection spreading and risk behavior,

d) inform on assistance available for vulnerable sectors of population.

Redirecting to other care/prevention facilities and non-governmental organizations, the use of printed information and motivation materials of various forms.

U. John notes that the optimal scheme in outpatient treatment is detoxification, motivation, treatment and maintenance therapy. The effectiveness of providing the direct medical care depends on how much the patient is motivated for the medical process. Without motivation to be treated, the assistance to drug addicted patients reduces to mere detoxification [3].

The main aim of the measures taken is counseling and motivational influence. The objective is: to determine the process of rendering psychological assistance and indicators for monitoring the quality of psychological care.

Drug addicts and their relatives are getting informed of the main aspects of the abuse of PAS and receive recommendations of the main ways to overcome the problem.

This phase of psychological rehabilitation program includes: research and advisory work, the main objective of which is the motivation for long-term treatment and active, responsible participation in it. Another important area is consulting relatives and people from the immediate environment.

Motivational dialogue is based on three main elements:

- cooperation between a patient and a psychotherapist,
- production and detection of typical for a client opinions about the necessary changes,
- emphasizing the autonomy and responsibility of a client in implementing the changes.

Our technology of psychological rehabilitation of opioid addicts is based on the **transtheoretical model of behavior change**, developed by American psychologists of the University of Rhode Island, J. Prochaska and C. DiClemente, which describes a certain sequence in the stages of behavior changes of those under

investigation, regardless of the therapy applied. Five stages of the model realization are distinguished [4].

According to transtheoretical model, the process of changing of human behavior involves six stages:

1. *Preceding the considering of necessity for change.*
2. *Considering.*
3. *Preparatory stage.*
4. *The active actions stage.*
5. *Maintaining and consolidation of changes.*
6. *Changes already brought to effect.*

The first stage precedes the considering of necessity for change. A person at this stage is not yet aware of the need for change that is obvious to those around him.

The second stage is the stage of considering when a person recognizes the existence of the problem, realizes the necessity for change and starts reflecting upon why things are not going as they should, and what needs be done to ensure that they were going better. At this stage an opioid addict can stay long. At this stage he usually evaluates pros and cons, weighs the positive and negative aspects of the use of opioids. This stage is marked by some change processes, particularly the empirical ones, determined by cognitive and emotional components.

The third stage is preparing for change. At this stage, attention of dependent people is switched from past problems to looking for ways to resolve them in the future. An important thing at this stage is change of the attitude to the problem, as well as self-confidence. Of course, the individuals are already taking a number of measures on their way to this stage. Empirical processes of change are used extensively; however, intensification of behavioral processes may occur. *The fourth stage* is the active actions stage, at which the individuals are engaged in processing the new style of conduct. Real life implementation of the changes is always accompanied by a clear understanding of the way to put them into effect. It is important that the client took the decision by himself. This stage is the most responsible. At the stage of implementation of changes into life, behavioral processes of change are the most actively occurring, degree of temptation is reduced.

The fifth stage is abstinence or stabilization. In order for the changes to have a successful outcome, the stage of active actions should be followed by quite a long phase of maintenance and consolidation of changes. If the newly acquired behavior is neither supported, nor encouraged by the entourage, a person tends to return to old habits. This stage requires exercising persistence, perseverance and patience.

The sixth stage, the final one, is completion of the changes, that is achieving the moment when transformation is finished completely, whereas old attitudes and corresponding behavior patterns have completely given way to the new ones, which have already become habitual.

The results of the research. To assess the motivational changes, we used a *modified questionnaire called "Diagnostics of Motivational Structure of Personality"*, by V. E. Milman, aimed at diagnosing the motivational structure of personality (the adult version). Using this technique, we examined the basic life



aspirations of opioid addicts, identified the types of emotional profiles. Inclusion of emotional profile into a general motivational component is justified by commonality of motivation and emotionality.

According to V. E. Milman, the structure of personality contains two types of motivation: the productive and the consumptive one. Productive motivation (the values) determines the creative development of personality and promotes adaptation of a human in the society. This type of values orients an individual towards the future and contains preconditions of substantive, meaningful development both of a specific individual and society as a whole. Productive motivation is creative, since it promotes the generation of socially significant material and spiritual values.

Consumptive motivation is aimed at supporting an individual's life and is determined by his needs.

To evaluate stable motivational tendencies, V. E. Milman propounded the technique including 14 items with 8 subitems, while each of the subitems should be evaluated by the person under investigation on a 4-level scale of responses. In this technique, each response of the investigated is marked with 0 to 2, the marks are summarized according to the keys of the technique, and as a result we get mark scores on 7 scales.

V. E. Milman identifies seven scales in his technique of motivational structure of personality:

1. Life sustenance.
2. Comfort.
3. Social status.
4. Communication.
5. General activity.
6. Creative activity.
7. Social utility.

The first four scales characterize the life orientation of an individual, the "general activity", "creative activity" and "social utility" scales characterize his productive orientation.

The key to the test.

	1	2	3	4	5	6	7	8	9	10	11	12
a	P	P	P	Ga	P	Ga	C	P	C	C. Cn	P	P
b	P	C	C	C. Cn	C	Cn. Ga	Cn	Cn	Ga	Cn. Ga	C	C
c	Cn	C	Cn	Ga.	C	C. Cn	Ss	Ss	Ss	P. Ga	C	C. Cn
d	Ga	Ss	Ga	Ga	Cn Ga	Ss. Ga	Ss	Cn	Ss	Ss	Cn	Ga P
e	Cn Ga	Ss Cn	Cn Ga	P Ga	P Ga		P Ga	P Ga	Cn	P	Ss Cn	Ss

f	Ss	P Ga		P	P Ga	P Ga	P Ga	O Ga	Ss	Cn Ga	Ss	Ss
g	P Ga	P Ga	P Ga	Cn Ga	Cn Ga	Cn Ga	P Ga	P Ga	Ga	P Ga	Cn Ga	Cn Ga
h	P Ga	Ss Ga	P	C	P	P	Ss	Ss	C		P Ga	P
	L ^{id}	W ^{id}	L ^r	W ^r	L ^{id}	W ^d	L ^{id}	W ^r	L ^{id}	W ^{id}	L ^r	W ^r

Scales motivational profile:

Ls - life sustenance

C - comfort

Ss - social status

Cn - communication

Ga - general activity

Ca - creative activity

Su - social utility

Each of the seven motivational scales is presented in four subscales:

L - Life motivation

W - working motivation;

id - the "ideal" motive condition, level of motivation, aspirations;

r - the "real" state of the extent to which the subject sees the motive satisfied at the moment, as well as how much they spent for this effort.

There are a number of versions of this technique. Some of them do not use "keys to items 13 and 14". The content of scales may vary as well. At the same time, since the idea of the technique appears attractive enough, we applied the technique of diagnostics of motivational structure of personality (the adult version). This technique enables us to trace the types of emotional profiles included in the study. Inclusion of emotional profiles into general motivational component is substantiated scientifically by indissolubility of motivation and emotionality. In pilot study, this combination provides us significant diagnostic information.

Table 1

Results of the Study of Motivational Structure of A Drug Addicted Personality For V. E. Milman

Type of Motivational Profile	<i>Life Motivation (L)</i>	<i>Working Motivation (W)</i>
Progressive	-	-
Regressive	1	1
Expressional	1	3
Impulsive	-	-

Flattened	6	4
Progressive and Expressional	1	2
Progressive and Impulsive	-	-
Regressive and Expressional	1	1
Regressive and Impulsive	1	2

So we can state that the drug addicts' motivational profile is characterized by rather smoothed, flat, hardly distinctive figure with no significant rises and declines. All the major motives in this structure are almost equivalent, which indicates the uncertainty about their realization.

Analyzing the data obtained by the investigative technique of motivational personality structure, we found out that the profile line of the majority of opioid addicts was located quite low (ranging from 3 to 0), which suggests motivational indifference. Opioid addicts endeavor nothing, as confirmed by data presented in Figures 1 and 2.

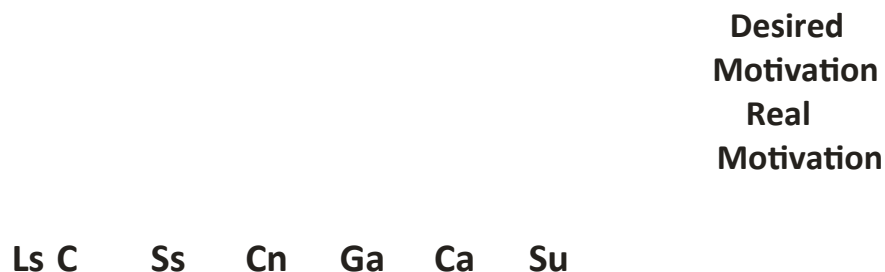


Figure 1. Motivational Profile of An Opioid Addict (Working Motivation)

Note.

Scales: Ls - life sustenance

C - comfort

Ss - social status

Cn - communication

Ga - general activity

Ca - creative activity

Su - social utility

Comparison of indicators of desired and real motivation of those investigated reflects the degree of realization according to the given motives. In working motivation the Social status (Ss) and General activity (Ga) scales are realized in general. Other scales are zoned as unrealized.

Life motivation of the investigated was demonstrated in low indicators on all scales. The scale of communication proved very low.

Considerable lack of communication is typical for working and life motivation of opioid addicted individuals. The investigated manifested quite low figures, ranging from 4 to 0 on the scales of Communication, General activity, Comfort, Social utility. Working motivation revealed considerable deficiency on the "Social utility" scale. Loss of job, education, social skills leads to isolation. Undoubtedly, all this is reflected in the structure of motivation. *Figure 2.*

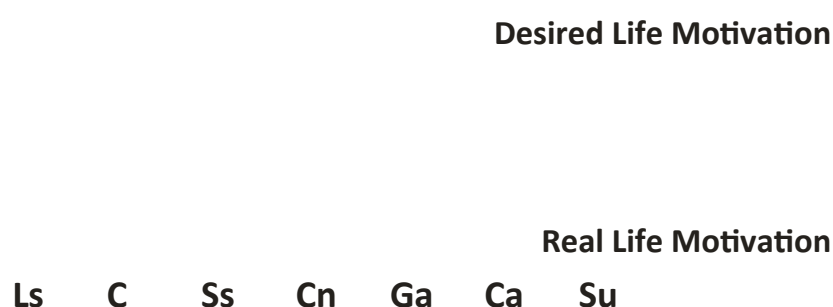


Figure 2. Averaged Motivational Profile of An Opioid Addicted Individual (Life Motivation)

Furthermore, having conducted a 5 year research of statistical data, we established that of all the patients in rehabilitation during this period ($p = 197$), 40.3% of them have shown steady remission till now. Relatives of those investigated regularly attended classes for the codependent. Those who had the interest but were unable to attend classes, acquainted with the relevant literature, communicated through the site of the center. 48.2% of the clients whose relatives did not recognize the fact of codependency, use drugs. 8.1% of them returned for a second rehabilitation.

Conclusion. During motivational dialogue one should use the possibility of application of those working for change formulations that the client himself has. Such formulations do not cause resistance, better meet the genuine aspirations of the patient, increase the probability of success. However, this does not mean that spontaneous assertion of the client determined by the desire to change the behavior can not be adjusted. To adjust it, one can use summation, paraphrasing, appealing to the patient himself for help as well.

The specialist who conducts a motivational dialogue serves as a facilitator or catalyst, which is widely used in a variety of formats of psychotherapy. Psychologist does not create anything new, does not impose anything, but rather uses every possible means of the client himself, accelerating changes.

Within identifying self-motivating formulations of the client, it is useful to inquire after the way his immediate environment evaluates his condition and prospects. Getting convinced of the essentiality of differing assessments, one can

gently confront the point of view of a client and others to improve confidence. Any discrepancy is the basis for discussion under the theme of optimism or pessimism in assessing the prospects, the extent of problems, determination of a changes stage, the existing level of motivation. It is important that confrontation does not develop between the psychologist's and the client's opinion, but rather between the client and the persons around him. This discussion, while being helpful in content, facing directly the key points of the process of behavior change and being secure, does not hold a threat to the psychologist-client relationship.

Throughout the whole cycle of psychological rehabilitation, the counselor has clearly defined goals and tasks according to systematic psychological rehabilitation model. The program of group work is constructed so that the objectives remain unchanged, and the ways to achieve could be flexible. Counselor is the organizer of the process occurring in the group. According to the transtheoretical model of change, the counselor organizes the process occurring in the group. He does not create, but rather organizes the process. This principle contains the idea that each participant must get trained independently. One of the first components of a psychological model is motivational dialogue as a "key" to change. In a motivational dialogue the counselor should put open questions, have positive confirmations, use active listening, paraphrasing, as well as conduct summarizing. It is crucial that each participant passes all the stages of personality changes.

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