

EMOTIONALITY, COGNITIVE FUNCTIONING AND PERSONALITY IN ALCOHOL DEPENDENT PEOPLE

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Abstract: Alcohol addiction is widely spread in Polish population. In the statistical surveys we can see that number of alcohol addicted people is increasing. In the treatment of alcoholism there are different therapeutic approaches but the effectiveness of them is rather low. The aim of this article is to analyze damages, destruction and deficits caused by consumption of substance by alcohol addicted. Moreover, article describes psychological functioning of addicts and psychotherapeutic approach to addicted patients and show which characteristics of alcohol addicted people are important in maintaining abstinence by this people. Finally, article exposes the direction of research to help professionals modify their actions to increase the efficacy of help through concentration psychotherapeutic activity on important variables for maintaining abstinence. Conclusion of this article is that researchers should focus on cognitive functions, emotional life and personality traits of alcohol addicted patients.

Key words: alcohol addiction, emotions, cognitive functions, personality

Introduction

Psychiatric disorders in the Polish population are extremely widespread, about $\frac{1}{4}$ of Polish adults during their lifetime will have some symptoms of mental illness. A Report EZOP (Epidemiology of Psychiatric Disorders and Availability Psychiatric Medical Care) concerning Poland shows alarming and interesting data. From 18 psychiatric disorders from the European Classification (ICD-10) and American Classification (DSM-IV), about 23.4% of Poles 18 to 65 have symptoms of at least one disorder. An analysis of the epidemiology data showed that 11.9% of Poles manifest disorders related to alcohol use. Extrapolation of this data on the general Polish population yields a significant number about 2.8 million people have a problem with alcohol abuse or have problems caused by drinking alcohol. Furthermore, from this 2.8 million about 650,000 people are addicted to alcohol; in other words, these people are alcohol dependent. Estimated data for the Polish population in 2012 [1].

The new studies show an increasing number of people who are alcohol dependent. The analysis of this data reveals that addiction to alcohol in Poland is common and increasing. It is a very substantial and considerable health problem. This disorder has notable consequences in many areas. It is worth pointing out there are social side-effects and economic consequences to the whole country's economic system. There are different models and approaches in therapy for alcohol dependent patients [2]. The efficacy of these approaches is still low and very far from what we expect. We can find a significant amount of scientific publications about alcohol addiction and addiction in gene-

ral. There is a need to survey addicted people and analyze data from this research in order to modify and improve the methods of therapy. Moreover, the intentions of therapy should concern the minimization, reduction and cessation of the damage caused by this disorder. In this article, I will try to describe the specifications of alcohol dependence. Furthermore, the cognitive functioning of alcoholics will be shown. After that a portrait of how alcohol dependent people function emotionally will be presented, and their personality traits will be described. Additionally, I will refer to the therapy which is most common in Polish Addiction Therapy Centers. Finally, the prospect of research that could point out some important spheres of alcoholics' psyche and behavior will be elucidated. These areas are important for the constructive functioning of alcoholics, and it will show information where therapists should emphasize and address their actions to increase the efficacy of therapy for the alcohol addicted patients.

Alcohol addiction according to International Statistical Classification of Diseases and Related Health Problems 10th Revision, ICD-10 obligatory in Poland

The diagnosis of alcohol addiction is based on the ICD-10 International Classification. It is a disease which is marked with symbol F10.2. At a certain moment of the development of medical science the most common treatment method of alcohol dependence syndrome in Poland was psychotherapy. Support groups also need to be mentioned. Alcoholics Anonymous (AA) is also popular and has had beneficial and sometime significant influence on

alcoholics. Pharmacotherapy is not as common a method of treatment but should also be considered separately as a supportive method for psychotherapy of alcohol dependent patients [3]. Diagnosing a person with alcohol addiction has a number of different facets. The doctor has to be very attentive during the diagnosis and notice all the symptoms including physiological and behavioral spheres as well as cognitive functioning. These symptoms should be taken as evidence about the use of the substance and its effect on the behaviors of the person.

The presence of three symptoms from the six listed below will be sufficient proof to diagnose alcohol addiction syndrome for the patient. The manifestation of these symptoms has to have occurred during a twelve month time period preceding diagnose.

List of the symptoms alcohol addiction disease from ICD-10 [4]:

- compulsion or a strong desire to consume alcohol;
- a reduced ability to control regarding the first drink, the last drink and the quantity of alcohol consumption;
- a physical withdrawal syndrome;
- evidence of tolerance, originally caused by low-dose effect, increasingly higher doses are required for drinkers without the development of tolerance to severe damage which can even lead to death;
- a restricted behavior in alcohol consumption, such as the tendency to drink alcohol on weekdays as well as on weekends and ignoring the rules of normal socially drinking, advancing pleasure and neglecting other interests;
- sustained alcohol consumption, despite clear evidence of harmful consequences.

Diagnosing alcohol dependence syndrome, subsequently in this article called alcoholism or alcohol addiction, is a first step. The specialist should give a referral and motivate the patient to begin therapy at an Addiction Therapy Center, where the sick person should get a complex medical and psychotherapeutic help adjusted to his/her individual needs.

Damage, losses and deficits caused by drinking alcohol and a description of psychological functions people with alcohol dependence syndrome

Long term drinking of alcohol causes series damage to alcohol dependent people. The substance devastates the vascular system, the pancreas, the brain [5], the liver [6], the gastrointestinal tract and the stomach [7]. Health detriments influence deterioration and damage in cognitive functioning and emotionality which extends to changes in personality.

Alcohol addicted people have problems in cognitive functioning compared to healthy non-addicted people. This deterioration in cognitive functioning is explicit in perceptual-motor functions, visual-spatial, memory and learning [8]. The range of cognitive-emotional functions impaired by alcohol can include abnormal repressing process, reaction control and working memory. Moreover, we can observe a deteriorating regulation of behavior which consists of decisions making process, action planning, orientation of achieving goals and coping with developing problems. In psychology all of these functions are assumed to be called executive functions [9].

Scientific research about the personality of alcohol dependent people shows this group of people is not homogeneous. For years researchers have attempted to find personality traits which are responsible or only increase the risk of addiction. This work is extremely difficult because of the multiplicity of theories and methods; some of the results are helpful and worthy of attention. People, who are characterized as having high impulsiveness, which is understood as the disposition to immediate reactions to internal stimuli and external stimuli without any analysis of the potential negative consequences of their own behavior, are susceptible to alcohol dependence syndrome [10]. Research on alcoholics with the use of the Big Five Inventory, divided the respondents into two groups. The first group obtained a high value factor (N) Neuroticism and a low value factor (S) Scrupulousness in the test. The second group results were generally the same as the average population with one exception; the factor (S) Scrupulousness was at the upper limit of median results. Addicted people from the first group have a worse prognosis regarding the treatment of alcohol dependency because of an emotional imbalance, difficulty in self-control and maladjustment. The second group has a better prognosis regarding treatment of alcohol dependency because of the greater ability of planning proceeding and maintaining activities [11]. Research on the occurrence of D-type personality described as predisposing to addictions showed the appearance of problem drinking more frequently, which in the long term can lead to addiction in respondents with high result on two scales in the DS-14 D-personality scale. The two scales are (NA) Negative Affectivity, which is the frequent experience of unpleasant emotions such as anxiety, anger, irritation, while (SI) Social Inhibition, which is the suppression of emotions in social interactions [12].

The phenomenon of coping with stress is significant in alcohol dependent people. Research indicates that high stress levels and the lack of ability to cope in a constructive way results in higher alcohol consumption in people with such a characteristic. People who cannot cope with high levels of stress can concentrate on their emotions, and

in this way they increase mental stress. Subsequently, they use alcohol as a substance that gives them relief and consolation. This is a way of dealing with unpleasant emotions and stress [13]. Scientific research on stress coping styles in an alcohol addicted group shows that alcoholics more often cope with stress through focusing on their mental states and through avoidance of thoughts about situations that evoke strong feelings more than non-addicted people. A healthy group in a stressful situation will more often concentrate on finding solutions to cope with the stressful situation [14,15].

People addicted to alcohol or other chemical substances belong to group at risk of exhibiting increased symptoms of depression. Addicts during their whole lives try to control the use of substance countless times. They try to reduce the amount of the substance that they consume, reduce the frequency of the substance that they take or try to abstain from the substance. Unfortunately, these attempts almost always end in failure. The consequences of this situation are enormous. A negative mood, a sense of powerlessness, guilt, shame, lowered self-esteem and lowered value of self in the end can lead to a loss of the meaning of life. The above mentioned are typical symptoms of depression [16]. Research on alcohol addicted people at the initial stage of therapy when abstinence is maintained for a short time show that these groups of people are characterized by an average level of depression [17]. An estimated 25% of males and 49% of females suffer from depression symptoms closely related to alcohol addiction [18,19].

The psycho-bio-social addiction model proposes a slightly different way of recognizing emotional-cognitive disorders caused by psycho-psychical activity of a substance which results in pathological drinking and the inability to stop drinking alcohol by alcohol dependent people [20]. In this model in the foreground we have, "deformations of mind's work caused by alcohol drinking". It reveals the more frequent use of magical-wishful thinking than rational-logical thinking. Addicts during alcohol intoxication receive positive signals such as euphoria, stress and mental tension reduction, as well as positive emotions, but they also receive negative signals such as health damage, disintegration of family life, and financial losses. Magical-wishful thinking hinders access to awareness of these negative signals. At the same time magical-wishful thinking exaggerates positive signals, and in effect it results in greater alcohol consumption by an alcoholic. Alcohol dependent people have a limited ability to perceive the damage caused by alcohol and realize their own addiction.

It is directly linked to the emotions of addicted person because as losses become more and more severe; it leads to an increase mental tension, increase stress and an increase in experiencing unpleasant emotions. An addicted person seeks relief and seeks mental tension reduction, but an addict forgets about solving the problem that causes all this

mental suffering. An easily accessible, fast and known method for the removal of suffering is alcohol or the consumption of other psychoactive substances which would modify the emotional state in a chemical way. Alcohol activity is suppressing and restraining which means that alcohol reduces the experience of unpleasant emotions and pain; however, it also disrupts the work of brain's reward system. As a consequence, alcoholics have difficulties in obtaining pleasure from everyday activity and everyday events. The range of behaviors that give them enjoyment and relief narrows due to the consumption of chemical substances.

According to the psycho-bio-social addiction model, cognitive-emotional disorders caused by alcohol abuse manifest in two ways: deformations of the mind's work and abnormal regulation of emotions. The effect of this can be compared to a closed circle. An addicted person loses contact with reality by drinking alcohol; the problems associated with alcohol consumption expand, and this results in emotional dysregulation, so the addict reduces the unpleasant state by drinking alcohol, and the circle starts all over again [2].

Treatment of addicted people in Poland Psychotherapeutic approach

In Poland, the most popular and widely applied approach to alcohol addiction is integrative psychotherapy of addiction [2]. Here attention is paid to the three manifestations of addiction. The first one is the compulsion to drink alcohol which is very hard to stop. The second one is the attempts and failures to stop drinking alcohol and the repetition of this behavior despite losses and damage caused by consumption of the substance. The third one is the unpleasant physiological and mental symptoms that appear after alcohol withdrawal and the persistent belief about what relief is given by the consumption of the substance.

The assumptions of the model recovery from addiction includes the idea that to stop the damage linked to drinking alcohol; an addicted person must have motivation and the conviction that the change is possible that he/she can be a teetotaler. Moreover, an alcohol dependent person should accept the fact that he/she is addicted, and he/she has a reduced ability to control alcohol consumption. Furthermore, it is worth mentioning the ability to deal with desire to consume the substance, emotional regulation training and the ability to reduce stress in constructive way must be addressed. Therapists should prepare an alcoholic for the possibility of a relapse. Alcoholics should have an open attitude towards others; they should especially ask others for help and accept it [21].

The direction of research to increase the efficacy of help for the alcohol addicted patients through concentration psychotherapeutic activity

Psychotherapy is field of science which is constantly developing, and there is need for research to increase its effectiveness. From my clinical practice and observations, I can say that some alcohol addicted patients participate in therapy several times while constantly returning to destructive behaviors. However, some others after therapy maintain abstinence for years or decades. Obviously, this is not the only dimension differentiating alcohol dependent patients participating in therapy. Researchers should focus on cognitive functions, the emotional life and the personality traits of alcohol addicted patients participating in therapy many times who then return to old behaviors and destructive drinking and then compare them to alcohol addicted patients who change their behaviors and abstain for a long time. The characteristics of these two groups can give information about the fundamental differences in the dimensions of these two groups. In a broader context research can help us to answer the question which psychotherapeutic methods therapists should emphasize and focus their actions on to increase the effectiveness and adjust them to specific psychological functioning of alcoholics.

It is not easy work but possible to achieve. Every action aimed at the reduction of the suffering of another human being is worth the effort. In the next article, I will refer to the research which characterized more broadly psychological functioning of alcohol dependent people. Furthermore, my own research which shows changes in cognitive functioning, emotional life and personality traits between two groups of alcohol addicted people, clients of therapy centers with short alcohol abstinence and long alcohol abstinence will be presented [22].

Literature

- [1] Moskalewicz J. Wojtyniak B., Kiejna A., editor. *Kondycja psychiczna mieszkańców Polski. Raport z badań "Epidemiologia zaburzeń psychiatrycznych i dostęp do psychiatrycznej opieki zdrowotnej - EZOP Polska"*. Instytut Psychiatrii i Neurologii, Warszawa, 2012.
- [2] Mellibruda J., Sobolewska-Mellibruda Z. *Integracyjna psychoterapia uzależnień - teoria i praktyka*. IPZ PTP, Warszawa, 2011.
- [3] Wnuk M., Marcinkowski J.T. Alkoholizm-przegląd koncepcji oraz metod leczenia. *Hygeia Public Health*, 47(1):49-55, 2012.
- [4] Pużyński S., Wciórka J. *Klasyfikacja zaburzeń psychicznych i zaburzeń zachowania w ICD-10. Opisy kliniczne i wskazówki diagnostyczne*. Uniwersyteckie Wydawnictwo Medyczne "Vesalius", Kraków, 2010.
- [5] Najda Z. *Co psuje się od alkoholu?* Państwowa Agencja Rozwiązywania Problemów Alkoholowych, Warszawa, 1998.
- [6] Cichoż-Lach H., Grzyb M., Celiński K., Słomka M. Nadużywanie alkoholu a alkoholowa choroba wątroby. *Alkoholizm i Narkomania*, 21(1):55-62, 2008.
- [7] Kłopocka M., Budzyński J., Świątkowski M., Ziółkowski M. Wpływ 4-tygodniowej abstynencji na obraz makro- i mikroskopowy błony śluzowej górnego odcinka przewodu pokarmowego oraz na wyniki ph-metrii przełykowej i żołądkowej u mężczyzn uzależnionych od alkoholu. *Alkoholizm i Narkomania*, 16(1-2):87-99, 2003.
- [8] Kopera M., Wojnar M., Szelenberger W. Funkcje poznawcze, struktura i czynność mózgu u osób uzależnionych od alkoholu. *Alkoholizm i Narkomania*, 23(4):361-378, 2010.
- [9] Jodzio K. *Neuropsychologia intencjonalnego działania. Koncepcje funkcji wykonawczych*. Wydawnictwo Naukowe Scholar, Warszawa, 2008.
- [10] Jakubczyk A., Wojnar M. Znaczenie impulsywności w przebiegu i rozwoju uzależnienia od alkoholu. *Alkoholizm i Narkomania*, 22(4):387-398, 2009.
- [11] Bętkowska-Korpała B., Gierowski J.K., Ryniak J., Kasprzak J., Nolbrzak-Drozd J., Starowicz A. Profile osobowości w modelu wielkiej piątki u osób uzależnionych od alkoholu rozpoczynających leczenie. *Alkoholizm i Narkomania*, 25(2):151-166, 2012.
- [12] Bruce G., Curren C., Williams L. Type d personality, alcohol dependence and drinking motives in the general population. *Journal of Studies on Alcohol and Drugs*, 74(1):120-124, 2013.
- [13] Corbin R. W., Farmer M. N., Nolen-Hoekesma S. Relations among stress, coping strategies, coping motives, alcohol consumption and related problems: A mediated moderation model. *Addictive Behaviors*, (38):1912-1919, 2013.
- [14] Mroziak B., Wójtowicz S., Woronowicz B.T. Psychospołeczne korelaty uzależnienia od alkoholu. *Alkoholizm i Narkomania*, 2(31):193-204, 1998.
- [15] Sudraba V., Millere A., Deklava L., Millere E., Zumente Z., Circenis K., Millere I. Stress coping strategies of drug and alcohol addicted patients in latvia. *Procedia-Social and Behavioral Sciences*, (205):632-636, 2015.
- [16] Łojek E., Stańczak J., Wójcik A. *Kwestionariusz do Pomiaru Depresji. Podręcznik*. Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego., Warszawa, 2015.
- [17] Chodkiewicz J. Terapia osób uzależnionych od alkoholu: lęk i depresja a zasoby osobiste. *Alkoholizm i Narkomania*, 23(3):201-216, 2010.

- [18] Epstein J. F., Induni M., Wilson T. Patterns of clinically significant symptoms of depression among heavy users of alcohol and cigarettes. *Preventing Chronic Disease*, 6(1):109, 2009.
- [19] Hesselbrock M. N., Meyer R. E., Keener J. J. Psychopathology in hospitalized alcoholics. *Archives of General Psychiatry*, 42(11):1050–1055, 1985.
- [20] Mellibruda J. Psycho-bio-społeczna koncepcja uzależnienia od alkoholu. *Alkoholizm i Narkomania*, 28(3):277–307, 1997.
- [21] Włodarczyk E. Proces wychodzenia z uzależnienia alkoholowego - od ograniczeń i spętania ku lepszej jakości życia. *Resocjalizacja Polska*, (8):101–117, 2014.
- [22] Paryszuk K. Utrzymywanie abstynencji od alkoholu a osobowość i funkcjonowanie poznawczo-emocjonalne osób uzależnionych. Master's thesis, Uniwersytet Warszawski, Wydział Psychologii, 2016.

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