



New Trends
in Psychology

Therapeutic Approach to Alcohol Addiction in Young People

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Abstract: Every day, we come across frantic headlines in the media about alcohol consumption, but this subject is not given a qualitative and rational debate, scientifically based and attached to the reality we live in. I have been wondering for some time what makes people use this drug and why the way they react after consumption differs so much from one individual to another who consumes the same beverage, and how they should be treated so as to reduce addictive consumption.

Keywords: addiction; alcohol; therapeutic approach; relationships; addiction; motivation

1. Introduction

Alcohol belongs to the category of drugs called sedatives, along with anaesthetic gases and weak tranquillisers as pills. When consumed in small quantities, sedatives have the effect of producing a relaxed or drowsy state by reducing brain activity, coordination and reaction time. But when taken in large quantities, they can cause intoxication or unconsciousness. As more disguised effects, people who take sedatives become either uninhibited or particularly agitated. Alcohol is one of the

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most socially acceptable drugs, along with coffee and tobacco. The active substances in these products can cause addiction, as can other less socially acceptable drugs. Addiction is characterised by a compulsive and difficult-to-control urge to consume a substance or engage in a behaviour, despite the associated negative consequences. The term not only refers to addiction to chemical substances but can also include addiction to certain behaviours - compulsive shopping, video games, etc.

Alcohol addiction can have complex influences, including genetic transmission of the predisposition to use, neurobiological, psychological and environmental factors, and treatment usually includes a multidisciplinary approach involving cognitive-behavioural therapy, counselling, social support and sometimes drug treatment. Addiction can easily turn into dependence when the user becomes physically and mentally dependent on the substance and the lack of it produces symptoms. Addiction involves strong psychological behaviours such as compulsive craving, strong desire, loss of control. Addiction can have both psychological components - the need to continue using to avoid symptoms - and physical components - tolerance and withdrawal. In the case of addiction, we can describe a state in which the body has developed a tolerance and requires continued consumption to avoid symptoms.

2. Alcohol Consumption is Favoured by the Following Patterns

1. family relations - here we see those old moral values, considered positive (the institution of marriage, of friendship), have been destroyed at the social level without being replaced by new ones. There is a reduction in control over the young through the absence or lack of supervision by parents or guardians, with a negative impact. Thus, young people and children feel that they can explore without limits, favouring exposure to risk factors, without proper monitoring. At the same time, ineffective or inconsistent enforcement of rules and sanctions at family level can expose future adults to alcohol consumption. Communication at family level is very important. Ineffective communication between family members can lead to misunderstanding of the message, which causes frustration and stress, resulting in solution-seeking addictive behaviour. Lack of emotional support, in families where there is no or very weak solidarity function, can lead to loneliness and isolation, predisposing family members to alcohol consumption due to low self-esteem. Constant tensions within the family create a tense environment that can lead to the release of stress through alcohol consumption. In conclusion, to reduce vulnerability to alcohol consumption,

clear, well-defined boundaries, effective communication and healthy conflict management are needed at family level.

2. Access to alcohol is too easy from a social point of view. Behind laws that prohibit the sale of alcohol to young people under the age of 18, there is often a 'friendship' between the alcohol industry and the state, which is assured of generous revenues from increased taxation of these products. It is accepted that alcoholic products are freely traded on the market, like any other consumer good, available on every street corner, often with no form of control by the authorities.

3. associating sports images or a lifestyle of the wealthy in advertisements can increase the mood for alcohol consumption.

4. in many public debates, the blame for consumption is attributed mainly to the consumer, thus keeping the discourse at an individual level, so that the public does not understand that alcohol abuse could also be caused by the social environment.

Alcohol misuse is due to unmet or incomplete satisfaction of individual needs. Abraham Maslow presented a hierarchy of needs, valid for any individual, starting from basic needs (water, food, sex), to "spiritual needs and then to higher mental needs" (Maslow, 1993, p 236). Dependency allows the individual to escape into an artificial world where they can achieve "at least a reasonable adaptation to life. The phenomenon of addiction occurs in the realm of the soul, where a dependency of the soul life, is expressed by a compelling urge, craving or aspiration to satisfy an inner emotional need" (Goldberg, 2016, p. 27). From these words it is clear that all individuals tend towards a state of comfort achieved by satisfying a pleasure.

The immediate effects of alcohol on the organism are (Chick, 2008):

- increased number of heart beats per minute;
- dilation of blood vessels in the skin;
- stimulating the release of gastric juice;
- diuretic effect;
- speech becomes slurred;
- memory is affected;
- eyes have difficulty focusing the image;
- movement and coordination may be affected;

- high doses may block the respiratory centre of the brain;
- affects the emotional centre and judgement.

Referring to the choice of a diagnostic instrument for alcoholism, applicable by a clinical psychologist (Page, 1991) suggests 10 questions for structuring a diagnostic interview:

1. Does the interview cover relevant mental disorders or are some of them omitted?
2. Does the interview cover relevant diagnostic systems (e.g. ICD10, DSM-V)?
3. How long is the interview?
4. Does the interview provide a sufficiently detailed assessment?
5. Is the interview sufficiently confident?
6. Who can administer the interview (clinicians, non-clinicians, are they available)?
7. Are scoring procedures available and applicable (type of PC, type of programme, etc.)?
8. How widely used is the interview (data available for comparison)?
9. Is support readily available?
10. Is the interview applicable to the population we want to assess?

The poorer the environment, the greater the risk that a young person will drink alcohol, and the greater the exposure to alcohol from an early age. The decision to drink is an individual one and depends on the individual's capacity for self-regulation formed in childhood, psychological state, family support and education. Before exposure to alcohol, the individual is indifferent to its effects. After drinking alcohol, a state of euphoria occurs, which is pleasant for the consumer. This pleasant state passes and the previous state of indifference reappears, and the individual finds as a reason for drinking alcohol the return to the pleasant, euphoric state and the avoidance of the discomfort that arises after the pleasant effects have worn off. Every person addicted to alcohol wants to stop drinking, and relapse is part of the addiction treatment process. That is why it is very important to provide psychological support at a social level, in 'alcoholics anonymous' groups, where people share their experiences and others listen without criticising and judging them, because everyone goes through this process.

Psychotherapy for alcohol addicts involves a holistic approach, with individual interventions, but also involving the family, and considers the following key issues:

- Family approach - this side is about educating the family, rebuilding trust between family members by repairing damaged relationships, but also providing support for the family dealing with addictive use.
- The therapeutic relationship, which is based on certain qualities the therapist needs to have - empathy, non-judgmental approach, understanding. In this way the therapist creates a safe environment for the client where openness about addiction is encouraged with a sense of sharing without fear, creating a sense of responsibility and control.

During the therapeutic process, triggers for consumption are identified and assessed in order to create a personalised plan for treatment and relapse prevention. Of particular importance is the individual's motivation for recovery, with an emphasis on enhancing intrinsic motivation. The client is encouraged to explore the consequences of alcohol use and identify personal reasons for change. Reasons for maintaining addictive behaviour are also weighed. The therapist will adopt a therapeutic strategy that is tailored to the client's level of readiness for change and will hold the client accountable for improving the addictive behaviour.

3. Conclusions

We may not be able to control the lives we are born into, but we can control the direction we go through life, including choosing addictive behaviour. Encouraging any addict to engage in a therapeutic process, as well as providing support outside that process, is essential for an alcohol user, influencing both the strength to stop using and the severity and duration of relapse crises.

References

- Chick, Jonathan (2008). *Alcoolul și problemele consumului de alcool/ Alcohol and alcohol use problems*. Bucharest: Minerva.
- Goldberg, Raoul (2016). *Dependențele Copiilor și Tinerilor/ Addictions of Children and Young People*. Bucharest: Univers Enciclopedic.

Holdevici Irina (2011). *Psihoterapia Anxietății Abordări Cognitive Comportamentale/ Anxiety Psychotherapy Cognitive-behavioral approaches*. Bucharest: Universitară.

Maslow A.H (1943). *Motivation and Personality*. New York: Harper.

Svanberg Jenny (2019). *Addiction Psihologia dependenței și a comportamentului adictiv/ Addiction Psychology of addiction and addictive behavior*. Bucharest: Prior & Books.

Vraști Radu (2001). *Alcoolismul Detecție, Diagnostic și Evaluare/ Alcoholism Detection, Diagnosis and Evaluation*. Timisoara: Timpolis