

EMOTIONAL EXPRESSIVITY OF ALCOHOL DEPENDENT PATIENTS IN DIFFERENT STAGES OF MOTIVATION TO REFUSE ALCOHOL

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Abstract. Objective. The aim of this study is to evaluate differences in emotional expressivity according to the motivation to refuse alcohol in a sample of alcohol dependent patients. **Methods.** The study sample consists of 142 alcohol-dependent patients (96 males and 46 females) undergoing treatment in Lithuania, Kaunas centre for addictive disorders. Emotional expressivity, motivation to refuse alcohol and alcohol dependency are measured by Lithuanian versions of The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES), Five Expressivity Facet Scale and AUDIT test. **Results.** Highly motivated alcohol-dependent males express more positive and negative emotions; also, they have significantly higher expressive confidence and higher emotional impulse intensity than those alcohol-dependent males with low motivation to refuse alcohol. Highly motivated alcohol-dependent females have higher emotional impulse intensity and they express more positive emotions comparing to low motivated females. **Conclusions.** Increased motivation to refuse alcohol is significantly related to some positive aspects of emotional expressivity. Highly motivated alcohol-dependent patients (both males and females) show higher emotional impulse intensity and higher expression of positive emotions. So, applied psychosocial interventions make significant changes in emotional expressivity and this perhaps is significant for the development of new perception of alcohol dependency and for making behavioural changes.

Keywords: emotional expressivity, motivation to refuse alcohol, alcohol dependency.

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INTRODUCTION

The European Union (EU) is the region with the highest alcohol consumption in the world. Alcohol consumption is the third leading risk factor for disease and mortality in Lithuania like in many European countries (e. g. Poland, Luxembourg, Spain, Estonia and Germany) (Anderson, Møller, Galea, 2012). The similar situation is noted in the United States of America, where excessive alcohol consumption is the third leading cause of death, accounting for 80,000 deaths per year (OECD, 2013). However, Lithuania is one of the leading European countries in terms of consumed alcohol quantities (Štelemėkas, 2014). Even though there is a global strategy how to deal with the harmful use of alcohol, through direct (e.g. medical services for alcohol related health problems) and indirect (e.g. the dissemination of information on alcohol-related harm) measures (Anderson, Møller, Galea, 2012). Nevertheless, alcohol consumption still remains one of the most relevant worldwide health problems.

A conscious decision to use or not to use alcohol is based on alcohol-related expectations (Dai, Sternberg, 2004; Németh et. al., 2011). These alcohol-related expectations are related to expected positive changes in emotional state and behaviour while consuming alcohol (Dai, Sternberg, 2004; Philippot, Kornreich, Blairy, 2011). It is found that alcohol-dependent people usually consume alcohol because of present expectations to suppress the negative emotions and to enhance the positive ones (Lyvers et. al., 2010). However, it is stated that an ability to perceive, interpret, regulate or express emotions adequately and an ability to identify others emotions degenerate by the increase usage and longevity of alcohol consumption (Cordovil de Sousa Uva et. al., 2009). Despite of alcohol-related expectations, alcohol-dependent patients are incapable of identifying and differentiating their emotions as well as controlling them without alcohol intake (Kun, Demetrovics, 2010).

However, long-lasting decrease in physical health, psychological and social well-being due to alcohol consumption, is usually the main reason for seeking professional help and motivation to refuse alcohol. According to Tran-theoretical Model (Prochaska, DiClemente, 1982), Miller & Tonigan (1996) proposed that there are three stages (ambivalence, problem identification and action-taking stage), that should be passed through in order to refuse alcohol and to change alcohol-related

behaviour. This is an ongoing process from stage to stage until the behaviour is no longer alcohol-related (Heather, Smailes, Cassidy, 2008). Also, there is an assumption that decision to refuse alcohol and change alcohol-related behaviour has a significant emotional aspect. By integrating Appraisal Theory (Bippus, Young, 2012), Two-factor Theory of Emotions (Reisenzein, 1983), Gross & John (1997) proposed that emotional expressivity is a natural behavioural reaction (behavioural strategies) that is used in response to emerging emotions. Therefore, motivation to refuse alcohol and changes in alcohol-related behaviour are significantly related to changes in emotional expressivity.

While considering the pros and cons of frequent harmful alcohol consumption, at the ambivalence stage the alcohol-dependent patients are not motivated and not ready to change alcohol-related behaviour (Vilela et. al., 2008). It could be assumed that at the ambivalence stage, higher expression of negative emotions and higher emotional impulse intensity are related to more positive alcohol-related expectations. At the next, problem identification stage, alcohol-dependent patients experience more and more negative outcomes of problematic alcohol consumption. Therefore, positive alcohol-related expectations change into negative ones (Hallgren, Moyers, 2011). Perhaps, at the problem identification stage, alcohol-dependent patients perceive the emotional expression inadequacy. As the result, the masking of emotions increases and emotional impulse intensity still remains high. At the third, action-taking stage, alcohol-dependent patients are sober for a certain period of time and have high motivation to refuse alcohol. The third stage is related to development of new behavioural strategies how to recognize and identify emotions, and how to express them adequately. There is an assumption that when alcohol-dependent patients have high motivation to refuse alcohol, they take active actions not to consume alcohol. As a result, positive changes appear in emotional expressivity: a decrease of emotional impulse intensity, an increase of positive emotional expressivity and expressive confidence (Kashubeck, Christensen, 1992).

So, the mechanism of alcohol dependency and motivation to refuse alcohol are theoretically based and broadly analysed. However, so far, no studies are found defining the differences in emotional expressivity of alcohol-dependent patients. Also, it still remains unclear if differences in emotional expressivity depend on different motivation to refuse alcohol

and change alcohol-related behaviour. There is a lack of empirical-based information in this particular field. Therefore, the comprehensive analysis of differences in emotional expressivity and its relation to motivation in alcohol consumption refusal, in a sample of Lithuanian alcohol-dependent patients, could broaden psychological understanding of alcohol dependency in general and particularly in Lithuania. The results may imply some ideas of how to work more effectively with alcohol-dependent patients in order to achieve long-lasting changes in their alcohol-related behaviour and emotional functioning. Also, this analysis could encourage some ideas on how to implement interventions for alcohol-dependent patients. Thus, the aim of this study is to evaluate the differences in emotional expressivity according to motivation to refuse alcohol in a sample of alcohol dependent patients.

MATERIALS AND METHODS

Study Design and Subjects

A cross-sectional study is conducted in Lithuania, Kaunas centre for addictive disorders in 2013, from February to April. Kaunas centre for addictive disorders is one of five this type of centres, where all addictions are treated in two ways: either using medications in detoxification sector or applying psychosocial interventions (individual and groups meetings, twelve-step program, AA meeting) in the rehabilitation program. The aim of applied psychosocial interventions is to enhance motivation to refuse alcohol consumption or drugs by changing the way of thinking, emotional expression and behaviour strategies. The sample of this study is mostly represented by Kaunas centre for addictive disorders patient cohort. Also, it may be represented by one fifth of Lithuanian population with alcohol dependency problems.

A self-administered questionnaire is used in a sample of 142 alcohol dependent patients (detailed information is presented in Table 1). All patients have been invited to participate in this study if they have not consumed alcohol for at least 5 days. A detailed explanation of the study aims and ethical aspects of the study have been provided for participants before filling the questionnaire.

Measurements

Emotional expressivity is assessed by Five Expressivity Facet Scale (Gross, John, 1998). 62-item inventory evaluates the five different aspects of emotional expressivity: expressive confidence, positive expressivity, negative expressivity, masking of emotions and emotional impulse intensity. On the Likert's scale from 1 (strongly disagree) to 7 (strongly agree) respondents are asked to choose one of the score. Higher scale scores indicate higher level of different emotional expressivity aspects. The internal validity of 5 scales is sufficient (Cronbach α ranged from .61 to .85).

Motivation to refuse alcohol consumption is evaluated using The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) (Miller, Tonigan, 1996). 19-item inventory measures three levels of readiness to change addictive behaviour: the ambivalence, the recognition and taking steps. Respondents are asked to choose the most acceptable score using Likert's scale from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate higher readiness to refuse alcohol consumption. The internal validity of 3 scales is sufficient (Cronbach α ranged from .51 to .91). However, one question in the ambivalence scale has been eliminated in order to heighten scale reliability.

Alcohol dependence is measured by AUDIT test (The alcohol use disorders identification test) (Saunders et. al., 1993). 10-item test evaluates hazardous and harmful alcohol consumption, as well as alcohol dependence. Respondents who score 8 points or less are considered as having no problems with alcohol consumption. However, those respondents, who score 13–15 points and more, are considered as alcohol-dependent patients. The internal validity of this scale is sufficient (Cronbach α – .65).

Additionally, *demographic data* is obtained and includes subject's gender, age, level of education, duration of alcohol consumption and treatment conditions (medical detoxification or the twelve-step rehabilitation program).

All versions of Lithuanian questionnaires were adapted following the standard translation and back translation procedures.

Statistical methods

Statistical analysis has been executed using the statistical package SPSS for Windows, version 17.0. Descriptive statistics is applied for

the presentation of study population characteristics. The Kolmogorov-Smirnov test is used for the assessment of the normality distribution of the quantitative data. Cluster analysis is used in order to group alcohol-dependent patients by stages of motivation to refuse alcohol. The paired sample Student's t test is used in order to establish differences of psychological characteristics in alcohol-dependent patients. An analysis of the differences is executed in alcohol-dependent men and alcohol-dependent women group separately. The data are presented as N, mean \pm std. deviation, or percentage (%) as respectively indicated. The differences are considered statistically significant at the level $p < .05$.

RESULTS

Demographic characteristics of alcohol-dependent patients, participated in this survey, are presented in Table 1. The majority of the participants is alcohol-dependent males, averagely 42 years old, who have secondary or higher education and about 14 years of alcohol consumption experience. Most of them have detoxification treatment. No significant differences are observed in comparison of alcohol-dependent males and alcohol-dependent females age, education and duration of

Table 1. *Characteristics of the study population.*

<i>Characteristic</i>	<i>Value</i>		<i>P</i>
Gender	Males 96 (67.6%)	Females 46 (32.45%)	–
Age, mean, years, (min-max)	42.6, (22–70)	44.6, (27–63)	.338
Education (N, %)			
Not finished secondary	10 (10.4%)	3 (6.5%)	.466
Secondary	32 (33.9%)	13 (28.3%)	
Specialized secondary	31 (32.3%)	21 (45.7%)	
Higher education	23 (24%)	9 (19.6%)	
Treatment condition (N, %)			–
Detoxification	54 (56.3%)	18 (39.1%)	
Rehabilitation program (12-steps)	42 (43.8%)	28 (60.9%)	
The average of alcohol consumption (years)	14.2	13.3	.558
Audit test (mean of scores \pm std. deviation)	26.16 \pm 4.5	23.54 \pm 5.9	.011*

* Significance level $\alpha = .05$

average alcohol consumption ($p > \alpha$). However, according to the score of AUDIT test, both, alcohol-dependent males and females have an alcohol dependency. Alcohol-dependent males have more pronounced alcohol dependency than alcohol-dependent females ($p < .05$).

According to the previous research (Haley, 2009; Lü, Wang, 2012; Miller, Tonigan, 1996) it is important to analyse if motivation to refuse alcohol and emotional expressivity aspects differ in alcohol-dependent males and females. Therefore, the results of inter-comparison analysis (Student's t test) are presented in Table 2.

Table 2. Comparison of psychological variables in a sample of alcohol-dependent male and alcohol-dependent female.

Motivation to refuse alcohol	Gender	N	Mean \pm std. deviation)	P
Recognition	Alcohol-dependent males	96	29.45 \pm 3.7	.317
	Alcohol-dependent females	46	30.15 \pm 4.2	
Ambivalence	Alcohol-dependent males	96	16.47 \pm 2.2	.085
	Alcohol-dependent females	46	17.17 \pm 2.2	
Taking steps	Alcohol-dependent males	96	29.19 \pm 7.0	.102
	Alcohol-dependent females	46	31.30 \pm 7.47	
Emotional expressivity				
Expressive confidence	Alcohol-dependent males	96	44.77 \pm 15.9	.330
	Alcohol-dependent females	46	47.54 \pm 15.6	
Positive expressivity	Alcohol-dependent males	96	58.08 \pm 13.7	.024*
	Alcohol-dependent females	46	63.78 \pm 14.3	
Negative expressivity	Alcohol-dependent males	96	41.25 \pm 12.0	.188
	Alcohol-dependent females	46	44.07 \pm 11.47	
Emotional impulse intensity	Alcohol-dependent males	96	42.28 \pm 9.8	.001*
	Alcohol-dependent females	46	48.78 \pm 9.1	
Masking	Alcohol-dependent males	96	51.39 \pm 11.3	.914
	Alcohol-dependent females	46	51.17 \pm 10.0	

* Significance level $\alpha = .05$

There are no significant differences in motivation to refuse alcohol consumption between two alcohol-dependent patients groups.

The results of differences in emotional expressivity imply that alcohol dependent males and females have the same expressive confidence ($p > .05$), negative expressivity ($p > .05$) and masking of emotions ($p > .05$). However, alcohol-dependent females have significantly higher positive expressivity ($p < .05$) as well as higher emotional impulse intensity ($p < .05$) than alcohol-dependent males. Therefore, the main analysis of differences will be made in alcohol-dependent males and females separately.

Motivation to refuse alcohol is a dynamic process (Korcha et. al., 2011; Miller, Tonigan, 1996). Therefore, the same person can not be assigned to one particular stage (Miller, Tonigan, 1996). In order to evaluate the relationship between emotional expressivity and motivation to refuse alcohol in a sample of alcohol dependent patients, firstly the cluster analysis is conducted (Table 3). The aim of cluster analysis is to divide alcohol-dependent patients, according to stages of motivation to refuse alcohol.

Table 3. Cluster analysis of motivation to refuse alcohol.

		<i>N (%)</i>	<i>Ambivalence</i>	<i>Recognition</i>	<i>Taking steps</i>
Cluster	1	87 (61.3%)	15.51±1.89	27.28±2.79	25.20±4.85
	2	55 (38.7%)	18.58±1.41	33.47±1.91	37.27±2.63

Cluster analysis shows that according to stages of motivation to refuse alcohol there are two main groups: low motivation to refuse alcohol (Cluster 1) and high motivation to refuse alcohol (Cluster 2). More than a half (61.3%) of alcohol-dependent patients belong to the group of low motivation to refuse alcohol. 38.7% alcohol-dependent patients belong to the group of high motivation to refuse alcohol. Detailed distribution according to gender is presented in Table 4.

Finally, in order to evaluate emotional expressivity differences between two groups of alcohol-dependent patients, inter-comparison analysis (Student's t test) is made. The analysis is conducted in alcohol-dependent male and female groups separately, according to group of motivation to refuse alcohol. The results are presented in Table 4.

Table 4. Differences in emotional expressivity in 2 groups of motivation to refuse alcohol.

	Alcohol-dependent males			Alcohol-dependent females		
	Low motivation	High motivation	<i>p</i>	Low motivation	High motivation	<i>p</i>
N (%)	63 (65.6%)	33 (34.4%)		24 (52.2%)	22 (47.8%)	
Expressive confidence	41.59	50.85	.006	43.79	51.64	.089
Positive expressivity	55.33	63.33	.006	57.54	70.59	.001
Negative expressivity	38.29	46.91	.001	43.33	44.86	.657
Emotional impulse intensity	40.5	45.97	.007	46.25	51.55	.049
Masking	51.30	51.55	.921	52.88	49.32	.235

*Difference is significant at the level $\alpha=.05$;

The results of our study (Table 4) reveal that highly motivated alcohol-dependent males have significantly higher expressive confidence ($p=.006$) as well as higher emotional impulse intensity ($p=.007$) than alcohol-dependent males with low motivation to refuse alcohol. Highly motivated males express more positive ($p=.006$) and negative ($p=.001$) emotions, too. Also, the results show that highly motivated alcohol-dependent females have higher emotional impulse intensity ($p=.001$), and they express more positive emotions ($p=.049$). There are no significant differences between low and highly motivated alcohol-dependent females' expressive confidence ($p>\alpha$) and negative expressivity ($p>\alpha$). Additionally, there are no differences in low and highly motivated alcohol-dependent males and females masking of emotions ($p>\alpha$).

DISCUSSION AND CONCLUSION

The main findings of this study show that highly motivated alcohol-dependent patients have higher emotional impulse intensity and they express more positive emotions than alcohol-dependent patients with low motivation to refuse alcohol. Higher emotional impulse intensity of alcohol dependent patients may show one aspect of changing process that is caused by applied interventions at the centre of addictive

disorders. Although, there is an indirect causal relation: still we can assume that psychosocial treatment of alcohol dependency possibly is significant for learning to recognize as well as to find new ways of emotions expression (Atwell, Abraham, Duka, 2011). Changes in alcohol consumption motivation appear because of changes in behaviour, which is caused by improved cognitive assessment of emotion (Gross et. al., 1997). The previous studies showed that those alcohol-dependent patients who get complex treatment may easily express emotions, especially positive ones' (Raistrick, Heather, Godfrey, 2006).

However, the results of current study show that only alcohol-dependent and highly motivated males express more negative emotions, and they express more confidence in the context of emotional functioning. These findings confirm the assumptions of earlier studies that alcohol-dependent patients tend to express more negative but not positive emotions (Philippot, Kornreich, Blairy, 2011). Even more, we could assume that highly motivated alcohol-dependent patients are enhanced to experience and release all negative emotions they have been suppressing by drinking for many years. Uncontrolled and more frequent alcohol consumption is one of maladaptive ways to suppress negative emotions and to reduce the intensity of them (Verning, Orsillo, 2009). An unexpected result that alcohol-dependent and highly motivated males have more expressive confidences, further extend the understanding of gender differences in emotional expressivity. Stereotypically it is claimed that males are strong and silent, strictly controlling the emotional expressivity (Lü, Wang, 2012). However, it could be stated that males, even alcohol-dependent ones, tend to express emotions in a rational, adequate for a situation, flexible way (Gross, John, 1998). Those alcohol-dependent males, who have a chance to speak about experienced emotions may express them more freely with lower possibility to suppress them by risky behaviour (Haley, 2009). Therefore, empathy and social support from specialists and more importantly from family are the main key of expressive confidence as well as higher motivation to refuse alcohol.

Finally, the results of this study do not confirm an assumption that there are differences in low and highly motivated alcohol-dependent males and females masking of emotions. These results may appear because half of alcohol-dependent patients, participated in this study, got detoxification (medical) treatment and no psychological support

or a chance to analyse reasons of alcohol consumption. As a result, it could be assumed that alcohol-dependent patients, especially at the beginning of treatment, tend to mask their emotions because they do not know how to express them adequately (Philippot, Kornreich, Blairy, 2011). However, the current results allow to state that masking of emotions is significantly related to one kind of risky behaviour – alcohol dependency, frequent alcohol consumption in a large quantity (Naghavi, Redzuan, 2011). Even more, it could be hypothesis that masking of emotions is related to lower self-confidence and higher negative attitude towards oneself and others (Gross, John, 1998).

This study has certain strengths as well as some limitations and future suggestions. Firstly, the study design does not allow to make causality statements about motivation to refuse alcohol and emotional expressivity. Therefore, longitudinal study in a sample of alcohol-dependent patients would allow to evaluate causality relation and stability of psychological changes. Secondly, it would be useful to replicate this study by including more psychological (e.g. personal traits) and social (e.g. social support from family) variables that are important for understanding changes in emotional expressivity as well as motivation to refuse alcohol. Also, it would be valuable to replicate this study in other four centres for addiction disorders. It would be useful in order to apply obtained tendencies to entire alcohol-dependent population in Lithuania as well to compare these tendencies against other countries. These future suggestions are significant for improvement of psychosocial interventions for alcohol-dependent patients.

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Conflict of Interest

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NUO ALKOHOLIO PRIKLAUSOMŲ ŽMONIŲ EMOCIJŲ RAIŠKOS SKIRTUMAI, ESANT SKIRTINGOMS MOTYVACIJŲ STADIJOMS ATSIKAITI VARTOTI ALKOHOLĮ

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Santrauka. Tyrimo tikslas. Tyrimo tikslas – įvertinti nuo alkoholio priklausomų žmonių, esančių skirtingose motyvacijos stadijose atsisakyti vartoti alkoholį, emocijų raiškos skirtumus. **Tyrimo metodai.** Tyrime dalyvavo 142 nuo alkoholio priklausomi žmonės (96 vyrai ir 46 moterys), kurie tyrimo metu gydyti Kauno apskrities priklausomybės ligų centre. Tyrimo metu buvo naudotas anoniminis savižina parentas klausimynas, kurį sudarė lietuviška *Penkių emocijų raiškos aspektų skalė* (Gross, John, 1998), *Pasirengimo keistis ir noro gydytis skalė* (Miller, Tonigan, 1996) bei *AUDIT testas* (Sounders ir kt., 1993), įvertinantis priklausomybę nuo alkoholio. **Rezultatai.** Nuo alkoholio priklausomi vyrai, pasižymintys aukšta motyvacija atsisakyti vartoti alkoholį, pasižymėjo ne tik reikšmingai didesne teigiamų ir neigiamų emocijų raiška, reikšmingai didesniu pasitikėjimu savo emocijų raiška, bet ir stipresniu emocijų impulsų intensyvumu nei žema motyvacija atsisakyti vartoti alkoholį pasižymintys nuo alkoholio priklausomi vyrai. Nuo alkoholio priklausomos moterys, pasižyminčios aukšta motyvacija atsisakyti vartoti alkoholį, pasižymėjo ne tik stipresniu emocijų impulsų intensyvumu, bet ir didesne teigiamų emocijų raiška nei nuo alkoholio priklausomos moterys, pasižyminčios žema motyvacija atsisakyti vartoti alkoholį. **Išvados.** Didesnė motyvacija atsisakyti vartoti alkoholį yra reikšmingai susijusi su teigiamais emocijų raiškos aspektais. Motyvuoti atsisakyti alkoholio priklausomi nuo jo vyrai ir moterys pasižymi stipresniais emociniais impulsais, jie išreiškia daugiau teigiamų emocijų. Todėl galima daryti prielaidą, jog gydymo metu taikomos psichosocialinės intervencijos, orientuotos į motyvacijos atsisakyti vartoti alkoholį didinimą, yra reikšmingos emocijų raiškos pokyčiams. Tai itin svarbu siekiant priklausomų nuo alkoholio asmenų elgesio bei suvokimo apie priklausomybę alkoholiui pokyčio.

Reikšminiai žodžiai: emocijų raiška, motyvacija atsisakyti vartoti alkoholį, priklausomybė nuo alkoholio.

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