THE PSYCHOLOGICAL REHABILITATION DURING THE POST-CURE OF 
ALCOHOLIC DESINTOXICATION.

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The alcoholism is a present problem of which severe reality de-
rives from its social, psychological and medical implications. Though 
the scientifical study of the alcoholism enjoys a vast amount of 
research its conceptual definition remains uncertain. Chemical, bio-
chemical and toxicological, psychometric, physio- and psycho-patholo-
gical researches encountered an important advance but it could not 
be achieved any identical findings for alcoholics’ treatment.

Our research on alcoholism aimed to some studies concerning cer-
tain bio-chemical and enzymatic changes in ethylic intoxications, 
also some forensic and clinic-therapeutical researches. Based on 
these observations it is our purpose to focus the attention upon 
the fact that within the much used notion of alcoholism there is 
a large diversity of clinical and psychological events and their 
presence is an opportunity for selecting the biological compatibil-
ity of the desintoxication treatment and a post-curation premise 
which once excepted the therapeutic action is incomplete, unesta-
blished, unassuring the rehabilitation of the patient.

The diversity of these situations is achieved by the different 
aspects of ethyloxidation belonging to the clinical status of each 
person, to biological and psychical changes derived from chronic 
ethylic intoxication as well as to the social condition and psycho-
logical motivatione of the person having alcoholic drinks. Within the 
above mentioned diversity of aspects it seems important for us in 
the whole of our preocupations for therapeutical and psychological 
rehabilitation the critical opinion that the alcoholic and the so-
cial group to which he belongs formulate about alcoholism, alcoholi-
ization and psihic illness. The knowledge of this opinion has the va-
value of a sensitive test for the stability and the changes that took 
place in the psychology and the convictions of a social group.

The requirement of the treatment for ethylic desintoxication is 
a result of this conviction which is reflected in the manner in 
which it is accepted and above all in the patient’s disposition to 
collaborate with the therapeutic action. That is why the differences 
concerning certain geografical zone, level of conscience as to men-
tal sanity, owing degree of the population are factors that influence morbidity by voluntary ethylic intoxication as well as the possibilities for recovering psichical validity of alcoholized people. In this meaning the notion of alcoholism, so differently defined, has a proper content and degree of gravity from a population to another.

Accepting the definition of alcoholism only under the totality of the pathological aspects appeared during either drunken stata or those developed as a consequence of chronic intoxication one can recognize the unbalanced biological fund regarding general nutrition—a constant but unspecific element appearing in all exogenic intoxications.

It is the subjective side inscribed within the motivation of the conducts and behaviour, relationships of which lie under either alcoholophilic need or alcoholomaniac dependence that one which cannot be omitted from the definition of alcoholism under medical, psychologic and social aspect.

Rebalancing the biological, neuroendocrino-metabolic fund destructed by the toxic effect of the ethanol constitutes the effort of an analytic therapeutic manner, prognosis and duration of which are clinically predictable.

Their results are inscribed in the estimation of motivation of impulses, of ethic-social attitude which will be developed within his behaviour towards the group relations by the personality subjected permanently or rarely to ethanol the fact that could not be achieved by the clinical action.

In estimating measures of rehabilitation during the post-cure period of desintoxication in hospital we take into account the concrete aspects contained within the general notion of alcoholism, aspects belonging to a given group of population. Thus, for our clinical practice for the last 10 years there appear the following predominant aspects:

- The increase of the number of hospitalizations for the first time due to the free in-treatment and to the conviction that alcoholism is an abnormal status that enjoys a medical treatment;
- The decrease of the number of the cases with alcoholic psychosis or psychotic disorders due to deficiency chronic ethylic intoxication;
- The increase of the cases of hospitalization of alcoholophili
category or during alcoholization determined by the requirements of modern rhythm of existence which eliminates—in some technical activities—the possibility of being subjected to alcohol influence;

The increase of the cases of hospitalization with primary alcoholomania on the background of disharmonic personalities due to a legislation which establishes the compulsory treatment of those situations that have a potentially social danger.

The initial stage of the treatment is somewhat common to every situation through the use of a complex therapy of correction of disordered metabolism in each case. The treatment of affective status which claims the motivational fund of the personality differentiates the manners of intervention in alcoholic need—differenciation that requires a more refined individualization both for psychotherapy and post-cure rehabilitation. On this step of the treatment the condition of management or failure of desintoxication is established. It is the asthenic status, fatigued and emotive lability with depression, psychological stress after deprivation of alcohol, that appears to us as most obvious in our investigation common to all categories of alcoholics having however a different structure and intensity.

Since the ethanol acts as a psychothropic substance which determines ephemeral changes of the psychological field its elimination requires a corresponding compensation for the motivation that unleashed its use. The content of such compensation is achieved by the forms as well as the steps of the process of psychological rehabilitation within the general opinion of the social group on the matter of the alcoholism.

Whether during the course of desintoxication the major value is given by the medical treatment, during the post-cure period medico-social and psychological factors within interpersonal relationships intervene predominantly in the rehabilitation of the personality and its behavioural reactions. The value of these factors is sufficient to obtain good results for temperance and abstention in alcoholophilic alcoholizations, especially in those who claims voluntarily the treatment in order to maintain their professional ability.

Usually, in such cases the treatment for a repulsive conditioning with disulfiram gives positive results without a necessary use of sedative, psychotone, antidepressive and anxiolytic medicine. The course of alcoholization is intercepted into the motivation of social responsibility implied by the employment in a professional activ-
ity. We preserve the idea that some optimistic statistics concerning the therapy of alcoholism are based on this category of observations.

The psychological rehabilitation expresses an difficult and obligatory effort in occurrences such as primary or secondary alcoholomania with a destruction or disharmony of the personality subjected to narcomania.

In such a connection the complex action which implies psychotropic medicine, protection under the influence of disulfiram, enforced by all moral resources of the family and of the social group and the psychoprophilactic resources of the whole medical assistance all of them can contribute in obtaining satisfactory results.

They are achieved only by a simultaneous action of annulling those factors that expressively entertain, the conflictual reaction which leads to narcomanic decompensation. The complexity of these subjective individual factors associated with the socio-cultural peculiarities of a given social group makes impossible the use of only clinical criteria during desintoxication.

In the post-cure period the essential criterion is the capacity of reintegration in the social environment by promoting an attitude of lessening or even annulling conflictual relationships. In this sense we noticed the useful value of the following actions:

- Taking over the assistance out of the hospital of the severe cases by using the legislation which established the compulsory treatment; - The use of entertaining a repulsive reaction against the alcohol in continual series either with disulfiram or metronidazol for each case in turns; - Individual or group psychotherapy - for better interpersonal relationships - supported casually by the treatment with psychotropics; - Rejection of the opinion after which the alcohol abstinence is considered an embarrassing invalidity; - List and protective direction of each severe case at the level of his concrete living conditions. From our clinical observations as well as from the medico-social assistance aspects it result that the excessive duration of hospitalization, the number of repulsive conditionings and the treatment with psychotropic substances have not major value for the treatment of alcoholic patients. The competent treatment requires a complex of clinical psychological and medico-social measures in different stages from which the post-cure period is of a high value. In this stage the process of rehabilitation evolves with a strict individualization of all psychotherapeutic, medico-social application, according to the behavioural motivation.
References.