



Factors Influencing the Development of Alcoholism in Women

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ABSTRACT

For the study, 50 women diagnosed with alcoholism and treated at the Samarkand Regional Narcology Hospital were selected. The main prognostic criteria for the course of alcoholism were studied: hereditary burden of alcoholism and affective psychoses, personality psychopathy and motive for alcohol abuse, age of onset. The following were identified as prognostic criteria for alcoholism: low prevalence of hereditary predisposition to alcoholism, the presence of hysterical, hypothyroid, and anxious symptoms that do not go beyond emphasis. Alcohol abuse begins after the age of 25, recurrence of alcoholism associated with traumatic situations, and living alone are the main factors that lead to the development of alcoholism in women.

Keywords:

alcoholism, hereditary predisposition, psychopathy, psychotraumatic condition in women.

Introduction. The changing role of women in modern society, the growing feminization and emancipation are reflected in the consumption of alcohol-containing substances by women, which has historically been considered a male problem. Currently, there is an outstripping growth of female alcoholism in relation to male [1, 2, 11, 14]. Such a rapid development of female alcoholism in comparison with male alcoholism is closely related to both biological and socio-psychological factors. Among biological factors, the leading role belongs, first of all, to heredity [3, 6, 18]. According to domestic and foreign authors, alcoholism in the mother is of particular importance: the risk of developing alcoholism in their daughters reaches 22%, and if both parents drink alcohol, then girls are 4 times more likely to develop alcoholism in the future [4, 5, 7, 12]. Less water content in women's in comparison with the male body (on average by 10%), which determines the increased concentration of alcohol at the same dose drunk [9, 13, 16]. Also,

of importance is the unequal metabolism of ethanol due to a decrease in the enzymatic activity of alcohol dehydrogenase, the interaction of alcohol dehydrogenase with sex hormones, a decrease in its concentration in the stomach with a higher absorption of alcohol from the stomach during the premenstrual period, etc [8, 15, 21].

All this allows us to speak about the special severity and malignancy of female alcoholism, as well as its non-curability [10, 17, 20]. It should be noted that the increased socialization of women in socio-economic life, following the male stereotype of life values, her desire to realize her personal claims, to occupy a high social position also contributes to the problem of female alcoholism. After all, the consequence of such self-realization is often a "reckoning" in the form of divorce, loneliness, feelings of guilt in front of loved ones, children, which results in depressive reactions with auto-aggressive behavior [18, 24, 31]. At the same time, the family life of a woman living with an alcoholic

partner poses a significant risk in terms of her developing alcohol dependence [26, 29].

The microsial environment refers to one of the risk factors for alcoholism. The "phenomenon of soldering" by husbands of their wives is described, which is based on the phenomenon of role alignment, giving "harmony" to the family system [22, 25]. The peculiarities of the Russian mentality also play an important role in the problem of female alcoholism. Despite all the "successes" of emancipation, the public "taboo" on female alcoholism remains relevant. If a drunk man, in most cases, causes pity, sympathy, compassion, then there can be no other feelings for a drunk woman, except disgust, contempt, disgust [23, 27, 30]. Therefore, most women drink alone, hiding their alcoholism behind a "high stone fence", and given the early onset of anosognosia, they seek specialized help already at the advanced stage of the disease. However, along with the opinion about the special malignancy of alcoholism in women, there are studies indicating a less progressive, "mild" course of it [19, 21, 28].

Purpose Of The Study: to examine the impact of psychological and social factors on the formation and course of alcoholism in women.

Discussion And Acknowledgement: For the study, 50 female patients aged from 30 to 55 years (mean age 39.7 ± 3.8 years) who were treated at Samarkand regional Narcology hospital for 2019-2021 years "alcohol dependence syndrome, the second stage" was carried out according to the criteria of ICD-10. The criteria for inclusion of patients in the study were: female, the presence of a diagnosis of "Alcohol dependence" established in accordance with the diagnostic criteria of ICD-10 (F10.2). The exclusion criteria were: the presence of another chemical dependence (with the exception of nicotine), the presence of an endogenous mental disorder.

The main methods used in the study were: clinical-psychopathological, clinicocatatamnesic, psychological and statistical. The SMIL test (a standardized method of personality research - an adapted version of the MMPI - Minnesota Multiphasic Personality Inventory

methodology) was used to assess personality-psychological indicators.

The following parameters were analyzed as prognostic criteria involved in the formation and course of alcoholism in women: hereditary factor, characteristics of the parental family and methods of upbringing in childhood, age and motivation for starting alcohol consumption, the presence of disharmony of character, educational level, social status, marital status, causes of relapses of alcoholism.

Results And Discussion: Systematization of the data obtained allowed us to distinguish two groups of patients. The 1st group included 15 patients (30.0%) with a relatively "mild" course of alcoholism, the 2nd group consisted of patients with a malignant course of alcoholism - 35 women (70.0% of the total sample). In group 1, hereditary burden was detected in 4 patients (26.67%) in the form of alcohol abuse by their fathers (without psychoses), in 2 women (13.33.0%) mothers were periodically treated by a psychiatrist for a depressive disorder. In childhood, 12 women (80.0%) grew up in single-parent families, without fathers, 2 women (13.33%) - in families with a drinking stepfather. The majority of women - 13 (86.67%) - were brought up in a system of increased moral responsibility, "cinderella", while there was no warm trusting relationship between parents and children, patients in the family experienced emotional rejection, felt like a "burden".

The age of onset of systematic alcoholism in 10 patients (66.67%) of group 1 was after 25 years, in 4 (26.67%) - after 30 years. The initial reason for consumption in most cases (in 7 women, 46.67%) was the ataractic motive of "calming down, avoiding problems, relieving tension". Also, the motives for alcohol consumption in 6 patients (40.0%) were the desire to impress, 4 women (26.67%) had submissive motivation, "under the persuasion of others." Subsequently, during the formation of addiction syndrome in 11 women (73.33%), relapses of alcoholism were preceded by significant traumatic situations (illness and death of loved ones, quarrels in the family, divorce, conflicts at work, dismissal from work), in 4 patients (26.67%)

alcoholism was determined by a "forced" role in the drinking team, in 1 (6.67%) - living with an alcoholic partner. Thus, in group 1, in almost all cases, when alcoholism resumed, there was a close relationship with the surrounding microenvironment, mental traumas in family and social life. 85.0% of group 1 patients had personality disorders that did not go beyond accentuations. In most cases (5 women, 30.0%), there was increased personal anxiety with characteristic hypersensitivity, fear of social rejection, criticism of oneself. Quite often (4 women, 26.67%) had hysteroid features with a constant desire for recognition from others, exaggerated expression of emotions, self-dramatization. In 3 women (20.0%), hypothyroid traits were presented with a tendency to a depressive type of response in psychotraumatic situations. To a lesser extent, 2 women (13.33%) represented emotionally labile personalities with characteristic conformity, vulnerability, resentment, and 1 patient (6.67%) had disorders of the dependent personality type, with fear of loneliness, subordination of their needs to the needs of other people on whom they were dependent. In group 1, the educational level of 1 woman (6.67%) was incomplete secondary education, 9 (60%) - secondary and specialized secondary education and 3 (20%) — higher education. At the same time, 19 women (76%) had a permanent job, 2 of them (13.33%) had a highly paid one. In personal life, 8 women of the 1st group (53.33%) were single, in other cases - married. Most of them considered their marriage dysfunctional, but avoided divorce for fear of social condemnation. The children lived with their mothers in all cases. In 4 women (26.67%), children had various deviations in the mental and somatic spheres. In most cases, 10 women (66.67%) in this group understood that alcohol consumption was the cause of their problems, valued their professional status, took care of children and elderly parents, sought medical care - both psychopharmacological and psychotherapeutic. In group 2, hereditary burden of alcoholism was observed in 13 patients (37.14%) on the father's side and in 8 (22.86%) on the mother's side. In 14 patients (40.0%), relatives of the first and

second degree of kinship had various mental disorders: psychoses, mainly of the depressive spectrum, various addictions of both chemical and non-chemical properties, aggressive and autoaggressive (suicidal) behaviors.

In group 2, in childhood, a significant part of women (71.43%) lived in families where one or both parents abused alcohol. At the same time, 10 people (28.57%) had non-drinking parents, lived in families with good material wealth. At the same time, almost all women - 32 (91.43%) - believed that they were indifferent to their parents, 7 patients (20.0%) believed that parents needed "only good marks in the diary". The dominant type of upbringing in 18 people (51.43%) was hypoprotection, in 9 (25.71%) - dominant hyperprotection, 8 women (22.86%) were brought up in the style of violent relationships, were subjected to physical punishment.

In group 2, the age of onset of systematic alcoholism in 24 people (68.57%) was up to 20 years, in 6 people (17.14%) - up to 18 years and only 5 (14.29%) - after 20 years. In 39 patients (61.91%) from early adolescence (11-12 years) addictive behaviors associated with episodic consumption of psychoactive substances were noted in 25 (71.43%) there were problems with studying.

In group 2, initial alcoholism in 23 patients (65.71%) occurred without external coercion, mental trauma; the initiative of alcohol consumption belonged to the women themselves. The leading motive of consumption in 19 of them (54.29%) was hedonistic, consisting in the desire to quickly and easily get pleasure. In 8 women (22.86%), the motive was the desire to impress others. To a lesser extent, in 8 women (22.86%), the motive was submissive motivation, "under the persuasion of others."

In group 2, the main cause of relapses of alcoholism in most cases (n=23, 65.71%) was the actualization of the primary attraction to alcohol, which was generalized in nature, formed life principles and determined the behavior of patients. In 8 women (22.86%), confidence in the ability to "drink like everyone else" prevailed, and only 4 (11.43%) had situational reasons due to microsocial conflicts.

At the same time, mainly true binge drinking was observed, leading to severe consequences both in the somato-neurological sphere and in the socio-personal aspect.

Conclusion: Analyzing the data obtained, it can be noted that a prognostically favorable, "mild" course of female alcoholism occurs at the onset of alcoholism at a more mature age (after 25 years) in the presence of accentuated character traits of an anxious, hysteroid, hypo-thymic type. Unfavorable factors of the microsocial environment and mental trauma play a decisive role in the occurrence of alcoholism in these cases. At the same time, women retain their social status for a long time. Although most of them are single, we can talk about alcoholism as compensation for accepting a male role, payment for the emancipation and independence of women in society.

The factors determining the malignant course of alcoholism in women include hereditary burden of alcoholism and affective psychoses. It is important to have characterological deviations reaching the level of psychopathization, mainly of a dissocial and emotionally unstable impulsive type. The onset of alcoholism in adolescence and young age (up to 20 years) without significant external psychotraumatic effects, there is a connection with a drinking partner.

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