

Psychological Defense and Strategies of Coping in Alcohol Dependence and Co-Dependence in Women

Bokhan NA^{1*}, Mandel AI¹, Stoyanova IYa¹, Mazurova LV¹, Aslanbekova NV² and Ankudinova IE³

¹Mental Health Research Institute SB RAMSci, Tomsk, Russia

²Republican Scientific-Practical Center of Medico-Social Problems of Drug Addiction, Pavlodar, Kazakhstan

³Physiology and Fundamental Medicine Research Institute SB RAMSci, Novosibirsk, Russia

Abstract

Comparative study of adaptive-defensive complex in women with alcohol dependence and co-dependence has been carried out. Concept of adaptive-defensive complex presupposing systemic consideration of ways of psychological defense and strategies of coping in aspect of reciprocal addition has been proposed. It has been identified that defensive complex in co-dependence is characterized by combination of psychological defensive styles of "neurotic" and "psychopathic" types. Defensive complex in alcohol dependence is characterized by "psychopathic" type. In women with alcohol dependence and co-dependence, adaptive-defensive complex (ADC) is characterized by lesser efficacy as compared with norm and is characterized by lability with alternating predominance of neurotic and psychopathic forms of reaction, excessive use of psychological defense according to type "reactive formation, regression and compensation", moderate use of substitution and denial as well as low level of intellectualization, projection and repression. A specific of maladaptive strategies in alcohol dependence and co-dependence has been noticed. In the case 1, predominance of maladaptive strategies "denial" and "dissimulation" and decrease of "constructive activity" has been revealed; in co-dependence predominance of "dissociation" is substantial. Thereby coping strategies according to type "avoidance" lose their functional directedness and become closer to psychological defenses according to criterion of passivity.

Keywords: Alcohol dependence and co-dependence on family conditions; Psychological defense; Coping strategies; Adaptive-defensive system

Background

In recent years, prevalence of alcoholism in Russia has steadily high level. In 2010 more than 2 million patients with alcoholism have been registered (1478,1 per 100 000 of population), including 417 500 women (547,4 per 100 000 of female population) [1]. Ratio of women and men among patients with alcoholism in Russia in 1991 was 1:9, to 1995 it has constituted 1:6, and currently it is situated at level 1:5 [2].

Dependent on psychoactive substances personality inevitably forms around him/her complex of pathological, inadequate, ill relations. In scientific press equally often problem of universality of alcoholism appears as a disease of both genders, its specificity in women as well as phenomenon of co-dependence accompanying all states of dependence [3-7]. In this context regular research interest is evoked by women married with men suffering from alcohol dependence [8-11].

External reference of co-dependent people is manifested first of all in that is addiction of relations. Co-dependent persons use relations with another person in the same way as substance and non-substance addicts use addictive agent [12-14]. Being afraid of loss of control above situation, codependent persons themselves fall under control of events or their nearest ones with substance dependence [5,15].

Co-dependence is such a concentration on problems of another person that prevents from satisfaction of his/her own vital needs. Bradshaw [16] states that: "co-dependence is loss of inner reality and addiction to outer reality". According concept of psychogenesis of alcoholism of Reichelt-Nauseef [17], formation of co-dependence is considered as a result of complementary interaction between members of family, which maintains family homeostasis. Phenomena of dependence and co-dependence are broadly identical: patient depends on some substance and the nearest living together.

Clinical correlates of co-dependence: dysthymia, anxiety, depression, passive-aggressive behavior [6,12].

Because co-dependence is an addiction as well but is deeper and is hardly corrected [5] we have hypothesized that psychological traits of co-dependent and dependent on alcohol women have some personality similarities but they are different according to emotional state, psychological defenses (PD) and coping strategies.

Peculiarities of psychological defense and coping-strategies are considered as systemic formations representing unconscious and conscious levels of adaptive-defensive complex. Style characteristics of each level determine functionality and efficacy of adaptive system as a whole. Specific system of defensive-coping complex promoting disturbance of social-psychological interactions and forming ineffective adaptive styles as compared with people without mental health problems underlies formation of behavioral reactions and family interrelations in female patients with manifestations of co-dependence and dependence on alcohol.

Thus, concept of research comprises consideration of psychological defense and coping-strategies in co-dependence and alcohol dependence as levels containing destructive manifestations as compared with norm.

During creation of conceptual model of defensive-coping complex and distinguishing the algorithms of psychological defense and coping-strategies as factors containing specific functional directedness we have meant that efficacy of the complex has been conditioned by systemic interaction of all its levels manifesting in aspect of reciprocal addition.

***Corresponding author:** Bokhan NA, Mental Health Research Institute SB RAMSci, Tomsk, Russia, E-mail: niipzso@gmail.com

Received August 17, 2013; **Accepted** September 25, 2013; **Published** September 30, 2013

Citation: Bokhan Bokhan NA, Mandel AI, Stoyanova IYa, Mazurova LV, Aslanbekova NV et al. (2013) Psychological Defense and Strategies of Coping in Alcohol Dependence and Co-Dependence in Women. J Psychol Psychother 3: 128. doi: [10.4172/2161-0487.1000128](https://doi.org/10.4172/2161-0487.1000128)

Copyright: © 2013 Bokhan NA, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

In addition, efficacy is determined by leading role of constructive coping-strategies and collaterally subordinated-psychological defense.

Each level of defensive-coping system including unconscious ways of psychological defense and conscious strategies of interaction with reality, in people without mental health problems is more functional as compared with nosological groups.

Objective of current research has become comparative study of peculiarities of defensive-coping systems in women suffering from alcohol dependence and co-dependence.

Material and Methods

Investigation was carried out for 5 years based on clinic of Mental Health Research Institute SB RAMSci. We have conducted experimental-psychological investigation of 150 women. The first group was entered by 52 women (age $42\pm 3,1$ years) with diagnosis "neurotic disorder" (F 48.9, ICD-10) and signs of co-dependence which were revealed using clinical and psychological methods. They were married ($5,2\pm 1,3$ years) with men suffering from alcoholism ($5,4\pm 0,7$ years). The second group includes 49 women (age $33,6\pm 7,5$ years) with diagnosis of alcoholism (F 10.2; length of disease - $5,3\pm 2,7$ years). Group of control consisted of 49 women (age $35,4\pm 2,67$ years) without mental disorders and alcohol problems in the family (group III). Methods of psychodiagnostic included use of standardized questionnaires of co-dependence, "Life Style Index" and "Coping-Strategies"; MMPI, test of identification of level of neuroticism and psychopathization. Methods of mathematical statistics include identification of significant differences with use of t-criterion by Student, as well as identification of correlational interrelationships with use of Pearson's criterion. Statistical analysis of data was carried out in computer system "STATISTICA 6.0".

Results of Research and their Discussion

Personality profiles of studied sample obtained with methods of MMPI have been considered. Average psychological profile of co-dependent persons has been represented by increase on scales - 2, 6, 9. Profile code is similar to profile code in women abusing alcohol - increase on scale 2 - depression (D), increase on scale 6 (Pa) and 9 (Ma) - activity (profile code 2,6,9\8,K).

Comparing indices of scales of questionnaire, one can notice that personality profiles of dependent on alcohol and co-dependent ones have not substantial differences. Consequently, similar manifestations are revealed in structure of the personality of co-dependent and dependent on alcohol women. They are as follows:

- decreased or instable mood, dissatisfaction, emotional tension, excessive anxiety (indices of scale 2 testify to this),
- dissatisfaction with social status (data of rating scale K),
- egocentricity, emotional immaturity, propensity for jealousy and easily developing aggression (high indices of scales 4 and 9),
- cyclothymic type of reactivity, changes of mood (correlation of indices of scales 2 and 9).

In addition, reliable differences have been also revealed between nosological groups. Group of co-dependent and dependent on alcohol have reliable differences according to indices of scale Pa (6) ($p<0,037$; $t=2,11$). Indices of manifestation of rigidity in group of co-dependent are reliably higher than in group of dependent on alcohol women. This testifies to major rigidity in co-dependence, propensity for suspicion, creation of hardly correctable concepts, and feeling of hostility from

the surrounding people. In addition, reliable differences between nosological groups on scale Pt (7) ($p<0,011$; $t=2,59$) have been revealed. Increase on scale 7 testifies that anxiety and need for pursuing the social norms are more severe in dependent personalities. Personality profile of women of normative group has a difference from configuration of scales in alcohol dependence and co-dependence. Small increase on scale of "neurotic triad" and anxiety scale testifies about mild neurotic manifestations, increase of scales 4 and 9 - about moderately expressed activity.

Thus, comparative analysis of personality profiles in nosological groups testifies to nearness of indices of average values in dependence on alcohol and co-dependence and difference of these indices from normative group.

Interpreting psychological content of defensive styles in nosological groups and in norm, it may be stated that for women with co-dependence and alcohol dependence specific defensive complexes are typical every of which consists of great destructive directedness as compared with norm. As compared with alcohol dependence in group with problems of co-dependence at statistically significant level, defenses such as "reactive formation", "regression", "intellectualization" predominate. Such distribution of defensive complex may be associated with presence of great emotional tension and anxiety that result of chronic stress. This defensive complex becomes stereotypical, then rigid and pathologizing. During long action of this maladaptive defensive style, possibility of manifestation of more constructive ways of coping with reality and search for ways out of problematic situation decreases.

In group of female patients depended on alcohol, a part of emotional tension is transformed during its consumption. Thereby maladaptive defensive styles are based on excessive manifestations of PD according to type of denial, regression, reactive formation, projection, compensation, substitution and insufficient-intellectualization, forming anosognostic attitude toward the illness and impossibility to stop alcohol addiction.

In most cases in dependence on alcohol and co-dependence, strategies of coping lose their functional directedness and are transformed into ways of psychological defense. Thereby level of coping, included into adaptive system, loses its destination and becomes a duplicate of psychological defense what significantly decreases efficacy of adaptive complex.

As a whole, level of strategies of coping as a component of adaptive-defensive system in patients with alcohol dependence and women with co-dependence is characterized by significant destructive manifestations as compared with norm.

Peculiarities of correlation interrelationships between psychological defense (PD) and level of neuroticism-psychopathization in co-dependence have been considered. It has been identified that psychological defense according to type of compensation has a positive interrelationship with denial ($r=0,36$; $p<0,0$). Psychological defense according to type of projection is situated in positive interdependence with displacement ($r=0,30$; $p<0,05$) and regression ($r=0,45$; $p<0,05$). PD substitution also has positive interrelationship with displacement ($r=0,37$; $p<0,05$), regression ($r=0,48$; $p<0,05$) and projection ($r=0,53$; $p<0,05$). Intellectualization has direct correlation with denial ($r=0,45$; $p<0,05$) and compensation ($r=0,31$; $p<0,05$). PD reactive formation consists of direct correlation interrelationships with denial ($r=0,29$; $p<0,05$) and compensation ($r=0,33$; $p<0,05$) as well. In addition, it has been identified that PD denial has direct interrelationships with compensation ($r=0,36$; $p<0,05$), intellectualization ($r=0,45$; $p<0,05$),

reactive formation ($r=0,29$; $p<0,05$) and level of psychopathization ($r=0,48$; $p<0,05$).

Mechanism of psychological defense (MPD) according to type "displacement" consists of negative interrelationship with scale "lie" ($r=-0,28$; $p<0,05$) and level of neuroticism ($r=-0,36$; $p<0,05$), as well as positive interrelationship, direct with projection ($r=0,30$; $p<0,05$) and displacement ($r=0,37$; $p<0,05$). PD regression has inverse relationship with level of neuroticism ($r=-0,36$; $p<0,05$) and direct one-with projection ($r=0,45$; $p<0,05$) and substitution ($r=0,48$; $p<0,05$). Compensation contains negative interrelationship with scale "lie" ($r=-0,35$; $p<0,05$) and positive – with level of psychopathization ($r=0,31$; $p<0,05$), intellectualization ($r=0,31$; $p<0,05$) and reactive formation ($r=0,33$; $p<0,05$). PD projection has a direct interrelationship with displacement ($r=0,53$; $p<0,05$) and psychopathization ($r=0,33$; $p<0,05$) and inverse one with scale "lie" ($r=-0,35$; $p<0,05$). Displacement consists of negative correlation with scale "lie" ($r=-0,35$; $p<0,05$) and level of neuroticism ($r=-0,35$; $p<0,05$). Obtained data have allowed revealing the reliable correlational interrelationships between level of psychopathization, neuroticism and structure of psychological defense.

Correlation analysis between styles of psychological defense and level of neuroticism-psychopathization has shown, that in co-dependence specific defensive mechanisms have been revealed formed into situations of constantly acting stress-alcohol excesses of the husband allowing uniting the psychological defenses into 2 groups. Both groups in co-dependent female patients are not connected with each other.

The first group includes defenses: regression, projection, substitution, suppression. Interrelationship of this block of ways of psychological defense with level of psychopathization has been found.

The second group includes the following complex: reactive formation, denial, compensation, and intellectualization. It is supposed that in co-dependence, stereotypical defensive styles of the second group don't promote problems resolution what results in increase of defensive tension that in its turn results in accumulation of mental exhaustion. In this group, key defense-reactive formation that changes sign of affect (for example, aggression to love or to excessive care). Thereby basic family problem is not solved (illness of the husband continues to create inner tension), psychological defense does not work.

When defensive way according to type of reactive formation decreases its efficacy, the following two defenses are included: denial and compensation. During increase of compensation and denial in situation of unresolved affect on one hand psychopathization increases and on the other-intellectualization (such way of defense is formed as avoidance from affect by the way of creation of pseudo-rational justification with reference to outer circumstances). Such a defensive style allows justifying and rational explaining of his/her own maladaptive behavior, improper deeds (irritability, aggressiveness). Realizing in different role systems, different groups of defenses and social groups, co-dependent personality has a possibility to compensate differently emotional tension in social interactions. This allows it to balance on the facet of social safety assessing this behavior as relatively adaptive what creates illusion of relative well-being and does not allow comprehending of destructivity of his/her own life style.

Thus, it has been identified that defensive style of women with problems of family co-dependence is characterized by alternate predominance of psychological defensive styles of "neurotic" and "psychopathic" types.

Correlation analysis of style of psychological defense and level of neuroticism-psychopathization has allowed to reveal system of defensive mechanisms as well in dependent on alcohol women. Peculiarities characterizing defensive styles of female patients with alcohol dependence are as follows: psychological defense on type of regression has a direct interrelationship with displacement ($r=0,31$; $p<0,05$). Compensation is positively interrelated with denial ($r=0,35$; $p<0,05$) and regression ($r=0,58$; $p<0,05$). Projection is in direct interdependence with displacement ($r=0,38$; $p<0,05$). Substitution is also in direct interrelationship with displacement ($r=0,29$; $p<0,05$), regression ($r=0,57$; $p<0,05$), compensation ($r=0,44$; $p<0,05$), and projection ($r=0,33$; $p<0,05$). Intellectualization positively correlates with displacement ($r=0,04$; $p<0,05$), compensation ($r=0,37$; $p<0,05$) and projection ($r=0,38$; $p<0,05$). Reactive formation has also direct correlations with projection ($r=0,53$; $p<0,05$) and intellectualization ($r=0,46$; $p<0,05$). It has been revealed that displacement has inverse interrelationship with level of neuroticism ($r=-0,3$; $p<0,05$). Regression also has an inverse interrelationship with level of neuroticism ($r=-0,3$; $p<0,05$); compensation – inverse interrelationship with scale "lie" ($r=-0,3$; $p<0,05$) and direct – with level of psychopathization ($r=0,33$; $p<0,05$). Projection has direct interrelationship with substitution ($r=0,33$; $p<0,05$), intellectualization ($r=0,38$; $p<0,05$) and reactive formation ($r=0,53$; $p<0,05$) and inverse one – with level of neuroticism ($r=-0,35$; $p<0,05$). Intellectualization positively correlates with reactive formation ($r=0,46$; $p<0,05$). Reactive formation maintains direct interrelationship with psychopathization ($r=0,41$; $p<0,05$).

It has been identified that key defense is displacement that is closely associated with other ways of defense.

It has been found, that key defense in alcoholic dependence is repression. In situation of increase of need for alcohol, wish confronts prohibition, social blaming for which overcoming affect resulting in decompensation is provoked. For this stage, weakening of emotional-volitional control, aggressive impulses directed at microsocial environment is typical. Used defensive group consists of regression, substitution, projection, suppression. Projection and suppression-are auxiliary defenses which promote asocial behavior. With projection, justification of alcohol excess is implemented; responsibility for deeds is attributed to adverse circumstances. Defensive style in dependence on alcohol is characterized by predominance of "psychopathic" type.

Thus, results of conducted investigation show that in women with alcohol dependence and co-dependence adaptive-defensive complex is characterized by lesser efficacy as compared with norm.

In women with manifestations of co-dependence defensive complex is characterized by excessive use of psychological defense according to type "reactive formation, regression and compensation", moderate use of substitution and denial as well as by low level of intellectualization, projection and suppression.

In defensive complex of female patients, dependent on alcohol, excessively expressed psychological defenses predominate: reactive formation, regression, denial, compensation, substitution, moderately expressed projection, low indices in suppression and intellectualization.

As compared with female patients with alcohol dependence and co-dependence in women without mental health disturbances, defensive style has been represented by intellectualization. Lower values are possessed by indices of regression, reactive formation, and compensation. The least adaptive ways of psychological defense in normative group have been presented in lesser quantitative indices.

Specific of maladaptive strategies is noticed in alcohol dependence and co-dependence. In alcohol dependence to major extent we have revealed predominance of maladaptive strategies “denial” and “dissimulation” and decrease of “constructive activity”. During co-dependence, predominance of “dissociation” is considerable.

In most cases in nosological groups coping-strategy “avoidance” predominates. This strategy at reliably significant level exceeds values of normative group ($p < 0,05$). It should be said that avoidance according to criterion of passivity and short term of decrease of level of anxiety approximates to mechanisms of psychological defense. Consequently, in this kind strategy as a conscious way of situation resolution reduces its functional directedness and duplicates psychological defense.

Results of research testify to ineffective levels of adaptive-defensive system in co-dependence and alcohol dependence conditioning health problems and distortion of personality development. During interaction with social environment disturbances of this complex are manifested in rigidity of ideas, “frozen” feelings, labile mood. In the process of role functioning stereotype of so called “going in circles” that in terminology of pathologizing roles is described as “victim-persecutor-rescuer”.

Detected dynamic of defensive styles also testifies to insufficient ability to reduce emotional burnout and resolve intrapersonal contradictions. As a result of constant stress pathological way of adjustment is formed-manipulative systems of behavior.

Peculiarities of adaptive-defensive complex in female patients with alcohol dependence and co-dependence may be considered as “targets” of psychocorrective impact. Then aims of psychological help are formulated as overcoming of negative states and increase of stress resistance, strengthening of personal functioning, formation of responsibility for health problems, directedness at recovery, overcoming the system of maladaptive defenses and development of constructive defensive-coping complex.

Realization of psychocorrective program has allowed female patients’ comprehending the problem of dependence and co-dependence, overcoming anosognostic attitude toward the illness, heightening efficacy of resolution of individual problems within processing of “frozen feelings”, malevolence, harmonizing family interrelations at overcoming the heightening control, application of manipulative ways of communication. In addition, psychological work is directed at formation of effective behavior promoting overcoming of disturbances of health and family functioning.

References

1. Koshkina EA, Kirzhanova VV (2011) Basic indices of activity of addictological service in Russian Federation in 2010. [Elektronnyj resurs] nncn.ru: sajt FGBU NNCN Minzdravsocrazvitija RF, 2011.
2. Altschuler VB, Kravchenko SL (2004) Typology of alcoholism in women: progression, course, prognosis. *Posobie dlja vrachej-M*, 27s.
3. Bokhan NA, Mandel AI, Ankudinova IE, Treskova IA, Kisel NI (2011) Clinical comorbidity of psychoneurological manifestations of alcoholism in women. *Narkologija-N*10: S.36-40.
4. Mandel AI, Kisel NI (2009) Female alcoholism: problems of dependence and co-dependence. *Tomsk* 8: 80-82.
5. Moskalenko VD (2004) Dependence: family illness. *Izd-e 2-e pererab i dop*, 335s.
6. Moskalenko VD (2009) Adult children of patients with dependences-group of multiple risks. *Narkologija* 2: S756-84.
7. Shaidukova LK, Melchikhin SI, Kirsanov ES (2003) Auto-destructive and addictive aspects of early female alcoholism. *Narkologija* 9: S30-31.
8. Egorov AYu (2007) Peculiarities of spousal alcoholism. In Korsakova SS (Ed), *Zhurnal nevrologii i psikiatrii. Alkogolizm Vyp* 1: S26-31.
9. Kogan BM, Drozdov AE, Kardashyan RA (2012) Some psychological characteristics of women-wives of alcoholics (personal self-report of alcoholics and their wives). *Narkologija* 1: S53-58.
10. Merinov AV, Shustov DI (2011) Autoaggressive and clinical-psychological characteristics of parasuicidal wives of men with alcohol dependence. *Voprosy narkologii* 2: S20-25.
11. Shaidukova LK (2007) Problems of alcoholism in spouses. *Social'naja i klinicheskaja psikiatrija* 3: S96-101.
12. Klimenko TV, Kirpichenko AA (2007) Clinical-psychological characteristics of traits of the personality of men and women with alcohol dependence. *Narkologija* 6: S65-67.
13. Korolenko CP, Dmitrieva NV (2000) Sociodynamic psychiatry.
14. Mazurova LV, Stoyanova IYa, Bokhan NA (2009) Peculiarities of adaptive-defensive style in women with family co-dependence and alcohol dependence. *Sibirskij psihologicheskij zhurnal* 31: S33-36.
15. Bokhan NA, Stoyanova IYa, Mazurova LV (2011) Psychology of dependence and co-dependence in women from addictive families. *Izd-vo Ivan Fedorov* 152s.
16. Bradshaw J (1998) *Bradshaw on: The Family. A Revolutionary Way of Self-Discovery/ Health Communications. Inc.* Deerfield Beach, Florida. 242.
17. Reichelt-Nauseef S, Hedder C (1985) Die Intervention: ein Beitrag der Familientherapie zur frühzeitigen Hilfe für den Alkoholiker und seine Familie. *Suchtgefahren* 31: 221-270.