

PARTICULARITIES OF ALCOHOLISM IN WOMEN

ANASTASIA CRISTINA IORDACHE¹, MIHAI ONCIU², BOGDAN PĂCALĂ³¹Psychiatry and Neurology Hospital Braşov, ²“Ovidius” University Constanţa, ³“Dr. Gheorghe Preda” Psychiatry Hospital Sibiu

Keywords: alcoholism, women, stigma **Abstract:** Although it has a lower frequency than alcoholism in men, female alcoholism is increasing due to the emancipation of women and as a result of assuming by them roles that once were exclusively male-dominated, thus becoming a noteworthy reality because of the importance of its socio-familial implications, of the effects on the fetus and on the future development of the child's personality.

Cuvinte cheie: alcoolism, femei, stigmat **Rezumat:** Deşi este mai scăzut ca frecvenţă decât cel masculin, alcoolismul feminin se află în creştere, ca urmare a procesului de emancipare a femeii şi de asumare de către aceasta a rolurilor altădată tipic masculine, devenind o realitate de care trebuie să se ţină seama datorită importanţei implicaţiilor socio-familiale, a efectelor asupra produsului de concepţie, precum şi asupra dezvoltării ulterioare a personalităţii copilului.

Although until recently alcoholism was considered an attribute of males, with the emancipation of women in modern society, alcoholism began to lose its specificity. If at the beginning of the century women represented about 5% of all chronic alcoholics, in recent decades, especially after the Second World War, alcohol consumption in women has been increasing continuously reaching in some countries like the U.S. and the former Soviet Union 20% of the total number of alcoholics.(1) On a sample of 3120 women in Sweden, it has been found a prevalence of alcohol dependence and abuse by 3.27%.(2) In the USA, the average results of several investigations reveal that about 9% of pregnant women abuse alcohol.(3)

Throughout the United States, studies indicate a prevalence of female alcoholics with a ratio of 1 to 4-6 men with the same diagnosis, almost a third of alcohol dependents being women.(4) At the end of the twentieth century according to a complex estimate, 7.3% of men and 1.3% of women were alcoholics.(5) A study in China in 1994 on a sample of 23,513 patients showed alcohol consumption in 89.1% of men and 29.3% of women.(6)

A study conducted in Austria has found a lower ratio, i.e. one third ratio between men and women with alcohol problems and a ratio of 1/4 in terms of dependence.(7) In Canada, at a prevalence of alcoholism of 2.4% in the general population, the ratio women: men is 1/5, in Sweden, as well as in Finland at a prevalence of 3.5% respectively 1.1% of chronic alcoholism in the general population, the ratio women: men is 1/5, and in Northern Ireland sex ratio in terms of alcohol consumption is 1/3.(8)

In our country, the first clinical and statistical study conducted on female alcoholism was made in 1974 (9) and revealed its existence and importance. Clinical and statistical observations of the authors above, performed on alcoholism in 138 women hospitalized between 1960 and 1972, show that the incidence is of 1% of all patients hospitalized during the same period of time and that chronic abuse of alcoholic drinks in women has evolved more severely leading to psychological and

somatic damage in a shorter period of time than in the case of males.

Also, it revealed the fact that alcoholism in women is usually concealed and thus they come to be treated for various psychotic episodes, such as delirium tremens, alcoholic hallucinogen syndrome, Korsakov syndrome and others. The low number of women hospitalized for alcoholism reflects the existence and persistence of a patriarchal society mentality that reprobrates alcoholism in women more than in men, which leads to a much lower addressability of these patients to a psychiatric service and the tendency to deny consumption even against the evidence, until the occurrence of major complications.

Other studies in the field were conducted in 1980 (10) and showed that between 1964 and 1970, the ratio women: men with alcohol dependence was 1/4 compared to 1/5, 6 between 1956 and 1962. The explanation of the difference between our country and the data from foreign the literature is the existence of a socio-cultural determinism due on one hand to the increasing empowerment of women in the Western society with the tendency of acquiring a status equal to that of men, status manifested also in the behaviour towards alcohol, on the other hand to a superior medical screening and prevention system, associated with a higher addressability of the patients, a system that reflects itself a major evolution in the mentality.

According to some authors, (11) the consumption varies in terms of age, role, marital status of the woman. In general, female alcoholism resembles that of her husband, of the relatives or close friends, but the perception of their own alcohol consumption is different for women and men. Frequently, they do not think drinking is their main problem, but perceive alcohol use in response to a specific crisis or problematic social situations.

Due to the different perception, women with alcohol problems are more unlikely than men to suffer from the same condition to address specialized services to treat alcoholism. They prefer to consult the general practitioner, so it is unlikely that alcohol problems to be detected.(12) The patients arriving in psychiatric wards either exceed the limit of tolerance of a less

¹Corresponding author: Păcală Bogdan, Str. Galeş, Nr. 9, Sibiu, România, E-mail: bogd_pacala@yahoo.com, Tel: +40745 151868
Article received on 19.12.2012 and accepted for publication on 29.01.2013
ACTA MEDICA TRANSILVANICA March 2013;2(1):196-198

permissive environment in which the isolated female consumption compromise the social status of the husband and/or children already grown, or the admission is determined by psychotic disorders or major behavioural disturbances determined by the chronic consumption of alcohol.

Studies conducted by classical and contemporary authors (9) reveal that if in men, it is found a significant proportion of drinkers by pleasure or upon external circumstances, alcoholism in women occurs most often on a basic neurotic organization, in which the conduct of alcohol consumption is only one factor among others. It is less about a structured neurosis (obsessive, phobic, hysterical), but about compensating a failure behaviour, a disappointment, loneliness, emotional frustration, a situation of abandonment or refusal of marital dependency. Some married women that are unemployed (although they have a profession) are bored with the monotony of domestic life, with the solitude. Other motivations for alcohol abuse are due to an organic disease, infidelity, inferiority complexes, loss of a loved one, conflicts at work, dissatisfaction with the profession or the work they perform. Alcoholism social genesis in women who have a profession that they never practiced after marriage, and because of this they consider marital and maternal life as a failure, has been reported in our country in 1980.(13)

We talk about dissatisfaction, a conflict between traditional roles and new roles of women. The refusal of a situation considered unbearable and the refusal to give up are found in menopause and during the existential situation of beginning of senescence, which can also cause the appearance of an alcoholic behaviour. Some studies (14) put a special emphasis on the fact that the psychic traumas suffered during childhood are factors that increase women's risk for alcohol consumption including the occurrence of issues that derive from it: the influence of the drinking spouse or partner, sexual dysfunction and physical aggression during childhood or adulthood.

In a group of 138 women with alcohol dependence treated in the Psychiatry Clinic of Țirgu-Mureș, 52.7% had as alcoholism generating factors, family conflicts or alcoholic spouses, parents, siblings that have stimulated them in this direction.(9) The low number of women hospitalized with alcohol dependency can be explained by the fact that female alcoholism is a "masked" alcoholism. If male alcoholism is regarded with indulgence and treated as a real disease, women with alcohol dependence get a much stronger social opprobrium, resulting in a disguised "vice" for a long time.

Thus, the alcoholic woman drinks for years in secret, without the entourage to realize it. This type of consumption is typical for women with alcohol dependence. Moreover, hiding excesses or their subtle camouflage is a feature of female alcoholism. Aware of the taboos imposed on them, women drink alone, quietly, at home, the ability to conceal being greater than that of men. Often it passes a long period of time (10-15 years), until the entourage discovers the alcohol consumption.

Alcohol abuse involves a social stigma worse for women than for men. The default reserve of women regarding their labelling as alcoholics can lead them to minimize or deny their alcohol problems and to delay seeking therapeutic help. Women are also marked by fear of their children being taken from them due to their dependence on alcohol. For them, recognizing that they have problems with alcohol equals to an indicator of failure to adequately fulfil the roles of mother, wife and/or sexual partner.

Therefore, we can say that the actual number of alcoholic women is higher but their admission in specialized services is less numerous and sometimes psychiatric diagnosis is

a "protective" diagnosis at their request or that of the family in order not to damage their image at the workplace or in society, which leads to a false reflection of reality. The reasons most frequently given by women seeking alcohol treatment are depression, medical complications of alcohol use, problems with the partner, spouse or children, and especially in the middle-aged women, the syndrome of "empty nest" situation caused by children leaving the house.

As well as men, women begin drinking at increasingly younger ages. Thus, in the United States, 9% of adolescents drank more than five drinks per week and 25% had acute voluntary intoxication at least six times in the last year (15). 3% of female teenagers drink daily compared to 8% of all adolescents.(16) Generally, the problems of young women are related to the consumption of alcohol by their partners, although if they tend to engage in increased alcohol consumption during premenstrual syndrome.

Compared to men, women with alcohol problems have a higher risk for depression, suicide attempts, lower self-esteem, more frequent and more severe psychotic complications, for developing dependence more quickly, for organic problems related to the use of alcohol, for marital problems, divorce, loss of social and psychosexual accomplishment that are more obvious, as well as for the use of alcohol in times of crisis.(17,18) These differences were explained by women's greater vulnerability to alcohol through their particular metabolism as well as their social role that differs from that of men.

Up to a point, the condition of women was and still is partly determined by others, especially by men. The tolerance of the social group and its judgments of values prove far less indulgence towards alcoholic women (due to the unattractive aspect of the moral degradation and its consequences). Women's empowerment at all levels do not equal with a total change of their status and their traditional roles (mother, wife).

REFERENCES

1. Gruenwald PJ, Miller AB, Treno AJ. The geography of availability and driving after drinking. *Addiction*. 1996;91:967-98.
2. Spak F, Hallstrom T. Prevalence of female alcohol dependence and abuse in Sweden. *Addiction*. 1995;90:1077-1088.
3. Sandor S, Checiu M, Checiu I. Embrio si fetopatia alcoolica. Ed. Acad. Rom, Bucuresti; 1993. p. 19-22,76-77.
4. Williams GD, Grant BF, Harford TC, Noble J. Population projections using dsm-iii criteria: alcohol abuse and dependence, 1990-2000. *Alc. Hlth res. World*. 1989;13:366-370.
5. Young N. Alcohol and other drugs: the scope of the problem among pregnant and parenting women in California. *J Psychoactive drugs*. 1997;29:3-22.
6. Wei H, Derson Y. Alcohol consumption and alcohol-related problems: Chinese experience from six area samples, 1994. *Addiction*. 1999;94:1467-1476.
7. Rathner G, Dunkel D. Incidence of alcoholism and problem drinking in Austria. *Wien klin. Wochenschr*. 1998;110:356-363.
8. Pampalon R, Saucier A, Berthiaume N. The selection of needs indicators for regional resource allocation in the fields of health and social services in Quebec. *Soc Sci Med*. 1996;42:909-922.
9. Grecu G, Stanciu E, Csiki C. Observații clinico-statistice asupra alcoolismului cronic la femei. *Neurol-psihiatrie-neurochir*. 1974;19:429-436.

10. Băltaru M. Considerațiuni cu privire la unele aspecte clinico-nosologice și epidemiologice ale alcoolismului la femei. Viitorul psihiatriei adaptare-integrare-recuperare. Iași; 1980. p. 763-765.
11. Thom B. Sex differences in help-seeking for alcohol problems. *Addiction*. 1986;81:777-788.
12. Beckman L. Barriers to alcoholism treatment for women. *Ahrw*. 1994;18:208-218.
13. Macrea R. Aspecte psihice ale alcoolismului la femei. Viitorul psihiatriei adaptare-integrare-recuperare. Iași; 1980. p. 765-767.
14. Sweet C, Aalpert M. High rates of alcohol problems and history of physical and sexual abuse among women inpatient. *Am J Drug Alc Abuse*. 1994;20:263-272.
15. Rachel JV, Guess LL, Hubbard RL. The extent and nature of adolescent alcohol and drug use – national studies. *Res Triang Inst*. 1980;1:12-15.
16. Burleson JA, Babor TF, Ungemack JA. A social indicator analysis of substance abuse treatment needs in Connecticut. Connecticut: Center Press; 1997. p. 48-60.
17. Mc Caul M, Furst J. Alcoholism treatment in the United States. *Ahrw*. 1994;18:257-261.
18. Grecu G, Grecu-Gaboș I, Grecu-Gaboș M. Depresia. Aspecte istorice, etiopatogenetice, clinice și terapeutico-profilactice. Ed. Ardealul. Tg. Mureș; 2000. p. 133-197.