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Д.А. Жансерикова, А.Б. Тулебаева

ИССЛЕДОВАНИЕ БАЗОВЫХ (ОСНОВНЫХ) СОСТОЯНИЙ В СЕМЬЯХ С ЭФФЕКТОМ (ФЕНОМЕНОМ) СОЗАВИСИМОСТИ

***Аннотация**: в данной статье рассматривается проблема созависимости, а именно психологическое состояние семьи при созависимости с позиций различных взглядов. Авторами приводятся результаты исследования, направленного на изучение типового семейного состояния при аддиктивных формах поведения. Научно-теоретические и эмпирические результаты исследования могут быть использованы для более эффективной организации психологической помощи семьям с проблемами, связанными с алкоголизмом и наркоманией.*

***Ключевые слова**: аддиктивное поведение, психоактивные вещества, семья, аддикция, созависимость, типовое семейное состояние, алкоголизм, наркомания.*

D.A. Zhanserikova, A.B. Tulebaeva

RESEARCH OF THE BASE CONDITIONS IN THE FAMILIES WITH THE PHENOMENON OF CO-ADDICTION

***Abstract**: the article addresses the problem of co-dependence, namely, the psychological state of the family with co-dependence in the frame of different approaches. Also, the authors explain the results of research that was aimed at studying the base conditions in the families with the phenomena of addictive behaviors. The results of current research can be used for development of effective psychological assistance in the families that have problems connected with alcoholism and drug addiction.*

***Keywords**: addictive behavior, psychoactive substance, family, addiction, co-addiction, base family, conditions, alcoholism, narcotic addiction, drug abuse.*

Emerged in recent years, the trend towards integration of sciences, connected in one way or another with the study of various aspects of phsycho-active substance

abuse, significantly narrowed by lack of of psychological research, especially in the central component of Abuse Syndrome – psychic addiction and its impact on the person and interpersonal relationships of drug addict. Generalized research on the role of the family in the origin and development of drug addiction almost does not exist.

The expansion and deepening of the chemical (alcohol, drug, for abuse), addiction and other forms of addictive behavior (gambling, sexual addiction, addiction overeating, shopping, etc.) actualizes this problem from year to year. Let us note that the phenomenon of “addiction” is rarely mentioned as a direct (target) object of psychotherapeutic practices in the manuals for the clinical and psychological therapy, although experts mention among other settle approaches and psychotherapy of shame and guilt felt by patients with alcohol addiction and those around them [1]. At the same time, neither medical nor social psychology does not classify coaddiction as an independent nosology, and treated only as a complex genesis characterological, personal, addictive disorder.

The family – a kind of social system characterized by definite connections and relations of its members, which is manifested in circular patterns of interaction, in their structure, hierarchy, roles and functions. The style is defined as «a stable set of properties specific to the interaction during a long time, defined in the main trends and characteristics behavior of a couple as a whole." During periods of crisis the family functioning as a system, faces new conditions of existence (death or serious illness of a family member). In the process of adaptation to the new conditions of existence in the family redistribution of roles, responsibilities, revision of the interpersonal relations within the family takes place [2]. It is most clearly observed in the families of addictive patients, in other words, the co-addicted relatives. However coaddiction is not studied enough in the world and in Kazakhstan. Followings are description of the basic signs of coaddiction:

1. The problem of controlling becomes the origin of depression symptoms for co-addicted people. Since the use of psychoactive substances belongs to social not approved behavior close relatives of the patients take responsibility for an addicted family member, as if they need care and supervision. Relatives sincerely believe that they can take control of almost uncontrollable events.

2. “Caring for others”. They believe that coaddiction requires a person to take new necessary function and role (e.g., “nurse”) next to the addicted patients.

3. Negative feelings (resentment, anger, guilt) are blocked often unconsciously.

4. “Unhonesty” and “loss of moral principles” – “holy lie”, which is used by co-addicted from the very beginning, when they help their sick relatives. The result of this behavior is the suspension of their own spiritual growth, lack time to perform many family functions.

5. Both parties (the sick and coaddicted) perceive the information that corresponds to their logic and needs.

V.D. Moskalenko in his works [3] points out directly the poor knowledge of the problem and concludes that co-addiction:

– considered as illness by only a few experts in the field of mental health and more suitable for classification of the states, and without specifying the exact state (reactive);

– phenomenologically mostly meets the criteria for pathological development of the personality;

– can be compensated in certain circumstances;

– it reflects all aspects of the individual's life and, therefore, its manifestations are diverse.

More often works of VD Moskalenko and others the phenomenon of co-addiction is linked to the addiction to others (is seen as dependent on other people). In his monograph C.P. Korolenko in the chapter on co-addiction relates to co-addiction to addiction relationship that ... “implies mutual addiction towards each other”. And besides, given the complex of personal transformations, often contradictory, reflecting “the inner disharmony, chaos”, authors emphasize the importance of understanding that “co-addiction is a more severe form of addiction, than an addiction to a particular activity or agent”. [4]. According to these and other authors, co-addiction – is prepared for the sight before addiction, implemented with a combination of certain factors and certain conditions. As with any addiction, coaddiction may be contributed by biological, and psychological, and social factors. Relationships in the system of addict – co-addict are

important. Coaddiction is also understood as running parallel relationship in the family. It is emphasized that the co-addiction always occurs in those who are already suffering from addiction, but there is no addiction for all those who suffer coaddiction. This is not just a game of words but it is quite justified, because ... "coaddiction as psychological climate is itself addictive factor". Society (especially microsocium – family), in particular, can divine, provoke and stimulate the development of co-dependence. It is appropriate to assume that with an increase of disintegration processes of society (macro society) as increase number of addicts it increases the level of so-called border states, pathological reflexes and psychopathology, including co-addiction [5].

The monograph on Rehabilitation, published under the editorship of V. Valentine and N. Siroty [6], the authors believe that "the family of drug addicted is ill itself" and without stopping specifically on the phenomenon of coaddiction, emphasize the important role of the family in the formation of the addict's disease, and of a successful treatment. At the same time the authors conducted differentiation among the roles of the nearest announcement entourage addicts to victims, persecutors and accomplices. From these characteristics one can see different structure of coaddiction within members of the same family, which inhabits drug addicts. Such differentiation determines the diagnosis of family relationships and the different approaches to family therapy, depending on the degree of awareness of the issues and mechanisms of behavioral disorders among different members of the family. It justifies different intervention to the course of events and to the treatment of others, from the nearest environment of addicted patient.

Despite the high level of social, scientific, and most importantly, the practical importance of the role of psychological research on the role of family in the occurrence and dynamics of addiction, still there are no attempts for theoretical generalizations of the results of empirical research, which does not allow to create a holistic concept of psychological addiction.

In this regard, we have carried out a study aimed on studying the model of family status in the system of relationships in coaddicted families.

The study was conducted at the Karaganda Regional Drug Addiction Clinic, Department of Medical – social rehabilitation of persons suffering from alcohol and drug addictions.

Study Group in our work were addicted themselves, and their co-addicted relatives. In the experimental group, 60 people were surveyed: 30 addicted (26 male – 87%, 4 female – 13%), as well as 30 people suffering from coaddiction (29 female- 97% and 1 male – 3%). The control group consisted of 60 people (39 females 65%, 21 males – 35%) who do not have addiction and co-addiction behaviors, ie, conditionally healthy. The control group consisted of apparently healthy children with 30 people and apparently healthy parents – 30 people. Thus, 120 people conducted the study.

As a result of the method “typical marital status”, allowing to identify the common family environment – the state of general dissatisfaction, family anxiety, family based mental stress – the following conclusions were made: state of general dissatisfaction, family anxiety, family based mental in coaddicted families more pronounced than in apparently healthy families. Family anxiety manifests itself in constant doubts and fears concerning the family and its members. Family anxiety is based on badly perceived dissatisfaction, for instance lack of love. Family anxiety acts as a factor “base”, contributes to a sharp increase of response to pathogenic situation. Coaddicted create a situation of constant psychological pressure on the addict in different ways. It reaches its greatest strength and sharpness when co-addicted periodically create faith for addicted to believe in themselves, excite in him the desire, and then stop believe in it. This situation often occurs during the rehabilitation period, when co-addicted create faith in themselves, and at the same time believe that all efforts are useless, and the addict begins to feel himself as a looser.

Patients with alcoholism and drug addiction with a more appropriate attitude to illness and more resistant to treatment tend to have loweer self-esteem. They show significant decrease in self-esteem, changes related to the patient himself, the so-called reduced value status, the entire personality structure changes.

This suggests that the vast majority of patients with alcohol and drug addiction on a subconscious level, understand the ill addiction to alcohol, but at the level of

consciousness squeeze out or deny illness. And the attitude of closest environment and family will be the most important factor that can affect the patient's recovery. In this regard, the psychological adjustment of family relationships is one of the important components in the treatment of addiction to alcohol and drug addiction. All this must be taken into account in determining the tactics of psychotherapy and the entire system of medical actions.

It must be noted that in some cases the patient's word that he is an alcoholic and it should be treated, does not specify his critical attitude to the disease. Sometimes social sanctions are so great, and their consequences, including reduced self-esteem, so significant that it is easier for a person to go to a partial compromise of the “I” through the admition of the disease and formal consent to be treated than to accept the severity of these sanctions.

Medical tactics should be directed to help co-addicted to realize motives of their behavior; tidying emotional surrounding; understanding of the impact of the emotional state to the family relationships; acquire skills of understanding yourself and others to achieve the best relations and harmony with other people, to improve the mental and physical health of the person and the family as a whole.

It is necessary to achieve awareness of the disease and to form a desire for treatment, meanwhile it is necessary to take the “blame” off the patient for his illness.

The general conclusions arising from this study needs to be specified: the study of dynamics of the mental state of patients after treatment and psycho-operation with the members of their families.

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Жансерикова Дыбыс Аманкелдиевна – канд. психол. наук, доцент Карагандинского государственного университета им. академика Е.А. Букетова, Республика Казахстан, Караганда.

Zhanserikova Dybys Amankeldievna – candidate of psychological sciences, associate professor of Karaganda State University named Y.A. Buketov, the Republic of Kazakhstan, Karaganda.

Тулебаева Айгуль Бердибековна – канд. психол. наук, доцент Карагандинского государственного университета им. академика Е.А. Букетова, Республика Казахстан, Караганда.

Tulebaeva Aigul Berdibekovna – candidate of psychological sciences, associate professor of Karaganda State University named Y.A. Buketov, the Republic of Kazakhstan, Karaganda.