

Original Article

Lesch Type III Alcoholism in Bulgarian Women: Implications and Recommendations for Psychotherapy

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Abstract

Background: Although alcoholism is considered a growing problem in contemporary societies, we still know little about its presence and its psychotherapeutic approaches in women living in Balkan countries. **Aim:** In this research we studied empirically, as well as through a case study, the prevalence of the main types of alcoholism in Bulgarian women.

Methodology: Primary quantitative data collection from a sample of 140 participants across Bulgaria (57 women; 83 men) are analyzed and a case study is conducted.

Results: Lesch Type III alcoholism is found to be most prevalent in Bulgarian women (70 %).

Conclusions: The findings of this study, although preliminary, support the claim that the clinical appearance of alcohol addiction in Bulgarian women should be studied through the prism of Type III characteristics according to Lesch's alcoholism dependence typology. The emphasis is on the need to develop a successful psychotherapeutic system based on specific psychological principles and on the objective of individual change, consistent both with gender characteristics and peculiarities of female alcoholism Type III.

Key Words: Alcohol-dependent women, typology, Type III, psychotherapy

Introduction

Attitudes towards alcohol consumption in Bulgaria belong to the so-called authorizing cultures that permit and approve of alcohol use (Toteva, 2002). The use of alcohol is considered socially acceptable, but rejected drunkenness and other related negative phenomena are associated by the society with alcohol abuse and dependence (Kraleov, 2008). Often patterns of heavy alcohol consumption are set in late childhood, while early adulthood is considered as the period to set steady patterns of an excess alcohol consumption in adulthood (Felson et al., 2011; Morrison & Bennett, 2013). In recent years, alcohol consumption in Bulgaria has increased three to four times in the general population (Ivanova & Jenkov, 2016). Although, it is difficult to obtain accurate data on drinking behavior among the population and the number of persons abusing alcohol or under its dependence (Foyerlayn, 2000), there are 30,000 alcohol addicts officially registered in Bulgaria

(Jenkov, 2014), while it is assumed that the actual number is ten times more (over 300,000) (Toteva, 2016). There is a trend of increasing use and abuse of alcohol among adolescents, particularly among women in different age groups (Toteva, 2013). In a study by Huerta and Borgonovi (2010) which explores a large sample of over 10,000 people aged 34 years, a higher educational attainment is associated with a greater likelihood of living room drinking and problematic drinking, especially among women.

The data is not in support of the claim that alcoholism can be easily recognized. "The average" alcoholic, man or woman, has a family and often shows a relatively high level of performance despite their dependence (Lesch et al., 2011; Richard & Senon, 2003). In addition to that, alcoholism is not limited to men and women who come drunk to the doctor or who have life-threatening end stage diseases (such as liver disease) (Schuckit, 2003; Anderson et al., 2012).

Therefore, professionals who work with alcohol addicts need reliable instruments for timely diagnosis of this heterogeneous group of individuals (Duncan et al., 2006; Merikangas, 1998). This is necessary in order to take timely interventions (medical, psychotherapeutic, social), conducive to significant improvement of the prognosis of these patients (Enoch et al., 2002). The typology of alcohol dependence developed by Otto-Michael Lesch (Kogoj et al., 2010; Leggio et al., 2009; Schlaff et al., 2011) has received wide international acceptance and allows experts internationally as well as in Bulgaria to seek new, modern standards and psychotherapeutic approaches in the treatment of those suffering from alcoholism. The research project "Investigation of persons' typology of alcohol dependence in Lesch" held under the leadership of assoc. prof. Sonia Toteva MD (Toteva et al., 2014) has implemented the Lesch categorization of alcohol dependence into four subtypes.

Method

Between October 2013 and June 2014 a specialized software (Lesch Alcoholism Typology, Bulgarian translation and adaptation by Jenkov, 2013) was used to examine the Bulgarian population according to the Lesch typology of alcohol dependence. In this way individual psychological characteristics were distributed into four clusters based on structured questions, providing information on: 1) social and family history; 2) presence or absence of personal pathology; 3) history of the use of psychoactive substances; and 4) additional personal information about each case needed to validate the affiliation of the patient to a particular type (Jenkov et al., 2016).

The total sample included 140 participants (57 women; 83 men). They came from big Bulgarian cities (n = 95), medium Bulgarian towns (n = 22), small Bulgarian towns (n = 12), and Bulgarian villages (n = 11). The participants had no other serious diagnosed health problems (Mean = 43.4 SD = 8.07), 84 lived with a partner or were married, 29 were divorced, and 24 were single. 43 of the participants (30.7 %) were treated in general psychiatric clinics, while 97 (69.3%) were treated in specialized state hospitals for treatment of addictions. The number of Type III patients was surprisingly high. This was found to be the predominant type in our

sample of 140 patients, with over 50% of the total number (Jenkov et al., 2016).

Some initial results of the first representative survey of the country on the distribution and characteristics of the typology of alcohol dependence in Lesch in Bulgarian population have been presented (Ivanova & Jenkov, 2016). Despite the need for a larger sample and ongoing clinical studies in diverse settings, important findings on gender specifics of distribution clusters in Bulgarian conditions were derived.

Results

More specifically, Type III in Lesch typology constituted more than 70 % (n = 40) of the total female patients studied (n = 57; p <0.001). Women predominate Type III (n = 40) compared to women of Type II (n = 9) and those of type IV (n = 8). There were no women with alcohol dependence who meet the criteria of belonging to Type I Lesch (n = 0). Patients Type III [men (m) and women (w)] dominated in number and/or showed a higher motivation for treatment (n Type III_m = 36; n Type III_w = 40, n = 140). The results support the existence of a higher motivation for treating alcohol dependent women Type III compared to alcohol-dependent men Type III (n Type III_w = 40 ; n Type III_m = 36; n Type III = 76). Finally alcohol dependent Type III (model "alcohol as an antidepressant") established a significantly higher frequency of drinking against depression in women (75%) rather than in men (64%).

Gender differences in alcohol dependent women type III

Generally, female alcoholism is socially stigmatized by assigning to women more guilt than to men (Richard & Senon, 2003). Dependent women are more frequently abandoned by their husbands, in contrast to dependent men who are cared for by their wives (Lesch, 2011). Even in clinical relationships, alcohol dependent women have different relationships with the staff inasmuch as the staff has more negative attitudes towards them (Richard & Senon, 2003). When analyzing the results of a typology of alcohol dependence in Lesch in the Bulgarian population a number of differences related to gender were found, which must be taken into account in psychotherapy of alcohol dependent women type III. In the current study on alcohol dependence, 57 women were typified. A significant proportion (n = 40) of

them belonged to Lesch Type III (72%), while Type II (n = 9) and Type IV (n = 9) were a small part of the women surveyed. No alcohol dependent women in the Bulgarian population with the characteristics of Type I according to Lesch (n = 0) were found. We examined 83 alcohol-dependent men. The majority of them with type III (n = 36), followed by Type I (n = 23), type IV (n = 16) and Type II (n = 8). Therefore, based on our results on gender differences, it is evident that we need further research in psychotherapeutic practice with alcohol dependent women Type III.

Regarding the definition of Type III model - "alcohol as an antidepressant": 53 patients (70%) say they drink against depression - 30 (57%) of them were women and 20 (38%) were male (n = 76 ; p <0.001). That is, the number of alcohol dependent women Type III, which use drinking to cope with depression without effect (by drinking alcohol in different life situations) was significantly higher than the number of alcohol-dependent men Type III, who use alcohol as an antidepressant. This finding indicates a significantly stronger connection between drinking as a way to deal with depression in women than in men (Table 1). That is why women of this cluster could make better use of psychotherapeutic interventions that are oriented towards reducing the severity of their depressive symptomatology. We could hypothesize that work with depressive episodes in periods of remission and stabilization of the emotional background in these women, would significantly reduce the frequency and severity of episodes with alcohol.

Results for women of Type III who use alcohol in order to fall asleep are identical to those obtained in drinking against depression because, essentially, drinking to fall asleep appeared as a coping strategy to relieve their depressive symptomatology. The women who drink to sleep are 30 (75%), while 10 (25%) reject the fact that they drink to sleep. As compared to women of the cluster, in men there is a slight increase in the indicator "drink to sleep" when contrasted with drinking against depression - 23 (64%) of the men drink to sleep, while the use of alcohol as an antidepressant is shared by 20 (55%). We attribute this result to gender specifics. On the one hand, studies show that men are less vulnerable when it comes to the development of depressive symptoms, while on the other – it is

harder for them to discuss depressive symptoms, as they are perceived as a weakness or as an "indulgence" by males (Table 2).

In terms of gender differences and their relationship with hereditary predisposition: no statistically significant difference (p > 0.001) was found to influence the development of alcohol dependence of a certain type in Lesch. Specifically for Type III (n = 76) - 40 alcohol dependent women, 17 reported a family history which could have affected them, while 22 of the 36 alcohol-dependent men share the existence of heredity (Table 3). In women with Type III relationship/hereditary predisposition, alcoholism appears to be significantly weaker than in men in this cluster. It is undisputed, however, that individuals classified into Type III Lesch, drink alcohol to treat their psychological disorders. Therefore, it would be a valuable future line of research in the Bulgarian population to examine the relationship between the presences of hereditary predisposition to depression as a risk factor in the etiology of alcohol dependence Type III studies in women. The data however, present a different picture as far as the early onset of dependence (<26) in women of Type III goes when compared with the onset in women of Type II and Type IV tested with Lesch typology (Table 5).

As regards the relationship between gender differences in the type of Lesch alcohol dependence and the beginning of the dependency, it is clear from Table 4 that Type III showed the highest percentage as far as the early onset of dependence (<26) is concerned compared to other typified cases (Type I, Type II and Type IV).

Description of a case of Type III alcohol dependent patient in remission

D. P., type III

Mrs. P. was born in 1970 in a Southwest Bulgarian town. She is the elder daughter of two in the family. Her father requires that the family show a happy picture to third persons and he is extremely strict. All Mrs. P.'s achievements in childhood and youth are ignored. Her mother passively accepts this "family policy" without interfering or arguing to support her children. The attitude of both parents (especially the father) is characterized by a degrading and disparaging view of women.

Table 1. Distribution of women and men of Lesch Type III, who drink to cope with depression

Lesch Type	Yes	No	Total
Lesch Type III	53 (70%)	23 (30%)	76
Lesch Type III women	30 (75 %)	10 (25%)	40
Lesch Type III men	20 (55%)	16 (45%)	36

Table 2. Distribution of women and men of Lesch Type III, who drink to sleep

Lesch Type	Yes	No	Total
Lesch Type III	40 (52, 6 %)	36 (47, 4 %)	76
Lesch Type III women	17 (42,5 %)	23 (57, 5 %)	40
Lesch Type III men	23 (64 %)	13 (36 %)	36

Table 3. Distribution of women and men of Lesch Type III with hereditary predisposition to alcoholism

Lesch Type	Yes	No	Total
Lesch Type III	39 (51 %)	37 (49 %)	76
Lesch Type III women	17 (43 %)	23 (57 %)	40
Lesch Type III men	22 (61 %)	14 (39 %)	36

Table 4. The beginning of alcohol dependence - Type I, Type II, Type III, Type IV

Lesch Type	Early onset of dependence < 26	Late onset of dependence > 26
Lesch Type I	14 %	86 %
Lesch Type II	12 %	88 %
Lesch Type III	22 %	78 %
Lesch Type IV	21 %	79 %

Table 5. The beginning of alcohol dependence in women - type II, Type III, Type IV

Lesch Type	Early onset of dependence < 26	Late onset of dependence > 26
Lesch Type I	14 %	86 %
Lesch Type II	12 %	88 %
Lesch Type III	22 %	78 %
Lesch Type IV	21 %	79 %

Mrs. P.'s sister leaves home at a very early age in order to live and work in England. Mrs. P. develops bilateral arthrosis after that event. She undergoes several painful operations with a long recovery period. Despite the health problems she graduates (higher education). She works in an administrative position of a large manufacturing company for four years (1997 to 2001). As an official reason for leaving work, she points out staff reduction. In 1999 she marries a man two years her junior and of a lower social status - with high-school junior education, working as a taxi driver. The reasons for getting married rally around the motto: "to not feel as a spinster" and because her parents are nagging, saying that it is time for marriage and family. In 2000, while in treatment, she gives birth to a boy, who is now

cared for by her parents and her husband. After that she has an ectopic pregnancy. At that time she reports that she does not feel satisfied with her marriage and that she shares unsatisfactory poor emotional relationships and sex life. In 2003 she has several crises and panic attacks begin, so she is prescribed Rivotril and Grandaxin. Then she starts work in a grocery shop owned by her parents as a saleswoman for a few hours every day. Anxiety gradually begins to reverse the effects of alcohol. She quickly develops signs of addiction, but she does not have epileptic seizures and does not report suicidal attitudes. On several occasions clients complain to her parents that she was drunk while they were shopping in the store. Her removal from store gives her labels like "loser",

"alcoholic", "failure" and "disgrace" by members of the family. For the first time she enters for treatment in a specialized hospital in another city in 2011. During this first hospitalization she connects to another dependent patient who is in remission and works at that time as a nurse in the hospital. As the main reason for the improvement of her state, Mrs. P. mentions the attention, support, and understanding shown by others- she felt that she was being treated "like a princess". After this brief period (during which she also gets a divorce) she returns home seeking the attention of her husband. He is in the meanwhile married to another woman and declines her proposal to move back together. She has another severe relapse and receives treatment that targets psychotherapeutic support from a doctor and a psychologist specializing in addictions and dependent behavior in her hometown. The initial therapeutic work focuses on the formation of motivation to reduce heavy alcohol relapse, recognizing early symptoms of incipient depressive episodes and especially the formation of effective coping strategies. Despite repeated "slip away", smaller and shorter recurrence, Mrs. P. makes significant progress. Gradually she begins to discover pleasure, to share positive emotions of activities such as fitness, preparation of children for school and her success as this discussion of priority activities for children in this age with other mothers' has resulted in a part-time voluntary job in a municipal structure supporting other dependent women. The last remission of Mrs. P., which continues currently, with her psychotherapy focusing on coping strategies, has a duration of one year and three months.

Discussion

These features of the displayed cluster distribution of alcohol-dependent men and women according to the typology of Lesch addresses the need to change the stereotypes in the treatment and application of therapeutic interventions towards a more adequate response to the tendency for the number of alcohol dependent women to increase in Bulgaria. In the literature we studied, we found substantial research with clinical and neurobiological focus on alcohol dependent males (Zhenkov, Terziivanova & Toteva, 2008; Zhenkov & Haralanov, 2009; Jenkov & Haralanov, 2013; Zhenkov, 2014). However, this focus on males is unjustified and we have to provide clinical and neurobiological knowledge about the specifics of

women's alcoholism, but we also have to explore the significant gender-related differences that must be taken into account in the psychotherapy of alcohol-dependent women. Although numerous differences across the two genders exist (50 significant differences are reported as related to biological sex), which is manifested not only in alcohol metabolism, but also in terms of gender-related coping strategies (Lesch et al., 2011; Zilberman et al., 2003), the development of adequate psychotherapeutic concepts of working with alcohol-dependent women Type III in Bulgaria should become a priority given the above gender-specific findings.

A proposal on the guidelines for psychotherapeutic interventions in alcohol dependent women with Lesch Type III

Several studies provide results according to which the overall score for the routine detection of alcoholism in medical and psychiatric practice is low, and that clinicians diagnose alcoholism significantly less often in patients who are women (Sher, 2004). Both depression and alcoholism are seen as stigmatizing and therefore clinicians can avoid the problem by focusing on these symptoms. The dependent are rarely motivated to change the pattern of drinking. Lesch notes that the lack of motivation is an important diagnostic criterion, regardless of the type of alcohol dependence.

A number of studies indicate the importance of communication between the patient and the psychologist as a key element in the therapeutic interaction (Corey, 2008; DeVido et al., 2013). When working with alcohol addicts, it is important that the patient felt that the interest is oriented to him as a person, to understand that their problems will be properly addressed (Lesch, 2011). Specifically for Type III, Lesch and Walter (1996) displayed as a feature permanently impaired interpersonal relationships with spouses, family, and associates. In a study on gender differences in terms of interpersonal problems in alcohol-dependent men and women stratified according to Lesch's typology, it is established that interpersonal difficulties experienced by women are different and more severe than those experienced by men (Lesch & Walter, 1996). It is also found that alcohol-dependent women suffer more severely from the dysfunctional interpersonal relationships than men alcoholics, while the severity of alcohol dependence does not differentiate between the

two groups (Finzi-Dottan et al., 2003; Mueller et al., 2009). These findings certainly indicate that to achieve a good result, the psychotherapeutic process of working with alcohol-dependent women should take into account in correlation both the impact of gender differences and the characteristics of alcohol in accordance with the typology of Lesch.

Given the difficulties in self-revelation and the ambivalence regarding the permanent change in lifestyle for women belonging to Type III in Lesch, it is often useful to explore their life cycle and the accompanying emotional problems. In the personality profile of alcohol dependent women type III what dominates is perfectionism, rigor to oneself, moments of strong fluctuations of mood (with or without alcohol relapse). These traits lead to tensions in relationships with others (Cox et al., 2013; Ivanova & Jenkov, 2016; Lesch et al., 2011). Therefore, the first step in working with women diagnosed as Type III is to help them realize that alcohol serves as a vent of accumulated stress stemming from the pursuit of professional perfection and from severe emotional deficits in the personality sphere. The psychotherapist must verify the observance of confidentiality (and observe the therapeutic agreement) in response to concerns about the disclosure of information by family members, friends, employers.

A suitable psychotherapeutic tool is motivational interviewing. An experienced professional who is well trained in this approach could skillfully work with the resistance of these women when sharing existing alcohol problems as a result of long practiced ineffective coping - drinking to alleviate depressive symptomatology (Miller & Rollnick, 2010). Attempts to avoid psychotherapy are related to difficulties in communication, hence the role of the therapist in the process of overcoming resistance in ambivalence regarding change in lifestyle (Mueller et al., 2009).

The main principle is total abstinence, and this can be achieved through a combination of psychotherapy and pharmacological approach in order to trigger long-lasting change and correction of dependent behavior, while the goal of therapy should be determined by the specific characteristics of female alcoholism Type III.

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