PERSONALITY AS A SUBJECT OF RESEARCH: HISTORY, THEORY, METHODOLOGY

DOI: 10.23888/humJ20192296-311

О ПСИХОЛОГИЧЕСКИХ ДЕТЕРМИНАНТАХ ДИНАМИКИ АДДИКТИВНОГО ПОВЕДЕНИЯ

ABOUT PSYCHOLOGICAL DETERMINANTS OF ADDICTIVE BEHAVIORS'S DYNAMICS

ТЕМИРГАЛИЕВА М.М.

Ярославский государственный университет
имени П.Г. Демидова

Аннотация:

Статья посвящена исследованию психологических детерминант динамики аддиктивного поведения. Аддиктивное поведение является феноменом, широко распространившимся на различные сферы человеческой жизнедеятельности. Проявления аддиктивной направленности могут присутствовать как в структуре нормального функционирования индивида, так и переходить на патологический уровень выраженности. Это позволяет нам говорить об актуальности исследования динамики аддиктивного поведения как в теоретическом, так и в практическом плане, а именно тех психологических детерминант, которые способствуют трансформации уровня выраженности аддиктивного поведения с социально-адаптивного на патологический.

TEMIRGALIEVA M.M.

Yaroslavl State University named after
P.G. Demidov

Abstract:

The purpose of our research was to describe and to develop the psychological determinants of the addictive behavior's dynamics. Addictive behavior is a phenomenon that has spread widely to various areas of human activity. Parts of addictive orientation may be present both in the structure of the normal functioning of the individual, and move on to the pathological level of severity. This allows us to talk about the relevance of the study of addictive behavior's dynamics both in theoretical and in practical terms, namely, those psychological determinants that contribute to the transformation of the level of addictive behavior from socio-adaptive to pathological.

The information was gathered from literature,

На основании имеющихся литературных данных были выдвинуты гипотезы о существовании таких психологических детерминант динамики аддиктивного поведения, как тип личностной идентичности, ценности, смысложизненные ориентации, способ реагирования на ситуацию фрустрации, нарциссические тенденции, особенности ментализации и копинг-стратегии. В результате эмпирического исследования были получены данные о значимых различиях в уровнях выраженности вышеперечисленных психологических характеристик внутри групп людей, обладающих низким средним или высоким уровнем выраженности аддиктивного поведения.

Полученные данные позволяют нам сделать выводы об имеющихся психологических закономерностях в динамике аддиктивного поведения, проявляющихся в изменении степени интеграции личности, ценностных ориентаций, уровня выраженности нарциссических тенденций, копинг-стратегий, типа реакции на фрустрацию, связанных с нарастанием уровня аддиктивной направленности жизнедеятельности. Это способствует внесению определенных изменений в существующие схемы профилактики и коррекции причин и проявлений аддиктивного поведения с целью повышения их эффективности, поскольку позволяет отследить степень влияния выраженности конкретных психологических параметров на уровень социальной адаптации.

Ключевые слова:

аддиктивное поведение, аддикция, динамика аддиктивного поведения, психологические детерминанты.

Internet and by practical working allowed us to formulate the hypotheses about the existence of such psychological determinants of addictive behavior's dynamics as personal identity type, values, meaningful orientations, type of reaction to a situation of frustration, narcissistic tendencies, features of mentalization and coping strategies. As a result of the empirical study, we obtained data on significant differences in the severity levels of the psychological characteristics within groups of people with a low level of addiction behavior, medium and high.

Based on these findings we made the conclusions about the existing psychological patterns in the addictive behavior's dynamics, manifested in a change in the degree of personality integration, value orientations, severity of narcissistic tendencies, coping strategies, and the type of reaction to frustration related with an increase in the level of addictive behavior. This contributes to the introduction of certain changes in the existing schemes of prevention and correction of the causes and manifestations of addictive behavior in order to increase their effectiveness, since it allows tracking the degree of influence of the specific psychological parameters on the level of social adaptation.

Keywords:

addictive behavior, addiction, dynamics of addictive behavior, psychological determinants.

The problem of addictive behavior is the focus of researches belonging to different fields of human knowledge and has interdisciplinary nature. Psychologists are actively studying the phenomenology of addictive behavior [1-4], the personal

characteristics of addicts [5-8] description the addictive determinants [9], psychological mechanisms and the structure of addictive behavior [10]. The last direction seems to us the most interesting since it allows us to more fully understand the essence of addictive behavior.

The factors and determinants of addictive behavior are the subject of interdisciplinary research [6,10,11,12]. From our point of view, the most complex is the biopsychosocial approach to addictive behavior [10,11,13]. It includes biological, social and psychological factors play a significant role in the development of addictive behavior. The last group of factors is, in our opinion, possesses big value because of many examples with people having bad heritage or are adversely affected by social factors are resistant to the formation of an addictive rhythm.

Addictive behavior has different stages in its formation [13], so, it has dynamics. There are various classifications of the dynamics of addictive behavior [6,11,12]. From the medical point of view, dependence syndrome goes through several stages in its formation [14]:

Stage 1. This stage includes two specific syndromes (a syndrome is a group of interrelated symptoms of illness). The first group of symptoms is an altered reactivity syndrome. At the first stage, the syndrome of altered reactivity manifests itself in the fact that the person perceive the withdrawal from himself more painless and easier to do. The second group of symptoms is a syndrome of mental dependence, which includes two main symptoms. The first is the human need for artificial reality. The second is the formation of the attitude that your condition can only be pleasant in a different reality.

Stage 2. There is a further development of syndromes of the first stage. So to symptoms of physical dependence are added: a decrease in tolerance, an increase in the dosage of the drug, the emergence of abstinent syndrome, as well as a decrease in quantitative and situational control and a pronounced pathological attraction.

Stage 3. The onset of complete mental and physical exhaustion, symptoms of personality degradation, brain diseases, somatic disorders, reduced tolerance to the drug, reduced overall adaptive capacity.

C.P. Korolenko, a well-known Russian physician and addiction researcher, offered his own description of the dynamics of addictive behavior, in which the emphasis is placed on the psychological mechanisms of the formation of addictive behavior [11]:

1. Meeting and inclusion in the vital activity of psychoactive substances (surfactants) ("point of crystallization"). At this stage, a person gets acquainted with surfactants, which are a means of changing their mental state. The use of surfactants may be accompanied by various sensations, many people note the euphoria and the state of mental comfort. They are in the risk group, whose representatives prefer a return to the use of surfactants.

2. Formation of an addictive rhythm. This stage is associated with the increasing of using surfactants by person and the inclusion of surfactants in a certain vital rhythm. This is the stage of the formation of psychological addiction, when there are certain reasons for the use of surfactants, but there is no pronounced motivation. Often at this stage there is a struggle between the healthy and addictive ways of life and thinking.

3. The predominance of addiction over other areas of life. There is a system of developed psychological addiction, manifested in changes in cognitive processes, emotional sphere and behavior. The personality is distorted, there comes an increasing number of changes characteristic of the “addictive orientation”. It becomes expressed social maladjustment.

4. Active addiction. When addiction is in this stage of formation, there is state characterized by an irresistible attraction to the object of addiction (psychoactive substance), the metabolism changes when the need is embedded in it and goes on to the biological level. Personality is destroyed, and the entire need-motivational sphere is reduced to the use of surfactants.

5. Complete degradation. This stage is not described by all scientists. This stage is associated with the almost complete destruction of all spheres of vital activity of the dependent person.

Thus, it can be seen that in the center of the dynamics is the distortion and change in the motivational-need sphere of the individual psyche. Obviously, this affects all aspects of mental life and human functioning.

Relevance

The study of the addictive behavior's dynamics is associated with certain difficulties. According to N.N. Mehtikhanova [13], “it is difficult to identify which psychological characteristics of a person were the cause, and which were the result of dependence”. She emphasizes that the most complete picture of this can only be given by using longitudinal method, which can be difficult because of its laboriousness. At the same time, the study of psychological determinants of the addictive behavior's dynamics is important, both in theoretical and methodological aspects, and in practical aspects. It seems relevant to us studying phenomenological border in the space of psychological determinants, which distinguishes the maladaptive level of addictive behavior from adaptive?

Thus, the purpose of our study is to describe the psychological determinants of the dynamics of addictive behavior. Objectives are as following:

1. Generalization of theoretical views on the problem of addictive behavior's dynamics
2. Formulation of hypothetical psychological determinants of the addictive behavior's dynamics

3. Empirical confirmation of the hypothesis of psychological determinants addictive behavior's dynamics

4. Description of differences in the severity of psychological characteristics of groups of people with different levels of addictive behavior.

The subject of the research is the different degree of psychological characteristics in groups of people with different levels of addictive behavior.

The object of the research is addictive behavior as a type of deviant behavior.

Materials and methods

Analysis of the literature on this issue and the practical aspects of working with addictive patients allowed us to identify the following psychological determinants of addictive behavior:

1. Type of personal identity
2. Values
3. Meaningful orientations
4. The way to respond to the situation of frustration
5. Coping strategies
6. Narcissistic personality traits
7. Features of mentalization (emotional susceptibility and cognitive ability to represent the mental state of oneself and other people)

The study involved 201 people (121 women and 80 men) aged 19 to 52 years. These people were divided into 4 groups: 1) "Almost not using surfactants" - 74 people, 47 women and 27 men, aged 19 to 41 years (use of surfactants 1 time per month and less often, lack of diagnosis "Addiction syndrome"); 2) "Regular using of surfactants without addiction syndrome" - 52 people, 30 women and 22 men, aged 22 to 52 years (use of surfactants 2 times a month and more often, lack of diagnosis "Addiction syndrome"); 3) "Addiction syndrome without remission" - 41 people, 24 women and 17 men, aged 22 to 52 years (regular use of surfactants from 1 time per week and more often, the diagnosis of "Addiction syndrome", before undergoing rehabilitation); 4) "Remission" - 34 people, 20 women and 14 men, aged 25 to 43 years (complete rejection of surfactants, the presence of a diagnosis of "Addiction syndrome", confirmed sobriety after undergoing rehabilitation from 1 year). Surfactants are not differentiated (alcohol and various drugs).

The following tests were proposed for filling: "Methods of studying personal identity" (L.B. Schnyder), "Mentalization Questionnaire" (MZQ), "Rosentzweig's method of studying frustration reactions", "Methods of studying coping behavior" (R. Lazarus), "Pathological Narcissism Questionnaire" (PNI), "Test of life meaningful orientations" (D.A. Leontyev), "Value orientations" (M. Rokich).

Results and discussion

The data we obtained were processed using the Mann-Whitney criterion of significance differences. We obtained and interpreted the following results:

1. There are significant differences between groups of people “Almost not using surfactants” and “Regular use of surfactants without addiction syndrome” at significance levels and $p < 0.05$ and $p < 0.01$ in the following characteristics (Table 1). In the “Almost not using surfactants” group, the level of impulsive obstructive dominant (M) reactions is higher, the predominance of individualistic values and self-affirmation values is lower, a higher level of conformism. In the group “Regular use of surfactants without addiction syndrome” there is a higher level of escape-avoidance coping, narcissism level as a whole and vanity, entitlement and exploitativeness in particular, and also the level of the need for authority increases sharply. At the stage of this transition, we have no marked differences in the level of maladaptation (there is no addiction syndrome, as well as differences in the level of identity). However, you can see the trends that are related with an increase in the frequency of using surfactants: the “Almost not using surfactants” group has a more indifferent attitude to life and greater importance of other people, and the group “Regular use of surfactants without addiction syndrome” - a higher level of independence and fixing on themselves, as well as a higher need for self-affirmation and the necessary tools for this (exploitativeness).

Table 1.
Comparison of psychological determinants' severity in the groups "Almost do not use surfactants" and "Regular use of surfactants"

		Averages					Amount	
		Almost do not use surfactants	Regular use of surfactants	U	Z	P-level	Almost do not use surfactants	Regular use of surfactants
Rosenzweig	Impunitive obstructive dominant (M)	9,46	8,35	1425,5	2,49	0,013	74	52
Values (reverse scales)	Intidividualistic	56,64	51,83	1493,5	2,13	0,033	74	52
	Conformist	23,82	26,58	1471,5	-2,24	0,025	74	52
	Self-affirmation	79,00	72,85	1447,5	2,36	0,018	74	52
Coping	Escape-avoidance	11,84	13,35	1490	-2,16	0,031	74	52
Narcissism	Vanity	0,93	1,46	1456	-2,44	0,015	74	52
	Entitlement	1,19	1,64	1490,5	-2,23	0,026	74	52
	Exploitativeness	0,99	1,58	1407,5	-2,66	0,008	74	52
	Common narcissism	10,87	14,18	1310	-3,04	0,002	74	52

2. There are significant differences between groups of people "Regular use of surfactants without addiction syndrome" and "Addiction syndrome without remission" at significance levels $p < 0.05$, $p < 0.01$, and $p < 0.001$ in the following characteristics (Table 2). There is a higher level of intropunitive necessary-stubborn (i) and intrapunitive obstructive-dominant (I) reactions, all aspects of life-meaning orientations, common narcissism and its individual aspects (the need of authority, self-sufficiency, vanity, entitlement, exploitativeness), a higher level of personal identity and severity of pseudo-positive identity in the group "Regular use of surfactants without addiction syndrome". The age is higher, the severity of distancing copings and the acceptance of responsibility, certain aspects of mentalization (higher "Refusing self-reflection", lower "Regulation of affect" and "Emotional awareness") in the group "Addiction syndrome to surfactants without remission". Thus, one can see a pronounced decrease in the level of responsibility and autonomy in people with the addiction syndrome.

This can be related with their choice to avoid troubles as opposed to solving them and overcome difficulties. The low level of life meaningful orientations in them is also explained by a general decrease in the fullness of life by various processes and events, much comes down to the use of surfactants. The high level of alexithymia and the refusing self-reflection is related with the orientation of the individual in avoiding experiencing emotions and realizing this tendency in the use of surfactants. In the same time, it gives a general decrease in the level of personal integration. The presence of a pseudo-positive identity is probably not a distortion of reality, but an adaptation mechanism that gives the individual certain internal resources.

Table 2.

Comparison of psychological determinants' severity in the groups "Regular use of surfactants" and "Addiction syndrome without remission"

		Averages					Amount	
		Regular use of surfactants	Addiction syndrome	U	Z	P-level	Regular use of surfactants	Addiction syndrome
Rosenzweig	Intropunitive necessary-persistent (i)	3,60	2,76	785,5	2,20	0,028	52	41
	Intropunitive obstructive dominant (I)	6,88	5,73	756	2,42	0,016	52	41
Life-meaning orientations	Goals	30,69	25,41	639	3,31	0,001	52	41
	Process	29,27	23,12	573	3,82	0,000	52	41
	Result	25,60	20,22	564,5	3,88	0,000	52	41
	Locus of control Me	20,23	16,63	674	3,04	0,002	52	41
	Locus of control Life	30,94	21,39	315	5,81	0,000	52	41
MZQ	Refusing selfreflection	9,37	11,83	630	-3,39	0,001	52	41
	Emotional awareness	11,88	15,29	539	-4,09	0,000	52	41

Coping	Distancing	9,13	10,54	809,5	-1,99	0,046	52	41
	Acceptance responsibility	8,02	9,22	659,5	-3,19	0,001	52	41
Narcissism	Authority	3,65	2,54	756,5	2,42	0,016	52	41
	Self-sufficiency	1,73	0,78	607	3,67	0,000	52	41
	Vanity	1,46	0,90	796,5	2,19	0,029	52	41
	Entitlement	1,64	1,15	780	2,29	0,022	52	41
	Exploitativeness	1,58	0,77	664,5	3,23	0,001	52	41
	Common narcissism	14,18	9,06	554,5	3,96	0,000	52	41
Identity	Identity	1,58	1,15	782	2,23	0,026	52	40
	Pseudo-positive identity	0,19	0,03	866	2,43	0,015	52	40

3. There are significant differences between the groups of people of "Addiction syndrome without remission" and "Remission" at the significance levels and $p < 0.05$, $p < 0.01$, and $p < 0.001$ in the following characteristics (Table 3). The "Addiction syndrome without remission" group has a higher level of extrapunitive necessary-persistent (e), impunitive necessary- persistent (m) and a lower level of intropunitive necessary-persistent (i), impunitive self-defense (M'). This may indicate that addictive people with regular drug using are fixed on the constant satisfaction of needs at the expense of external resources. And addictive people in remission have higher level of independent satisfaction of needs. Also, probably, resource for them is the abstraction of excessive tension from their own ego and dissipation of this tension. Addictive people without remission also have higher coping rates for problem solving planning, that is most likely related to the excessive withdrawal of addictive people on reasoning about problems and their solutions, as opposed to activity aimed at overcoming difficulties, the expectation that the problem will be resolved at the expense of external resources, without personal active participation. In the "Remission" group, the level of life-oriented orientations is higher (goals, life process, life resulting), which indicates changes associated with surrender of surfactant, increasing its eventful saturation, diversity priorities, achieving goals. They also have a higher indicator of altruism in values, which indicates the importance of building balanced relationships with the people around, the need to restore balance through a decrease in egocentricity in actions. In terms of mentalization, refusing self-reflection

reduced, but the level of psychic equivalence mode grows. Probably, the latter is due to the fact that the ensuing consequences of personal disintegration were previously stopped by the use of surfactants, and in this case the personality adapts to this by other means.

Table 3.

Comparison of psychological determinants' severity in the groups "Addiction syndrome without remission" and "Remission"

		Averages					Amount	
		Addiction syndrome	Remission	U	Z	P-level	Addiction syndrome	Remission
Rosenzweig	Extrapunitive necessary- persistent (e)	3,10	1,59	282	4,55	0,000	41	34
	Intropunitive necessary- persistent (i)	2,76	3,47	486	-2,29	0,022	41	34
	Impunitive self-defense (M)	1,39	2,06	503	-2,11	0,035	41	34
	Impunitive necessary-stubborn (m)	3,46	2,65	501	2,11	0,035	41	34
	Necessary-persistent (NP)	9,07	7,71	496	2,15	0,032	41	34
	Common impunitive (M)	8,37	8,06	666	0,33	0,744	41	34
Life-meaning orientations	Goals	25,41	28,47	475	-2,36	0,018	41	34
	Process	23,12	28,18	413	-3,02	0,003	41	34
	Result	20,22	24,53	432	-2,82	0,005	41	34
Values (reverse scales)	Altruistic	19,76	15,06	429	2,85	0,004	41	34
MZQ	Refusing selfreflection	11,83	10,12	500	2,10	0,035	41	34
	Psychic equivalence mode	10,32	12,24	467	-2,45	0,014	41	34
Coping	Problem solving planning	12,61	10,41	444	2,70	0,007	41	34
Narcissism	Exploitativeness	0,77	1,26	507	-2,13	0,033	41	34

4. There are significant differences between groups of people “Addiction syndrome without remission” and “Almost do not use surfactants” at the significance levels $p < 0.05$, $p < 0.01$, and $p < 0.001$ in the following characteristics (Table 4). This comparison allows getting an idea of the indicators of psychological characteristics at the edge points of the addictive behavior's dynamics. A group of people “Almost do not use surfactants” can see higher rates for the following types of frustration reactions: intro-punitive necessary- persistent (i), impunitive necessary-persistent (m), common necessary- persistent (NP), common intro-punitive (I) and impunitive (M). In the group of people, “Addiction syndrome without remission,” the total level of extrapunitive reactions (E) and extrapunitive necessary-persistent (e) are higher. These differences speak about different ways of dealing with emotional stress and aggression: a group of people with almost no addictive tendencies have a more pronounced focus on satisfying their needs at the expense of themselves and their ability to rely on the world around them, and a group of people with extremely pronounced addictive attitudes tend to direct tension outside, including to satisfy the needs of the environment. A decrease in the level of all aspects of life-meaning orientations was expressed in the group “Addiction syndrome without remission”, which indicates a general decrease in the level of understanding, complexity, diversity and richness of life. In terms of values, people with the addiction syndrome have a decrease in conformity and an increase in individualism, which is likely due to the general destruction of previous social ties and an increase in the orientation of the addictive people on its extremely subjective world viewing as opposed to interaction with others. At the same time, the value of self-affirmation is more pronounced among those dependent on surfactants, which indicates a pronounced lack of self-esteem, satisfaction with oneself and one's actions. They also have higher distance coping, confrontation, escape-avoidance, acceptance of responsibility (probably in the context of the tendency to self-flagellation) and self-awareness difficulties, recognition and emotion regulation, and in the group “Almost do not use surfactants”, coping rates of positive revaluation are higher. Accordingly, this data speaks about different ways of dealing with anxiety and other emotional reactions: addictive people are prone to repulsive reactions and opposition to a not satisfying reality, and people with extremely low addictive attitudes are more focused on accepting such reality and adapting to it. In general, the group “Almost not using surfactants” has a higher level of self-sufficiency, personal integration and pseudo-positive identity.

Table 4.

**Comparison of psychological determinants' severity in the groups
 “Almost not using surfactants' and
 “Addiction syndrome without remission”**

		Averages					Amount	
		Almost not using surfactants	Addiction syndrome	U	Z	P-level	Almost not using surfactants	Addiction syndrome
Rosenzweig	Extrapunitive necessary- persistent (e)	2,08	3,10	943,5	-3,41	0,001	74	41
	Intropunitive necessary- persistent (i)	3,69	2,76	1024,5	2,92	0,004	74	41
	Impunitive necessary- persistent (i)	4,82	3,46	1037,5	2,82	0,005	74	41
	Necessary-persistent (NP)	10,59	9,07	1104,5	2,42	0,016	74	41
	Common extrapunitive (E)	8,00	10,22	899,5	-3,62	0,000	74	41
	Common intropunitive (I)	6,80	5,73	1025	2,90	0,004	74	41
	Common impunitive (M)	9,46	8,37	1138,5	2,23	0,026	74	41
Life-meaning orientations	Goals	30,76	25,41	914	3,52	0,000	74	41
	Process	28,43	23,12	899	3,61	0,000	74	41
	Result	24,53	20,22	972,5	3,18	0,001	74	41
	Locus of control Me	20,31	16,63	922	3,48	0,001	74	41
	Locus of control Life	29,92	21,39	571	5,53	0,000	74	41
Values (reverse scales)	<i>Individualistic</i>	56,64	48,17	891	3,65	0,000	74	41
	<i>Conformist</i>	23,82	26,32	1156	-2,11	0,035	74	41
	<i>Self-affirmation</i>	79,00	72,46	1099	2,44	0,015	74	41
MZQ	Refusing selfreflection	10,14	11,83	1032	-2,85	0,004	74	41
	Emotional awareness	11,58	15,29	675	-4,93	0,000	74	41
	Regulation of affect	8,23	9,95	1019	-2,92	0,004	74	41
Coping	Confrontation	8,45	10,07	1057	-2,70	0,007	74	41
	Distancing	8,82	10,54	1023	-2,90	0,004	74	41

	Acceptance responsibility	7,78	9,22	939	-3,40	0,001	74	41
	Escape-avoidance	11,84	14,05	1009	-2,98	0,003	74	41
	Positive revalue	12,58	10,88	1044,5	2,77	0,006	74	41
Narcissism	Self-sufficiency	1,68	0,78	911,5	3,67	0,000	74	41
	Identity	1,57	1,15	1117	2,35	0,019	74	40
	Pseudo-positive identity	0,24	0,03	1157	2,97	0,003	74	40

Conclusion

Thus, we can formulate the following conclusions from the results of the empirical study:

1) There are significant differences between the severity of groups of people “Almost not using surfactants”, “Regular using surfactants without addiction syndrome”, “Addiction syndrome without remission” of such psychological characteristics as the level of personal integration, narcissism, characteristics of the value sphere, ways of reacting to the situation of frustration and coping mechanisms, and aspects of mentalization.

2) There is a pattern that manifests itself in changing the type of reaction to frustration with an increase in the severity of addictive behavior. There is a change in focus on satisfying the needs at the expense of yourself and the ability to rely on the world around on the tendency to direct tension outward, including satisfy the needs at the expense of environment.

3) There is a pattern that manifests itself in a change in value orientations with an increase in addictive behavior: the individualism and the need for self-affirmation become more pronounced, and the level of conformity and acceptance of others decreases.

4) With an increase in the severity of addictive behavior in the field of coping strategies there is an increase in the severity of the triad related with the rejection of reality – confrontation, distancing and escape-avoidance, as well as a decrease in the level of positive revaluation that contributes to the integration of life experience.

5) Narcissistic tendencies, both in a general sense and in their individual aspects, have their own severity dynamics with an increase in addictive behavior: the level of narcissistic tendencies and their individual aspects reaches its peak with a moderate increase in addictive tendencies, and then drops sharply during the formation of an addiction syndrome.

6) The increase in the level of manifestation of addictive behavior corresponds to the increase in the level of personality disintegration, which is a system-forming factor for all other personality changes in the structure of addictive behavior.

The data we obtained about dynamics of personality identity, the characteristics of the emotional sphere correspond to the results obtained by E.M. Jellinek [15], B. Segal [16], Zaitseva V.V. and Shaydulina A.F. [17], and go against the results of the coping strategies' research of I.V. Voevodin [18]. This indicates a certain integration of the results obtained into the structure of the available scientific knowledge in the problem we are studying.

There is no conflict of interests.

СПИСОК ЛИТЕРАТУРЫ:

1. Айвазова А.Е. Психологические аспекты зависимости. СПб: Речь; 2003.
2. Березин С.В., Лисецкий К.С., Назаров Е.А. Психология наркотической зависимости и созависимости. М.: МПА; 2001.
3. Братусь Б.С., Сидоров П.И. Психология, клиника и профилактика раннего алкоголизма. М.: Издательство МГУ; 1984.
4. Даулинг С. Психология и лечение зависимого поведения. М.: Класс; 2000.
5. Малейчук Г.И. Особенности психотерапевтической работы с клиентами с зависимой структурой личности // Журнал практической психологии и психоанализа. 2012. № 2. С. 35-41.
6. Менделевич В.Д. Психология девиантного поведения: учебное пособие. СПб.: Речь; 2005.
7. Братусь Б.С. Аномалии личности. М.: Мысль; 1988.
8. Немчин Т.А., Цыцарев С.В. Личность и алкоголизм. Л.: Медицина; 1989.
9. Бородина Н.А. Психологическая причинность аддиктивного поведения личности. Автореф. дис. ... канд. психол. наук. Новосибирск; 2006.
10. Четвериков Д.В. Психологические механизмы и структура аддиктивного поведения. Автореф. дисс. д-ра психол. наук. Новосибирск; 2002.

REFERENCES:

1. Ayvazova AE. *Psikhologicheskie aspekty zavisimosti*. Saint Petersburg; 2003. (In Russ.).
2. Berezin SV., Lisetskiy KS., Nazarov EA. *Psikhologiya narkoticheskoy zavisimosti i sozavisimosti*. Moscow; 2001. (In Russ.).
3. Bratus BS. Sidorov PI. *Psikhologiya: klinika i profilaktika rannego alkogolizma*. Moscow; 1984. (In Russ.).
4. Dowling S. *Psikhologiya i lechenie zavisimogo povedeniya*. Moscow; 2000. (In Russ.).
5. Maleychuk GI. *Osobennosti psikhoterapevticheskoy raboty s klientami s zavisimoy strukturoy lichnosti*. *Jurnal prakticheskoy psikhologii i psikhoanaliza*. 2012; 2: 35-41. (In Russ.).
6. Mendelevich VD. *Psikhologiya deviantnogo povedeniya: uchebnoe posobie*. Saint Petersburg; 2005. (In Russ.).
7. Bratus BS. *Anomalii lichnosti*. Moscow; 1988. (In Russ.).
8. Nemchin TA. Tsytsarev SV. *Lichnost i alkogolizm*. Leningrad; 1989. (In Russ.).
9. Borodina NA. *Psikhologicheskaya prichinnost addiktivnogo povedeniya lichnosti* [dissertation]. Novosibirsk; 2006. (In Russ.).
10. Chetverikov DV. *Psikhologicheskie mehanizmy i struktura addiktivnogo povedeniya* [dissertation]. Novosibirsk; 2002. (In Russ.).
11. Korolenko TsP., Dmitrieva NV. *Psikhosotsialnaya addiktologiya*. Novosibirsk;

11. Короленко Ц.П., Дмитриева Н.В. Психосоциальная аддиктология. Новосибирск: Олсиб; 2001.
12. Пятницкая И.Н. Наркомании. Руководство для врачей. М.: Медицина; 1994.
13. Мехтиханова Н.Н. Психология зависимого поведения: учебное пособие. М.: Флинта; 2014
14. МКБ-10. Международная классификация болезней и проблем, связанных со здоровьем, десятого пересмотра. 12.09.2003. Доступно по:
<http://www.mkb10.ru/?class=5&bloc=65>. Ссылка активна на 12 апреля 2019.
15. Jellinek E.M. The disease concept of alcoholism. New Haven (CT): Hillhouse Press; 1960.
16. Segal B. Patterns of drug use: Report of Statewide Community Survey. Juneau (AK): Department of Health and Social Services; 1983.
17. Зайцев В.В., Шайдулина А.Ф. Как избавиться от пристрастия к азартным играм. М.: ОЛМА-ПРЕСС Эклибрис; 2003.
18. Воеводин И.В. Копинг-поведение при аддиктивных состояниях: относительность критериев адаптивности // Обзорение психиатрии и медицинской психологии им. В.М. Бехтерева, 2004. Т.1, №4. С.46-54.
19. Лукьянцева И.С., Руженков В.А., Пономаренко Д.О. Аддиктивное поведение и алкогольная зависимость у студентов-медиков старших курсов (распространенность, коморбидность и лечение) // Российский медико-биологический вестник имени академика И.П. Павлова. 2018. Т. 26, № 3. С. 380-387.

СВЕДЕНИЯ ОБ АВТОРАХ:

Темиргалиева Майя Михайловна – аспирант 3 года обучения психологического факультета Ярославского государственного университета имени П.Г. Демидова; 150003, г. Ярославль, ул. Советская, д.14. email: mayamatveeva@mail.ru.

ДАТА ПОСТУПЛЕНИЯ: 06.05.2019

ДАТА ПРИНЯТИЯ В ПЕЧАТЬ: 05.06.2019

2001. (In Russ.).
12. Pyatnitskaya IN. *Narkomanii: rukovodstvo dlya vrachey*. Moscow; 1994. (In Russ.).
13. Mekhtihanova NN. *Psikhologiya zavisimogo povedeniya: uchebnoe posobie*. Moscow; 2014. (In Russ.).
14. *ICD-10.10th Revision of International Classification of Disease*. Available at: <http://www.mkb10.ru/?class=5&bloc=65>. Accessed: 12 April 2019.
15. Jellinek EM. *The disease concept of alcoholism*. New Haven (CT): Hillhouse Press; 1960. 246 p.
16. Segal B. *Patterns of drug use: Report of Statewide Community Survey*. Juneau (AK): Department of Health and Social Services; 1983.
17. Zaytsev VV., Shaydulina AF. *Kak izbavitsya ot pristrastiya k azartnim igram*. Moscow; 2003. (In Russ.).
18. Voevodin IV. Koping-povedenie pri addiktivnih sostoyaniyah: otnositelnost kriteriev adaptivnosti. *Obozrenie psikhiiatrii i meditsinskoy psikhologii im. V.M. Bekhtereva*. 2004; 4: 46-54. (In Russ.).
19. Lukyantseva IS., Ruzhenkov VA., Ponomarenko DO. Addictive behavior and alcohol addiction of medical students from senior courses (prevalence, comorbidity and treatment). *I.P. Pavlov Russian medical biological herald*. 2018; 3: 380-387. (In Russ.).

INFORMATION ABOUT AUTHORS:

Temirgalieva Mayya Mikhailovna – 3rd year postgraduate student at psychological department of the Yaroslavl State University named after P.G. Demidov; 150003, Yaroslavl, 14 Sovetskaya str.. email: mayamatveeva@mail.ru.

PAPER RECEIVED: 06.05.2019

PAPER ACCEPTED: 05.06.2019

REFERENCE FOR CITING:

Temirgalieva MM. About psychological determinants of addictive behaviors's dynamics. *Personality in a changing world: health, adaptation, development: a network journ*. 2019; 7 (2).

ССЫЛКА ДЛЯ ЦИТИРОВАНИЯ:

Темиргалиева М.М. О психологических
детерминантах динамики аддиктивного поведения //
Личность в меняющемся мире: здоровье, адаптация,
развитие: сетевой журн. 2019. Т.7, № 2 (25). Доступно
по ссылке: <http://humjournal.rzgmu.ru/art&id=372>
Ссылка активна на чч.мм.гггг. doi:
10.23888/humJ20192296-311

Available at: <http://humjournal.rzgmu.ru/art&id=372>
Accessed: dd Month yyyy. doi: 10.23888/humJ20192296-
311