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# Symbolic Aspects of Alcohol Dependence in Women: A Jungian Perspective

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## Abstract

This article explores the symbolic aspects of alcohol dependence in women in the light of C. G. Jung's Analytical Psychology. It draws on empirical research aimed at understanding alcohol as a symbol for female users and at analyzing the interrelations between excessive use and its psychic repercussions. To achieve these aims, three interviews were conducted with psychologists working in the field of alcohol dependence, and the material was examined through four thematic groups: gender relations and stigmatization; persona and complexes; numbing of feelings and possibilities for re-signification; and symbols. The results pointed to the multifactorial nature of the phenomenon, highlighting the role of social stigma, compromised affective and family relationships, abuse, existential emptiness, and both individual and collective psychic dynamics. The study concludes that emptiness, the maternal dimension, and alcohol itself are central symbolic elements in understanding alcohol dependence in women and suggests the need for further research with larger samples to achieve a broader comprehension of the issue. ■

**Keywords:** alcoholism, women, symbols, stigmatization, Analytical Psychology.

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## *Aspectos simbólicos da dependência de álcool por mulheres: um olhar junguiano*


### Resumo

Este artigo explora os aspectos simbólicos da dependência de álcool em mulheres à luz da Psicologia Analítica de C. G. Jung. Focaliza a pesquisa para compreender o álcool como símbolo para as usuárias e analisa as inter-relações entre o seu uso excessivo e sua repercussão psíquica. Para atingir tais objetivos, realizaram-se três entrevistas por psicólogas atuantes na área da dependência de álcool, analisadas com base na elaboração de quatro grupos temáticos: relação de gênero e estigmatização, persona e complexos, amortecimento de sentimentos e possibilidades de ressignificação e símbolos. Os resultados apontaram para a multifatorialidade do fenômeno, destacando o papel dos estigmas sociais, relações afetivas e familiares comprometidas, abuso, vazio existencial e dinamismos psíquicos tanto individuais quanto coletivos. O estudo conclui que o vazio, o materno e o álcool são elementos simbólicos centrais no entendimento da dependência de álcool por mulheres e sugere a necessidade de novas pesquisas com amostras mais amplas para compreensão mais abrangente. ■


**Palavras-chave:** alcoolismo, mulheres, símbolos, estigmatização, psicologia analítica.

## *Aspectos simbólicos de la dependencia del alcohol en mujeres: una mirada junguiana*


### Resumen

Este artículo explora los aspectos simbólicos de la dependencia del alcohol en mujeres a la luz de la Psicología Analítica de C. G. Jung. Se centra en la investigación para comprender el alcohol como símbolo para las usuarias y analiza las interrelaciones entre su uso excesivo y su repercusión psíquica. Para alcanzar dichos objetivos, se realizaron tres entrevistas por psicólogas actuantes en el área de la dependencia del alcohol, analizadas con base en la elaboración de cuatro grupos temáticos: relación de género y estigmatización, persona y complejos, amortiguación de sentimientos y posibilidades de resignificación y símbolos. Los resultados señalaron la multifactorialidad del fenómeno, destacando el papel de los estigmas sociales, las relaciones afectivas y familiares comprometidas, el abuso, el vacío existencial y los dinamismos psíquicos tanto individuales como colectivos. El estudio concluye que el vacío, lo materno y el alcohol son elementos simbólicos centrales en la comprensión de la dependencia del alcohol en mujeres y sugiere la necesidad de nuevas investigaciones con muestras más amplias para una comprensión más abarcadora. ■


**Palabras claves:** alcoholismo, mujeres, símbolos, estigmatización, psicología analítica.

## Introduction

Alcohol is a universal substance that has held a prominent place in the culture of numerous civilizations and has continuously accompanied humanity since its beginnings. Its use in religious rituals and celebratory ceremonies, its antiseptic properties, and its fundamental presence in various medicinal preparations all highlight the ubiquity of alcohol and the multiplicity of its functions (Gigliotti; Bessa, 2004). The conceptualization of alcoholism as a disease emerged in the eighteenth century, following the growing production and commercialization of distilled alcohol. With the Industrial Revolution, as explained by Oliveira *et al.* (2019), large urban concentrations formed, production expanded, and the price of alcoholic beverages decreased, "[...]

culminating in the transformation of the character of alcohol consumption, which ceased to be linked to subsistence and became a commercial product" (Oliveira *et al*., 2019, p. 260). Concurrently, with scientific advances and the rise of modern science, the use of alcohol became an object of systematic inquiry among theorists of that period.

Within this context, Oliveira *et al*. (2019) highlight the contributions of Benjamin Rush and Thomas Trotter. They were the first to describe the negative effects of excessive alcohol consumption, considering drunkenness to be "[...] a consequence of the loss of self-control over consumption, which would compromise the healthy balance of the body" (Oliveira *et al*., 2019, p. 261). According to these authors, it was Trotter who first recognized alcoholism as a disease. Although Rush and Trotter significantly advanced the discussion of drunkenness as a medical problem, they did not formulate diagnostic criteria. It was only through the work of Swedish physician Magnus Huss that the concept of chronic alcoholism was introduced as a predominantly medical definition, aimed at "[...] treating its complications and eliminating the moral stigma and shame that prevented individuals from seeking treatment" (Oliveira *et al*., 2019, p. 262).

With the advancement of diagnostic classifications, the term was later updated in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) to "alcohol use disorder," a condition characterized by clinically significant impairment and/or distress, with severity varying according to the number of symptoms present. The diagnostic criteria proposed by Griffith Edwards and Milton Gross offer an important clinical framework for understanding the complexity of dependence. The dependence syndrome is defined by seven core elements: compulsion to use the substance; increased tolerance; the presence of withdrawal symptoms; frequent use intended to avoid or relieve withdrawal; narrowing of the repertoire of use, with increasingly rigid and predictable patterns; increased salience of alcohol use; and the reinstatement of dependence after periods of abstinence, demonstrating the chronic and relapsing nature of the disorder (Edwards, 2005).

Regarding drug use and dependence more broadly, Sodelli (2016) underscores the need to abandon reductionist perspectives:

> When we evaluate the phenomenon of drug use from the perspective of its singular complexity, we will be ready to abandon the simplistic idea of a single pattern of use. The use of a psychoactive substance does not necessarily culminate in the phenomenon of dependence. We observe, therefore, infinite possibilities of patterns and modes of drug use (Sodelli, 2016, p. 38).

In discussing the complexity and multifactoriality inherent in the diagnosis of dependence, Sodelli (2016, p. 38) further notes that "[...] there are many variables that operate simultaneously to influence the probability that a given person will become dependent, organized into three categories: substance (drugs), user (person), and social environment (context)."

## Alcohol Consumption Among Women

Although alcoholism is more prevalent among men, associating this condition exclusively with the male gender is reductionist and culturally biased. As Castro and Santos (2015, p. 2) emphasize, "[...] alcoholism cannot be considered an exclusively male problem, despite the literature and public opinion often attempting to explain it as such." Such a perspective neglects significant social transformations and renders the phenomenon among women largely invisible, making it more difficult to produce knowledge and to refine care strategies.

The increasing presence of women in the public sphere has influenced alcohol consumption patterns. According to Ferreira *et al.* (2013, p. 3415), "[...] as women's social roles become more similar to those of men, their pattern of alcohol consumption also tends to change." However, as Silveira

(2023) notes, even with rising rates of use, women continue to face intense moral repression and social prejudice, which hinders both the recognition of their drinking behavior and their access to treatment. Whereas abusive use by men is often socially tolerated, women are subjected to devaluing and moralizing judgments, which amplify psychological suffering and delay intervention: "women who engage in abusive substance use tend to conceal their habits [...]; being a woman is not only a risk factor for developing dependence but also makes treatment more difficult" (Silveira, 2023, p. xxvi).

In a society structured around the primacy of male desires, female behaviors that deviate from expectations of submissiveness and domesticity are often repressed and targeted with prejudice and moral condemnation. Alcohol consumption, therefore, stands in stark contrast to the sociocultural ideal of the restrained, obedient, and "well-behaved" woman, and is frequently dismissed or neglected.

Beyond social pressures, physiological factors increase women's vulnerability to alcohol-related harm. Santos (2008) explains that the female body has a lower capacity to metabolize large quantities of alcohol, accelerating the onset of both physical and psychological complications. Even with lower levels of consumption, women tend to develop more severe and earlier forms of alcohol-related illness (Silveira, 2023). A higher proportion of body fat, lower body water content, and fewer metabolizing enzymes contribute to higher blood alcohol concentrations, increasing vulnerability to clinical harm and mortality (Santos, 2008).

Thus, understanding alcoholism among women requires a multifactorial approach that simultaneously considers gender-related social markers and physiological particularities. Such an approach prevents simplistic interpretations and fosters more effective therapeutic strategies.

## Jungian Contributions

Jung's engagement with the theme of alcohol is evident in his correspondence with Bill Wilson, co-founder of Alcoholics Anonymous (AA). Wilson (1981, *apud* Ribeiro, 2012) reported that Jung played an important role in the founding of the group. This influence stemmed from Jung having treated Roland Hazard—one of AA's early contributors—in 1931, and from Jung's affirmation that, after Hazard relapsed, "[...] only a religious conversion could once again motivate him to seek abstinence" (Wilson, 1981, *apud* Ribeiro, 2012, p. 168).

When reviewing the phenomenon of dependence, Fortim and Araújo (2013) examined Jung's bibliography and noted that there are few specific references to chemical or behavioral addictions in Jung's work. Among those that do exist, the authors highlight four clinical cases attended by the psychiatrist that refer to alcoholism and to what he termed "moral deficiency," described in Psychiatric Studies (1905/2011).

Based on Jung's writings in *Psychological Types* (1921/2013), Fortim and Araújo (2013, p. 13) explain that Jung considered alcoholism to be "[...] one of the dangers of the extraverted personality, since it depends upon external reality and promotes a hyperadaptation to it." In this sense, the repression of unconscious contents due to cultural factors could lead to the use of substances such as alcohol. In other words, Jung (1921/2013b) suggests that tension or dissociation between consciousness and the unconscious may result in the repression of subjective unconscious elements, which, in turn, may culminate in neurosis or substance abuse.

In recent decades, various Jungian analysts have devoted attention to the phenomenon of chemical dependence, drawing parallels between addiction and theoretical concepts of this tradition. In their literature review, Fortim and Araújo (2013) mention Victor Palomo's analogy between the hero archetype and chemical dependence, as well as parallels drawn by Sam Naifeh, analyst at the C. G. Jung Institute of San Francisco, between the Twelve Steps of Alcoholics Anonymous and the archetypal journey of confronting the shadow.

## Analytical Psychology and the Figure of the Female Alcoholic

Considering alcohol as a symbol for the alcoholic woman means entering a field that examines causal, teleological, and synchronistic aspects, and that requires reflection on the social roles, cultural expectations, and images associated with femininity. Questions such as why one drinks, to what purpose, and at what moment drinking occurs can support a symbolic investigation of abusive alcohol use.

In this regard, Analytical Psychology offers important conceptual tools, particularly through the notion of the persona. According to Stein (2006), the persona is a psychic structure linked to social adaptation and represents the conventional attitudes adopted in relation to the collective. Drawing inspiration from Greek theater masks, the term refers to the roles individuals perform in social life—roles often shaped by cultural stereotypes that may obscure the uniqueness of the individual psyche.

The persona, in this context, is understood as an archetype of adaptation that assumes different forms according to each person's life history. For Whitmont (1969, p. 140), it expresses "the archetypal impulse toward adaptation to external reality and to the collective" and manifests as "[...] a representational image of the adaptation archetype that appears in dreams, in images of clothing, uniforms, or masks." Stein (2006) emphasizes the importance of a flexible persona—one capable of expressing ego authenticity while remaining in contact with social expectations. When this structure becomes rigid, the risk of overidentification with social roles increases, limiting psychic dynamism and fostering internal conflict.

From this perspective, the connections between female alcoholism and the social expectations imposed on women's roles become evident. As Castro and Santos (2015, p. 3) note, "the social identity of women, as well as that of men, is constructed through the attribution of distinct roles that society expects each sex category to fulfill." Women are frequently conditioned to occupy restricted social spaces—caregiving, domesticity, docility. In patriarchal societies, feminine behaviors that deviate from such norms tend to be met with repression, moral judgment, and prejudice. Alcohol use thus clashes with the sociocultural construction of womanhood as obedient and contained, leading to its devaluation or neglect.

Gomes (2019) argues that the establishment of patriarchy did not occur spontaneously, nor did it result from natural human evolution. Rather, historical and anthropological analyses reveal that patriarchy was constructed over millennia when male groups assumed control of social power and the means of production, positioning themselves as superior. In this process, women were devalued and relegated to secondary positions in society, with the obligation and exclusivity of domestic and maternal roles.

For Whitmont (1982, p. 140), "the devaluation of the feminine is an intrinsic aspect of the dominant culture during the development of the patriarchal ego." Such devaluation is reflected in the idealization of the maternal archetype. In *The Archetypes and the Collective Unconscious*, Jung (1959/2014) describes this archetype in its dual structure: on one side, care, fertility, and nurturance; on the other, devouring, seductive, and destructive qualities (§158).

When linked to alcohol, the woman may be perceived as breaking with the ideal of the protective mother—losing her "feminine status" and appearing aligned with the archetype's darker pole, often associated with rebellion and loss of control. From the perspective of Analytical Psychology, then, female alcoholism represents a distancing from attributes culturally conceived as positive. Contact with alcohol is associated with a loss of control and with deviation from sociocultural expectations regarding maternal gentleness and containment. Thus, alcoholism in women may relate to a loss of feminine status and of the maternal, protective, affectionate image; alcohol becomes a symbolic expression of rebellion, transgression, and emotional rupture—a breaking away from a socially imposed rigid persona.

## Method

This study employed a qualitative design grounded in the theoretical framework of Analytical Psychology. All ethical protocols established by Resolution No. 466/2012, complemented by Resolution No. 510/2016 of the Brazilian National Health Council (CNS), were followed. The project was approved by the Research Ethics Committee and registered on Plataforma Brasil under protocol No. 75176923.0.0000.5482.

Data collection consisted of semi-structured interviews conducted by three psychologists who work specifically with women experiencing alcohol dependence. Each interview lasted approximately one hour and was carried out according to the participant's preference: two interviews were conducted virtually (online) and one in person, in a setting that ensured privacy and confidentiality.

The interviewees were identified only by their initials—G., S., and L.—and all signed the Informed Consent Form (ICF) prior to recording. A guiding script was used to structure the interviews, divided into two sections: the first concerned the psychologists' personal interest in the topic and their professional trajectories; the second addressed the characterization of their patients, including age range, recurrent clinical themes, social roles involved, frequently reported complaints, and sociocultural and family influences.

The analysis was based on full transcription of the interviews, followed by the identification of recurring thematic nuclei that formed four main categories: (1) Gender Relations and Stigmatization; (2) Persona and Complexes; (3) Numbing of Feelings and Possibilities for Re-signification; and (4) Symbols.

Although the three psychologists work from a psychoanalytic orientation, the data were interpreted through a Jungian lens, allowing articulation between clinical material and symbolic concepts central to Analytical Psychology.

## Results and Analysis

The material from the three interviews was analyzed through the development of four thematic groups.

### *Gender Relations and Stigmatization*

The interviews reveal how the relationship between gender and alcoholism is permeated by stigma, social roles, and symbolic forms of violence that impact women's bodies and subjectivities.

One of the first aspects highlighted by the participants concerns the strong association between women's alcohol consumption and marital relationships shaped by men's drinking habits. Alcohol-dependent husbands frequently appeared as an initial influence in several cases. The interviewed psychologists emphasized that many women begin drinking as a way of keeping up with their partners or through the direct influence of living with a partner who uses alcohol daily. This relational dynamic naturalizes alcohol use as part of the conjugal bond, weakening the women's personal boundaries. This scenario underscores an important symbolic dimension: women's behavior in relation to alcohol remains deeply conditioned by gender roles, even in intimate and everyday contexts.

The psychologists also drew attention to persistent cultural patterns: it is more common for alcoholic men to have abstinent female partners than the reverse. This asymmetry reflects enduring social expectations that position women as emotional regulators and caretakers, even in dysfunctional circumstances. The interview material highlighted how dysfunctional family relationships, emotional overload, and histories of violence are implicated in the development of abusive alcohol use among women.

Stigma emerged as a central transversal theme. Being a woman who uses alcohol still carries moral accusations, associations with maternal failure, and profound shame. According to the interviewees, these women are often socially perceived as "failures," "bad mothers," or "the family problem." Such narratives echo existing research linking abusive alcohol use to experiences of silencing, guilt, and rejection (Castro; Santos, 2015; Silveira, 2023).

The psychologists also emphasized how stigma affects access to care. Many women report feeling ashamed to seek treatment, do not identify with mixed-gender therapeutic settings, and feel

uncomfortable sharing issues related to femininity in such environments. The creation of women-only therapeutic groups emerged as a crucial clinical strategy, offering greater emotional safety, identification, and symbolic elaboration.

Stigma also extends into the legal sphere. The interviewees described how women who use alcohol are often threatened with losing custody of their children—an outcome not applied with the same severity to alcoholic men. This reveals a culturally embedded double standard sustained by gender stereotypes. Given this context, the professionals stressed the importance of interdisciplinary teams, including legal support, to ensure that patients' rights are respected.

Overall, the findings demonstrate that female alcoholism cannot be understood apart from gender relations. Cultural norms, prescribed social roles, and symbolic representations shape not only the patterns of use and the experience of illness but also the ways in which these women are seen, judged, and treated.

## *Persona and Complexes*

The interviews revealed psychic dynamics involving the persona and the activation of complexes that help elucidate the suffering of women with alcohol dependence.

According to the psychologists interviewed, many patients show a strong identification with socially prescribed feminine roles, especially those related to motherhood and family caretaking. This overidentification with the maternal persona (Stein, 2006) often becomes a central organizing axis of psychic functioning, particularly among older women. The interviewees observed that, when this role is emptied—such as in "empty nest" situations, when children grow up and leave home—many women experience a collapse of identity. Without other subjective investments, the ego, rigidly attached to the persona, enters a state of crisis. Feelings of uselessness, emptiness, and loss of meaning emerge as previously repressed contents intrude into consciousness. In this context, alcohol may function as a way to numb suffering and regulate intrusive affects. Although it seems to provide temporary relief, this strategy intensifies the dissociation between ego and unconscious, consolidating alcohol use as an additional symptom.

This process is not exclusive to older women. Younger patients also present clinical pictures marked by emotional emptiness, anxiety, and agitation. The absence of symbolization of early affective experiences—often shaped by neglect, violence, or impoverished family relationships—contributes to the formation of unconscious complexes, particularly those related to the maternal figure. Dysfunctional maternal relationships were mentioned by the three interviewees as a recurring pattern. The repetition of unstructured affective dynamics, especially with absent or overcontrolling mothers, points to the activation of a negative maternal complex with intense affective charge (Jung, 1957/2013c).

The psychologists also reported a high incidence of histories involving abuse, neglect, and abandonment, suggesting that women's suffering is rooted in relational contexts marked by violence. Patients frequently describe feelings of loneliness, abandonment, and worthlessness, as well as difficulties in processing early traumatic experiences. These experiences remain as non-symbolized affective nuclei that, in moments of fragility, intrude into consciousness.

According to Oliveira (2017), healthy emotional, cognitive, and social development is directly linked to the quality of early relational bonds, particularly the mother-infant relationship. Early adverse experiences such as neglect and abuse may generate epigenetic changes with long-lasting effects on emotional regulation and decision-making. Oliveira (2022) emphasizes that dependence can be shaped by developmental factors including failures in early attachment, traumatic experiences, and difficulties in symbolization.

Overall, the interview data suggest three recurrent thematic nuclei in the patients' life histories: existential emptiness; compromised affective and family bonds; and experiences of violence or abuse. These elements point to the formation of complexes deeply rooted in personal history, especially within the domain of family relationships and maternal functions (Jung, 1957/2013c).

Within this context, alcohol use appears as an attempt to anesthetize a painful affective core but also as a symptom expressive of the ego's difficulty in dealing with these contents. Loneliness—mentioned by all interviewees—emerges as a central subjective experience, whether due to social exclusion arising from drinking or from an internal sense of not belonging or failing to meet gendered expectations. Disconnection from life and from one's own inner desires appears as one of the deepest manifestations of this psychic process.

Thus, understanding alcohol dependence in women through the lens of Analytical Psychology requires attention to persona collapse, activation of unintegrated complexes, and unconscious attempts to manage intense psychic suffering. Symbolic containment of these experiences can open pathways for psychic elaboration and reintegration.

## *Numbing of Feelings and Possibilities for Re-signification*

The interviews showed that alcohol consumption among these women is frequently used as a means of distancing themselves from psychic suffering, functioning as a mechanism for numbing emotional pain. According to the psychologists, this use extends far beyond pleasure or recreation and often operates as a form of psychological self-medication. As psychologist S. noted, many patients "are not well" and report feeling some improvement after drinking, experiencing momentary relief that can gradually solidify into habit. In this sense, alcohol provides temporary alleviation of depressive and anxious symptoms, as well as of states of anguish; yet, when combined with other factors described, its repeated use culminates in alcohol dependence.

In discussing this numbing process, the interviewees highlighted the relationship between alcohol use and the social expectation that women identify with maternal roles. Among older women, the "empty nest" experience was frequently observed; among younger women, anxiety emerged around the challenges of motherhood. For both groups, an underlying existential emptiness creates fertile ground for the eruption into consciousness of previously repressed contents. Faced with painful feelings, hostile thoughts, and profound helplessness, alcohol use emerges as a buffer—while simultaneously becoming an additional symptom.

According to the interviewees, treatment must move beyond focusing solely on the substance. It is essential to address the psychic contents that underlie alcohol use. Psychologist S. emphasized that prognoses tend to improve when "what lies underneath" is treated. However, many women begin treatment with a weakened ego and difficulty naming or differentiating emotions. As psychologist L. observed, many struggle to distinguish tiredness from sadness, anger, or stress.

As the central organizer of consciousness, the ego mediates internal and external demands on the psyche through its endo- and ectopsychic functions. Ego strengthening is therefore crucial throughout treatment, enabling women to sustain the emergence of unconscious material, to contact, elaborate, and integrate it, while also responding to the demands of external reality. From this perspective, therapeutic groups—used in all the institutions where the interviewees work—emerged as a key clinical device. These groups allow participants to share experiences, recognize themselves in one another, and construct relational bonds. Many women experience profound loneliness, making collective spaces essential for fostering mutual recognition and opening possibilities for re-signifying experiences, relationships, and affects.

In this process, ego strengthening becomes a necessary condition for elaborating unconscious contents, and group settings function as powerful clinical tools, breaking subjective isolation and enabling mirroring, belonging, and symbolic transformation. As interviewee G. highlighted, many patients begin to perceive and identify themselves through their own strengths, re-signifying stigmatizing external gazes and expanding the capacity for authenticity.

Within this therapeutic setting, previously repressed emotional material can be retrieved—particularly material related to the maternal theme, now approached from a new perspective. Patients begin to

understand that the pain of maternal abandonment or neglect is often embedded in transgenerational histories of suffering. Recognizing this symbolic chain allows these affective nuclei to be elaborated rather than projected or compulsively repeated. This dynamic, in turn, supports the reduction of symptoms arising from tensions between consciousness and the unconscious, and enables the transformation of cyclical relational patterns (Jung, 1957/2013c).

Moreover, new social roles—including the maternal role—can be lived with greater flexibility, less rigidity, and more authenticity. Ego strengthening facilitates the flexibilization of the persona and the emergence of a self-image that is less constrained by normative expectations (Stein, 2006).

## *Symbols*

The interviews reveal the presence of symbolic elements that shape the experience of alcohol dependence in women, bringing to the surface contents that mobilize deep affects and tension between psychic opposites. When such expressions emerge in clinical practice, they call the ego into a process of elaboration that expands consciousness and approaches the dynamics characteristic of the transcendent function (Jung, 1947/2013a; Penna, 2013).

One of the most salient symbolic expressions is existential emptiness, understood not simply as absence but as the manifestation of non-symbolized contents. As psychologist S. described, alcohol often appears as an attempt to fill this emptiness and avoid confronting a "nothingness" laden with anguish and disorganized impulses. When these impulses lack symbolic space for elaboration, they tend to be projected onto the body or external world, frequently through compulsive behaviors. In this sense, addictive repetition becomes an attempt to give form to psychic emptiness. Interpreting this emptiness does not guarantee its resolution, since it points to the absence of meaning itself.

Psychotherapy is therefore understood as a privileged space for building meaning where previously there was only the impulse to fill a void. Creating symbolic links, retrieving narratives, and reconstructing relational bonds are strategies that enable subjective re-signification of emptiness, transforming it into an opening toward the new. As Chevalier and Gheerbrant (2021) write:

> To empty oneself (...) means to free oneself from the whirlwind of images, desires, and emotions; (...) the path that leads inward, the path of true life (...). It is the fruitful prelude (...) to the experience of the Self (Chevalier; Gheerbrant, 2021, p. 1018).

Therefore, although the experience of emptiness is permeated by anguish and fear, the psychotherapeutic process appears to offer an opportunity for a new direction in life for women with alcohol dependence. Along this path, a gradual movement of gaining awareness and reconstructing meaning becomes possible. As they confront the roles and conceptions attributed to them within their familial and sociocultural contexts, these women may begin to recognize aspects of themselves that were previously denied and to integrate potentials that had not yet been accessed in their life histories, opening the way for more authentic and singular experiences.

Another symbolic dimension that emerges strongly is the maternal one. The psychologists noted that patients' relationships with their mothers, as well as their own experiences of motherhood, evoke intense archetypal images. Maternal symbolism appears in themes such as nurturance, care, oral gratification, lack of limits, competition, and helplessness. These elements pertain to the maternal archetype in its multiple facets, both nurturing and devouring (Jung, 1959/2014). It is important to emphasize that the symbolic expressions of the maternal archetype, whose presence is constitutive of the human psyche, do not depend on gender. The humanization of this archetype can occur through multiple relationships and significant figures throughout life, and not solely in the bond with the personal mother.

Initially, alcoholic women seem to relate primarily to the negative pole of the maternal archetype, such as abandonment, neglect, or suffocation. Over the course of therapy, however, especially in group settings, these images can shift. Conscious recognition of previously repressed elements allows access to archetypal potentials that had been obstructed, promoting expansion of consciousness and psychological integration. This symbolic movement has a direct impact on women's relationship with alcohol dependence.

A third symbolic dimension concerns alcohol itself. Beyond its chemical materiality, alcohol carries multiple meanings, including celebration, belonging, power, rebellion, and destruction. Its ambiguity makes it a powerful symbol, both collective and individual (Gigliotti; Bessa, 2004). Clinically, relapse can be understood not only as a behavioral event but also as a symbolic response to unelaborated internal contents. As psychologist S. observed, the return to drinking is not explained by the external act alone but by an internal movement that often seeks unconscious expression.

Drawing on Jung (1947/2013a) and Kast (1997), alcohol can be symbolically understood from three perspectives: causal, finalistic, and synchronistic. From a causal standpoint, factors such as adverse family contexts, traumatic experiences, and repression of desires provide fertile ground for the development of alcohol-related symptoms. From a finalistic perspective, alcohol use expresses unconscious contents seeking recognition, including experiences of transgression, unacknowledged desires, or ruptures with normative femininity. From a synchronistic perspective, it is relevant to observe at what point in a woman's psychic development alcohol abuse intensifies, since this may reveal meaningful connections between external events and internal states.

Alcohol therefore emerges as a multifaceted symbol. It conceals pain yet also reveals it; it imprisons yet also signals what seeks liberation. Symbolic work with the experience of alcoholism can open pathways for profound transformation. Through this process, women may rediscover meaning for themselves and for their life stories.

## Final Considerations

This study sought to understand, in the light of Analytical Psychology, the symbolic aspects related to alcohol dependence in women, as well as the interrelations between substance use and female psychic suffering, with particular attention to the impact of social and cultural roles attributed to gender.

Regarding the investigation of the possible impacts of social roles assigned to women with alcohol dependence, the analysis of the interviews revealed the intertwining of gender and stigmatization. Sociocultural norms not only shape patterns of consumption but also influence the social perception of the alcoholic woman. Pressures associated with motherhood, caregiving, and feminine ideals foster feelings of shame and exclusion, hindering treatment access and the recognition of suffering.

Although alcohol consumption among women has increased significantly in recent decades, accompanying important social and cultural shifts, the clinical discourses analyzed continue to rely predominantly on the maternal figure as a central axis for understanding female psychic suffering. The emphasis on identification with the maternal persona and on conflicts related to motherhood reveals a perspective that, while relevant, tends to overlook other equally significant factors such as pressures and dilemmas experienced in professional contexts, intimate relationships, and the pursuit of autonomy. Authors such as Rowland (2024) have problematized the traditional Jungian reading of the feminine, which frequently associates women with the Great Mother archetype or the principle of Eros at the expense of a broader and more plural consideration of female experience. Feminist critiques point to the need for rethinking the roles of anima and animus in Analytical Psychology, especially when certain formulations reinforce essentialized views of women. Integrating these reflections into contemporary clinical debate allows for a more nuanced understanding of alcohol use as a response to emotional overload, the struggle for recognition, and exhaustion under multiple social demands.

The patients seen by the interviewees presented histories marked by neglect, violence, dysfunctional bonds, and overidentification with maternal roles. Such experiences contribute to the development of unconscious complexes, particularly the negative maternal complex, expressed through states of psychic disorganization. Concerning the interrelations between excessive alcohol use and the resulting suffering, alcohol emerges as an unconscious attempt to manage the invasion of intense and non-symbolized contents.

The clinical reports also highlighted alcohol consumption as a mechanism of emotional numbing. Drinking functions as a defense against emptiness, anguish, and helplessness. However, the immediate relief reinforces dissociation between the ego and the unconscious, consolidating alcoholism as an additional symptom. Clinical listening, combined with group work, proved to be an important avenue for ego strengthening and symbolic elaboration, enabling new ways of relating to oneself, others, and previously crystallized social roles.

Therapeutic groups play a transformative role. Through shared experience and relational ties, they promote recognition of feelings, recovery of potentials, narrative reconstruction, and flexibilization of the persona. The possibility of re-signifying motherhood—now experienced in a more integrated and less idealized manner—emerged as one of the clinical developments.

Regarding the symbolic aspects associated with alcohol dependence in women, the study identified three central symbols: emptiness, the maternal dimension, and alcohol. Emptiness, though permeated with anguish, may inaugurate a movement toward authenticity. Maternal symbolism, initially tied to abandonment and pain, showed potential for transformation and integration. Alcohol, approached from causal, finalistic, and synchronistic perspectives, proved to be a complex symbol that embodies protection and destruction, belonging and rupture, repression and desire.

This study's key limitation is its small sample, composed of three psychologists, two of whom work in the same institution, as well as the heteronormative framing of the experiences described. Future research should expand the diversity of contexts, institutions, and subjective trajectories to deepen the understanding of alcohol dependence in women across different social and affective configurations.

Finally, this study reinforces the need for clinical approaches sensitive to the psychic suffering of women experiencing alcohol dependence. Considering their histories, relational patterns, and symbolic constructions is essential. Advancing the deconstruction of stigmas surrounding female alcoholism and creating welcoming spaces for listening and support is fundamental for promoting psychological health and autonomy. Recognizing the singularity of each trajectory is also a path toward strengthening the feminine in its diversity and complexity.■

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