



Cognitive presumptions in women who are drug addicts Review

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Abstract

This abstract delves into the cognitive presumptions observed in women grappling with substance addiction, shedding light on the intricate interplay between cognition and addiction. Understanding the cognitive dimensions of drug addiction in women is imperative for developing targeted interventions and support systems. The abstract reviews existing literature, examining how cognitive processes, including perception, decision-making, and self-perception, are influenced by drug addiction in the context of the female experience. It explores the potential implications for treatment strategies and emphasizes the importance of addressing cognitive aspects to enhance the effectiveness of rehabilitation programs for women struggling with substance use disorders. As society grapples with the complexities of addiction, recognizing and addressing cognitive presumptions in this demographic is a crucial step toward fostering comprehensive and gender-sensitive approaches to addiction recovery.

Keywords: Substance addiction; Women's health; Cognitive processes; Addiction and cognition; Decision-making; Self-perception; Gender-sensitive Treatment; Rehabilitation programs; Substance use; disorders; Psychological impact; Cognitive behavioral therapy; Perception and addiction; Women's mental health; Gender disparities; Cognitive interventions; Addiction recovery; Psychosocial factors; Substance abuse treatment; Female drug users; Addiction research

Introduction

The realm of substance addiction is a complex tapestry woven with myriad factors influencing its onset, progression, and recovery. Amidst this intricate weave, the cognitive presumptions that women grappling with drug addiction harbor emerge as a pivotal yet often overlooked aspect of their journey. Understanding the cognitive dimensions of substance use disorders in women is not merely an academic pursuit; it is a critical step towards developing tailored interventions and support systems that address the unique challenges faced by this demographic. While the literature on addiction often encompasses a broad spectrum, the nuanced experiences of women in the throes of substance abuse deserve particular attention. The cognitive processes underlying addiction, including perception, decision-making, and self-perception, can vary significantly between genders. This exploration aims to dissect these cognitive presumptions, offering insights into the psychological intricacies that shape and are shaped by drug addiction in women.

Materials and Methods

As we embark on this inquiry, it becomes evident that the intersectionality of gender, cognition, and addiction is a multifaceted landscape. The societal, biological, and psychosocial factors that contribute to cognitive presumptions in women who are drug addicts are integral components of the narrative. By unraveling these complexities, we hope to illuminate not only the challenges but also the potential avenues for tailored cognitive interventions and rehabilitation strategies. This exploration is not confined to the theoretical realm; it is a call to action. Recognizing and understanding the cognitive presumptions held by women navigating the labyrinth of drug addiction is a crucial stride towards cultivating empathy, awareness, and gender-sensitive approaches within the realms of addiction treatment and recovery. As we navigate the intricate cognitive landscape, we embark on a journey that extends beyond academia—toward a more compassionate and effective response to the unique challenges faced by women in their pursuit of recovery from substance use disorders. In

the intricate realm of substance addiction, the experiences of women grappling with drug dependency are often submerged beneath broader narratives. Among the various facets shaping addiction, the cognitive presumptions held by women in the throes of substance abuse emerge as a crucial yet underexplored dimension. This article aims to delve into the intricate interplay between cognition and drug addiction in women, unraveling the cognitive landscapes that influence and are influenced by their journey through the complex web of substance abuse.

Understanding cognitive presumptions: Cognitive presumptions refer to the underlying thought patterns, perceptions, and self-perceptions that influence decision-making and behavior. In the context of women struggling with drug addiction, these cognitive processes are shaped by a myriad of factors, ranging from societal expectations to individual psychosocial histories.

Societal expectations: Societal norms and expectations often contribute to cognitive presumptions in women who are drug addicts. The stigma associated with substance abuse may influence self-perception, fostering feelings of shame and guilt that, in turn, impact decision-making.

Psychosocial factors: Individual psychosocial histories, including trauma, abuse, or adverse life events, can significantly shape cognitive presumptions. Women using drugs as a coping mechanism may develop distorted perceptions of self and the world around them.

Biological influences: Biological factors, including hormonal fluctuations, can influence cognitive processes. The interplay between hormonal changes, neurotransmitter activity, and addictive substances adds another layer to the cognitive complexities faced by women in addiction.

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Received: 1-Nov-2023, Manuscript No: jart-23-120231, **Editor assigned:** 3-Nov-2023, Pre QC No: jart-23-120231 (PQ), **Reviewed:** 17-Nov-2023, QC No: jart-23-120231, **Revised:** 20-Nov-2023, Manuscript No: jart-23-120231(R), **Published:** 27-Nov-2023, DOI: 10.4172/2155-6105.1000593

Citation: Girkani M (2023) Cognitive presumptions in women who are drug addicts Review. J Addict Res Ther 14: 593.

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Gender disparities in treatment: The traditionally male-centric approach to addiction treatment can inadvertently contribute to cognitive presumptions in women. Tailored, gender-sensitive treatment models are essential for addressing the unique cognitive dimensions of female drug addiction.

Perception and decision-making: Women's perceptions of risk associated with drug use may be influenced by societal expectations. Fear of judgment or societal repercussions can impact how women perceive the risks and benefits of engaging in substance abuse.

Results and Discussion

Self-perception: Self-perception is a critical component of cognitive presumptions. The internalization of societal stigma may lead to negative self-perception, affecting self-esteem and contributing to a cycle of substance dependence as a means of coping.

Decision-making processes: Cognitive presumptions influence decision-making processes. Women with distorted self-perceptions may make choices that perpetuate their addiction, driven by the cognitive need to escape or cope with underlying emotional challenges.

The Role of cognitive behavioral therapy (CBT): Cognitive Behavioral Therapy (CBT) emerges as a valuable tool in addressing and reshaping cognitive presumptions in women struggling with drug addiction. CBT techniques focus on identifying and challenging negative thought patterns, fostering healthier perceptions of self and coping mechanisms.

Empathy, awareness, and gender-sensitive approaches

To effectively address the cognitive presumptions of women who are drug addicts, a holistic and gender-sensitive approach is paramount. This involves fostering empathy among healthcare professionals, raising awareness about the unique challenges faced by women in addiction, and tailoring intervention strategies to address the cognitive dimensions specific to this demographic.

The cognitive presumptions of women, particularly those struggling with drug addiction, are influenced by a complex interplay of various factors. These factors contribute to the way women perceive themselves, make decisions, and navigate their experiences with substance abuse. Here are some key factors that can impact the cognitive presumptions of women in the context of drug addiction:

Societal expectations and stigma: Societal norms and expectations, coupled with the stigma associated with substance abuse, can significantly influence how women perceive themselves. Fear of judgment and societal repercussions may shape negative cognitive presumptions.

Psychosocial histories: Individual psychosocial histories, including experiences of trauma, abuse, or adverse life events, play a pivotal role in shaping cognitive presumptions. These experiences can contribute to distorted perceptions of self and the world, impacting decision-making.

Biological factors: Biological factors, such as hormonal fluctuations, can influence cognitive processes. Hormonal changes, neurotransmitter activity, and the effects of addictive substances may contribute to alterations in cognitive function.

Gender disparities in treatment: The traditional focus on male-centric models of addiction treatment can impact how women perceive themselves within the treatment context. Gender disparities in

treatment approaches may contribute to cognitive presumptions about their role and place in recovery.

Cultural influences: Cultural factors, including cultural expectations and norms related to gender roles, can shape cognitive presumptions. The intersection of cultural [1-6] identity and substance abuse may influence how women perceive themselves within their cultural context.

Economic and social factors: Economic challenges, social inequality, and disparities in access to resources can affect cognitive presumptions. Limited access to education, employment opportunities, and support systems may shape women's perceptions of their capabilities and worth.

Parental and caregiver roles: The roles of motherhood and caregiving can impact cognitive presumptions. Balancing the responsibilities of addiction recovery with societal expectations of maternal roles may influence self-perception and decision-making.

Trauma and adverse childhood experiences (ACEs): Exposure to trauma and adverse childhood experiences can contribute to cognitive presumptions related to self-worth, safety, and coping mechanisms. Trauma-informed care is crucial in addressing these underlying factors.

Social support networks:

The presence or absence of supportive social networks can impact cognitive presumptions. Positive support systems can contribute to healthier perceptions, while isolation or negative influences may reinforce negative cognitive patterns.

Educational background: Educational experiences and opportunities can influence cognitive presumptions. Limited access to education may impact self-perception and contribute to feelings of inadequacy or disempowerment.

Media and cultural representations: Media portrayals and cultural representations of women, particularly those struggling with substance abuse, can shape cognitive presumptions. Stereotypes and stigmatizing narratives may contribute to internalized shame and negative self-perception.

Access to healthcare: Access to quality healthcare and addiction treatment services can influence cognitive presumptions. Barriers to healthcare may contribute to a sense of hopelessness or reinforce negative perceptions about the ability to seek help.

Addressing these multifaceted factors requires a comprehensive and gender-sensitive approach in addiction treatment and support systems. Recognizing the diverse influences on cognitive presumptions is essential for developing interventions that empower women in their journey toward recovery.

Conclusion

In unraveling the cognitive presumptions of women in the throes of drug addiction, we unveil a crucial dimension of the complex interplay between cognition and substance abuse. By understanding and addressing these cognitive landscapes, we pave the way for more effective, compassionate, and gender-sensitive approaches to addiction treatment and recovery. The journey towards breaking the chains of addiction for women involves not only detoxifying the body but also reshaping the cognitive frameworks that influence their path to recovery.

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