CHAPTER – 1

INTRODUCTION

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CHAPTER -1
INTRODUCTION

We are living in an age of unparalleled change in the human history, both in nature and extent. Scientific and technological revolution of the 20th century has no doubt improved the quality of human life. It has given new meaning to the human civilization. It opened new vistas for the development of human potential. Today, sky is the limit for human ambitions. To fulfill his ambitions he goes on making more & more researches. But due to scientifical and technological revolution human life has become mechanical and more competitive. The second feet is that scientifical and technological revolution does not occur at similar level and time in all countries and society. So, each and every human being has to face the competition and the stress of mechanical life. This results in to stress, frustration and anxiety in human life. To get adjusted this situation a person react in two ways, fight or flight. The people who are capable to face such situation can adjust themselves easily in the society.

On the other side some people tries to adjust with such situation but fails and can not cope-up with new environment and tries to escape. In fact its one type of withdrawal of themselves. Such withdrawing personalities unknowingly makes use of faulty coping mechanism to cope up with the existing circumstances.

Abuse of alcohol or drugs is one kind of faulty coping mechanism such alcoholic figures person gets affected according to their sex, age, socio-economic status, culture, genetic factors, occupation, media, peer-group pressure etc. Novacek, Raskin & Hgan (1991) found that in their sample of 2637 6th -12th grade American students, the ten most frequent reasons for using drugs are 'because I was depressed' to escapes from my problems,' 'to see what effect they would have', 'to relax,' to have a good time to relieve nervousness and because it was a habit'.

Navaratnam, Foogn & Hoo (1990) found that in their sample of 13185 young abusers, the six most frequently mentioned reasons for using drugs are 'to get along with what my friends were doing,' feel good, get high, curiosity, to get away from my emotional problems, accidental, and to get away from my financial problems.

It is impossible to measure the damage done to society at large as a result of alcohol abuse. National Council on Alcoholism, 1986, estimated that alcohol-related problems cost the American economy more than 116 billion ;n 198 3, Most of this
economic loss is concentrated in decreased work productivity, health problems, and motor vehicle accidents.

The largest portion of this loss is due to decreased work productivity. Worker with drinking problems are slower and less efficient, loss time on the job, make hasty decision cause accidents, and lower the moral of their co-workers. They are more likely to become prematurely disabled and to die young.

As for their medical costs, $15.9 billion was spent in 1981 on medical treatment and support services for alcoholics. Approximately half of all occupied beds is American hospitals are tilled by people with ailments linked to alcohol consumption. (U.S. Department of Health and Human services, 1981) And the ill effects of alcohol are not limited to the drinker if the drinker is pregnant. Babies born to mothers who drink during pregnancy run a substantial risk of having fetal alcohol syndrome, a pattern of damage involving bodily malformations, mental retardation and delayed development.

$ 10 billion is lost annually in alcohol related motor vehicle accidents. national Safety Council, 1987) A driver with a blood alcohol level of 0.10 percent is less cautious, less alert and slower to react than non drinking driver. A nighttime driver who has severe visual handicap, since it has been shown that visual recovery from glare slow down as blood alcohol level increases. Sekuler & MacAnhar, 1977).

The use of alcohol also play a significant part albeit indirectly, in the commission of more serious crimes. such as homicide, aggravated assault, forcible rape and other violent crimes. It has been found that alcohol was associated with 64 percent of all murderers, 41 percent of all assaults, 34 percent of all forcible rapes and 29 percent of all other sex crimes. Those who commit these expressing their aggression, especially in view of the popular belief that heavy drinking can turn a pussycat in to a tiger. ( Morton Isaaes, 'College students' Expectations of the Results of drinking Journal of studies on Alcohol ( May 1979 ).

When any substance-naturally occuring or pharmaceutically deried is used primarily to bring about may change physiological, psychological or biochemical as known as DRUG. It may or may not have medical usage, when used either too much or too long or too often than needed for medical use or it is used in a totally wrong way, we call it DRUG Abuse.
Because in majority of societies drinking of alcohol is accepted, one gets an impression that it is not a drug, or a potentially addictive substance. This is not true; alcohol is a depressant drug which affects the central nervous system immediately.

Ordinarily, when people take a drink for the first time in their lives, they do not immediately, nor will inevitably become alcoholics. They usually encounter a sequence of events that culminates in alcoholism. Alcohol abuse is often referred to problem drinking.

2. DEFINITION

There is no universally accepted definition of alcoholism. Alcohol abuse shows several typical patterns, regular daily intake a large amount, regular heavy drinking confined to weekends, and unpredictable drinking. Alcoholism is a chronic illness, psychic or somatic or psychosomatic, which manifests itself as a disorder of behaviour. It is characterized by the repeated drinking of alcohol beverages, to an extent that exceeds customary dietary use or comprehension with the social customs of the community and that interferes with the drinker’s health or his social or economic functioning."

-Mark Keller

According to Mark Keller’s and Vera Edron, "Alcoholism" Encyclopedia Americana (1964). Other scholarly prefer to emph the term problem drinking. "Problem drinking is repetitive use of beverage alcohol causing physical, psychological or social harm to the drinker or to others."

Alcoholism or problem drinking can be identified by the fact that causes problems in a major aspect of one’s life, such as problems with one’s health, marriage, family, employment, friends or the law. "We considered an alcoholic beverages interfered with his interpersonal relations or his social or economic functioning."

The World Health Organization (1952) has defined alcoholics as excessive drinkers whose dependence on alcohol has attained such a degree that it shows noticeable mental disturbance or an interference with their bodily and mental health, their inter-personal relations, and their smooth social and economic functioning.
3. TYPE OF DRINKING

Drinking may be classified as social drinking, industrial drinking, emergency drinking and misery drinking.

1. Social Drinking:

Social drinking refers to that type of drinking which is indulged in by those who drink to give others company in a party or at conference. When drinks were used for religious or ceremonial purpose may be social drinking.

Italians and Chinese usually drink at meals, particularly on such special occasions as family ceremonies (birth, wedding, rites for the dead) and national and religious celebrations. Social drinking may become as a ‘problem drinking.’

3.2 Industrial Drinking

Industrial drinking refers to drinking by a worker while at work or at meal times, who takes alcohol not as a drink but to allay the discomfort of hunger or occupational strain. Alcohol may be taken by them after a hard day’s work. Such a situation creates a psychological or physiological need for liqueur which helps them to rise equal to their task. They discover the ability to experience some relief from tensions. (But the more they drink, the less the tolerance for tensions, the more they want to drink to see relief).

3.3 Emergency Drinking

Emergency drinking refers to that type of drinking which is indulged in by those persons who are nervous and sensitive and depend on others for their self-esteem. An actor who consumes alcohol before entering the stage may be cited as an example. The drinking indulged in by creative workers like painters, poets, novelists, models etc. in another type of drinking. Many persons of this kind can work after a drink.

3.4 Misery Drinking

Another type of drinking is called misery drinking. In this type of drinking the persons desires intoxication and unconsciousness. It is usually resorted to by those who have faced some personal failures or loss of someone dear to them.
4. EARLY WARNING SIGNS OF APPROACHING ALCOHOLISM

4.1 Frequent Desire
An early warning sign of potential alcoholism is an increase in desire, often evidenced by eager anticipation of drinking after work and careful attention to maintaining a supply of alcohol.

4.2 Morning Drinking
An important sign that a frequent drinker may be becoming an alcoholic appears when he begins to drink in the morning either as means of reducing a hangover or as a “bracer” to help him start a day.

4.3 Increased Consumption
Another early warning sign is increasing consumption of alcohol. This increase may seem gradual, but a marked change takes place from month to month.

4.4 Pulling Balnks
When the individual cannot remember what happened during an alcoholic bout, his alcoholic indulgence is becoming excessive.

4.5 Extreme Behaviour
When the individual, under the influence of alcohol, commits various acts which leave him guilty feeling and embarrassed the next day, his alcoholic indulgence is getting out of hand.

5. THE EFFECTS OF ALCOHOL ABUSE
5.1 Immediate Effects of Alcohol Abuse
Pharmacologically, alcohol is considered to be a depressant. The initial effect of alcohol may be to stimulate rather than to depress. With a drink or two, people will often become more talkative, more active, when the blood alcohol reaches 0.03 to 0.06 percent, two types of effects occur. First mood and social behaviour change. Some people become depressed and remorseful; others become amorous or belligerent. Second, judgement is impaired. Amorous types will begin making wanton remarks to strangers and belligerent types will start fights and so forth. As the blood alcohol level continues
to rise, the depressant effect of alcohol becomes more obvious. People slow down, stumble and trip and slur their words. Their judgement is farther impaired and they lend to engage in even more reckless behaviour. “Depressive” drunks may begin loudly confessing their sins and failures or they may cease feeling guilt about them altogether.

5.2 The Short-term Effects of Alcohol Abuse

Alcohol is a drug since it effects our mental and physical activity. Although it is not stimulant, alcohol is popularly thought of as one. A stimulant increases the functional activity of the body and mind.

5.2.1 Physiological Effect

Because the drinking of alcoholic beverages accepted in most societies, alcohol is rarely regarded as a drug, especially by those who drink. But alcohol is drug since it effects our mental and physical activity. Although it is not a stimulant, alcohol is popularly those of as one. A stimulant increases the functional activity of the body and mind. But most experts believe that alcohol is a depressant as a depressant alcohol reduces our mental and bodily functional activity.

Its immediate physiological effect is to depress the functioning of the higher brain centers. This results in impairment of perceptual and intellectual functioning, relief from anxiety, fear, tension and sorrow, and released from behaviour normally inhibited by the cortex. The person may experience feelings of relaxation and well-being. Some people though, become suspicious and even violent larger amount interfere with complex thought processes; then motor coordination, balance, speech and vision are impaired. At this stage of intoxication some individuals became depressed and withdrawn. Alcohol is capable of blunting pain and sleep. Before modern techniques of anesthesia were discovered, liquors were often administrated to a patient about to undergo surgery.

The person is said to be intoxicated when the alcohol content in his blood exceeds 0.1 percent. Another phenomena associated with drinking is blackout’ i.e., though the person may carry on a rational conversation and engages in complex activities he has no memory of power of recalling the event of the next day.
5.2.2 Cognitive Effects

Studies have determine that short term effects of alcohol on social drinkers are complex. Jones and Parsons (1975) and Overton (1966) have reviewed a number of experiments that suggest, some became drunk with even a small quantity of alcohol while other remained sober. Those who remained sober performed better in test on abstract problem solving ability as compared with those who were intoxicated. (Jones and Parsons, 1971). The short term memory and relation of incidents during drinking. It now appears that some of the short term effects brought about similar results. (Jones 1973).

Other studies hand addressed a problem experienced by many social drinkers, namely, remembering clearly what happened while they were drinking. It seems indeed that the state of consciousness entered through intoxication is some that separate from the normal, sober state.

Overton (1966) demonstrated what is termed state-dependent learning in a series of experiments with rats. A rat though something while drugged later remembers it batter 'A hen tested in drugged state. The same phenomenon has been demonstrated with alcohol intoxication and the learning and retention of human being (Goodwin et. al. 1969) it now appears that some of the short term effects of ingesting small amounts of alcohol are more strongly related to beliefs about the effects of the drug than its chemical action on the body. For example, alcohol is commonly thought to stimulate aggression, reduce anxiety, and increase sexual responsiveness. Recent research has show, however that this reaction may not be caused by alcohol itself but by beliefs about alcohol's effects. Subjects are told that they will be consuming a quantity of alcohol but in fact, are given an alcohol free beverage with its tasted disguised. So that then will not see through the ruse. They subsequently become more aggressive, more sexually aroused and less anxious.

5.2.3 Sexual Effects

As Shakespeare wrote in macbeth, alcohol " provokes and unprovoked. It provokes the desire but it takes away the performance." In the first experiment published on the effects of alcohol on the physiology of sexual responding, a plethysmograph was used to determine genital blood flow. Farkas and Rosen (1976) showed male subjects an erotic film after they have drunk one of four
concentrations of alcohol ranging from 0 percent to 0.075 percent, which corresponds to about five drinks of straight whiskey. In each case the amount of alcohol could not be detected by the taste of the drink. The more alcohol the men ingested, the less the penile erection. Thus, in a laboratory setting, the more alcohol drunk the more it look away from "performance."

Do women respond in the same way? Wilson and Lawson (1976) confirmed that their physiological sexual arousal was also reduced by drinking a large amount of alcohol. But when the women believed that they had drunk alcohol they reported feeling sexually aroused even though, if the amount was large, their vaginal blood flow indicated little arousal. As psychologists have learned more than once, the Bard of Avon had the greatest insight in to the working of humankind.

Let us see how each of these factors affects the drinker.

- A small size person may become intoxicated after only a glass of beer, while a large size person may stay relatively sober after three or four glasses. Because alcohol is diluted in the blood stream, a 100 pound women can not tolerate as much liquor as a 200 pound man.

- The higher the percentage of alcohol in a beverage, the quicker the intoxicating effect. Thus a 90 proof whiskey is powerful than a 6 proof beer. Obviously, the greater the amount consumed the more potent the intoxicating effect.

- Alcohol is not disgusted as food: it goes through the walls of the stomach can retard absorption of alcohol and weaken its intoxicating impact. On the other hand, drinking on an empty stomach will result in relatively quick absorption and quicker intoxication.

- An individual with a higher level of tolerance for alcohol through more frequent, heavier drinking-will become less intoxicated than one with lower tolerance if both consume the same amount of alcohol.

The more intoxicated a person is, as we noted earlier, the greater is the loss of sensorimotor skill. This positive relationship between the degree of intoxication and the amount of deterioration of sensorimotor skill is as below.
Table – 1
How Drinking Affects a 150-Pound Man in 2 Hours

<table>
<thead>
<tr>
<th>Amount of Drinking</th>
<th>Alcohol concentration in bloodstreams (Percent)</th>
<th>Amount of drinking</th>
<th>Alcohol concentration in bloodstreams (Percent)</th>
<th>Amount of drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cocktails or 1 highball or 2 cans of beer</td>
<td>0.03</td>
<td>Slight changes in feeling</td>
<td>0.06</td>
<td>Feeling of warmth; mental relaxation; mind sedation; driving ability impaired</td>
</tr>
<tr>
<td>2 Cocktails or 2 highballs or 4 cans of beer</td>
<td>0.06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 cocktails or 3 highballs or 6 cans of beer</td>
<td>0.09</td>
<td>Exaggerated emotion and behaviour-talkative, noisy, or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 cocktails or 5 highballs or 10 cans of beer</td>
<td>0.15</td>
<td>Gross intoxication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 cocktails or 10 highballs or 20 cans of beer</td>
<td>0.30</td>
<td>Extreme intoxication; coma or death may occur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 cocktails or 20 highballs or 40 cans of beer</td>
<td>0.60</td>
<td>Heart action and breathing slowed; death occurs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.3 Long Term Effects

Ordinarily, when people take a drink at first in their lives, they do not immediately, nor will inevitably, become alcoholics. They usually encounter a sequence of events that culminates in alcoholism.

The long-term effects of continued use of alcohol are considered by Jellinek to have four stages.

5.3.1 The pre-alcoholic phase

Here prospective alcoholics begin as social drinkers. Through drinking, they discover the ability to experience some relief from tensions. But the more they drink, the less their tolerance for tensions; the more they went to drink to seek relief. This results in a vicious circle of more and more episodes of drunkenness and hangover. At the same time the more individuals drink, the greater their tolerance for alcohol, so that they have to consume more and more alcohol in order to get drunk. These experiences increase the psychological and physiological impact of alcohol on the drinker. But
people in this stage can still control their drinking so that they can continue to function normally in their occupational and social world. This phase is characterized by a gradual shift from infrequent to frequent drinking. This stage may last from 6 months to 2 years before they graduate into the next stage as problem drinkers.

5.3.2 The prodromal phase

In this stage the problem drinker begins to have blackouts. A blackout is an attack of amnesia or memory loss, but it is quite different from passing out. When people drink beyond their alcohol-tolerance level, they may pass out on the spot, totally incapable of interacting with others, on the other hand, individuals experiencing blackouts may be the life of the party, or at least talk with others and move about freely; but the next day they can not be remember what they did.

In this stage, individuals become excessive drinkers, when drinking socially, they being sneak drinks although they trying to maintain an impression that they are drinking no more then anyone else. Their craving for alcohol becomes so great that they will consume huge quantities of alcoholic beverages, drink alone and drink in the morning. Such excessive drinking begins to hurt their relations with relatives, friends and fellow workers, and they therefore start felling guilty about drinking too much. Despite all this problems, however they still have not become physically addicted in the sense of having chills, shakes and other withdrawal distresses when not drinking.

The chief behavioural phenomena noted in this phase are: (i) Surreptitious drinking, where the individual seeks opportunities for drinking unknown to others; (ii) Preoccupation with alcohol and worrying about whether there will be enough to drink at the social party that he is going to attend in the evening or drinking in excess in anticipation of possible shortage; (iii) Avoid drinking in the form of gulping it down. (iv) guilt feeling about drinking; (v) Avoidance of references to alcohol in conversations.

5.3.3 The Middle, Crucial Phase

The crucial phase is the most harmful stage. This stage is characterized by a loss of control over drinking. The drinker, once he starts, continues to drink without any control, which means that any consumption to alcohol seems to trigger a chain reaction that continues until the individual is either too intoxicated or too sick to drink any more. Although this shows that the individuals cannot control their drinking they themselves
typically insist that they can stop if they really want to. To prove that they can, they will go on the wagon for a while or change their drinking patterns switching types of liquor, trying different ways of mixing it, and altering speeds of consuming it.

But the more these people think they can control their drinking and the more they try to control it the more they less control the being to invent excuses and rationalizations of drinking. They may, for example, blame their spouse or bosses for causing so much tension that they need to drink for relief. The drinking can break up their relations of bosses, friends, and family. They start rationalizing their drinking behaviour and feel that alcohol will make them feel comfortable during the day therefore start drinking morning itself. During this phase the person begins drinking in the afternoon and is intoxicated by evening. Though the after effects may affect him while he is at work, he after manages to maintain his job and social status. However, he gradually withdraws himself from the environment but if others in the environment start isolating him it may intensify the stress and consequently result in increased consumption of alcohol.

At this stage he starts filling stooks for future use. He neglects his food and consequently his health deteriorates. Poor diet combined with the effect of alcohol lowers his sexual drives and increases hostility towards his or her spouse. Which is result what is known as the ‘alcoholic jealousy syndrome’. They have also developed physical addiction to alcohol, but the addiction is moderate rather than excessive.

5.3.4 The Chronic Phase

In this stage, the physical addiction to alcohol is total and the alcoholic becomes isolative and withdrawn. Unlike the alcoholics and the early and middle stage, those in the final stage show spectacular, bizarre behaviour. The major characteristic of this final stage is the onest of ‘beneras’ or drinking sprees-drinking and being intoxicated continuously for several days without doing anything else. The person lives only to drink. He even starts having any medical preparations that contain alcohol. They must have a drinking just to be able to get up in the morning. They neglects his personal appearance and ceases to care for his family, friends, job, or status in society. There is also a loss of tolerance for alcohol even small amounts may result in intoxication. Indefinable fears and tremors become persistent.
The physiological damages due to alcoholism include damages to the liver and the endocrine glands, heart failure, hypertension and capillary haemorrhages. There is also the possibility of brain damage (especially in the frontal lobes). It is found that if alcohol is abruptly removed from an alcoholic patient, he becomes frightened, depressed, weak, restless, and finds it difficult to sleep.

There are tremor of the small musculature of the fingers, face, lips and tongue. There is also a rise in the blood pressure. One such disease caused by a sudden drop of alcohol level in the blood following continuous drinking in delirium tremens which is an alcoholic psychotic disorders.

Jellinek’s description has been widely cited, but the available evidence is not always corroborative. One study found that blackouts do not occur in conjunction with modest drinking and that many alcoholics have never experienced a blackout. (Goodwin, Crane and Guze. 1969). Data now available also question the commonly accepted notion that a single drink stimulates an irresistible impulse to continue drinking (Marlat, Demming and Reid, 1973). Alcoholics ‘primed’ with an initial drink. One they believed to be nonalcoholics, later consumed no more alcohol than did social drinkers. Finally, there is much less consistency in the progression from problem drinking to alcoholism than Jellinek imelied. In a four year follow-up of problem drinkers, Clark and Cahalan (1976) found much variability in outcome.

A small intake of alcohol can be socially, psychologically, and even physically beneficial, studies have shown that occasional and moderate drinking helps rural whites alleviate the tension and pressure of their harsh lives. The aged residents of nursing homes who drink alcoholic beverages moderately also enjoy improved sleep, heightened morale, and general well being.

But habitual overuse of alcohol can cause stomach ulcers, hypertension heart failure, cancer, and brain damage. Another common consequence is cirrhosis of the liver, which is now the ninth leading cause of death in the us (National Institute on alcohol Abuse and Alcoholism, 1990). Alcoholics are also prone to malnutrition. Alcohol is high in calories, which provide energy, but it is devoid of any known nutrient. Because alcoholics frequently eat very little and very unselectively, their protein and vitamin intake is dangerously insufficient. A drastic reduction in the intake of protein contributes to the development of cirrhosis of the liver, a disease in which an excessive amount of fibrous connective tissue forms, replacing active liver cells and thus
impending blood circulation. The disease is more common in women alcoholics than male.

A possible link between alcohol consumption and heart diseases has been suspected by recent researchers. A less common form of heart disease, cardomyopathy has been consistently found to be associated with alcoholism. (Alcohol and Health, p.68.) And researchers at National Heart, lugs, and Blood Institute recently discovered that heavy drinkers are two to three times as likely as teetotalers so suffers from hemorrhagic strokes. (Drinking Danger, Time May 12, 1986, p.86)

A number epidemiological and clinical studies have suggested that heavy drinking-increases the risk of developing cancer of the mouth throat, and other areas of the body that have frequently been assaulted by alcohol. Studies in 1987 further revealed that women are likely to develop breast cancer if they take three or more alcoholic drinks a week. (John Noble Wilford, 1987). The use of alcohol does not see to cause these cancers directly. Instead, heavy drinking helps to raise the risk of these cancers indirectly:

1) Alcohol acts as an irritant to the tissues of mouth and other related organs, thereby making them more vulnerable erable to carcinogens-cancer-causing agents – that invade them.

2) Some alcoholic beverages may carry their own carcinogens.

3) Poor died in the heavy drinkers facilitates the work of these carcinogens.

And


While regular, moderate drinking can reduce muscle tone and sexual performance, heavy and prolonged use of alcohol can cause muscle weakness and muscle disease called alcoholic myopathy. This disease show such symptoms as swelling, severe muscle cramps, and eventually, fragmentation of muscle fibers. Prolonged use of alcohol may also cause the brain to deteriorate. Taking two or three drinks a night on an empty stomach may impair a persons memory and ability to learn, because alcohol prevents the brain cells from manufacturing proteins and RNA (ribonucleic acid) necessary for normal mental activity.

In other ways, too alcohol can disrupt the integrity of the central nervous system. Thus alcoholics have been found to be lacking in perceptual capacities, conceptual
shifting, motor performance and visual – spatial abstracting abilities. With these neuropsychological deficits, alcohol age prematurely. Their nearopsychological performances like that of nondrinkers who are to year older.

Heavy alcohol consumption during pregnancy can retard the growth of the fetus and infant and cause cranial, facial and limb anomalies as well as mental retardation. The condition is know as fetal alcohol syndrome. Even moderate drinking can produce less severe but undesirable effects on the fetes, leading the National Institute on Alcohol Abuse and Alcoholism to counsel total abstention during pregnancy as the safest course. (Alcohol, Drug Abuse, and Mental Health Administration News, May 2, 1980).

5.3.4.1 Alcoholic Psychoses

A distinction must be made between alcoholism and so called ‘alcoholic psychoses’, which present a more or less similar picture. In many cases, alcohol serves as an outlet for some reaction that is primarily psychogenic with inherent personality factors. It is important that is primarily psychogenic with inherent personality factors. It is important to bear in mind that alcoholism may just be a symptom or sometimes the most obvious symptom of another personality disorder such as depressive, psychoses, there is an interplay of psychogenic and metabolic factors, thus making the condition complex as seen in Korsakoff's syndrome. Personality factors also play an important role.

Occasionally, an unstable person on taking alcohol may develop symptoms more severe than ordinary drunkenness. This condition is known as pathological intoxication. The symptoms are impaired consciousness, disorientation, illusions, visual hallucinations and delusion, and profound emotional disturbances.

One example of alcoholic psychoses is delirium tremens. It results from sudden drop of alcohol level in the blood and is characterized by profuse sweating, foul breath and visual and tactual hallucinations. The affected person may get a feeling that creatures like snakes, spiders, cockroaches, etc. are crawling up the wall or his body. He also experiences tremors of the tongue, lips and hands. There is extremity in the fluctuations of his moods, speech is incoherent, and consciousness is clouded.

Another alcoholic psychotic disorder is Korsakoff's psychoses caused by excessive drinking. It is characterized by memory gaps and incorrect impressions. There is disorientation of time and place, accompanied by hallucinations and disorderly
conduct. Some personality deterioration usually remains in the form of memory impairment, blunting of intellectual capacity, and lowering of moral and ethical standards.

Acute alcoholic hallucinosis is another which appears to be psychogenic reaction caused by excessive alcohol in the body rather than, purely by toxic condition. But the symptoms show a strong personality influence. It even leads to consider it as a schizophrenic reaction caused by alcohol, that is, and alcoholic disease with schizophrenic symptoms. The chief symptoms of it are auditory hallucination and delusions. However, consciousness and orientation remain unaffected, though mood shows disturbances.

Alcoholic paranoia is another disorder with an underlying repressed homosexual impulse. The use of alcohol in this is generally induced by an immature personality make-up marked by incomplete developments, fixations, etc. These factors being conducive to the development of abnormal behaviour may first cause psychoses before inducing one to take up alcohol again. The symptoms include irritability, distrust, suspicion, etc.

6. CAUSES OF ALCOHOLISM

What are the causes of Alcoholism? Researchers from various disciplines have offered different explanations for alcoholism. Medical scientists, including many psychiatrists, believe that some people are genetically predisposed to alcoholism. Psychiatrists attribute alcoholism to certain personality traits collectively called the personality. And sociologists ascribe alcoholism to a unique set of environmental factors.

But with us most other kinds of abnormal behaviour, there are probably multiple factors underlying each case of alcoholism and the importance or any one factor will vary form individual to individual.

6.1 The Psychodynamic Perspective

Psychodynamic theorists often describe the typical person who develops an alcohol problem as an oral-dependent personality. They believe that such a person’s basic need for oral gratification was not satisfied early in life. This lack of satisfaction resulted in the development of an individual who is driven or secure oral satisfaction through such devices as drinking, smoking, and eating, and whose personality is
characterized by self-doubt, passivity and dependence. Although there is no conclusive evidence that personality factors are involved in the development of alcoholism, a study reported by Jones (1981) demonstrated a consistent set of personality attributes among some alcoholics. The study drew upon data from a longitudinal research project that had began when the subjects were ten-and-a hair years old. In middle age the subject were interviewed about their drinking patterns, Jones found that as adults, male problem drinkers were likely to be described as relatively hostile, submissive socially unsuccessful, and anxious. In general there men had been rated as rather extroverted in adolescence. However, at that time they also described themselves as having less satisfactory social relationship and greater feelings of inferiority than did other males in the study. Jones believe that these man were rather impulsive and unsure of themselves in adolescence and that they had difficulty forming deeper, more lasting friendship. Additional longitudinal studies are needed to clarify the roles of personality and psychodynamic factors in alcohol use and abuse.

6.2 The Cognitive Perspective

According to cognitive theorists, alcoholism as motivated and maintained by negative reinforcement (tension reduction) or positive reinforcement (attainment of desired goals). As usual, though the cognitive theorists focus not on external reinforcers but on cognitive processes expectations-self evaluations, attributions-that they see as mediators of alcohol use.

According of expectancy theory (Goldman, Brown, Christiansen, 1987.) People expectations about the effect of alcohol play a critical role in whether they will use and abuse alcohol. Through modeling-the example of parents. Peers and people on television and in movies-children develop alcohol expectancies, beliefs about the effects of alcohol consumption. These expectancies congeal in to a schema, which later, when opportunity; to drink arises, will determine how the person will act under its influence. According to research the major positive expectancies that people hold about alcohol are that it transforms experiences in a positive way, that is enhances social and physical pleasure, (that is enhances sexual performance, that is increases power and aggressiveness, that it facilitates social assertiveness and that it reduces tension)
pleasure, that is enhances sexual performance, that is increases power and aggressiveness, that it facilitates social and assertiveness and it is reduces tension. People also hold certain negative expectancies about alcohol specially that it impairs performance and encourages irresponsibility but for many people, the positive expectancies out weight the negative and so they drink often to excess.

In support of this view, it has been shown that young adolescent's expectations about alcohol do significantly predict whether they will begin age, religious observance, parental drinking patterns are controlled. (Goldman, Brown & Christiansen 1987). Such expectations also predict whether they will go on to problem drinking. (Stacy, New comb & Bentler, 1991 ). It has been shown, in addition that heavier drinkers do have stronger positive expectancies about alcohol than do light drinkers. Still, no research has as yet linked expectancies to actual drinking only to self-reported drinking. Further more, while expectancy theory is pesuasive on the subject of why people being to drink, it is not good asset explaining actual alcoholism. According to Legh, ( 1989) "Expected consequences may play greater part in influencing a teenager's first drink than in influencing an alcoholics millionth drink." By the millionth drink, it is the rare person who would still be nursing hopes of good times and enhanced sexual power.

A second cognitive theory, derived from social psychology, is the self awareness model (Hull, 1987). Which proposes that what makes alcohol reinforcing is its power to disrupt information processing and thereby reduce self-awareness. This is reinforcing in two ways. First, if being self aware involves painful feelings. Such as a sense of failure or guilt, then the suppression of self awareness would be negatively reinforcing. Second, by reducing or self awareness, alcohol may disinhibits -permit-us to flirt or tell somebody of which would be positively reinforcing. Some research finding have supported this theory, other have not.

As with expectancy theory- a problem with self-awareness theory is that it seems narrow. No one dispute that some drinking problem may stem from an effort to feelings of failure, but can this explain all drinking problems? Further more the model drinker proposed by this theory reflective, self-focused, sensitive to criticism is almost the opposite of what according to empirical findings, the prealcoholic personality tends to be aggressive, assertive, extroverted and under controlled.
A third cognitive theory, also derived from social psychology is that alcoholism is a self-handicapping strategy. (E.E. Jones & Berglas, 1978). According to this theory, the alcoholic, when placed in a situation likely to lead to failure, will drink in order to have an excuse for failing: 'I did have gotten that raise if it hadn’t been for my drinking.' or 'I did be able to pass this course if I did ‘t drink.' By reasoning that drinking is at fault, alcoholic maintains a semblance of self-esteem. Research has established that people sometimes do use alcohol in this manner, (Tucker, Vuchinich & So bell 1981) though it has yet to be shown that self-handicapping actually leads to alcoholism. Note that the self-handicapping model has a connection with expectancy theory, for it depends on a widely held alcohol expectancy: that drinking impairs performance.

The self-handicapping model is also related to self awareness theory, in that both see alcoholism as rooted in feelings of failure. In self awareness theory, however problem drinkers feel that they have already failed; then they drink in order to decrease their awareness of their failure. In the self-handicapping model, problem drinkers drink because they think they may fail, and they use alcohol not so much to numb their self-awareness as to control it by attribution, shifting the blame from themselves to the alcohol.

6.3 The Learning Perspective

Some people drink as a way or coping with problems of living. They learn this behaviour through reinforcement (being accepted by friends who value drinking). A modeling (seeing others 'solve' their problems with alcohol), and their learning mechanisms. Short-term use of alcohol may be reinforcing for many people because of the pleasurable feeling of relaxation it produces. But since drinking is not an effective coping mechanism, their life situation does not improve. Feeling even less able to cope constructively, they increase their maladaptive coping behaviour.

It is also possible that alcohol is sought for its short-term excitatory action and is reinforcing because its makes people 'feel good'. Like all psychological phenomena, reinforcement has underlying neuro-chemical mechanisms. Most researchers agree that alcohol is a reinforcer, that its reinforcement arises from specific mechanisms within the brain, and that these mechanisms, which constitute the brain's reward system, are probably located in a specific cluster of nerve cells.
Several studies have implicated certain neuro-chemical is the reinforcing properties of alcohol. Alcohol may make many people 'feel good' because it alters the levels of dopamine and norepinephrine, as well as opioid peptides, in a specific brain region. Subjectively, these neuro-chemical changes are experienced as excitation, and because that experience can be pleasurable people will seek alcohol again. (Alcoholism: An inherited disease, 1985).

6.4 The Socio-cultural Perspective

Do certain social group produce a disproportion at number of alcoholics ? If so can we assume that cultural pressures have role in the development of alcoholism? According to the McCord & Gudeman (1960) the answer is yes. In a follow-up of young-men who had been interviewed carefully as adolescents, these investigators found that the major factors dividing those who become alcoholics from those who did not were social class and ethnic background. The higher the educational and socioeconomic level, the higher the incidence of alcoholism. Among ethnic groups, men of the American Indian and Irish extraction were more prone to become alcoholics, while those Indian and other Latin background were the least likely. Statistics on American Indian are especially alarming. At a 1985 congressional hearing it was reported that 80 percent of American Indian adolescents living on reservations were drinking at least moderately, compared with 23 percent of non American Indian urban adolescents.

Another cultural correlate of alcoholism is religious affiliation. One religious group that seems particularly resistant to alcohol problems is, predictably conservative protestants, who have a notably high percentage of alcohol abstainers and notably low percentage of heavy drinkers. There are also few alcoholics among orthodox Jews, who drink wine but controlled, and primarily religious settings. Catholic, Reform Jewish and liberal protestant groups all contain a fairly high proportion of alcohol users, with the catholic leading the others groups in the percentage of heavy drinkers. In all religious group, it appears that the rate of charge attendance correlate highly with abstinence.

Together with religious affiliation and cultural attitudes, peer group behaviour appears to be a major determinant of alcohol consumption among adolescents. If a college students live in a fraternity house where weekends are given over to beer parties, he is likely, no matter what is background, to join in the festivities. Not
surprisingly, adolescents with a family history of alcoholism are more susceptible to the modeling of alcohol abuse by peers.

Finally, it should be mentioned that cultural expectations may have something to do with which the much higher prevalence of alcoholism among men than among women. Perhaps the pressures on men have been greater or perhaps the use of alcohol as a tension reliever has been more culturally acceptable in men than women. If so, women's entry into the traditionally male work world may account for the rising prevalence of alcoholism among women.

6.5 The Biological Perspective

Ingestion of alcohol is associated with numerous behavioral, biophysical and psychological changes. After the first drink, the average person experiences a lessening of anxiety. As more alcohol is consumed, the depressant action or alcohol effects brain functions. The individual staggers and his or her mood becomes markedly unstable. Sensory perception is seriously impaired.

Influenced by evidence that heavy drinking leads to variety or bodily changes, writers often characterized alcoholism itself as a disease. E.M. Jellinek (1960) often referred to us the father of the modern study of alcoholism, believed that alcoholism is a permanent and irreversible condition and that alcoholics are essentially different from non-alcoholics. Alcoholics he contended, experience an irresistible physical craving for alcohol. Satisfaction of this craving leads to loss of control as a result of increasing physical dependence on alcohol. Alcoholic individual feel compelled to continue drinking even alter ingesting only a small amount of alcohol. Jellinek believed that the only way alcoholics can return to a normal life is through complete abstinence.

Some of Jellinek's ideas have been questioned on the basis of research finding that seem inconsistent with them. However, Jellinke's concept of alcoholism as a disease did succeed in changing people's attitude toward alcoholics from one of concern. In addition it focused researcher's attention on the biological aspects of alcohol abuse.

6.5.1 Genetic Factors in Susceptibility to Alcohol

Studies using animals have shown that it is possible to breed strains of mice or rats that differ in the way they metabolize alcohol. (Goodwin, 1986) It has been demonstrated many times that alcoholism runs in human families as well, sons of
alcoholics are about four times more likely to be alcoholic than are sons of non-alcoholics. Adoption studies show this is true even when children have no exposure to their biological parents after the first few weeks of life. Evidence for genetic predisposition to alcoholism is growing, and it is now widely accepted by researchers that alcoholism can result from the interaction of heredity and environment.

Studies of individuals who had a biological parent with alcoholism but were removed from the alcoholic environment through adoption at an early age have genetic and environment factors in the genesis of alcoholism. Some studies have identified two types of genetic predisposition to alcoholism male-limited and milieu limited. (Cloninger and others, 1981.) In the male-limited type, susceptibility occurs only in males and early in their lives. In the milieu-limited type, a combination of genetic susceptibility and environmental provocation is needed to produce alcoholism that is usually less severe than the male-limited type.

Additional support for the existence of a genetic factor comes from findings that the sons and brothers of severely alcoholic men run a 25 to 50 percent risk of becoming alcoholics themselves at some point in their lifetime, and that there is a 55 percent concordance rate for alcoholism in MZ twins compared with 28 percent for same-sex DZ twins: (Hrubec & Omenn, 1981; Kaprio, Kenvuo, Langinvainio, et al., 1987; Schuckit & Rayse, 1979) Again, however, genes are obviously not the only factor. As is clear from the fact that 45 percent of the MZ twins were discordant for alcoholism, environment plays its part. Godwin and his colleagues, the genetic component appears to be stronger for men than for women.

Twin studies have also suggested that the heritability of alcoholism is greater for men than for women. For example, McGue, Pickens, and Svikis (1992) compared eighty-five male MZ twin pairs with forty-three female DZ twin pairs on rates of DSM-III alcohol dependence and abuse. They found higher concordance rates for alcohol dependence and abuse for male MZ (76.5 percent) than male DZ (53.6 percent) twins, but no difference in concordance rates for female MZ (38.6%) versus DZ (41.9%) twins.

Researchers are attempting to identify the specific gene or genes that might be linked to alcoholism. Although some researchers believe there are genes specific to alcoholism, others think alcoholism results from a set of biological factors that are heavily influenced by environmental events.
Knowledge that alcoholism has both genetic and environmental components can have important applications. Reliable biological indicators of a predisposition toward alcoholism can be found, individuals who have these indicators can know the risk they face and can make informed choices about drinking.

Another practical application is improved treatment. It is already clear that alcoholism is not a single disease. By clarifying the nature of various subcategories of alcoholism, genetic studies can point the way to more specific and affective therapies based on the genetic uniqueness of individuals.

Genetic molecular variations in alcohol-metabolizing enzymes are a major area or research on the heredity or alcoholism because a mutation that produces a slight alteration in the molecular structure of these enzymes could be expected to have a pronounced effect on their ability to remove alcohol from the body. Many investigators believe that such study have the potential of explaining fundamental mechanisms of alcoholism and of identifying genetic markers of susceptibility.

6.5.2 Alcohol and Nervous System

Alcohol affects every system of the body, but its greatest most immediate, and most visible effects are on the central nervous system. All the complex features of an individual—thoughts, emotions, actions—are based on chemical and electrical processes which occur in billions of nerve cells at any instant several features of this system could be involved in inherited of this system of alcoholism. Alcohol could interfere with numerous processes involved in nerve cell function and if there is inherited variation in these processes it could result in either neurochemical vulnerability or resistance to alcoholism. Among the leading neurochemical hypotheses are the following.

- Individual who are predisposed toward alcoholism might have nerve cell membranes that are less sensitive to the premeability altering effects of alcohol, which affect the movement of sodium and potassium ions and the propagation of nerve impulses.
- Predisposition toward alcoholism might be based on inherited variations in the sensitivity of certain enzymes to inhibition by alcohol. This also would affect the transmission or nerve impulses, which depend on the enzymes regulations of the now of ions through the nerve cell membrane.
Predisposition toward alcoholism may be based on inherited variation in the neurotransmitter release and uptake systems involved in the chemical propagation of nerve impulses between nerve cells.

People who are predisposed to alcoholism may produce abnormal amounts of certain morphine-like compounds that may be involved in alcohol addiction.

Predisposition toward alcoholism may be based on inherited variations in the brain's neurochemical mechanisms for reinforcing certain behaviors.

There is evidence of a high prevalence of sensitivity to alcohol among people of oriental derivation. Signs of sensitivity—repeated facial flushing, elevated skin temperature, and increased pulse rate after consuming moderate amounts of alcohol appear to be common among these groups but are seen in only 5 percent of Caucasians. Recent studies suggest that these differences are based on genetic variations in the enzymes involved in alcohol metabolism. (Alcoholism: An inherited disease, 1985.)

6.6 Personality Factor

Personality may be defined as the most characteristic integration of an individual's structures, mode of behavior, interests, attitudes, capacities, abilities, and aptitudes, in other words, it is an individual's consistent adjustment to his environment.

6.6.1 The Alcoholic Personality

The query as to why some individuals lose control over their drinking is often posed in terms of psychological vulnerability; in other words, is there an alcoholic personality—a type of character organization that predisposes a given individual to the use of alcohol rather than to some other defensive pattern of coping with stress?

In effort to answer this question investigators have reported that alcoholic, in terms of pre-alcoholic personality, tend to be emotionally immature to expect a great deal of the world to require an inordinate amount of praise and appreciation to react to failure with marked feelings of hurt and inferiority. To have low frustration tolerance and to feel inadequate and unsure of their ability to play expected male or female roles.

Most psychologists, psychoanalysts, and psychiatrists attribute alcoholism to one or more negative personality traits. A large number of these traits have been identified. They include being antisocial, manipulative, attention seeking, rebellious, impulsive,
egocentric, gregarious hyperactive, passive-dependent, depressed anxious hysterical hydrochondrical, ambivalent, and hostile. According to Donovan" Alcoholics are also assumed to have weak ego, poor self-concept low frustration tolerance, the illusion of omnipotence, castration anxiety, neurotic quilt, schizoid withdrawal or sexual immaturity. These are only a few personality deficits that have supposedly been round in alcoholics." (1981)

There is no consensus among the trait researcher as to how many of those traits make up one they call the alcoholic personality. To some only one trait especially being antisocial reflects the alcoholic personality. To others many more constitute the alcoholic personality. Another problem with the personal it) theories is that the traits are often contradictory. Alcoholics are said to be, for example hyperactive and depressed or hostile and gregarious. A their problem is that most of the trait researchers locus on alcoholics current behaviors rather then use the prospective longitudinal method of examining children and then reexamining them when they become adults. As a result the effects of alcoholics are often confused with the causes.

There is evidence that chronic drinking causes rather then results from impulsivity low self esteem, anxiety or depression.

However a few longitudinal studies do suggest that antisocial behavior in childhood, may lead to alcoholism in adulthood. Some psychologists explain that individuals with antisocial personalities tend to become alcoholics primarily because alcohol helps sedate them enabling them to control their antisocial emotion and behaviour.

In 1930, a long term research project was begun in Oakland, California. Called the Oakland Growth study, it examined a large sample of children in great deal and followed them up at periodic intervals. In the mid 1960 many of these middle aged individuals were contacted again and interviewed concerning their current alcohol consumption attitudes toward drinking and the like (Jones, 1968, 1971)

On the basis of their answers to these question, the individuals were classified into five categories: (1) problem drinkers (2) heavy drinkers (3) moderate drinkers (4) light drinkers.
6.6.2 Tension Reduction

From the behavioral perspective, alcoholism is viewed as a powerful habit maintained by many antecedent cues and consequent reinforcers. Several suggestions have been offered as to that primary reinforce might be: social approval, ability to engage in relaxed social behaviour, avoidance of psychological tension. Although all of these factors may be involved, most behavioral theories accept the premise that excessive drinking is motivated primarily by a desire to reduce tension.

According to the tension-reduction hypothesis, the dynamics of alcoholism are as follows: All of us have our share of troubles—anxiety, self-doubt, depression, guilt, annoyance. In the process of trying to reduce our psychological discomfort, some of us will take a drink, and this work, then alcohol use become associated with the alleviation of psychological pain and is likely to be repeated. Eventually, repeated. Eventually, of course, excessive drinking may itself create further psychological distress, especially guilt. This distress will in turn be elevated by more drinking. In this way the individual enters the vicious cycle described earlier.

The tension-reduction hypothesis has received some support from animal research. In a classic study (Conger, 1951), for example, laboratory rats were given an electric shock whenever they came near their food dishes.

As a result, the rats showed hesitation, vacillation, and other signs of inner conflict when they approached their food. When they were injected with alcohol, however they went up to their food dishes with no signs of conflict. Unfortunately, other animal studies based on different support for the tension education hypothesis.

Studies of humans indicate that alcohol is a much butter tension reducer for some people then for others. In one experiment, for example, people were indentified as high or low risks for alcoholism on the basis of personality scores.

Those who were outgoing, aggressive, impulsive, and antisocial were considered at risk for alcoholism. Although there were no differences in response to stress without alcohol, when given alcohol, the high-risk subjects experienced less cardiovascular arousal in response to stress than did subjects who were considered low risks (Sher & Levenson, 1982). In other words, alcohol protected the high-risk subject from stress more than it did the low-risk subjects. Similar findings have been obtained with people identical as high risk because their parents are alcoholic (Finn & Pihl, 1987; Lenvenson, Oyamn, & Meek, 1987).
Perhaps if we can identify early those people whose drinking is most reinforced by alcohol’s tension-reducing properties. It may be possible to prevent them from abusing alcohol.

According to other research, the ability of alcohol to reduce tension depends not just on the person but on the situation. In one study, the subject in one group were given enough vodka and tonic to raise their blood alcohol level to 0.08 percent, where as those in a second group were given tonic only. Then all the subject were confronted with a stressor. Specifically, they were told that in fifteen minutes they would have to give a three-minute impromptu speech on “what I dislike about my body and physical appearance” to a panel of graduate students. During the waiting period half the subject in each group were given a distracting activity—they were shown a series of art slides and asked to rate them in various ways—while the other half had to sit quietly and do nothing. Then all the subject were tested for anxiety and sent home. (They never had to give the speech.) The ones who had drunk the vodka and tonic and had the distraction showed far less anxiety than both the subject who had drunk tonic only and had the distraction and those who had no distraction regardless of what they had drunk. This finding led the experimenters to conclude that alcohol can reduce stress by reducing a person’s attention to stressful thoughts, but only if it is combined with some distracting activity (Josephs & Sreele, 1990). In another study using the same stressor, it was found that if subjects were given the alcohol before they were told they had to deliver the speech, the alcohol reduced their anxiety, but if the alcohol was drunk after the speech instruction, it actually increased the subject’s anxiety (Sayette & Wilson, 1991). Obviously, the relationship between alcohol and tension reduction is complex. If anything, the research indicates that tension reduction is a determinant of excessive drinking only for some people in some situations (Cappel & Greeley, 1987; M. L. Cooper, Russell, et al., 1992).

Broader than the tension-reduction theory is the "opponent process" theory (R. L. Solomon, 1980; R. L. Solomon & Corbit, 1974), which offers an explanation not only of addiction to alcohol but also of tolerance and withdrawal.

According to this theory, the human brain is organized in such a way that an strong emotional state, whether pleasant or unpleasant, automatically elicits "opponent Process" or opposite state, that serves to contract and suppress the original state. At first the opponent process is weak, but it is strengthened each time the original state is
elicited. Applied to alcohol, this theory suggests that the first few times a person drinks, the state of euphoria and relaxation (state A) will be much stronger than the underlying state of tension and irritability (state B). But after the person drinks on many occasions, the underlying opponent state is strengthened considerably. This has two consequences. First, state A is canceled out, so that the person experiences hardly any "positive" effect while drinking—the phenomenon of tolerance. Second, when the effects of the alcohol and (i.e., when state A ends), state B effects are experienced directly as withdrawal symptoms. If the person responds by increasing alcohol intake in order to reduce the effects of state B, addiction will occur. In sum, each drinking episode increases the severity of withdrawal symptoms, which causes the person to increase drinking, which strengthens the withdrawal symptoms further, and so on. Again, a circular process.

This theory, however, does not explain why, as so often happens, alcoholics will resume excessive drinking once they have "dried out" and undergone withdrawal. Solomon states that this phenomenon can be accounted for by respondent conditioning. In the course of the drinking cycle, many previously neutral stimuli will become conditioned to either state A or state B. For example, if a man did most of his drinking in a particular bar or with a particular group of friends, a reencounter with either of these stimuli will trigger state A, which in turn will bring on state B and a craving for its antidote, alcohol. Thus even if the alcoholic has not had "drink in months and presumably "knows batter," the cycle may begin again.

7. FACTOR'S AFFECTING TO ALCOHOL ABUSE

7.1 Sex and Age

Drinking is a characteristically male activity. Compared with women, men are not only more likely to drink, but also consume more when they drink. Not surprisingly, men are far more likely to become alcohol abusers; it has been estimated that men are at-least four times more likely than women to become alcohol abuser. But this sex difference has been narrowing over the years, as women have been achieving more equality in various aspects of life.

Men are more prone to alcoholism than are women—current estimates suggests that 9 percent of men suffer from alcohol abuse, compared with 1.5 percent of women. (L.N. Robin, Helzer; Przyback, et., al., 1988) and there are marked differences between
male and female alcoholics. Women usually being drinking later in their lives, experience their first intoxication later, develop alcoholism later; and come to facilities with shorter histories of drinking problems than do men. Women are more likely than men to cite a stressful event as precipitating the problem drinking spouse or lover.

Female alcoholics are much more likely than male alcoholics to drink alone, but when women do drink with someone else it is likely to be someone close to them. Conversely, men are more likely than women to drink in public place and with strangers. Women also drink large amounts less often, do less bender and morning drinking and have shorter drinking bouts.

A longitudinal study by Ruth, Engs and David Hanson shown that since the mid 1970’s there has been significant increase in drinking as well as drinking problem among college women while there has been no such increase among college man. Engs and Hanson attribute this finding to the womens’ greater careers, their stronger desire for achieving sexual equality by behaving like 'one of the boys,' and declining social stigma about women getting drunk. nevertheless, men still drunk more than women. (Reuter, 1983)

Women have less body fluid per pound of body weight. Therefore if 150 pound women and 150 pound man have a higher blood alcohol level than he, and consequently will be more intoxicated. The fact that drinking is a characteristically male activity may reflect the drinkers concern with their masculinity. If this is the case we should expect young men to drink more then older men, as young men are apparently more concerned with their masculinity - a tendency often reinforced by the peer pressure towards being able to ‘drink like a man’. Indeed many studies have shown such connection between age and drinking. National surveys taken in 1972 and 1982 revealed the same result : prevalence rate of drinking is higher among young men – aged 18-25 than older men – age 26 and above (Judith D. Miller, 1983).

Never married men, who are presumable as concerned about their masculinity as the younger men, in general I have also been found to drink more than married man. (Patricia A. Hunter, Roseann I. Lannon and David Marehi, 1982).

The highest rates of alcohol related problems have been found among; men: separated, single and divorced persons; persons with no religious affiliation; persons who are beer drinkers as compared to those who are mostly hard liquor or wine
drinkers; persons who were more likely to say; “Drunkness is usually not a sign of social irresponsibility” and “Drunkness is usually a sign of just having fun.”

The lowest rates of alcohol related problems have been found among; Women: persons over 50, widowed and married persons, Persons of Jewish religious affiliation. Residents of rural areas, Residents of the south, persons with post graduate education, person who are mostly "wine drinkers." (Alcohol and Health, p.19)

Women are obviously less concerned with masculinity, and so the age difference in alcohol consumption among women is not as great as that among men. But younger women are still significantly prone to drink more than do older women. Thus the age factor may have its own influence on drinking.

7.2 Ethnic Background:

There are wide variations in drinking habits among different ethnic groups. (Adler and Kandel, 1982) Some groups such as Italian-American and Jews, exhibit drinking habits that are well integrated into their culture. The vast majority drink, but these groups have the lowest rates of alcoholism of any other groups in the United States, primarily because of the patterns of their drinking. Italian-Americans have strong sanctions against drunkness, and the whole family usually drinks wine with meals. As a consequence they have few alcohol related problems, although second and later generations being to show higher rates of heavy drinking.

In contrast to these patterns, Irish-Americans have more problem drinkers than do other Americans of the same social class. They other deliberately seek to get drunk, often drink distilled spirits rather than wine and often take five or six drinks on a single occasion. Consequently they have high rates of alcoholism and their adolescents follow their example.

7.3 The Models

Drinking patterns among adolescents generally follow the adult model in their communities. (Glynn, 1981) Parents who drink or who sanction drinking are more likely to have adolescent who drink; parents who do not drink or who disapprove of drinking are more likely to have youths, who do not parents who are modest to heavy drinkers are more likely to have adolescents who are moderates to heavy drinkers.
Farther more, chronic alcoholism is more likely to run in families. About one third or any sample of alcoholism will have had at least one parent who was an alcoholic (Cotton, 1979). Children who are exposed to drinking their parents, however, do not necessarily grow up to be problem drinkers. The highest rates of alcoholism among adolescents are found in groups that are under pressure to refrain from drinking until age 21 or in families, such as the Irish, who themselves have high rates of alcoholism.

7.4 Socio-Economic Factor

Proportionately more people of the higher socio-economic level drink, compared to the lower levels. Yet there are more problem drinkers and alcoholics from the lower classes. There may be two explanations for this paradoxical finding. One is that higher and lower status drinking use alcohol for different purposes. Higher status drinkers may be likely to use alcohol as a facilitator of social interaction, while lower status drinkers tend more to drink as a way of turning to solve their personal problems. This may explain why, when drinking, lower-status individuals drink significantly more and faster than higher status persons (Hunter, Hannon, and Marchi).

It is apparent a large consumption of alcohol can make the lower status drinkers lose self-control. Which in turn makes it harder to solve problems. Thus they may keep on drinking to attempt to achieve a goal that gets progressively harder to achieve the more they drink. Another explanation is that there may in fact be no real difference in alcoholism between the higher and lower status. Lower-status people may only appear more prone to alcoholism because they are not as successful as higher-status in hiding problem drinking.

7.5 Peer-group Pressure

Youth drink also because of peer group pressure and the need for peer identification, sociability, and friendship. (Johnson, 1986: Sarvela and McClendon, 1983). Drinking becomes a social custom of a particular group; therefore the adolescent who wants to be a part of the group drinks too. (Fondacaro and Heller, 1983) One way of avoiding drinking is associating with peers who, themselves, do not drink. (Brown and Stetson, 1988). In general, fewer percentages of blacks than whites of all ages are recurrent drinkers. (V.S. Dept. of HHs, 1980). Far fewer percentages of Mexican-American
college age females drink than do Anglo college females, although there are few differences in the drinking habits of Mexican-American and Anglo-American college males. (Trofter, 1982).

7.6 Region and Residence

Alcohol consumption is the highest in the regions of the Northeast. The middle Atlantic and Pacific coast states; the lowest in the south and the intermediate in the Midwest. The states that have higher rates of alcohol use are generally more undrunized. Youths from rural and small towns are more likely to be abstainers than are adolescents from cities and suburbs. The largest proportions of heavy drinkers live in urban and suburban areas; the smallest or proportion of heavy drinkers live in rural communities and small towns. (Gibbons et al., 1986) Sociologists generally attribute the need for drinking as well as the resulting alcoholism to the stresses and strains of urban life or to the drifting of alcoholism-prone people into the city.

In sum it appears that with the exception of the Italians, Jews, and Chinese, the groups that have higher proportions or drinkers also have higher proportions of problem drinking. Mere use of alcohol, then has a good chance of developing in to problem drinking.

7.7 Education

The highest proportion of abstainers (62 percent) in the general population is found among people with less than an eight-grade education. The proportion of heaviour drinkers increase fairly steadily, from 6 percent of those with grammar school education to 15 percent of college graduates. (Harris and Associates, 1974).

7.8 Delinquency

The incidence of deviant drinking among juvenile delinquents is decidedly higher than in the general adolescent population, suggesting that ever drinking is but one class of antisocial behaviour among those who are maladjusted and who have the potential for getting in to trouble (Farrow and Franch, 1986) Those who are the heaviest drinkers are those who are also most often involved in such crimes as shoplifting, breaking and entering and auto theft. (Dawkins and Dawkins, 1983).
7.9 Religion and Cast

Religion and cast also determine to a large extent the use of liquor. The use of alcoholic drinks is prohibited among mohmmedians and certain classes of Hindus, Jains, etc. On the other hand, use of alcohol is permitted on religious grounds in the Tantril sect of 'suktas'. The use of pathway was considered necessary to religious and social festivals of Santhals, Garros, Koch, Dhangaras, Tipperas and other aboriginal tribes.

Various studies have suggested that individuals to whom religion is important tend to drink less frequently, less heavily and experience fewer problems associated with drinking."

7.10 Occupation

But of all factors, occupation is perhaps one of the most important. A departure from the pursuit of agriculture weakens the traditional restrictions against indulgence in alcohol. Complexity of town life also works in the same direction. The conditions of employment in Indian factories and industries make the workers feel the need for a stimulant as thy day’s work is done. The presence of the floating population in a city at the time of fairs and religious functions also tend to increase consumption of alcohol.

7.11 Bliefs

The other factors which have favored the use of alcoholic drinks are belief in their medicinal value, as source of vitamins and digestive adjuncts and as food. All circumstances which affect the prosperity of the people in general have a direct influence on consumption of alcohol. There has been a rise in consumption during prosperous years and fall in bad years, reaching a minimum during the famine years. Consumption increase after the harvest season in Punjab, and in the mill areas on pay day’s outbreaks of epidemics such as cholera and plague are accompanied by the large increase in consumption of liquors partly due to the belief that it is a prophylactic and partly to overcome the fear of disease. The popularity of alcohol in the same area may vary from time to time according to the fluctuation in prices of different intoxicants. But the most important precipitating or economic cause of habitual use of alcohol is related to the previous use of such beverages in medical treatment, to self treatment for the relief of pain or to recourse to drug during emotional stress.
7.12 Media

There is positive correlation between heavy television viewing and alcohol consumption. Although cause and effect cannot be inferred, it is plausible that adolescents are taught subtly television that alcohol is good, healthy and harmless. (Tucker, 1985) Certainly much youthful drinking is portrayed on television programs. (Defoe and Breed, 1988)

8. AIM OF THE STUDY

In India, the problem of alcohol abuse has become a matter of serious public concern, especially on account of its proliferation among the youth in various socio-cultural and economic status. Although there are no definite figures to show the actual extent of the problem, yet the rising number of alcohol abuse approaching the drug counselling and de addiction centres indicates the increasing magnitude and extent of the problem. Alcohol abuse is the burning issue and an important area of research at the moment, it is also the one area which it ignored, may lead to serious unfavourable and undesirable may disastrous consequences particularly for our younger generation.

Most of the earlier researches seems to be directed towards students, hospital and psychiatric patients, general population. But none of the study has been conducted to compare the personality of alcohol abusers in relation to socio-economic status. There for the basis of above views the following problem is selected for the research purpose. " A comparative study of some personality dimensions of alcohol abusers and non abusers in relation to socio-economic status” which are very much associated with alcohol abuse and personality.

In the Indian context little dependable information has been available about alcohol abusers.

The main objectives of the present study are as under:

(i) To study and compare the personality dimensions of alcohol abusers and non-abusers. (ii) To study and compare the personality dimensions or alcohol abusers and non-abusers in relation to socio-economic status. (iii) To study the effect of duration of alcohol abuse on personality dimensions of alcohol abusers. (iv) To study and personality dimensions of early stage alcohol abusers and chronic stage alcohol abusers.
9. SIGNIFICANT OF THE STUDY

In India, the problem of alcohol abuse has become a matter of serious public concern, especially on account of its proliferation among the youth in various socio-cultural and economic status. Although there are no definite figures to show the actual extent of the problem, yet the rising number of alcohol abuse approaching the drug counselling and de-addiction centers indicates the counselling and de-addiction centers indicates the increasing magnitude and extent of the problem.

Alcohol abuse is the burning issue and an important area of research at the moment, it is also the one area which if ignored, may lead to serious, unfavourable and undesirable may disastrous consequence particularly for our younger generation.

Most of the earlier researches seems to be directed towards students, hospital and psychiatric patients, general population. But none of the study has been conducted to compare the personality of alcohol abusers in relation to socio-economic status. (Duration & alcoholic stage). Which are very much associated with alcohol abuse and personality.

In the Indian context little dependable information has been available about alcohol abusers. The present investigation is one more attempt to study the personality factors of alcohol abuse. The aim of the study was to explain the problem along psychological as well as social lives.