

Psychological Aspects of Alcoholism

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THE use of alcohol has been an integral part of most societies and there is no evidence to indicate that drinking alcohol, will, in the foreseeable future disappear. Since the response to alcohol is so variable from individual to individual and even within the same individual from time to time, its exact effect is unpredictable.

Etiological Considerations

Alcoholism results from a disturbance and deprivation in early life experiences and the associated related alterations in basic physico-chemical responsiveness. Alcoholism develops not as an isolated phenomenon but as one manifestation in a total complex of disturbances,

(a) *Personality Factor* :—There is no single personality configuration in alcoholism, nor is there a predetermined course through which alcoholics pass. The truth is that little or nothing is known about the natural history of alcoholism. Each case is to be studied and understood as an individual problem. There are, however, two broad categories of alcoholic persons e.g. the Reactive and the Addictive :—

(i) *Reactive alcoholic persons* :—They become preoccupied with alcohol only after being overwhelmed by some external stress. With prolonged use of increasingly greater amounts of alcohol, physiological dependence on it occurs and the person continues to drink heavily to prevent withdrawal symptoms. The most common reactive situation leading to a preoccupation with alcohol is that found in individuals who need to break down psychological barriers e.g. the lawyer who must

have a few drinks before he can address the Judge. Examination of their life pattern generally reveals that their premorbid adjustment has been satisfactory in that they have fulfilled their obligation to their families, to themselves and to society. Reactive alcoholics may turn to be chronic alcoholics, as society generally does not attach any stigma to drinking habits and often sympathises with them, as alcohol, in these cases is considered to be a reliever of stress.

(ii) *Addictive Alcoholic persons* :— They show gross disturbance in their prealcoholic personality with marked evidence of inadequate and unsatisfactory interpersonal relations.

Goals are seldom reached and if they are, only at the expense of unwarranted time and effort. Occupational instability is common. Marital disintegration is uncommonly high in these persons. They have had an unhappy upbringing. They are fascinated with alcohol from their first encounter; the onset of drinking bout is indeterminate without apparent reasons. Most striking in the total pattern of responses in the self destructive component.

The addictive group is so self destructive and so different in drinking behaviour that society finds it easy to label this group "alcoholic" and therefore pay all attention to this group.

Psychological theories are only partial answers since they do not give due weightage to the physiological, biochemical, genetic and socio-cultural aspects of alcoholism.

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(b) *Conditioning Factor* :—Alcohol results in a temporary reduction of fear and conflict. Shoken states "Release from anxiety from the first drinking experience is the method by which reinforcement principles operate in alcoholism". It is the attempt to adapt to fear and conflict by alcohol, followed by the state of misery at its withdrawal, that produces the addiction cycle.

(c) *Sociological Factor* :—Horton after a study of 77 different socio-cultural groups convincingly demonstrated a high degree of correlation between subsistence, insecurity and insobriety. Bales relates that social organization and cultural practice to alcoholism is based on the following :—

- (i) the degree to which the culture operates to bring about acute needs for social adjustment in its members,
- (ii) the set of attitudes toward drinking which the culture produces in its members,
- (iii) the degree to which the culture provides suitable alternative means of satisfaction.

Clinebell advances the view that there must be some 'soil of addiction' in which the seeds can grow. Alcoholism, he explains comes in people, not in bottles. Nor does its development depend on the place where alcohol is consumed—whether the home, the club, the canteen or the pub. Many women addicts have never entered a public house. Clinebell's opinion confirms that of the sociologists, who have demonstrated that there is a correlation between alcoholism and anxiety states, generated in childhood by the early death of a parent before the age of 18, or by the upheaval of separation or divorce or emotional starvation. This correlation is closest when one or other of the parents is an alcoholic.

Personality Patterns

Alcoholics can be conveniently divided into four groups based on personality patterns :—

(a) Those with 'GOOD BASIC' personality. Apart from their alcoholism there is no abnormality in their personality. They are intelligent people, good at their job, reliable, honest and sincere. Their alcoholism causes them deep concern and when, finally, they seek treatment, they are genuinely anxious to control their alcoholism. The prognosis in these cases is good. About 80 percent are successfully rehabilitated.

(b) Those with 'NEUROTIC' personality. This group embraces anxiety state, obsessive compulsive neurosis, phobia, reactive depression and hysteria. In these patients alcoholism is but one manifestation of a general mal-adjustment to life. Relief from symptoms is sought after and found in alcohol so that compulsive drinking supervenes. The outlook in these cases is not so good. About 30% recover but they also will require psycho therapeutic and drug support over a long period.

(c) Those with 'PSYCHOTIC' personality. In this group alcoholism may be a superadded feature of a psychotic disorder. This group embraces both functional types such as schizophrenia, the manic depressive psychosis and organic types, such as arteriosclerosis and senile dementia. The treatment in this group should be essentially directed to the primary psychotic condition.

(d) Those with 'PSYCHOPATHIC' personality. They are far more numerous than is generally supposed. He has often a superficial charm and appears intelligent, but he is grossly insincere, an inveterate liar, shallow, unreliable and incapable of feeling any guilt, remorse or shame for anything he does. He fails completely to profit from past experience and is poorly and badly motivated. 'He is the criminal, the delinquent and the constant offender'. He is genetically disposed to wards alcoholism and he will not benefit from treatment, because he has no sincere intention.

Conclusion

Thus it is seen that alcoholism cannot be explained from the psychosocial aspect only. We have also to take into consideration genetic, biochemical and physiological aspects. The problem of alcoholism encompasses all these sectors because of the interplay of these etiological factors. Preventive and therapeutic measures should therefore be based on a comprehensive approach taking all these factors into consideration.

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