

Alcoholism is the dependent relationship of a person to alcohol in expectation of a rewarding experience. Psychological, cultural, religious and social factors may affect both the patterns of alcohol use and the likelihood that alcohol problems will develop. The manner of the development of alcohol dependence varies from person to person - in terms of the duration and pattern of alcohol use, the order of the appearance of symptoms, the extent of physical addiction and complications.

Drinking may be a part of student social life. What is important is that each individual recognises how alcohol affects them - as it affects people differently - and takes responsibility for this.

When does alcohol become a problem?

The intake of alcohol among the population in general can be represented as a continuum. At one end are "Teetotallers" who never take alcohol. At the other end are "Dependent Drinkers" who abuse alcohol on a regular basis and expose themselves to the risk of dependence. A crucial fact in developing a harmful dependence is that it presupposes regular / heavy drinking. A prior history of non-problem drinkers does not necessarily protect from the possible development of dependence which can be triggered by excessive use in the face of stress and adversity. On the extreme end of this continuum, a person uses alcohol to survive and feel normal rather than to feel euphoric. In between the extremes are "Social Drinkers" and "Habitual Drinkers."

Social Drinkers are those who view consumption as pleasurable experience. The key features of their pattern of consumption are choice and balance. Their desired end state is relaxation, with mild disinhibition and conviviality. Such drinkers avoid consumption when faced with stress or events requiring optimal performance.

Habitual Drinkers are alcohol abusers. They use it to achieve rapid relaxation, but they do not necessarily see it as a means to achieving an emotional or personality change. Their drinking may impact on their ability to drive, work, and their personal relationships. They can eliminate alcohol use without undue difficulty, if required, so while they are heavy drinkers they would not be described as alcohol dependent.

What are the basic symptoms of alcohol dependence?

There are a number, including:

Elevated Tolerance

The person apparently functions normally following consumption of amounts of alcohol that would be toxic for a non-drinker. She / he has a need for a markedly increased amount of alcohol to achieve the desired effect.

Blackouts

Temporary memory loss occurs where the person has been able to function but is unable to recall details of behaviour, and this happens on a regular basis.

Euphoric Recall

This is produced by the initial relaxing feeling of alcohol use, and is subsequently used as a defence mechanism. It provides a firm boost to the denial system of a dependent drinker as she / he associates drinking with a sense of enjoyment, despite adverse consequences in reality.

Emotional Compulsion / Mental Obsession

The person experiences growing anticipation for, and preoccupation with the use of alcohol and begins to change lifestyle which now revolves around alcohol. There is a rigid regularity about use and the activity is allocated priority status.

Loss of Choice

Elevated tolerance, combined with emotional compulsion, leads to loss of choice. The person begins to experience loss of control over alcohol and becomes unable to predict the outcome once she / he begins using.

The Dependence Process

It is recognised that regardless of a person's psychological and social functioning, or exposure to stressors prior to drinking, the dependence process itself imposes a behavioural and emotional dysfunction. This has the following characteristics:

1. Alcohol is used in order to provide either avoidance or relief of painful emotion, or the experience of euphoria.
2. The person behaves in ways that violate his or her value system. Formerly central relationships, tasks and interests become secondary to alcohol use.
3. The conflict between the normal values and behaviour of the person and the new behaviour, (e.g. evasion of responsibilities, unwillingness to reciprocate in emotional relationships and manipulation), creates intense emotional pain. Feelings of shame, guilt, self-hatred, powerlessness and lowered self-esteem become chronic and further reinforce the drinking response. As the reaction of others is usually negative, alcohol becomes the preferred method of restoring emotional normality and the person increasingly alienates his or her support systems. At this stage, the alcohol dependent person experiences a deterioration of his or her health, emotional stability and interpersonal relationships, and even a loss of the desire to live.
4. The person is unconsciously motivated to use several psychological defence mechanisms in order to resolve conflict. In essence, the conflict is not really resolved, but removed from conscious awareness. These

defences serve two primary purposes: To protect the addiction; by denying, blaming rationalising or attacking, the person protects his / her relationship with alcohol from any external threat. To protect his or her self-esteem; the person uses repression, projection and displacement.

This loss of insight becomes a growing delusion, or sense of being "out of touch with reality." It accounts for the person's distorted perception, impaired judgement and inability to recognise the addiction. It also explains why an alcohol dependent person is so unlikely to seek help spontaneously.

Additional signs of problematic alcohol use are tardiness and absenteeism at work, lying, mood swings, alcoholic breath, slurred speech, poor coordination, neglect of physical appearance, aggression, legal problems, (including traffic violations, fighting, and disorderly conduct), impairment in attention or short term memory.

If someone close to you has an alcohol problem...

1. Eliminate any sense of personal responsibility for the causation of the problem and accept your powerlessness to stop his / her excessive drinking. Allow him or her to take responsibility for his or her own actions.
2. See yourself as an important source of influence in the life of the person with the problem. By stopping attempts to control him or her, you can regain influence.
3. Eliminate hopelessness; change is possible with some effort from all sides.
4. Refuse to protect the addiction through eliminating false loyalty to the dependent person. You can be most effective if you take care of yourself and work towards getting him or her into treatment.
5. Stop hiding the problem from family and friends out of a sense of loyalty to the dependent person, especially if you value their support.
6. Take emotional support for yourself.

The goals of treatment

Optimal treatment takes into consideration both the psychological dynamics and the physiological factors.

Therapy targets three main areas:

- Abstinence
- Personal growth
- Change in lifestyle

Often other family members need to be involved in the therapy process. During the first twelve months after detoxification, the individual is particularly vulnerable to having a relapse.

Some more help?

The following reading may be helpful:

Beattie, M. (1987) *Co-dependence no more* New York: Hazelden

Johnson, V. (1990) *I'll quit tomorrow* New York: Harper and Row

Ward, Y. (1983) *A bottle in the cupboard* Dublin: Attic Press

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