

THE PERCEPTION OF THE RURAL COMMUNITIES ON THE ALCOHOL PHENOMENON. SOCIOLOGICAL STUDY IN FĂRĂU, ALBA COUNTY

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ABSTRACT: *In the realization of this paper, I started from personal observations according to which, in rural areas, people affected by alcohol consumption (alcoholics and their families) are often stigmatized, discriminated, marginalized; these have formed the basis for an effort to provide a scientific response to problems arising from poor reporting of alcoholism in the context of the Fărău community.*

The issue addressed in the context of this paper is focused on the aspect of alcoholism, from the point of view of typical manifestations, its bio-psycho-social consequences, but also the variety of possibilities of perceiving, conceptualizing and reporting on this phenomenon in general, alcoholic, in particular.

Keywords: *alcohol abuse; addiction; withdrawal; psychological dependence on alcohol;*

1. Theoretical considerations

The term "alcohol" is of Arabic origin, being composed of the article "al" and the word "cohol" which means very fine dust. The word 'alcohol' designates substances as the finest powder. In the mid-seventeenth century it became known as spirits, while preserving the sense of finely powdered matter. Then in 1877, in the 6th edition of the French Academy Dictionary, the word alcohol gets the form we know today (alcohol) by suppressing the letter "h" (Beli, 1988).

2. Negative effects of alcohol abuse on the human body

Drinking large amounts of alcohol causes serious medical complications, affecting virtually the entire human body. The effect of alcohol translates into a deterioration of the way the body and brain cells work, which are either immediately felt or after many years of abuse.

Alcohol starts to interfere negatively with the brain's ability to function when the blood

alcohol concentration reaches 0.05% (which means 0.05 grams of alcohol per 100 cc of blood). At a concentration of 0.2%, a person has difficulty controlling their emotions and can cry or laugh extensively; this person also has problems with walking and feels the need to sit down and to lie down. When the blood alcohol concentration reaches 0.3%, the alcoholic drinker has trouble understanding and may fall unconscious. Levels of blood alcohol concentration above 0.35% and up to 0.5% determine that brain centers that control breathing and cardiac actions are affected. Concentrations above 0.5% can cause death (Nordegren, 2002).

Liver damage. Consumed in large quantities, alcohol directly affects the function of liver cells, alcoholism being one of the most severe ways in which the liver is damaged. Chronic alcohol consumption affects the liver by producing (Carson-DeWitt, 2003):

Fatty alcoholic liver - a condition manifested by fat accumulation in the liver, commonly encountered in chronic alcohol users; the analyzes reveal the existence of an enlarged liver that presents fat clusters that

are not themselves a threat to the individual's health but is an alarm sign and a warning about the risk of liver damage if the person continues to drink alcohol;

Alcoholic hepatitis - usually manifested by swelling or swelling of the liver, hepatitis can be caused not only by infection but also by alcohol consumption; as a serious form of hepatitis, it is characterized by the accumulation of white cells in the liver and the death of some of the liver cells; In this way, the ability of the liver to clear the blood of toxins decreases; some patients with this condition have no symptoms, but others face swollen and painful liver, fever and even mental disorders, frequently manifesting jaundice (the white of the eye and the skin becoming yellow as a result of the blood flowing into the bloodstream); repeated episodes of alcohol and alcoholic hepatitis lead to cirrhosis;

Alcoholic cirrhosis - once the liver becomes cirrhotic, it can no longer return to normal functioning; the quality of liver tissues changes, affecting normal blood circulation in the liver and thus increasing the blood pressure on blood vessels, often leading to haemorrhage; cirrhosis can be fatal.

The etiology of alcohol consumption is a controversial issue. This is because causal factors are found by different authors at different levels, such as:

- inherent biochemical abnormalities;
- genetic influences; conflicting emotions;
- irrational cognitions;
- social learning processes;
- family pathology;
- socio-cultural influences;
- defective self-regulation mechanisms;
- personal choice.

Due to these uncertainties and contradictions regarding the clear determination of the specificity and causality of alcohol-related problems, the issue of the effectiveness of the various existing treatment modalities is a controversy (Maltzman, 2008).

Regarding the physiological mechanism of addiction, the medical model of addiction identifies four distinct stages of alcoholism, considered as a disease (Junhneke, Hagedorn, 2006):

1. the pre-alcoholic phase, where alcohol is used as a "drug" to diminish negative states such as stress or anxiety, gradually losing control over alcohol consumption);
2. the early (prodromal) phase, characterized by behaviors such as hidden alcohol consumption, increased tolerance, feelings of guilt;
3. the middle (crucial) phase is characterized by physical dependence, the individual experiencing changes in personality, sacrificing his friends, family, alcohol career, neglecting his physical and mental health and experiencing a low level self-esteem;
4. the final (chronic) phase, where ethical standards, as well as laws are broken, trembling and hallucinations are common, along with memory loss, for the consumption of other substances that contain alcohol.

As I draw the attention of G.A. Juhnke and W.B. Hagedorn (2006), fundamental in this conceptualization of alcoholism as illness are: loss of control and inability to abstain.

3. The scientific issue addressed and the purpose of the research

The issue addressed in the context of this paper is focused on the different dimensions of manifestation of alcoholism, from the point of view of the typical manifestations, its bio-psycho-social consequences, but also the variety of possibilities of perceiving, conceptualizing and reporting on this phenomenon, in general, and especially alcoholics.

To this end, we have embarked on this scientific approach by reviewing a series of relevant bibliographic sources relevant to the issue of alcoholism from a medical,

psychological and social perspective.

More specifically, the purpose of this investigative approach is to determine how people in rural areas are related to alcohol and alcoholism, their perceptions and personal attitudes towards these phenomena.

In this respect, I designed a research activity in Fărău commune, Alba County, aiming to determine the way people in the rural area report on alcohol and alcoholism, from the perspective of their perceptions and personal attitudes towards these issues .

The method chosen to achieve this goal was the sociological survey, conducted through the questionnaire, which was applied to all persons who participated on October 1, 2018 on the occasion of the anniversary of the elderly community at the Day Center for the elderly in Fărău commune, people aged over 18 years, participation in research optional.

The research thus conducted led to the gathering of relevant information on the subject under discussion, focused on the existence of serious dysfunctions in the perceptions and attitudes of the inhabitants of Fărău against alcoholism.

On the basis of the information thus obtained, we decided to design and implement some psychosocial intervention activities that will be carried out in the following period in order to closely observe the perceptions and attitudes of the inhabitants towards alcoholism, but especially towards alcohol users and their families.

The activities will have as a goal both the prevention of alcohol abuse and the recovery of alcoholic beings.

4. Hypotheses and operational objectives

The specific assumptions I chose to test in the research were as follows:

1. People who do not drink alcohol have discriminatory or stigmatizing attitudes towards alcohol.

2. Those who believe that alcoholics are irrecoverable and cannot be treated, and no intervention is required for their rehabilitation.
3. People who have a negative attitude toward disapproval of alcoholic beings have the same attitude towards the children of their families.

In the framework of this research, we have pursued the following objectives:

1. Collecting information on the socio-demographic characteristics of the batch;
2. Identifying the particularities of the thinking of the members of the Fărău community regarding the problems of alcoholism and alcoholics;
3. Investigation of behavioral patterns adopted by respondents towards alcoholics and their families;
4. Identifying the attitudes of the inhabitants of Fărău village towards cohabitation and relationship with people who have problems with alcohol consumption.

The target group of the investigation and the investigated group was represented by the inhabitants of the village of Fărău, Alba County, who participated on October 1, 2018, on the International Day of the Elderly, at the elders' Day Center. This event was attended by residents from all the villages of Fărău commune. The consignment was made up of 106 people over the age of 18. Within the research, a total of 125 questionnaires were distributed to all participants in the event, of whom only 106 were completed and the rest were only partially completed, making it difficult to process and analyze them.

5. Methods, tools, techniques and procedures used

In order to achieve the objectives of the present research we have used as a method of research in the sociological survey method.

The data collection tool was a questionnaire that included 50 items grouped on the following themes: alcohol consumption patterns, determinants of alcoholism, psycho-moral profile of alcoholics, consequences of alcoholism, ways of reporting alcohol and alcoholism, ways of reporting to alcoholic children. The method of application was that of self-administration of the questionnaire.

6. Analysis and interpretation of data

The data obtained during the research and its primary analysis led us to the following results that will be presented below.

From the age point of view, the distribution of the respondents in the investigated group is shown in fig. 1.

Over half of the respondents (51.9%) are aged between 31 and 50 years. 29.9% of those surveyed are over 50 years of age, and 18.2% are between 18 and 30 years of age. As can be seen from the above data, the average adult population predominates in the batch surveyed, representing slightly more than half and the elderly population accounting for almost one third. Young people are only one fifth of the population. These proportions are largely consistent with the population of the locality where these age groups predominate.

There are 59.7% of female respondents in the batch.

Alcohol consumption among respondents. The situation of alcohol consumption among the investigated persons is shown in fig. 2.

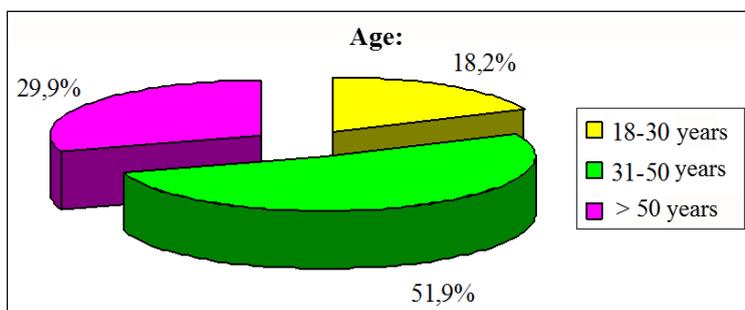


Fig. 1. Respondents' distribution in relation to "Age"

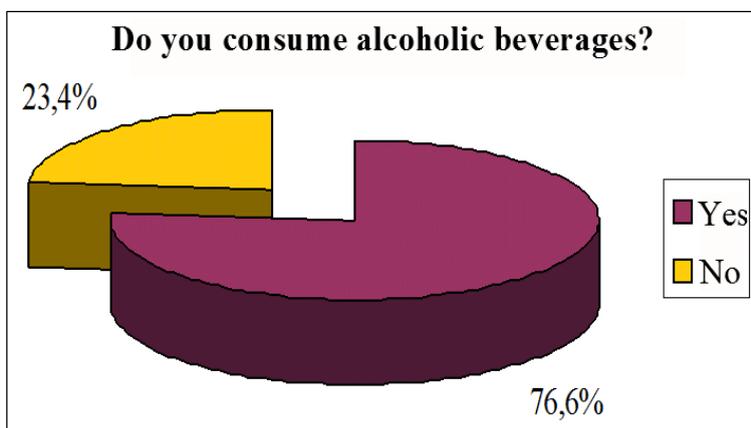


Fig. 2. Responding to the answer to the question "Do you drink alcohol?"

More than three-quarters of respondents (76.6%) said they were alcoholic drinkers and only a small fraction said they were abstinent (23.4%).

Perceptions and Attitudes towards Alcoholism and Alcoholic. Regarding the reporting of respondents to alcohol consumption, we obtained the results from the table no. 1.

In this context, it should be pointed out that the majority of respondents are against the claim that alcohol consumption is not acceptable under any circumstances (54.5%).

As far as the other statements are concerned, they are considered by most of the people participating in the research to be true; they are of the opinion that: alcoholic beverages may be beneficial or at least unfavorable: excessive alcohol consumption causes addiction; alcohol consumption is a personal right.

Determinants of alcoholism. Research data shows the following perceptions about the determinants of alcoholism are shown in table no. 2.

Table no. 1 - Respondents' distribution according to the response to the assertions about individual perceptions and attitudes towards alcohol and alcoholism from the point of view of the ways of drinking.

| STATEMENTS | TRUE | FALSE |
|---|-------|-------|
| People drink alcohol because they want it. | 93,5% | 6,5% |
| Alcoholic beverages produce a well-being for consumers. | 94,8% | 5,2% |
| Alcoholic beverages, consumed in any quantity, create addiction. | 74,0% | 26,0% |
| Moderate consumption of alcoholic beverages is not detrimental to health. | 80,5% | 19,5% |
| I am against alcohol consumption under any circumstances. | 45,5% | 54,5% |
| Alcohol consumption in small amounts is beneficial to the body | 71,4% | 28,6% |

Table no. 2 - Respondents' repartition after the response to the assertions about individual perceptions and attitudes towards alcohol and alcoholism from the perspective of the determinants of alcoholism.

| STATEMENTS | TRUE | FALSE |
|--|-------|-------|
| Heredity influences excessive alcohol consumption. | 33,8% | 66,2% |
| Alcoholics consume alcohol to solve their affective problems | 83,1% | 16,9% |
| Members of a disorganized family can most often be alcohol consumers | 74,0% | 26,0% |
| Alcohol is used as a way to escape from everyday problems. | 80,5% | 19,5% |
| The existence of low self-esteem can lead to alcoholism | 63,6% | 36,4% |
| In some cases, past problems make people drink alcohol. | 59,7% | 40,3% |
| Social and economic issues determine excessive alcohol consumption. | 46,8% | 53,2% |
| Depression leads to alcoholism. | 58,4% | 41,6% |
| People who become alcoholics have no will. | 31,2% | 68,8% |
| People without a stable job tend to develop problems with alcohol abuse. | 51,9% | 48,1% |
| People dissatisfied with their lives become alcoholic. | 59,7% | 40,3% |
| Alcoholics are people without financial resources. | 55,8% | 44,2% |
| Alcoholism is linked to the individual level of education. | 42,9% | 57,1% |

The statements included in Table no. 2 captures the perceptions and attitudes of the members of the Fărău community regarding the main elements that can constitute causal factors for the emergence of alcoholism. To begin with, it should be noted that the aforementioned assertions include a multitude and a variety of potential causal factors for alcoholism, ranging from individual predisposing family characteristics to traumatic and disruptive events.

An important aspect to be noticed at this level is the fact that most of the statements are considered true by the subjects of research - these are statements referring to the following potential determinants: existence of daily problems; the existence of affective problems; the existence of problems in the past; the existence of a dysfunctional family situation; lack of self-control; depression; the absence of a stable job; the existence of financial problems; dissatisfaction with the quality of one's own life.

The negative consequences of alcoholism. Regarding the perception of the consequences of alcoholism, the perception of the inhabitants of Fărău is shown in table no. 3

This table brings to the forefront some of the negative consequences that alcoholism generates at the level of those affected. For all of the statements included in this table, most of the answers are in the "true" category. Thus, it can be argued that, in most cases, individuals participating in research perceive alcoholism as a factor generating personal damage and relationships with others.

7. Final conclusions

Research conducted in this context has revealed the existence of dysfunctional perceptions and attitudes about what alcoholism really means, but also about alcoholic beings and their families. The main cause of this poor and ineffective way of dealing with alcoholism and its consequences is that there is a lack of specialized information to clarify the meaning of alcoholism as a medical condition requiring specialized treatment but also about the factors involved in triggering this medical problem.

At the end of the activities, we found that the organized and implemented intervention achieved to a satisfactory extent the aim, given that there have been improvements in the level of perceptions and attitudes towards

Table no. 3 - Respondents' distribution according to the response to the perceptions and individual attitudes towards alcohol and alcoholism from the perspective of negative consequences of alcoholism.

| STATEMENTS | TRUE | FALSE |
|--|-------|-------|
| Alcoholics are subject to failure in their relationship with others. | 63,6% | 36,4% |
| Alcoholics do not have a job. | 66,2% | 33,8% |
| Alcoholics have a precarious material situation. | 58,4% | 41,6% |
| Alcoholics are abandoned by others. | 88,3% | 11,7% |
| Alcoholism leads to death. | 92,2% | 7,8% |
| Alcoholics are destroying their own lives. | 89,6% | 10,4% |
| Alcoholics have a bad influence on friends. | 87,0% | 13,0% |

alcoholism and especially towards people affected by consumption (e.g. alcoholic beings and their families), following the provision of accurate, specialist information on this medical problem, its etiology and its treatment modalities.

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