

Essay Question: #3.

Subject: Developmental Issues in Psychology.

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Physiological and Sociological Problems and Risks Associated with  
Problem Drinking Among Young Women Students.

It is now becoming evermore popular for young women between the ages of 15 and 24 years to become susceptible to alcohol its risks and its harmful problems as a result (Mercer & Khavari, 1990). It is also likely, representative of age to receive mixed messages about these problems associated with alcohol and for this reason is usually, only inclusive, of 'direct' problems such as drunken behaviour. (Mohr et al., 2005) Less obvious, harmful problems also include physiological and sociological problems associated with problem drinking i.e., 'alcohol abuse' and 'binge drinking'. Not only potentially devastating amongst young women but as Mercer and Khavari (1990) suggests is only likely to increase. Furthermore young women tend to drink generally for therapeutic reasons such as, avoidance coping, negative reinforcement and over compensation. Even though, seemingly effective, it is only likely to provide temporary relief and may induce 'indirect' co-morbidity associated with problem drinking (Murphy, M.D Murphy, M. E & Barnett, 2005). Indirect co-morbidity is inclusive of, diseases, disorders, and syndromes that may bring about hospitalisation and even death (Mohr et al., 2005).

Students or "schoolies" is a ubiquitously stressful and curious time for most, and those entering a new "sociological playground" such as, 'higher education' in addition to receiving legal status or 'independence' is understandably of high importance. Positive psychology remarks this 'life stage' as an opportunity to make new friends, seek academic excellence and become self sufficient in making important life decisions that may lead to a meaningful and happy life (Mohr et al., 2005). However as studies suggest, when alcohol is involved is not always the case, and is a deleterious determinant to the contrary (Murphy et al., 2005).

Alcohol is a 'biphasic' substance which has an upside when drinking in moderation and downside when drinking in excess. Furthermore, depending on drinking behaviour, has both stimulant and sedative effects, representative of the physiological hallmarks of problem drinking (Mohr et al., 2005). Problem drinking is not only an umbrella term that describes drinking behaviours such as, 'alcohol abuse' and 'binge drinking', but its harmful, 'direct' and 'indirect' causations as a result. Many studies postulate with disregard to problematic, quantitative measures, such as, Wechsler et al. (1995) 5+ drinks for men and 4+ drinks women. That 'binge drinking' is simply a qualitative term that assumes an unsafe, high quantity, high frequency Q+F, alcoholic intake that leads to physiological dysfunction, intoxication, and sometimes overdose and poisoning. (Mohr et al., 2005)

Alcohol like other chemical substances also has an addictive effect that is seemingly more illusive, as apposed to illicit, well-known substances such as opium and cannabis (American Psychiatric Association, Diagnostic and statistical manual of mental disorders, 4<sup>th</sup> ed., 1994). Additionally alcohol is commonly used for its provisional, therapeutic catharsis, social relaxant or coping mechanism, in managing stress (Arata, Stafford, & Tims, 2003). As this is generally true amongst most students prior to exams, those who drink regardless of episodic social events not only are more commonly young women but consistent also with the tell-tale signs of an 'alcoholic' or holistically, 'alcoholism' (Lange et al., 2002). Alcoholism is generally defined as 'an unstable dependence and recurrent preoccupation for alcohol or hydroxyethane'. In addition those diagnosed as 'alcoholics' are likely to experience withdrawal and increased tolerance(DSM-IV, 2004). Furthermore it is also identified as the deficiency in basic needs and the regression of social and physiological function that is detrimental to the wellbeing of the student (DSM-IV, 2004).

As Arata et al., (2003) reported, some students need an increased alcoholic intake, to that of previous drinking sessions, to achieve the desired effect or 'high' (Bonin, McCreary, & Sadava, 2000).

Moreover research asserts that problem drinking not only has temporal, episodic, adverse effects in attaining 'relaxation' and or a 'high', but long lasting, neurological, organ and endocrine dysfunction, that may increase the likelihood of young women developing cardiovascular and respiratory disease (Arata et al., 2003) and those with prenatal status, teratogenic and neurological defects in children (Nig et al., 2004). Mercer and Khavari, (1990) reports that pregnant women who drink at problem levels are at high risk of their children developing neurological defects that may lead to decreased intelligence, decreased learning and more commonly, decreased attention (Nig et al., 2004 & Mattson, Calarco, & Lang, 2006 ). Furthermore disorders such as Attention Deficit Hyperactive Disorder, ADHD are common and to a lesser but more severe, Fetal Alcohol Syndrome or FAS (Mattson et al., 2006, Mercer & Khavari, 1990, Nig et al., 2004 & *DSM-IV*, 1994).

Social facilitation is also a strong determinant not only of physiological problems but also sociological problems. As studies suggest is likely to include drinking activities such as drinking games, drink tossing or 'shots' and are not only intended to profoundly increase Q+F of alcoholic consumption but to provoke group intoxication or 'orgy' (Lange et al., 2002). More importantly, concerning young women, drinking activities are not only a highly subjective form of peer pressure towards individual acceptance and individual exclusion but those who do not drink high Q+F normally, are especially at high risk. Those commonly at risk tend be young women and therefore at high risk of sexual assault and physical abuse. (Arata et al., 2003).

However studies (Arata et al., 2003) suggest, when young women are accompanied by a girlfriend or same-sex roommate, they are less likely to drink at problem levels (Q+F) for fear of embarrassing themselves and each other, therefore less likely to participate in problem drinking activities or 'drunken celebration' (Lange et al., 2002). Furthermore those who do not drink are likely to be, or not to be, subjected to stigmatisation (Arata et al., 2003), depending on whether or not they are the 'designated driver' (Mohr et al., 2005).

In view of current studies social facilitation in the attainment of social satisfaction is a primary motive why people drink and as studies show, is generally true of young men, i.e., an opportunity of attracting the opposite sex (Murphy et al., 2005). Moreover social satisfaction is not only highly related to that of young men but surprisingly is totally unrelated to young women (Murphy et al., 2005) and for this reason suggests young women prefer self satisfaction in association with alcohol than shared satisfaction with others, therefore are more likely to drink alone rather than in company (Murphy et al., 2005).

As studies suggest, young women are more likely to be influenced by 'mood' or 'emotional' drinking, and likely to repress these emotions rather than young men, who are more likely to express them overtly (Murphy et al., 2005). Furthermore, Borin, (2000), suggest that young women are of particular concern, not only are they less likely to express problem drinking behaviour but more importantly do so when alone, when lonely and when depressed and is congruent with other studies. Therefore they are at higher risk, as access to immediate social and medical support is limited.

Studies reveal that young women deliberately drink more than men with intent of avoidance coping, negative reinforcement and even over compensation, predominantly in respect to pre-existing mood and eating disorders and other discrepancies they feel they may have (Stuart, Angelopoulos, Baker & Boland, 2000).

More importantly, these discrepancies and disorders precede the priorities, such as problem drinking, which affirms earlier, inattentive attitudes towards the seriousness of ‘indirect’ problems discussed in prior studies (Wechsler, Dowdall, Maenner, Gledhill-Hoyt, & Lee, 1998, & Wechsler, Dowdall, Davenport, & Castillo, 1995). Most importantly, however as studies stress (Arata et al., 2003), co-occurring ‘indirect’ psychiatric disorders and problem drinking, is not only likely to exacerbate both these occurrences simultaneously, but is likely to create a devastating downward continuum subsequently leading to hospitalisation and death.

Even though studies (Wechsler et al., 1998) maintain young men have more problems overall than young women associated with problem drinking, it is only until now that studies are providing equal attention to the ‘indirect’ causal associations and problems, predominantly seen in young women and to a lesser young men (Mohr et al., 2005). As opposed to ‘direct’ causal associations and problems, such as violence, drink driving and car accidents, seen in other studies (Wechsler et al., 1998 & Wechsler et al., 1995). Current studies (Mohr et al., 2005), conversely suggests that young women seemingly are not only likely to have more problems than young men overall, but more likely to have long lasting ‘indirect’ problems. In addition to emerging ‘direct’ measurable problems such as, ‘second hand problems’, inclusive of unwanted sexual advances and arguments towards young woman that may lead to further, more serious problems (Murphy et al., 2005 ).

In conclusion and in view of studies, problem drinking is equally important and equally devastating amongst young women as it is for young men. Moreover sex differences associated with problem drinking are likely to be predictive of indirect problems predominantly in young women. Furthermore should not only be of greater importance but as Mercer and Khavari (1990) suggests, should be of immediate concern. Additionally, further studies in etiology, problem drinking and prevention

strategies, is not only likely to reduce the harmful problems to the self and others but more importantly reduce the 'indirect' physiological and sociological problems associated with problem drinking, hospitalisation and even death. Furthermore is likely to decrease prenatal complications and neurological defects in children. This may be enough to provide young women with a sense of equilibrium, not only an opportunity to experience the upsides of alcohol thoughtfully and safely but conjointly with a sense of efficacy and wellbeing, in themselves and others.

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