

THE PERSONALITY OF THE ALCOHOLIC THROUGH SEVEN PERSPECTIVES

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received: 10.4.2020;

revised: 28.4.2020;

accepted: 22.5.2020

SUMMARY

The different personalities of alcoholics are expressed in the way they manifest certain traits of their personality. In addition to knowing the general and common characteristics of alcoholics, it is even more important for clinical practice to know the differences between them, thus allowing a personalized approach to each patient, as a unique personality. The division of the personalities of alcoholics may be viewed through the prism of seven perspectives: the disease perspective, the dimensional perspective, the cognitive-anxiety perspective, the behavioral perspective, the spiritual/transcendent perspective, the narrative and the systemic perspective. Each of these perspectives more clearly represents part of the personality of the alcoholic; together they give a clearer picture of the problem and accordingly offer different treatment options.

Key words: alcohol – alcoholic – personality – seven perspectives

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INTRODUCTION

One of the prerequisites for creative psychotherapy work is knowledge of the alcoholic personality. A topic of many studies has been the exploration of the personality characteristics of alcoholics (Mosher Ruiz et al. 2017, Agibalova et al. 2011) with the aim of defining "pre-alcoholic or alcoholic personality types". Fox (1967) points out that there are no studies that have accurately established the characteristics of the "pre-alcoholic personality" but that these characteristics are the result of personality regression generated by addiction. Studies that have used psychodiagnostic tests have shown the following most common characteristics of alcoholics: schizoidness, masochistic reactions, passivity, poor ego organization, ambivalence, and a vague self-concept. These studies show that certain personality traits occur more frequently in alcoholics, and thus support the thesis that there is no unique group of personality traits that can be exclusively assigned to alcoholics (Žarković-Palijan 2004).

There are more divisions based on the characteristics of alcoholics, and one of them divides alcoholics into three groups. The first group consists of persons with low self-esteem, with the inability to tolerate frustration and fear, who are hypersensitive, with elements of depression and the need for masochistic punishment. In the second group are persons who are impulsive and who manifest rebellion and hostility, especially towards authorities. In the third group there are alcoholics with difficulties in the sexual field (Fox 1967).

Reading (1972) argues that alcoholics in terms of general personality traits especially express the need for addiction, low tolerance for frustration, feelings of inferiority and self-doubt. Alcoholics are resistant to deeper psychological insights, they tend to establish very superficial social relationships, and they also often feel depressed, empty and lonely. Furthermore, he points out that knowing the characteristics that distinguish one alcoholic from another is as important as knowing the characteristics by which they resemble each other. Knowing both one and the other is necessary if one is to deal with the personality of a specific alcoholic, in an effort to help them do something about their alcoholism.

Although there are some similarities, alcoholics show particular differences in the way they manifest these personality traits. As mentioned earlier, although it is important to know some general facts and common characteristics of alcoholics, it is even more important for clinical practice to know the differences between them, which as such allow a unique approach to each individual patient as a unique personality. In such a situation, a broad theoretical framework is needed within which it is possible to place each individual, and from which there are also practical procedures that comprise the very basis of treatment. Such a framework is undoubtedly psychodynamic, since it originated from the very foundations of clinical observations and implies therapeutic procedures (Žarković-Palijan 2004). This type of treatment is complex and requires the involvement of the individual, their family and loved ones, and involves the use of psycho-pharmaceuticals (Nastasić 2015).

The idea behind this study followed the research into published work on the topic of alcoholics. While researching these studies, in most cases, alcoholics' personalities were generally viewed through one or possibly two different points of view. In order to gain a better understanding of the general and specific characteristics of alcoholics, we searched all the available published studies; and portrayed the personality of the alcoholic through seven different perspectives, thus creating the basis for more comprehensive and appropriate treatment.

THE PERSPECTIVE OF ILLNESS/DISEASE

The personality of an alcoholic through this perspective is presented as a disease, defined by the existence of etiopathogenesis, clinical syndrome, pathological brain/mind changes. The medical model, in the light of biological psychiatry, defines the personality of an alcoholic as a mental disorder that results from the impaired function and structure of the brain, caused by the long-term presence of alcohol use disorder. This perspective seeks to establish a link between a particular alcoholic personality and pathophysiological processes, and to determine the appropriate treatment (Jakovljević et al. 2012).

Alcoholism has redefined itself over time, from the medical model to the introduction of social factors (social customs, moral norms, ethical values) as etiological factors, with the predominance of social behavior disorders, to application of the system theory and the ecosystem approach, focusing on the processes of the interaction of the individual with the environment and interpersonal relationships in the family and social groups (Nastasić 2010), which explains the existence of specific personality traits in alcoholics.

Several attempts to identify the genetic basis of alcohol use disorders have been made so far, but only a few genetic polymorphisms have consistently shown an association. The prime candidate for an intermediate phenotype for dissecting the genetic underpinnings of different subtypes of alcohol use disorder is likely to be the alcoholic personality itself. Available research, at the genome level, has identified the ABLIM1 gene, a common code of alcohol addicted patients, which is significant for novelty seeking, harm avoidance, and reward addiction (Oreland et al. 2018).

It should also be mentioned that genetic factors account for one-third to one-half of interindividual personality differences in alcoholics (Slutske et al. 2002) and about 50% of inheritance of alcohol use disorders (Goldman et al. 2005).

Alcohol dehydrogenase (ADH) and mitochondrial aldehyde dehydrogenase (ALDH2) are responsible for the metabolism of most ethanol in the body. Polymorphic gene variants for these enzymes encode enzymes with altered kinetic properties. Inheritance of highly

active AD2 beta2, encoded by the ADH2 * 2 gene, and an inactive ALDH2 * 2 gene product has been associated with a reduced risk of alcoholism. The inheritance of these isoenzymes is influenced by the interactions between the genes and the environment, as well as religion and national origin. Furthermore, these variants have also been studied for association with alcoholic liver disease, cancer, alcohol syndrome, gout and asthma. The strongest correlations found so far are those between the ALDH2 * 2 allele and oro-pharyngeal and esophageal cancers (Crabb et al. 2004).

Research has suggested that heavy alcohol consumption during the developmental period leads to a decrease in hippocampal volume (De Bellis et al. 2000) and lower coherence of white matter fibers in several brain regions, which could compromise proper decision-making and emotional functioning (McQueeney et al. 2009). This forms the structural basis for the character traits of the alcoholic personality.

The medical model, in terms of psychodynamic psychiatry, defines that alcoholics experienced frustration at an early stage of development, and one of the main problems is oral addiction. Alcohol is thought to be a symbol for breast milk, and they experienced developmental stress in the breastfeeding stage. According to these theorists, alcoholism is very difficult to treat, precisely because of its deep oral fixation, as well as the difficulty in establishing transfers due to rigid defenses. According to psychoanalysts, it is common to divide alcoholics into four categories of personality: passively dependent, depressed, schizoid, and aggressive personalities (Freud 1958, Tolentino 1964, Knight 1937, Fenichel 1961).

Blum (1966) deals with the study of the psychodynamic aspects of alcoholic personality, within the concepts of regression and fixation, and thus divides alcoholics into:

- *essential or primary* - those who never reach development beyond the oral stage and whose primary goal is to achieve immediate satisfaction, characterized by dependence and lack of persistence;
- *reactive or secondary* (neurotic) regressed or fixed at the anal stage. They are characterized by aggression, cruelty, stubbornness, disobedience, the desire to create and rule. Given the fact that they have fixation or regression at a higher developmental level, their prognosis is better than that of the first group. Their actions are more active than their environment, therefore, destructive activities can be replaced by useful ones, and since they have a higher energy potential, they can use it to maintain abstinence;
- *Group 3* is characterized by *regression or fixation* at the *phallic stage*, which implies heterosexual infantile love, where the object of love is the mother. These personalities are dominated by two cases: in the first case, there is unresolved rivalry towards authority, and in the second, there is an orientation

of libidinous-aggressive impulses towards the mother, which raises anxiety as it arises from an unresolved Oedipal situation. These alcoholics often encounter hysterical symptoms. They are often kind, forming many superficial friendships and romantic relationships, but are very prone to anxiety. They often feel fear of sexual inadequacy, low self-esteem and compensatory hyperactivity, with suppressed anger lurking behind submissive behavior.

The medical model, in terms of social psychiatry, defines the personality disorder of alcoholics through the prism of how medicine, psychiatry, and society perceive the construction and response of patients who bear specific personality characteristics (Jakovljević et al. 2012). The personality of an alcoholic is analyzed through five main approaches to the problem of alcoholism: a) functionalist analysis, which examines the social role of drinking; b) a socio-cultural approach, which seeks to clarify attitudes towards drinking present in different cultures; c) a sociographic approach that seeks to measure the impact of some variables on behaviors such as: gender, age, occupation, ethnicity, etc.; d) the method of symbolic interactionism examines attempts to escape from reality through drinking and alcoholism, in the light of social response and individual responsibility; and e) the socio-political approach gives importance to the manifestation of different ways of controlling and preventing excessive consumption of alcohol in modern societies (Štifanić 1995).

THE DIMENSIONAL PERSPECTIVE

General personality traits are called dimensional or nomothetic traits. Such traits are generalized behavioral tendencies that are present in all or most people, and on this basis individuals can be compared with each other. The basis for the existence of common or nomothetic traits is the very fact that people live and develop in the same or similar cultural and social environments, and that they are exposed to the same or similar influences. Due to such influences, they develop similar behaviors and similar adaptations. Hence the fact that people in similar cultures are similar in social and political attitudes, conformities, prejudices, significance, tension, etc. All these common traits allow individuals to be compared with each other on the basis of these traits, and they are therefore referred to as dimensions (Fulgosi 1997).

The dimensional perspective refers to what or who influenced their personality, to cause vulnerability and resilience, as well as the vulnerability-resilience model or stress diathesis based on the fact that some individuals are more susceptible to mental suffering, including the following conceptual triad: potential deficits in personality functioning, anxiety, provocation and non-adaptation (Jakovljević 2012).

The harmful effects of alcoholism include changes to the characteristic personality traits of alcoholics: irritability, sensitivity, impaired intellectual ability, impaired

ability to concentrate, instability, impoverishment of the imagination, and the loss of rational reasoning, all of which signify a process of personality degradation. The negative effect of alcoholism is manifested as demoralization and degeneration of personality, debauchery, prostitution and delinquent behavior of various kinds (Dida 1975, Pavlović et al. 2012).

Over time, under the influence of alcohol, the personality of alcoholics begins to change, and they begin to worry only about the supply and consumption of alcohol. They quickly lose the interests they previously had, and worry less about their family and business. They become indifferent, aggressive and overly irritated, and alcohol becomes their shield to defend themselves against the daily demands of reality. The ability to concentrate, focus and gather thoughts disappears, and slowness and sluggishness appear, gratification is missing, new information is difficult to grasp and accept, and old information is lost. Eventually they reach the stage of disinhibition, impulsive reactions, insults and abuse of others. Neglect of body hygiene is also commonly reported. Personality changes are considered as an upgrade of pre-existing imbalanced personality traits (Bodor et al. 2016) so that the absence of or expressed changes in personality traits labeled as "alcoholic personality" are, according to the dimensional perspective, two ends of a one-dimensional continuum.

The following personality traits were studied: hostility and sociability; as predictors of the development of intentions regarding future alcohol use, mediated by attitudes and subjective norms. Hostility is defined as physical-relational aggression and is associated with children who are problematic; sociability is defined as a combination of social competence, energy and popularity. Hostility and sociability were found to be related to the development of intentions through their relationships with the development of attitudes and subjective norms. The influence of hostility on the initial level of intentions is mediated by the initial level of subjective norms, and the influence of sociability on the growth of intentions is mediated by the growth of attitudes (Hampson et al. 2006).

THE COGNITIVE-AXIOLOGICAL PERSPECTIVE

„It is not so much what man is that counts, as it is what he ventures to make ... " - George Kelly. One of the first cognitive theorists, George Kelly, recognized individual personality differences as a result of how we interpret and predict events that affect us. He characterized this as personal constructs, based on our individual way of gathering information from the world and developing hypotheses based on those interpretations (Fulgosi 1997).

This perspective focuses on what one thinks, how one perceives, learns, or evaluates something as valuable, i.e. what ideas and values in life should be pursued.

Everything we are is the result of our thoughts and knowledge about ourselves and the world. What we think of ourselves is what determines or indicates our fate (Jakovljević et al. 2012).

Social cognition in alcoholics is a skill that enables one to understand the perspectives of others, and is dissociated between preserved cognitive and impaired affective subcomponents, i.e. emotional-affective impairments are present (Mauraga et al. 2016, Pavlović, Hasanović & Kravić Prelić 2012).

Mind theory refers to the socio-cognitive ability to draw conclusions about the thoughts of others, and its modifications may explain the negative social and interpersonal outcomes of addicts (Sanvicente-Vieira et al. 2017) and are part of their altered character traits.

The causes of neuropsychological deficits in alcoholics are, in addition to the neurotoxicity of alcohol, also the interrelationships of various factors that may pre-exist and co-exist, and are not merely consequences of alcohol use. Alcoholism can result in two neuropsychological deficit syndromes: acceleration of the normal aging process and amnesic syndrome (Tarter & Alterman 1984).

Impulsiveness, as part of the personality of the alcoholic, is associated with an inadequate decision-making process, despite the negative consequences. It can be understood in terms of behavioral disorders and/or cognitive flexibility, which manifest in disorders of cognitive function, and it makes it difficult or even impossible to assess the situation quickly and adequately and adjust behavior (Kalwa 2013).

The effects of self-determination on sobriety and health were sustained after controlling the relevant personality traits, alcohol dependence, involvement of recovery programs, initial physical and mental health, as well as the additional narrative themes (Dunlop & Tracy 2013).

Cognitive-behavioral therapy, among other things, is effective and aims to correct distorted feelings, thoughts, cognition and behavior (Gotoh 2009).

One of the phenomena that causes alcoholics to take their situation more seriously and develop a desire to stop consuming alcohol, is the appearance of feelings of self-harm and self-pity. In many cases, the alcoholic ends up "hitting the bottom" and only then do they see the cause of their problems, their messy life due to illness and the problems it has caused. Then begins the phase of denial, which is closely linked to the social stigma associated with alcoholism, which causes them to hide their situation in order to avoid shame, marginalization and social rejection (Lima-Rodríguez et al. 2015).

THE BEHAVIORAL PERSPECTIVE

While the disease perspective refers to what the patient has, the dimensional to what the patient is, the cognitive perspective to what and how the patient

thinks, values and respects, the behavioral perspective focuses on how the patient acts and what he does (Jakovljević 2012).

Alcohol use has a psychodynamic role, see in two distinct, though always intertwined ways: first, by its toxic effect on the central nervous system by weakening cortical inhibitory mechanisms, and second, by its complex symbolic meaning. The alcohol function resulting from the organic effect is divided into the "discharge" function (it diminishes suppression, dulls anxiety signals, feelings of guilt and shame, and accordingly permits the expression of various impulses (e.g. hostile and dissociated ego states), and the intoxicating function (prevents any internal or external stimuli from reaching the conscious ego) (Levy 1958).

The effect of alcohol helps the intoxicated individual in the difficulties he has in making contacts, in disorders of adjustment, and makes his unbearable life reality acceptable by reducing tension, raising mood, increasing self-esteem, releasing sexual brakes, etc. Alcohol, in this case, acts as a means of correcting internal or external reality (Solms 1972).

Alcohol abuse by alcoholics leads them to become unaware of the existence of the disease, prioritizing alcohol over all other family, work and social responsibilities, which is accompanied by a series of problems affecting areas of their life, family (lack of marital or parental roles) and work. Alcoholics' behavior is also closely related to problems with the law, such as traffic offenses, drunken driving, accidents involving injuries to others, which sometimes include imprisonment, work problems, and health problems. However, patients do not usually associate these harmful effects of their behavior with alcohol, but instead blame them on their families, bosses, friends, etc., with whom they usually lose all contact, which causes isolation, and this is used to justify and continue drinking. This behavior results in these individuals being caught between two divergent forces: in the first case, the benefits of consumption (helping them escape their problems or preventing abstinence-related symptoms) and second, the negative consequences (including spiritual suffering along with the problems already mentioned). Immediately after drunkenness, a hangover, or an accident, feelings of self-harm and regret occur, causing them to understand their situation and develop a desire to stop consuming (Babić et al. 2010, Lima-Rodríguez et al. 2015)

A moderate drinker is socially accepted, while an uncontrollable drinker is rejected, with the thought that people should be able to use alcohol properly and normally, regardless of the fact that alcohol can defeat their will and gradually lead to alcoholism. Thus, the responsibility for alcoholism is placed on the alcoholic, who is rejected and marginalized by society because he is unable to control it (Lima et al. 2009, de Vargas 2010).

Nurses treat alcoholic patients as unhappy, lonely, sensitive people, who doubt their worth and have serious emotional problems (de Vargas 2010).

It is important to note that many factors influence the development of this behavior, emphasizing the beliefs, expectations, and opinions of the group about the disease, because the overall experience of the disease is shaped by society and culture (van Boekel et al. 2013). This can lead to self-stigma on behalf of the patient and his family, leading them to a state of diminished self-esteem and self-respect, causing social isolation, lack of interest in gaining knowledge about the disease, and diminished hope for recovery (Schomerus et al. 2011).

Although most people consider alcoholism as a disease, there is a strong tendency for those affected to blame themselves for their condition by favoring psychosocial causes. Most people find alcohol addicts unpredictable and dangerous. The desire for social distance is stronger for alcoholics than for those with other psychiatric diagnoses, such as depression or schizophrenia; only those who are addicted to illicit drugs suffer stronger rejection (Schomerus et al. 2010).

Behavioral changes in alcoholics as a process can take place in five stages: 1) pre-contemplation, where the person does not attempt to act in the immediate period; 2) contemplation, where the person considers a change over the next six months; 3) preparation, when the person is willing to take action within one month; 4) action, when changes have been made in the last six months; 5) maintenance, when a person is confident in these changes and is less likely to return to unwanted behavior (Morales et al. 2010).

Alcoholics Anonymous and therapeutic communities are particularly effective for young alcoholics. Cognitive-behavioral therapy is also effective, and aims not only to change patients' perceptions of drinking, but also to allow them to correct their distorted feelings, thoughts, cognition and behavior (Gotoh 2009). Therefore, it is necessary to understand the behavior of this disease due to its psychosocial consequences, all with the aim of increasing knowledge, improving care for these patients, and modifying behavior and initiating recovery (Lima-Rodríguez et al. 2015).

THE SPIRITUAL/TRANSCENDENTAL PERSPECTIVE

Spirituality can be thought of as "a belief system that gives a person meaning and purpose in life, a sense of the sanctity of life, and a vision of a better world." Some definitions emphasize "personal understanding, experience, and connection to what transcends self" (Foy et al. 2011). Deep spirituality provides hope, inner peace, power and a way to make sense of the inexplicable, and to develop a sense of a new identity and greater purpose (Jakovljević 2012).

One of the significant etiological factors of alcoholism is the person's own futile attempt to meet his or her deep religious needs through alcohol, and the alcoholic thus mistreating his or her existential anxiety (Clinebell 1963).

Religious groups (Baptist, Christian, Hindu, Jehovah's Witness, Jewish, Islamic, non-denominational, Pentecostal, Sikh, and other religions) have a significantly lower risk of drinking compared to non-religious groups. Drinking risk shows different risk rates between different religions (Tuck et al. 2017, Hasanović & Pajević 2010, 2017).

Studies have analyzed whether spirituality and spiritual practices can have a positive effect on the personal transformation of behavior in relation to substance use disorders. Personal transformation can include elements such as mindfulness and problem acceptance, which form the basis of treatment behaviors for substance use disorders, including alcohol use disorder (Witkiewitz et al. 2016).

Factor analysis has identified seven dimensions of spirituality that individuals deal with: (1) religiosity; (2) social religiosity; (3) the involvement of God; (4) God is forgiveness; (5) God as Judge; (6) futility and (7) gratitude. Their significant association with a reduced risk of alcohol dependence has been established (Kendler et al. 2003, Hasanović & Pajević 2010, 2017).

Religious attitudes and higher rates of religious behavior on alcohol use are associated with lower levels of alcohol use (Vaughan et al. 2011, Hasanović & Pajević 2010, 2017). Participation in religious activities or communities can have a preventive effect on people, mitigating the impact of other social attitudes or pressures (Witkiewitz et al. 2016).

One of the steps towards recovery for those seeking treatment and help, and for those who were trying to solve the problem of alcohol use themselves, is reinvesting in oneself, which often involves engaging in religious activities (Fingeld 2000, Hasanović & Pajević 2010, Pajević et al. 2017), and one the predictors of sustained remission was "going through spiritual awakening" (Matzer et al. 2005).

Religious upbringing in childhood can influence behavior and result in less alcohol consumption in later adulthood (Koenig et al. 2011).

By regularly visiting self-help groups, alcoholics change their attitude toward alcohol, primarily through adaptive changes in social networks, increasing the self-efficacy of social abstinence, but there is also a positive effect through increasing spirituality / religiosity (Kelly et al. 2012).

Spirituality is reflected through sufficiency, forgiveness, positive coping and negative copying (Polcin & Zemore 2004, Hasanović et al. 2011). The effects of alcohol disinhibition on behavior can lead many individuals to behave in ways that are inconsistent with their own values or moral code. Frequent deviations of this kind, in correlation with declining functionality over the years, can lead to self-criticism and suicidal tendencies. The spiritual framework of self-help groups can provide a compassionate structure that significantly facilitates self-forgiveness (Kelly et al. 2010, Hasanović & Sinanović 2007, Hasanović & Pajević 2017).

THE NARRATIVE PERSPECTIVE

This perspective emphasizes the importance of life experience, personality organization, and the psychological life scenario for understanding individual psychopathology. Our identity is shaped by narratives or stories, as well as by a specific personality and general culture. The story is a natural framework for a very different conclusions about how we live and what we do. In this way, we also make sense of our lives and the world, through the stories we tell ourselves and each other, thus defining our experiences, actions and destiny (Jakovljević 2012).

Proper healing begins with open communication between physicians and patients. Patients rely on their physician's traits - honesty, integrity, empathy and compassion; they need to share their stories safely and confidently in the healing process (Charon 2001).

Through the evaluation of addiction treatment, the narrative perspective assumes linearity in the relationship between treatment and outcome, observing behavioral changes 'before and after the event'. Long-term recovery is preceded by periods of discontinuity, and interventions are what help stabilize them. Relapse appears to be an integral part of the learning process, through which the knowledge that leads to recovery is gradually achieved (Kougiali et al. 2017). The expressions of identity and self-presentation in the narratives of addicted patients are the protective factors of recovery and the factors of the effectiveness of various therapies and mutual aid groups that can be described by the narrative approach, which, due to their positive effects, justify their use in addiction (Szabó & Gerevich 2007).

A study that analyzed each narrative paradigm for "emotional, explanatory, moral and ethical meaning", for "connections of each narrative type with the types of stories, beliefs and value systems" prevalent in most cultures, and for significant trends in each type of story or substance, identified five dominant stories from the report: the Alcoholics Anonymous Story, the Personal Growth Story, the Addiction Story, the Love Story, and the Master Story (Hanninen & Koski-Jannes 1999).

The needs associated with the care of patients with addiction have been identified as: the need to create a new referential framework for interpreting life, the need to experience coherence in life, a renewed dignity, and the need for a sense of community and attachment, validation and acceptance. The need for forgiveness and reconciliation has also been identified, as has the need for continuity, understanding and adequacy (Wiklund 2008, Delić et al. 2012).

The experience of addiction is layered with individual biology/genomic landscapes, cultural contexts for behavior, and the psychological determinants that shape experience, with the dynamic and fluid nature of each person's self-narration. Our biology, psychology, society, environment and circumstances are in a state of constant correction and change, in which, almost imperceptibly, addiction is both cause and effect. Recognition of univer-

sal aspects of experiences, such as shame, anger and sadness, narrows the gap between the self and the other, patient and physician, patient and counselor, patient and family member, in a relationship where both are able to empower each other in the recovery process. Attention to narratives can reduce stigma and increase the connection between the provider and the patient, without limiting the di*sease to a reductive explanation that is based on a single scientific theory (Hammer et al. 2012).

The alcoholic personality is present in the characters and works of famous writers. Great literary names have become legendary for their drunken lifestyle; they drank for enjoyment or posing, for the sake of refreshing the soul, for the glory of the bohemian life, following the literary tradition of drinking, imitating one another, out of despair or addiction, healing love or other problems, out of rebellion and fear of death, fleeing from loneliness, or from misery emigration, to suppress feelings of guilt, real or fictitious, or out of a sense of sin towards loved ones (Kovač 2001).

Indeed, no story of alcoholism is beautiful and rarely has a happy ending. In stories about alcoholism, victims are everyone - alcoholic spouses, children, family, friends, and even the alcoholic himself (Novak 2018).

The goal of narrative therapy is to imagine, create, and promote the most positive, empowering conception of self (Charon & Montello 2002, Ritchie et al. 2007). In this process of self-narration, "individuals are constantly involved in the process of creating themselves" (Crossley 2000).

THE SYSTEMATIC PERSPECTIVES

According to system theory, the genome operates within the context of the cell, the cell within the context of the body, the body in the context of self, self in the context of society, and society in the context of the universe (Cloninger 2004), while the system in its broadest sense, is a set of components that participate in interrelationships that enable determination of the subject or process and its boundaries. A system is a set of interdependent and influential components. Mental disorders and somatic illnesses can be conceptualized within different physical, energy, mental, family, social and other systems (Jakovljević et al. 2012).

The system of consequential and / or comorbid somatic diseases, as part of the multifactorial system of alcoholics, implies the presence of serious complications and diseases. The psychological effects of alcohol can include severe depression, suicidal thoughts and tendencies, anxiety, violence and unexplained mood swings, impaired emotional competence and emotional intelligence, isolation and detachment from the environment. The neuropsychological consequences for alcoholics include behavioral change, memory loss (especially short-term memory), amnesia and cerebral atrophy. The areas of the brain most sensitive to alcohol-induced damage are the limbic lobe, diencephalon, and basal forebrain (Dguzeh et al. 2018).

It is necessary to study the population level as well as the individual impact through a social-ecological framework, which assumes that human health and development occur across the spectrum - from the individual to the macro or social level. In the context of alcohol use, individuals are embedded within their microsystem (their home, work and school environment), which is embedded within the wider community. Macro or social factors, such as exposure to advertising, can influence the attitudes and norms of different social networks, ultimately affecting individual attitudes and behaviors (Bronfenbrenner 1994).

The impact of the community on alcohol use focuses primarily on environmental aspects, such as neighborhood characteristics (poorly built environment, poor construction, housing, and supplies of water and sanitation) and opportunities to buy and consume alcohol (Bernstein et al. 2007) but also greater attachment to family or families who have a negative attitude toward alcohol consumption (Hahm et al. 2003).

CONCLUSION

The personality of alcoholics, shaped by multifactorial influences and viewed from multiple perspectives, emphasizing that neither of them can give a complete insight into the comprehensiveness of their specific characteristics, is a new scientific paradigm, aimed at reaching a comprehensive understanding and finding the best possible treatment. For clinical practice, it is important to know the individual differences in the personalities of alcoholics, which allows a more appropriate approach to each individual patient as a unique personality. This paper proposes seven perspectives through which one may observe the personalities of alcoholics, providing transdisciplinary integration of different perspectives and aiming to find the most appropriate patient approach model, treatment and well-being, in order to reduce the disease and to increase the health of those suffering from this complex and severe disorder, with the affected persons and their family members and society as a whole.

Contribution of individual authors:

Miralem Mešanović: conception and design of the manuscript, literature searches, analyses and interpretation of data, manuscript preparation and writing the paper;

Izet Pajević: made substantial contributions to conception and design, participated in revising the article and gave final approval of the version to be submitted.

Mevludin Hasanović: made substantial contributions to conception and design, literature searches, analyses and interpretation of data, participated in revising the article and gave final approval of the version to be submitted.

Dragan Babić: made substantial contributions to conception and design, participated in revising the article and gave final approval of the version to be submitted.

Acknowledgements:

We would like to thank to the staff of the Department of Psychiatry of Tuzla University Clinical Center and primary health care centers in the area of the Tuzla Canton who participated in the treatment of patients whose medical records we used for this study.

Conflict of interest : None to declare.

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