

Drunken impact on criminal liability in the criminal legal system in Iran

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Abstract: In this study described about drunk, criminal liability, a drunk that can impact on criminal liability, historical period of drunk impact on criminal responsibility, criminal regime in Iran and the effect of drunk on the types of offenses in the Iranian penal system. The definition of drunk can be said that drunk is unusual state that created by effect of drug use intoxicants in individual so that it can take away or impair different degrees of force of will and consciousness and perception. Aristotle and Epictetus both have their own way of dealing with weakness of will. The better of the two responses is the one put forward by Epictetus. Epictetus had the superior response due to the fact that he deals with weakness of will by saying that the only things that make a person weak are completely in that person's control. Epictetus states that, "We are responsible for some things, while there are others for which we cannot be held responsible. The former include our judgment, our desire, aversion and our mental faculties in general; the latter include the body, material possessions, our reputation, status – in a word, anything not in our power to control"(Epictetus 221). This is the main force behind the solution given by Epictetus. Aristotle also has his own solutions for weakness of will, but I believe his response is contradictory. Aristotle says that incontinence is brought forth by lack of knowledge of particulars due to being taken over by passions. This makes incontinent acts involuntary, just as an act of a mad, sleeping, or drunk man is involuntary. Aristotle also says that involuntary acts are pardoned. The point of contradiction comes when Aristotle says that incontinence is blameworthy. This is why the response from Aristotle does not completely answer the question at hand. Epictetus has more sound argument. As stated in earlier, there are things under our control and things that are not under our control. This shows that Epictetus believes in some form of fate. The idea that you must not confuse what is under your control and what is not is a sort of starting point to becoming a "good" person. The response from Epictetus could be viewed as extreme.

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Introduction

Ethyl alcohol or ethanol, known commonly as alcohol, is the same whether the beverage is wine, beer, or hard liquor. Beverage alcohol is a drug that depresses the central nervous system, like barbiturates, sedatives, and anesthetics. Alcohol is not a stimulant. There is no question that the person who drinks alcohol seems stimulated. Speech becomes free and animated, social inhibitions may be forgotten, and the drinker can begin to act and feel more emotional. But these effects are misleading; the "stimulation" occurs only because alcohol affects those portions of the brain that control judgment. "Being stimulated" by alcohol actually amounts to a depression of self-control. A principal effect of alcohol is to slow down brain activity, and depending on what, how much, and how fast a person drinks, the result is slurred speech, hazy thinking, slowed reaction time, dulled hearing, impaired vision, weakened muscles and fogged memory. Certainly not a stimulating experience, Alcohol is also classified as a food because it contains

calories. The average drink has about the same calorie count as a large potato but, unlike a potato or any other food, alcohol has no nutritional value. The calories are empty.

Alcohol is not digested like other foods. Instead of being converted and transported to cells and tissues, it avoids the normal digestive process and goes directly to the blood stream. About 20 percent of the alcohol is absorbed directly into the blood through the stomach walls and 80 percent is absorbed into the bloodstream through the small intestine. Alcohol dilutes itself in the water volume of the body in order to travel through the system. Those vital organs, like the brain, that contain a lot of water and need an ample blood supply are particularly vulnerable to the effects of alcohol. Alcohol's dilution in the body does cut its effect somewhat. There one important biological difference between men and women comes into play: Muscle tissue contains more water than fat tissue, so men -- who have more muscle and less fat on the average than women -- can have about 10 percent

more water in their bodies. If a lean man and a lean woman of equal weight consume the same amount of liquor, the woman is more adversely affected for this and other reasons.

The brain, liver, heart, pancreas, lungs, kidneys, and every other organ and tissue system are infiltrated by alcohol within minutes after it passes into the blood stream. The strength of the drink will have a significant effect on absorption rates, with higher concentrations of alcohol resulting in more rapid absorption. Pure alcohol is generally absorbed faster than diluted alcohols, which are, in turn, absorbed faster than wine or beer. Alcohol taken in concentrated amounts can irritate the stomach lining to the extent that it produces a sticky mucous which delays absorption. The pylorus valve which connects the stomach and small intestine may go into spasm in the presence of concentrated alcohol, trapping the alcohol in the stomach instead of passing it on to the small intestine where it would be more rapidly absorbed into the blood stream. The drinker who downs several straight shots in an effort to get a quick high may actually experience a delayed effect. Finally, the temperature of the beverage affects its absorption, with warm alcohol being absorbed more rapidly than cold alcohol.

The drinker's blood alcohol level rises as a factor of the relationship among the amount of alcohol consumed, body size and proportion of body fat, the amount of food in the stomach, and what is mixed with the alcohol. The BAL rises more rapidly in those who drink on an empty stomach. Water and fruit juices slow the absorption process, while carbon dioxide speeds it up. The carbon dioxide in champagne and carbonated mixers such as Cola, and soda water rushes through the stomach and intestinal walls into the blood stream, carrying alcohol with it and creating a rapid rise in BAL. A 0.08 BAL, for example, indicates approximately 8 parts alcohol to 10,000 parts other blood components. When a person drinks more alcohol than his or her body can eliminate, alcohol accumulates in the blood stream and the BAL rises.

Elimination of alcohol from a healthy adult body occurs at an average rate of approximately $\frac{1}{2}$ to $\frac{3}{4}$ ounce per hour, the equivalent of 1 ounce of 100-proof whiskey, one large beer, or about 3 to 4 ounces of wine. When blood alcohol concentrations reach very high levels, the brain's control over the respiratory system may be paralyzed. A .30 BAL is the minimum level at which death can occur; at .40 the drinker may lapse into a coma. At .50 BAL, respiratory functions and heartbeat slow drastically, and at .60 most drinkers are dead.

Located in the upper-right side of the abdomen, the liver is the body's largest glandular organ. Its complex functions are associated with dozens of

processes of body chemistry and metabolism. It produces the bile that helps digest fatty foods; it manufactures heparin, an anticoagulant, it stores and releases sugar. The liver also produces antibodies that help ward off disease, and it cleanses the body of poisons, including alcohol. With small amounts of alcohol, this cleansing can happen effectively. When the amount of alcohol is high, imbalances are created which can lead to hypoglycemia (low blood sugar), hyperuricemia (as in arthritis or gout), fatty liver (which may lead to hepatitis or cirrhosis), and hyperlipemia (build-up of fats sent to the bloodstream; which leads to heart problems).

The central nervous system includes the brain, the spinal cord, and the nerves originating from it. Sensory impulses are transmitted to the motor impulses pass from it. When alcohol acts on the CNS, intoxication occurs, affecting emotional and sensory function, judgment, memory and learning ability. Smell and taste are dulled. The ability to withstand pain increases as the BAL rises.

Different parts of the brain seem to be affected by alcohol at different rates, creating alternate periods of restlessness and stupor. Long-term effects of alcohol on the central nervous system include tolerance, dependency, and irreversible damage. Changes in tolerance for alcohol, and the alcoholic drinker's dependency on alcohol, demonstrate that changes occur in the brain. With each drinking episode, central nervous system functions deteriorate in a predictable sequence, beginning with intellectual functioning, followed by disturbances in sensory and motor control. Last affected are the automatic biological functions, such as breathing and heart action.

The brain is the organ that is most affected by alcohol, and proves that it is being damaged through the drinker's behavior changes and emotional distress. Three noticeable effects of alcohol injury to the brain: memory loss, confusion, and augmentation. (Augmentation is a physiological response to alcohol which results in hyper-alertness to normal situations, perceiving light as brighter or sounds as louder than usual, or the drinker's becoming extremely sad or angry for no apparent reason.) The drinker's rapid mood swings and emotional and behavioral instability can be brought under control by stopping drinking. Blackouts, or loss of memory for a period during drinking, are a physical effect of alcohol on the brain. They occur as alcohol cuts off the supply of oxygen to the brain. Lack of oxygen supply to the brain can kill tens of thousands of brain cells every time a person becomes intoxicated. Another effect of alcohol on the brain is the "learned behavior syndrome"; when a behavior is learned under the influence of alcohol, the drinker sometimes must re-learn that behavior after stopping drinking.

One effect of drinking alcohol is "blood-sludging" where the red blood cells clump together causing the small blood vessels to plug up, starve the tissues of oxygen, and cause cell death. This cell death is most serious, and often unrecognized, in the brain. With this increased pressure, capillaries break, create red eyes in the morning, or the red, blotchy skin seen on the heavy drinker's face. Blood vessels can also break in the stomach and esophagus leading to hemorrhage, even death.

Other effects of alcohol on the blood include: anemia; sedation of the bone marrow (which reduces the red and white blood count, and weakens the bone structure); lowered resistance to infection; and a decrease in the ability to fight off infections.

The stomach, the small and large intestines, and the pancreas are each affected by alcohol. Alcohol increases acid in the stomach. That can result in gastritis or stomach or intestinal ulcers. The pancreas produces insulin which is necessary to regulate the amount of sugar in the blood. Drinking causes a steep rise in the blood sugar; the pancreas responds by producing insulin which causes a fast drop in blood sugar and the symptom of low blood sugar or hypoglycemia. 70-90% of alcoholics suffer to some degree from the disorder of hypoglycemia, chronic low blood sugar, as a long term effect of their drinking. Symptoms of hypoglycemia can include dizziness, headaches, lack of ability to concentrate, depression, anxiety, light-headedness, tremors, cold sweats, heart palpitations, loss of coordination, and upset stomach. In time, the drinker's overworked pancreas may stop producing insulin and diabetes can result. Conversely, a person with a family history of diabetes may be more vulnerable to problems with alcohol reduces blood flow to the muscles, including the heart, causing muscle weakness and deterioration. One outcome is cardiomyopathy (sluggish heart) which is common in alcoholics. Another outcome, arrhythmia (irregular heartbeat), or "holiday heart," is often treated in emergency wards after several days of party drinking. Muscle aches are a common symptom of excessive-drinking "hangovers." This system controls the body's hormones and includes the pineal, pituitary, thyroid, and adrenal glands, and the ovaries or testes. Alcohol sedates these glands, resulting in under-production of hormones; effects include increased susceptibility to allergies. Alcohol can effect sexual functioning in various ways. In low doses, it lowers inhibitions and may make a person feel sexier; but in higher doses, it can decrease sexual functioning: in men, by decreasing the frequency of erections, decreasing the maintenance of erections, decreasing penile size during erection, and increasing the amount of time between erections, in women by interfering with normal processes of sexual stimulation, and

blocking orgasmic response. With chronic and prolonged use of alcohol in men, there is a shrinkage of sex glands and an increase of the "female hormone" estrogen. This produces secondary sexual characteristics, such as enlarged breasts and a decrease in body hair. Prolonged use of alcohol can cause infertility in both men and women.

Tolerance: As people drink, their tolerance for alcohol may increase. They might seem to be able to "handle" alcohol better and need more to achieve the same effect as before. The liver does not become more tolerant, and is damaged over the course of time, leading to poor liver function and a noticeable decrease in tolerance, or "reverse-tolerance". A heavy drinker's reverse-tolerance is a sign of late-stage alcoholism. **Withdrawal:** The effects of alcohol on the body account for the sick, uncomfortable, shaky feelings following a period of drinking. Withdrawal symptoms vary in intensity according to the amount and prolonged frequency of drinking.

Hangovers -- fairly common result of overindulging-- headache, fatigue, thirst, and nervousness. There may be nausea and abdominal cramping. Diagnosed alcoholics report fewer hangovers than drinkers who are non-alcoholic, this may be because they have learned to ignore the symptoms.

Sleep disturbance -- waking up earlier than usual after expecting to "sleep it off," being unable to fall asleep, disturbed dreaming.

Irritability, anxiety, and restlessness -- all caused by the irritant effects of alcohol.

Tremors, or "morning shakes"-- Tremors will clear after several days of abstinence, if there is no permanent damage to the nervous system

Physical weakness, rapid heart rate,

Mental sluggishness

Difficulty thinking clearly or flexibly

All the above are lingering evidence of alcohol's impact on muscles, heart and brain. For the drinker with only a mild degree of physical dependence, withdrawal effects may not extend beyond the symptoms listed above.

Some drinkers experience second stage withdrawal, marked by:

Convulsions -- seizures usually occur between 12 and 48 hours of the last drink. There may be a loss of consciousness and body control.

Third stage withdrawal symptoms involve:

Alcoholic hallucinosis and delirium tremens -- auditory, visual and tactile hallucinations occur. This period may last for three to four days, during which the de-toxifying person is in a severe state of agitation, is often completely disoriented and sleeps little, if at all. The delusions are almost always terrifying and may produce violent behavior. There is a 10%-20%

mortality rate associated with this stage of withdrawal. Detoxification of the acutely ill alcoholic requires medical supervision.

Female drinkers reach higher blood alcohol levels (BAL's) faster because of less water and more fat in the body and because of differences in digestive enzymes. Women develop alcohol-related disorders such as brain damage, cirrhosis and cancers at lower levels of drinking than men. It is also known that the menstrual cycle affects alcohol metabolism in women. Women have been shown to develop their highest BAL's immediately before menstruating, and their lowest on the first day of menstruation. This can be related to hormone level shifts. There is evidence which shows that premenstrual syndrome with its emotional and physical discomfort and de-stabilized blood-sugar levels can trigger excessive drinking by some women.

Women who drink during pregnancy risk the development of both mental and physical defects in their children. Effects on the child can include: growth deficiencies; poorly formed bones and organs, heart abnormalities, cleft palate, retarded intellect, delayed motor development, poor coordination, behavior problems, and learning disabilities. Smoking cigarettes, combined with alcohol use, will increase the chance of birth defects. Use of alcohol increases the chance of miscarriage. It is best that a woman avoid alcohol, cigarettes, caffeine, and other drugs entirely during pregnancy. Antabuse is not a suitable treatment for the pregnant or potentially pregnant alcoholic woman; it interferes with maternal liver function and may cause harm to the developing fetus.

Since harm to the infant may result even before a woman realizes that she is pregnant, women who might become pregnant need to be particularly cautious about what they consume.

Secondary Diabetes: Diabetes can result from prolonged, excessive use of alcohol. Because it is caused by drinking and not from a genetic disorder, it is called "secondary" diabetes. The symptoms are identical to genetic or "primary" diabetes. Abstinence from alcohol is a vital part of treatment for this disorder.

Vitamins and Proteins: Those who use alcohol excessively deprive their bodies of essential nutrients. The drinker and the recovering alcoholic must pay special attention to diet. A diet high in protein not only provides many of the nutrients vital to recovery, but also keeps the blood sugar from too rapid change. It is better for those who drank excessively to get protein from eggs, milk, or vegetables, than from meats or cheeses. Because of an already-fatty liver, excessive drinkers cannot process the extra fat. When they eat meat, fruit should be eaten; it aids in breaking down fats. Vitamin supplements are helpful for people with

drinking problems: these include, vitamins A, B, C and E. Protein supplementation may be important to reducing alcohol craving and maintaining emotional balance for alcoholics wanting to recover from their past heavy drinking. Similarly, a diet high in complex carbohydrates stabilizes blood glucose and reduces the low blood sugar state that can lead to craving alcohol. Understanding one's own special nutritional needs is an important aspect of recovery from excessive alcohol use.

Drugs such as marijuana and cocaine which are used, like alcohol, for "recreational" purposes have different, but similarly harmful, physical effects. Research on marijuana use has shown several severe emotional and physical effects: Frequent use can lead to the "amotivational syndrome", in which the person becomes apathetic, loses the ability to set realistic goals, lacks drive and ambition.

An active ingredient of marijuana settles in the fatty tissues of the body, especially in the reproductive organs. Male hormone levels drop and there is an increased level of impotence. Drop in hormone levels for women will affect the menstrual cycle and may result in a higher incidence of miscarriages. Marijuana has from 7 to 10 times as much tar as one cigarette, increasing the chances of lung damage and emphysema. The chemistry of marijuana is extremely complex, dried marijuana contains over 420 chemical compounds--Delta 9 THC is generally cited as the psychoactive ingredient of marijuana, but research suggests that other compounds acting independently or interacting with Delta-9-THC also contribute to the intoxicating potency of the drug. While stored in body fats, THC and its metabolites are slowly released back into the bloodstream. Complete elimination of a single dose can take 30 days. Given the slow clearance of marijuana's chemicals from the body, researchers predict that repeated use of marijuana at intervals of less than 8 to 10 days results in accumulation of THC and other psychoactive substances in the tissues of body and brain. If marijuana is used with alcohol, the effect is greater than if the two effect patterns were added together.

Driving after using either alcohol or marijuana is unsafe, after using both, driving is more than twice as dangerous. Judgment, reaction time, and coordination are worse than with either drug taken alone.

Cocaine, "Crack" and amphetamines are fast-acting stimulants. People who use alcohol and stimulant drugs together will drink more to feel the effects of alcohol because of the stimulant effects. When stimulant effects wear off, the alcohol effects "catch up" quickly, and that can be extremely dangerous, both in terms of physical effects and distortions of perception and judgment. Stimulants are also quickly-addicting drugs which cause their users to

need more and more to get the same "high". Chronic stimulant use leads to dysphoria--a depressed, low-energy state; flattened emotions, a lack of interest in sex, and physical immobility. The physical and psychological consequences of heavy stimulant use include: hallucinations and delusions, a mental state that appears "really crazy." Many stimulant users experience formication, the sensation that their skin is crawling with bugs. Impaired judgment and feelings of persecution are common. Users may overstimulate their heart muscles and cause sudden death from a single heavy dose.

Drugs prescribed for medical conditions are frequently harmful if combined with alcohol. Addiction to alcohol is addiction to all sedatives. Drugs which are prescribed to combat anxiety include various sedatives, "tranquilizers" and barbiturates; most frequently prescribed is Valium. Tranquilizers are addictive, and, if taken with alcohol will multiply the effects of both to sedate the user. This interactive effect can lead to a coma or death. Sometimes antidepressants, or amphetamines, are prescribed to treat depression or for weight control. These drugs speed up the nervous system and are addicting. Because they are stimulants, the effects of drinking while using them is like the effect of cocaine with alcohol -- they "cancel each other out" until the stimulant wears off, then intoxication occurs quickly.

Medication of any kind should not be mixed with alcohol. None should be taken by the recovering person, unless the physician who prescribes is fully aware of the alcohol use history.

Over-the-counter or "ordinary" medicine such as cold tablets or cough medicine are frequently used without caution. Drugstore medicines can have dangerous effects when mixed with each other, with alcohol, or when taken by the recovering alcoholic. Read the label. Ask the druggist.

When I think about these recent tragedies in Oregon, Colorado and Georgia I become disheartened. Over the past 7 years I have become increasingly involved in indentifying, evaluating and defusing the immediate risk of destructive, violent and suicidal behavior. The problem, the issues and the solution has become so familiar to me that it feels routine.

The Shooters: Obviously, they took the action, they did the shooting, but they pay a terrible price with their own lives.

The Parents: Many people are blaming the shooter's parents. Supposedly, they are the closest to them and should know the most about their actions. Maybe they did. Maybe they didn't. How much do you really know about your own teenagers' activities?

The Schools: The school's obligation, mandated by law, is to educate children in a safe environment, but it is hard to ensure safety in a school, according to

Ann Bradely in an article on the Internet.

Technology: A large percentage of our movies, video games, DVD disks, music and cartoons are violent. I watched a movie that had 5000 acts of violence in the first hour. Frightening!

The Media: It's hard and often dangerous to cover a story about a crisis. Do anything for a headline...A sound bite! The story is more important than the facts. After all, it's the story that makes the money, not the facts.

The Police: Some blame the police for not protecting the children, but with low budgets and few police, is it possible for the police to protect everyone all of the time?

The Church: The church and God have been a real source of solace and strength for the victims in Colorado. Killing another is a sin of commission. Not loving your neighbor is a sin of omission. It's often conveniently forgotten about.

The Politicians: They often are first to blame others. They talk about installing metal detectors, armed police and growling police dogs. . . In our schools, but as a federal prosecutor said to me the other day, "That only exacerbates the problem."

Managed Care: We set unreal bureaucratic limits on the number of visits that a child and his family can have with his therapist. We are in a mood to save money...Even at the expense of our children.

Alcohol and Drugs: Certainly! But our children have access (albeit illegally) to all the drugs and alcohol that they want.

The National Rifle Association: We have a right to bear arms. Killing others with those arms is against the law and certainly not sanctioned by the NRA, as they teach their children to hunt and target practice.

Medical Treatment: A most sacred right. But many times drugs, like large doses of cranial radiation, cause more problems than they cure.

Professional Associations: In all the material that I have read, national associations like the American Medical Association, The National Association of Social Workers, the American Psychological Association, etc., are not actively coming out with answers. Therapists treat problems, although a main ethic involved in all the professions is to study the epidemiology of an illness and "cure it."

The Neighbors: We all have an obligation to report an abusive or potentially dangerous situation, but how often are we, too, afraid to get involved? The Government: We elect legislators on all levels to make laws and to fund them. Too often we are interested in the "pork belly legislation," effecting our own district, that we miss the real issues. The Civil Liberties Union: Rightly we should defend those who need defending. Defense, however, ought to be "reasonable" and never at the expense of the victim. So who is blame? All of

us who point fingers and do not take responsibility ourselves are to blame. When polio was a rampant problem, everyone banded together with research, treatment, laws, and inoculations. Now we have another disease that cripples, maims and kills. It's called school violence, coupled with apathy and blame. We need to work together to solve it...Not simply blame each other and deny that it ever will happen in our community. We have decided to publish a current book, probably in workbook form, of successful violence prevention programs in schools that are happening around the country. We are looking for actual pragmatic or behavioral programs, in contrast to theory, that are in place and working. How are the kids selected for the program and what is done with them? What kind of screening is done? What kind of training have the leaders of the group been through? What do the laws in your state say about such screening and such groups? And why is it done? Please contact Violence Chronicles, and let's get together and show the country what good things are happening, in response to the pain which we all feel so deeply.

On a front page story appearing recently in the Michigan City (IN) News Dispatch, it stated that "articles written in a recent edition of the Barker Middle School student newsletter bear uncanny resemblances to actions carried out in Littleton, Colorado." The newsletter, distributed once a year was distributed the day before the Littleton tragedy. Two of the stories featured in the newsletter were "School Murders" and "Barker Chainsaw Massacre."

Barker Principal Peggy Scope said that the teacher in charge of publication felt it was creative writing. "We are dealing with the situation," Scope said.

Note: I have talked with many different school systems across the country. Everyone of them admits that they have a potential violence problem. Extrapolating that percentage around the country means that we are in the midst of an epidemic of violence.

We received the following comments from Violence Chronicles readers Don and Carrie Spears. "Carrie and I returned from a visit to London and I wanted to share...There have been three bombings throughout the city" (all in minority neighborhoods). "What I found interesting about the local media coverage is that the reporters immediately suggested that the violence is 'like that in America' and then gave lots of details about the shootings we have experienced. This seemed to be suggesting that the violence is overflow from America...I think that the British Press is ignoring the factors within their own country...This denial is a huge obstacle to bringing about real social change, which is necessary to end the violence."

To every question there are always at least two sides. In the case of school violence, one side is, of course. The provision for safe schools. On the other side, there are the rights of the children and parents of the accused, the victims and their families, and the potential shooters.

I have collected hundreds of articles about the shooters, violence and lawsuits filed against the schools, which appear to be unsafe. In fact some schools, are actually closing early this year because of bomb threats. These are tough questions for schools because every threat has to be taken seriously. On the other hand, the rights of the accused students and their parents also have to be protected. Articles are beginning to appear from attorneys, commenting that the evidence is "hearsay," of that a statement is only a rumor. This crisis only will be exacerbated by accusation and cross-accusation, until we get through blaming each other and begin to face the problem--the epidemic that is upon us.

Sometimes the Mental Health professionals do not know what to do either. There are as many varied mental health opinions, as well as opinions from clergy, educators, politicians, and others...But they are only opinions. What is needed is calm, wisdom and concrete action. There is, however, one very thoughtful group of professional opinions shared below. Violence Chronicles is consciously doing two things.

Analysis: a political article

Towards the end of 2003, David Blunkett, the British Home Secretary, introduced a bill to change laws on immigration and asylum, making life more difficult for many asylum seekers and unapproved immigrants. Among other things, this would deny asylum seekers the opportunity to work or claim benefits while waiting for legal approval. This would mean that they might not be able to support their families, and their children would have to be taken into care by the state or by charities.

These elements of the bill attracted strong criticism from left and liberal factions, including supporters of Blunkett's own party, Labour, and the government was accused of reactionary policy-making. The Guardian newspaper was one source of criticism, describing the new policies as 'beyond belief'. In response, Blunkett published in the same newspaper a fairly lengthy article defending his position (the Guardian, 27 November 2003). Here we shall examine only a tiny proportion of the text. The article was printed under the headline 'I am not King Herod', a semi-quotation from his statement in the body of the article 'I did not come into politics to be King Herod, 'an intertextual reference to the King in the Bible who notoriously slaughtered the innocent children shortly after the birth of Jesus.

Blunkett takes two lines of defence, or to use another metaphor, two approaches to selling his bill to a predominantly labour-voting, liberal left readership:

If I don't do this, the far right will come to power and do worse.

These steps are in the interests of 'genuine' asylum seekers and legal immigrants. (our interpretation and wording)

The first of these is a common device for excusing policies that meet serious resistance. There are expediency arguments in both lines of defence, but they are presented as being in the interests of the very people who will suffer as a result of the bill should it become law.

Exploiting both grammatical and traditional metaphors, he presents his personal predicament as a general truth and diffusely reframes his 'herod' image as that of champion of decency and moderation against forces of extremism and impracticality. In the process, without actually making the point explicitly, he tries to identify opposition to his policies with political extremists rather than with the traditional supporters of his party that he is primarily addressing, but he also separately suggests that irresponsible and impractical left-liberals are defective in that they fail to see that he is doing what must be done.

Since it is virtually impossible to communicate linguistically in a normal way without using metaphor, we are not suggesting that Blunkett is always aware of his exploitation of this resource any more than that he is always aware of his use of grammatical structures, but the investigation of these aspects of the text sheds some light on how it creates its meanings. In fact, Blunkett's use of metaphor does not display any marked attempts at rhetorical manipulation. Exploitation of metaphor is typified by his conventional use of.

Sticking one's head in the sand is not an option... We need to have the same story to tell... The less ammunition there is for the extreme right to fire

Near the beginning of the article, Blunkett uses a grammatical metaphor:

Being a labour home secretary in the 21st century means fighting a constant battle against both extreme right and extreme left.

He is clearly talking about his own position (as it were: I am a labour home secretary and so I must...), but the generalization plays down the personal aspect; he is implying that his actions go with the job. The embedding of the proposition [x be a labour home secretary], (that is to say: somebody- unspecified- is a labour home secretary) as a non-finite clause:

Enables him to link the two propositions in an intensive clause, a relational process where one clause functions as subject and the other as complement:

The message is that it is not merely the case that

the labour home secretary happens to behave in this way; it is rather that behaving in this way is a crucial attribute of being the labour home secretary.

Exploiting the conventional 'politics is war' metaphor, Blunkett positions himself as a warrior fighting a constant battle against extremists. (yet at another point, he says that his plans are necessary medicine. This time we get Blunkett as doctor, saving people's lives with nasty but necessary treatments.

He uses a tactic much favoured by mainstream politicians when he links right and left together, condemning both simultaneously and on the same grounds. He does this several times, another example being the following metaphorically complicated sentence.

What both sides share is a dogmatic belief that there is no middle ground to be occupied.

The linguistic structure a dogmatic belief that [proposition] is another grammatical metaphor. It is the nominalization of

Believing is a mental process, but here it is reified, that is represented as a 'thing' (belief). This makes it grammatically possible to modify with the disparaging adjective dogmatic and to render it semantically as something that can be shared.

Non-metaphorically, sharing is a material process. When actors share a material object, say, a cake, each ends up with only a portion of the whole. In metaphorical sharing like this, each may have the whole thing. In this instance, a belief. The persons who believe (sonders, in SFL terms) are not specified here though they can be understood from the co-text as both sides.

The expression both sides encapsulates extreme left and extreme right in a single nominal group, blurring their distinct identities as bitter antagonists with opposing ideologies incidentally, it carries on the war metaphor (sides as contending forces in battle).

No middle ground to be occupied is another war metaphor. Armies occupy enemy territory or, as in this case, the ground between the two sides- no- man's land. The use of the passive voice means that the writer can omit the agent, the actor who occupies the ground.

The use of the what-structure (technically known in some grammars as pseudoclefting) enables Blunkett to set up the structure he used to resemble an intensive clause, e.g.

What both sides share is a dogmatic belief that there is no middle ground

Except for a degree of emphasis, this option adds little that would not have been achieved by the non-clefted equivalent: both sides share a dogmatic belief that there is... No middle ground to be occupied.

Blunkett likes the clefted structure, though, and

follows with two more examples in the same paragraph:

What few in the Westminster village and the chattering classes seem prepared to acknowledge- but what the public instinctively understands- is that there is no contradiction between enthusiastically welcoming legal migrant labour to strengthen our economy, while ensuring we have a robust, functioning asylum system at the same time, protecting those fleeing persecution.

In this case, the use of this structure sets up the possibility of two contrasting grammatical subjects as given, with the long clause-complex (that...Persecution) as new. This is grammatically complex and, in fact the writer loses control of the syntax, writing while instead of and to introduce the embedded nonfinite clause beginning ensuring we have...

Contrasting pairs figure from time to time in the full text: right and left: difficult my plans are not beyond belief [...] In the last two examples. We have two contrasting clauses, and the same is true of the longer structure from the paragraph quoted, which we now analyse:

A.1. What few in the Westminster village and the chattering classes seem prepared to acknowledge

Contrasts with

A.2. What the public instinctively understands and further

B.1. Enthusiastically welcoming legal migrant labour contrasts with

B.2. Ensuring we have a robust, functioning asylum system at the same time, protecting those meeting persecution.

The writer is making the point that the second two are compatible, but the metrical pattern of contrast is still present, although any contradiction is denied. The nominal group complex the Westminster village and the chattering classes combines two distinct metaphors. The Westminster village is a slightly pejorative standard metaphor for the occupants of the houses of parliament, potentially including members of parliament, staff, reporters, lobbyists, and so on; it carries connotation of pettiness, rumor and a lack of wide perspective. It may seem an odd term for an elected minister of government to choose, but ironically the government (the prime minister and the cabinet) is often in conflict with the rest of parliament or large sectors of it, including members of the governing party, and tend to regard parliament (and its own party members) as a brake on serious governing. This was very publicly evident at the time of this article.

The chattering classes is an even more pejorative stock expression, which is applied to what in other countries might be called the intelligentsia. It is a way

of referring to people who publicly express views with which the speaker does not agree, and it is most often applied to liberal or left-wing intellectuals by politicians who resent criticism or even disagreement. It carries connotations of ineffectuality as well as loquacity.

First, we are attempting to ferret out rumor from fact. Second, we are developing screening techniques that can be used in the lower grades, including screening for physical problems that could lead to violent behavior. One particular example is determining what is actual behavior and what is side effects of medication that the child is taking. Sometimes the "cure" produces more potential problems than it "cures."

Headlines in the April 22nd issue of The Shelbyville News described a story from Los Angeles. According to Richard Liberman, the warning signs (mostly with boys) include cruelty to animals, setting fires, bed wetting and lack of remorse, chronic depression, chronic aggression, rebellion, skewed view of death and imagining death as temporary, magical and reversible. The danger is magnified when parents are violent toward each other or towards the kids, so children learn that violence is a way of solving problems. "The emotional immaturity of some teens keeps them from fully recognizing that the classmates falling around them are flesh and blood, not renewable characters in a video scenario." Liberman warned... "But there are no simple answers. You have to be careful not to knee-jerk. You'll just alienate the kids even more." Some profound words indeed, and something serious to think about. But the task is great, the orientation of the systems need to be changed and all of the children in all of the schools need to be involved in a positive, problem solving process, not just criticism and blame which are so much a part of our usual vocabulary. The headlines read "Six Shot by Classmate at Georgia High School." The report is from Conyers, Georgia, where, on the anniversary of the Littleton shooting, "a 15-year-old boy opened fire at his suburban high school wounding six fellow students. He then tearfully cried out, "I'm so scared," before surrendering his gun and falling into the assistant principal's arms." So far, I have not been able to get any of the major therapeutic groups like Social Workers, Psychologists, Marriage and Family Therapists, or Physicians to call a special summit and begin to use their expertise to address the violence epidemic. Not just theories, action. So, we are starting a grass roots professional group in North-west Indiana to do something special and to make an impact.

But while the tragedies grieve me, the lack of massive collaborative impact between those professions who are the experts frustrates me and makes me angry.

Since the shootings in Colorado and Georgia, there have been thousands of articles in the news media about what happened and why it happened. My note books are bulging with material from all over the world on how violent the schools in the United States are. Everyone thinks they have the answer, and everyone blames everyone else, but no one seems to face the real questions. And the real questions involve the epidemic of violence that is not only facing our schools but often those who talk about it.

Two cases in point. In a recent article by columnist Dr. Laura Schlessinger, she blamed the ACLU for protecting the rights of children and families and the right of free speech. These were defended, she states, by those who died in two world wars. In her enthusiasm, she forgot about those who died in the other wars to protect the freedoms that permit her to get paid for the material she so glibly writes. In addition she states, "I gave up on the public school system a long time ago." She now sends her children to a "private religious school." There they now get up "thanking God for the gift of life and asking God to direct his thinking."

In another article entitled "Prayer not School's Salvation," which appeared in the Gary (IN) Post Tribune, Sunday May 23rd, it implies that there has been no violence in schools that teach the four "Rs", reading, 'riting, 'rithmatic and religious education. How do they define violence? As a citizen and therapist, I know intimately about violence in schools that teach religious education. In fact in the same newspaper in months past there have been articles about violence and molestation in those schools.

So where is it safe? Not even in the mother's womb, if she drinks alcohol or takes some prescription drugs. I previously mentioned in this issue of Violence Chronicles, everyone is to blame. Wisely, we must recognize that the world has never been safe. To disagree with that is to deny that Roman or Greek history ever existed. The real question has to be what can we do together on a grassroots level to protect the best interests of our children rather than the best interests of our own violent thinking? As a therapist and a parent, I can relate to this month's book. It is Erich Fromm's masterful work *The Anatomy of Human Destructiveness*, published by Henry Holt and Company in 1973. Lewis Mumford feels that "if any book could bring mankind to its senses, this book might qualify for that miracle...This book is the product of one of the most penetrating, most mature minds of our time." It sure is a penetrating book with chapter headings, like Neurophysiology, Benign Aggression, Defensive Aggression and Malignant Aggression. Its insight speaks to the potential aggression in all of us.

Conclusion

This has been a hard newsletter for me to produce because it is hard to sort through the media for fact and fiction, for reaction and over reaction, and try to decipher what is real and what is not. That is why I started this issue with "Who is to Blame?" As I try to keep my finger on the pulse of violence, two or three themes are beginning to emerge. First, everyone is to blame. Second, no one is willing to take the blame. Third, everyone (like the alcoholic) is in denial, although they say otherwise. Fourth, no one expert or group of professional experts is doing something positive. Yet the ethics of all helping professions demand that they work for the well-being of their clients,...And in this case, the children of America are their clients.

So to take some grassroots leadership, Violence Chronicles is calling together a diverse group of professionals, students and parents, who hopefully will accept some assignments and develop the beginnings of a manual which can identify, quantify, qualify and prevent violence in our school systems. We will have our first meeting in June. My heart and professional soul says that I just have to take some leadership in doing something about the etiology of this epidemic.

We received the following comments from Violence Chronicles readers Don and Carrie Spears. "Carrie and I returned from a visit to London and I wanted to share...There have been three bombings throughout the city" (all in minority neighborhoods). "What I found interesting about the local media coverage is that the reporters immediately suggested that the violence is 'like that in America' and then gave lots of details about the shootings we have experienced. This seemed to be suggesting that the violence is overflow from America...I think that the British Press is ignoring the factors within their own country...This denial is a huge obstacle to bringing about real social change, which is necessary to end the violence."

To every question there are always at least two sides. In the case of school violence, one side is, of course. The provision for safe schools. On the other side, there are the right's of the children and parents of the accused, the victims and their families, and the potential shooters.

I have collected hundreds of articles about the shooters, violence and lawsuits filed against the schools, which appear to be unsafe. In fact some schools, are actually closing early this year because of bomb threats. These are tough questions for schools because every threat has to be taken seriously. On the other hand, the rights of the accused students and their parents also have to be protected. Articles are beginning to appear from attorneys, commenting that the evidence is "hearsay," of that a statement is only a rumor. This crisis only will be exacerbated by

accusation and cross-accusation, until we get through blaming each other and begin to face the problem--the epidemic that is upon us.

Sometimes the Mental Health professionals do not know what to do either. There are as many varied mental health opinions, as well as opinions from clergy, educators, politicians, and others...But they are only opinions. What is needed is calm, wisdom and concrete action. There is, however, one very thoughtful group of professional opinions shared below. Violence Chronicles is consciously doing two things.

Discussion

Analysis: a political article

Towards the end of 2003, David Blunkett, the British Home Secretary, introduced a bill to change laws on immigration and asylum, making life more difficult for many asylum seekers and unapproved immigrants. Among other things, this would deny asylum seekers the opportunity to work or claim benefits while waiting for legal approval. This would mean that they might not be able to support their families, and their children would have to be taken into care by the state or by charities.

These elements of the bill attracted strong criticism from left and liberal factions, including supporters of Blunkett's own party, Labour, and the government was accused of reactionary policy-making. The Guardian newspaper was one source of criticism, describing the new policies as 'beyond belief'. In response, Blunkett published in the same newspaper a fairly lengthy article defending his position (the Guardian, 27 November 2003). Here we shall examine only a tiny proportion of the text. The article was printed under the headline 'I am not King Herod', a semi-quotation from his statement in the body of the article 'I did not come into politics to be King Herod, 'an intertextual reference to the king in the Bible who notoriously slaughtered the innocent children shortly after the birth of Jesus.

Blunkett takes two lines of defence, or to use another metaphor, two approaches to selling his bill to a predominantly Labour-voting, liberal left readership:

If I don't do this, the far right will come to power and do worse.

These steps are in the interests of 'genuine' asylum seekers and legal immigrants. (our interpretation and wording)

The first of these is a common device for excusing policies that meet serious resistance. There are expediency arguments in both lines of defence, but

they are presented as being in the interests of the very people who will suffer as a result of the bill should it become law.

Exploiting both grammatical and traditional metaphors, he presents his personal predicament as a general truth and diffusely reframes his 'herod' image as that of champion of decency and moderation against forces of extremism and impracticality. In the process, without actually making the point explicitly, he tries to identify opposition to his policies with political extremists rather than with the traditional supporters of his party that he is primarily addressing, but he also separately suggests that irresponsible and impractical left-liberals are defective in that they fail to see that he is doing what must be done.

Since it is virtually impossible to communicate linguistically in a normal way without using metaphor, we are not suggesting that Blunkett is always aware of his exploitation of this resource any more than that he is always aware of his use of grammatical structures, but the investigation of these aspects of the text sheds some light on how it creates its meanings. In fact, Blunkett's use of metaphor does not display any marked attempts at rhetorical manipulation. Exploitation of metaphor is typified by his conventional use of.

Unknown as an invisible challenge in public mind just by a factor like the lack of sufficient knowledge of the cause and nature of money laundering.

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