REVIEW OF LITERATURE

A review of literature is essential in order to support the selection of variables and decide about the general framework of the study. Studies related to the present problem are reviewed in this chapter. Though the number of studies mentioned below may not be directly related to the present study, yet they are definitely essential for supporting the importance of the present study. The literature reviewed has been divided under the following subsections:

1) Alcoholism and Personality.
2) Alcoholism and Hardiness.
3) Alcoholism and Self-esteem.
4) Alcoholism and Learned Helplessness.

ALCOHOLISM AND PERSONALITY

The available researches suggest that personality and alcoholism are correlated. There are many studies which support the theory that personality affects the level of alcoholism among adult population.

In a meta-analysis the relationship between the Five-Factor Model of personality and alcohol involvement have shown and also identify moderators of the relationship. The meta-analysis included 20 studies and 7,886 participants. Possible moderators examined included: five-factor rating type (self vs. other); study time-frame (cross sectional vs. longitudinal); sample type (treatment vs. non-treatment); type of alcohol involvement measure used; gender of the
participants; and age of the participants. The meta-analysis showed alcohol involvement was associated with low conscientiousness, low agreeableness, and high neuroticism (John, Einar, Thorsteinsson, Sally, Nicola, 2007).

Cross sectional studies have suggested that two broad bands of personality, impulsivity/novelty seeking and neuroticism/negative emotionality, are associated with alcoholism. Longitudinal studies have consistently reported that antisocial behaviour and hyperactivity are related to later alcoholism. (Mulder, 2002).

Personality research has, however, continued, and several studies have sought to identify personality characteristics associated with the onset of heavy drinking and other drug use. The results suggest that such use is more common among adolescents and adult population who show pre-drug use signs of one or more of the following: rebelliousness, other adjustment problems, depression, and sensation seeking (Kandel & Yamaguchi, 1985; Stein et al., 1987; Shedler & Block, 1990).

There is evidence for common pre-drinking personality traits in one type of problem drinker. These are people who have alcohol problems from an early age (late teens or early 20s) and strong antisocial tendencies (Allen, 1996; Molina et al., 2002).

Little work has been done in India on the personality factors of alcoholics. These personality factors have a significant effect on treatment outcome. Psychological assessment of 100 consecutive male
inpatients alcohol dependents, and an equal number of controls matched for age, sex, occupation and regional background was carried out, State-Trait Anxiety Inventory, Hamilton Rating Scale for Depression, Multiphasic Personality Questionnaire, Maudsley Personality Inventory, Toronto Alexithymia Scale, Self-esteem Inventory and Presumptive Stressful Life Events scale. Alcohol-dependent individuals show significantly high neuroticism, extroversion, anxiety, depression, psychopathic deviation, stressful life events and significantly low self-esteem as compared with normal control subjects (Chaudhury, Das, Ukil, 2006).

Zuckerman, Eysenck, (1977) investigated that correlation between personality variables and alcoholism can be obtained because of unrecognized confounds at the measurement on design level, some personality scales contain items that directly reference substance use. As a case in point, disinhibition subscale of the sensation-seeking scale-version V is a frequently employed self-report measure of sensation seeking and impulsivity containing two items that directly assess substance use. (I often like to get high). I feel best after taking a couple of drinks. Failure to address this confounding of item content inflates the magnitude of the correlation between disinhibition and alcohol consumption (Darkes, Greenbaum, & Goldman, 1998).

It is found that personality variables are viewed in the context of mediating and moderating relationship (Miller, 1995).

Personality variables have been posited to mediate the effects of
more distal variables, such as family history on outcome (Cloninger, 1987., Sher et al, 2000).

Gustafson(1994) mentioned that people’s aggressive tendencies are normally controlled by inhibiting forces. Alcohol would then increase the likelihood of aggressive behavior chemically, through direct pharmacological effects on the brain.

It is found that alcohol contributes indirectly to increased aggression by causing cognitive, emotional, and psychological changes that may reduce self-awareness or result in inaccurate assessment of risks (Bushman, 1997).

It is suggested that alcohol increases aggression because people expect it to do so. The association of alcohol intoxication with aggression would thus be a product of social learning and cultural influences (MacAndrew & Edgerton, 1969; Bandura, 1973; Lang & Stritzke, 1993). Studies show that people act aggressively even if they only believe they have consumed alcohol, as shown by experiments that used placebos (Bushman & Cooper 1990; Gustafson, 1994; Bushman, 1997; Lipsey et al. 1997).

Barnes, (1983) investigated that there are models that view personality characteristics as consequence of alcoholism. Such model assume that the psychosocial (eg. life stress, demoralization) consequences of alcoholism disorder result, either directly or indirectly, in personality changes. There is considerable evidence that the cross-sectional correlates of clinical alcoholism differ from the
prospective correlates risk for alcoholism, leading to distinction between pre-alcoholic and clinical alcoholic personalities. Further support for the distinction between pre-alcoholic and clinical alcoholic traits comes from studies comparing changes in personality traits in alcoholics over an extended period of abstinence. Some traits appear stable (especially those related to psychopathic traits). Where as others appear to normalize” especially those related to anxiety and depression.

Sher (1991) explains that the personality variables have been viewed as having only indirect effects on disorders; that is their primary effects are mediated by other variables more proximal to outcome. It has been posited that individuals who are high on trait related to negative affectivity are more likely to experience subjective distress and consequently turn to alcohol for ‘self-medication’ purposes.

Sher et al suggested that the effect of family history on offspring alcoholism could be mediated by such a multistage chain where family history (a distal variable) is related to behavioral under control (a personality variable ) which in turn is related to alcohol outcome expectancies (a proximal variable) which in turn is related to alcohol involvement.

In addition to mediating type relationship, there is ample evidence to suggest that personality can play a moderating role in alcohol use and alcoholism, interacting with various risk factors to
exacerbate the likelihood of consumption or disorder; that is, one’s relative standing on a personality dimension can determine the strength of relation between a predictor variable and an alcohol-related outcome. For example, the trait of dispositional self-awareness (a personality variable) has been shown to interact with life events (a predictor variable) in determining the likelihood of relapse (Hull & Young, 2005).

Similarly, self-awareness has been shown to interact with family history of alcoholism in predicting offspring alcohol problems (Rogsch, Chassin & Sher, 1990) and appears to moderate the relationship between alcohol outcome expectancies and alcohol use (Bartholaw & Sher, 2000).

According to Hoffman, Loper, Kammeier, (1974) and Loper, Kammeier, Hoffman, (1973) another approach by them for seeing whether a personality type predisposes the individual to become alcoholic is to take measurements of young people and to see whether a scale predicts which will become alcoholics and which will not. This strategy was employed by a group of Minnesota researchers. They compared the MMPI scores of college students who later became alcoholics with those who did not. The MMPI scores between the two groups showed differences. In the direction of higher sociopathy, defiance of authority, and impulsiveness among those who were to later become alcoholics. Clearly, repeated findings have shown this kind of anti-social impulsiveness to characterize alcoholic males and
females both before and after they are clinically diagnosed as alcoholics.

Many studies have shown the importance of personality traits as factors related to alcohol use and misuse. The relationship between personality traits and alcohol consumption was studied in a sample of 149 non-alcoholic women using the Karolinska Scales of Personality (KSP) and the Eysenck Personality Questionnaire-Revised (EPQ-R). The results showed positive correlations between alcohol consumption and dis-inhibitory personality traits (sensation seeking, impulsivity, psychopathy, nonconformity) and dimensions (psychoticism and extraversion). Sensation seeking combined with impulsivity were the strongest predictors of alcohol consumption (Elena & Generós, 1998).

The meta-analysis showed alcohol involvement was associated with low conscientiousness, low agreeableness, and high neuroticism, a personality profile that: a) fits on the low end of a superordinate personality dimension that has been called self-control; and b) makes treatment difficult. Several significant moderators of effect size were found, including the following: studies of individuals in treatment for alcohol problems showed a more negative pattern of personality traits than did other studies; cross sectional studies, but not longitudinal studies, showed a significant effect for agreeableness, perhaps suggesting that low agreeableness may have a different causal link to alcohol involvement (Malouff, Thorsteinsson, Rooke & Schutte, 2007).

Vaillant (1983), discovered that 7 times as many Irish
Americans as Italian Americans and others in his Boston sample became alcoholic. When comparing a group of Harvard students with an inner-city group of white ethnics, he also found more than three times the alcoholism rate among the inner-city group (all these men's drinking histories were followed for over 40 years. There is a heightened tendency to see alcohol both as a salvation and as an evil force that can take control of the individual.

Jessor & Jessor (1977) developed a complex model which takes into account personality, the person's immediate environment, and the larger social groups and values that the individual pursues. According to them, young who are oriented toward achievement or other prosocial activity are unlikely to abuse drugs or alcohol whatever their personality type.

**ALCOHOLISM AND HARDINESS**

It is found that certain types of people fall ill and have a difficult time overcoming sickness while others seem to be unaffected by illness and can buffer a stressful situation (Florian, Mikulincer, & Taubman, 1995; Hull, Van Treuren, Virnelli, 1987; Kobasa, 1979a; Kobasa, 1979b; Kobasa, Maddi, & Kahn, 1982; Li-Ping Tang & Hammontree, 1988). Selye (1979) defined the concept of stress as the nonspecific response of the body to any demand made upon it. Through experimental data, a direct link has been made between abnormal immune responses and stress. In addition to the stress-disease connection, it seems personality and other mediators are the
connection between stressful life events and illness or health.

According to Kobasa (1979a), hardy people are buffered against stressful life situations because they engage in certain affective, cognitive, and behavioral responses. In turn, buffering the stressors leads to better overall health.

Kobasa (1979a) worked with executives working under conditions of stress. Control was measured through four instruments, commitment with the Alienation Test, and challenge with 6 instruments. Kobasa suggests that a hardy personality plays the role of a buffer in the stress-illness relationship. This study was one of the first to significantly correlate the role of personality and other mediators in the connection between stressful life events and illness or health. In this study, Kobasa's results indicated that high stress/low illness executives can be distinguished from high stress/high illness subjects.

Since Kobasa's 1979a study, many other researchers have investigated the health and hardiness connection (Florian, 1995; Hull, 1987; Kobasa, 1979b; Kobasa et al. 1981; Kobasa et al. 1982; Greene & Nowack, 1995). Greene & Nowack (1995) studied coping styles in relation to hardiness and health and supported the notion that a positive association exists between stress, coping and health. Specifically, hardiness was correlated with four coping styles. In accordance with this finding, Li-Ping Tang & Hammontree (1988) determined hardiness was significantly associated with future strain
and stress. Results ultimately showed that "Hardiness will operate as a resistance resource in the stress and strain relationship and also the stress and illness relationship."

Cooper, Cary & Payne, (1991), explored the relationship between certain personality characteristics and coping with stress. Related research by Bruce (1992), discusses coping models, which is mostly a recent phenomenon. Their research presented current models of coping described the coping process, and related the coping process to environmental factors, personal variables, and desirable outcomes.

Someya, & Toshiyuki (1999), investigated the relationship between coping strategies and personality traits. The results indicated that personality traits such as neuroticism were associated with emotional oriented coping in major depressive disorder.

A five-year study, by Kobasa (1982), examined the role of hardiness and its interaction with stressful life events in relation to present health status. Hardiness is shown to be indirectly related to less illness development in the presence of stressful life events, supporting the concept of hardiness as a resistance resource. Testing by Rhodevault and Agustodttir (1984), revealed that hardy individuals report more positive self-statements than low hardy subjects do. Physiologically, high hardy individuals displayed higher levels of systolic blood pressure during the experimental period, indicating more active coping efforts.

The effects of hardiness have also been linked to the drug field
in regards to coping with addiction. A study conducted by Hirky & Anne, (1998) interviewed injection drug users in an urban methadone program to examine whether coping serves as a mediator of the relationship between social support, personality hardiness, and psychological distress. Results indicated the relationship between hardiness and distress was fully mediated through lower levels of a latent construct measured by behavioral disengagement and denial coping. The path from hardiness to coping was significant, as was the path from coping to distress. Direct effects to distress were found for social support, life events, and gender. Whether stress is a direct result from a biological dependency or social environments, people who exhibit characteristics of a hardy personality will better cope with that stress.

**SELF-ESTEEM AND ALCOHOLISM**

Consuming alcohol and level of self-esteem have both been shown to be related to a person’s mood. In an experiment by McCollam, Burish, Maisto, & Sobell (1980), participants who consumed alcohol reported significantly higher levels of positive affect, such as elation, than sober participants. In addition, sober participants reported being more depressed than intoxicated participants. Similarly, Diener & Emmons (1985) found that self-esteem is also positively correlated with positive affect; participants with higher self-esteem reported being happier and joyful than participants with low self-esteem. These results show that both alcohol
intoxication and high self-esteem have the same relationship with mood. Aggression is also shown to be related to intoxication and self-esteem in a similar way. In a meta-analysis of 30 studies, Bushman & Cooper (1990) shows that alcohol actually causes aggressive behavior. Heartherton & Vohs (2000) also found a relationship between self-esteem and aggression. Following a threat to their ego, Alcohol and Self-Esteem 5 participants with high self-esteem showed a significantly higher increase in antagonistic behavior and hostility than participants with low self-esteem. In addition, Kernis, Grannemann, & Barclay (1989) found that instability in self-esteem is a predictor of anger and hostility. This research shows that aggression is related to alcohol intoxication and high self-esteem in the same way.

Studies have found that low self-esteem is the universal common denominator among all people suffering from alcohol addiction. Candito(1996) reports, that those who have identified themselves as “recovered alcoholics” indicate that low self-esteem is the most significant problem in their lives. Candito further reported that low self-esteem is the underlying origin of all problematic behaviors resulting in alcohol abuse. This is also shared by Keegan (1987) who maintains that low self-esteem is either the cause or contributes to maintain alcohol and drug abuse.

Rivas Torres and colleagues (Rivas, Fernandez & Fernandez, 1995) examined the relationship among self-esteem, health values,
and health behaviors among adolescents. They found a significant relationship between self-esteem and general health behavior for both younger and older adolescents, and that self-esteem accounted for a significant percent of the variance in mental health behavior, social health behavior, and total health behavior.

Based on the work of Lyons & Chamberlain (1994) expected that self-esteem would mediate the relationship between minor life events and health. They found a direct correlation between self-esteem and health at two time periods in their study.

Bernard, Hutchison, Lavin, & Pennington, (1996) found high correlations among self-esteem, ego strength, hardiness, optimism, and maladjustment, and all of these constructs were significantly related to health.

Self-esteem has long been believed to play an important role in the use of alcohol and psychoactive substances (Charalampous, Ford, & Skinner, 1976; Donnelly, 2000).

Several researchers have argued that low self-esteem poses high risk for substance abuse in some populations, including adolescents, college students (Mitic, 1980; Yanish, & Battle, 1985), young females (Beckman, 1978; Engs, & Hanson, 1989) and African Americans (Grills, & Longshore, 1996). Results of these studies have led researchers to promote the theory that if levels of self-esteem can be determined, it may be possible to predict, change, or improve the lives of some people (Gross 1970; Jessor, & Jessor 1977; Laflin, Moore-
The relationship between self-esteem and substance abuse is based on studies that involved alcohol use by students in high school or college, thereby severely limiting the generalizability of findings to more mature populations, such as the chronically homeless substance-abusing men living in urban settings (Segal, Rhenberg, & Sterling, 1975).

Self-esteem has been linked to self and self-will, and has emerged as an important tool for understanding human behavior and for treating negative thoughts, inner feelings of incompleteness, emptiness, self-doubt and self hatred (Adler, Wingert, Houston, Manly, & Cohen, 1992; Crocker, Luthanen, Blaine, & Broadnax, 1994).

Kaplan’s (1975) viewed that all individuals possess the "self-esteem motive," directing them toward minimizing negative self-attitudes and maximizing positive perceptions of the self. Low self-esteem and a lack of conformity were found to be high risk factors strongly correlated with the use of tobacco, alcohol and other drugs by young adults (Ward, 2002). Several empirical studies found significant relationships between self-esteem and self-reported problem drinking (Beckman, 1978; Botvin, Schinke, Epstein, Diaz, & Botvin, 1995; Corbin, McNair, & Carter 1996; Glindemann, Scott, & Fortney, 1999; Maney, 1990; Parish, & Parish, 1991; Schaeffer, Schuckit, & Morrissey, 1976).

Mitic (1980) found that regular alcohol drinkers had greater scores for self-esteem compared with heavy drinkers and abstinent
adolescents, and that heavy drinking was associated with low self-esteem for females.

Other researchers have found individuals with high levels of self-esteem displayed lower levels of serious involvement with alcohol or illicit drugs and exhibited lower tendency to experiment with either alcohol or illicit drugs (Gorman, 1996; Schroeder, Laflin, & Weis, 1993).

A study involving working-class males in the Metropolitan Los Angeles area found a moderate negative correlation between self-esteem (measured by the Rosenberg 10-item Scale) and a 6-item measure of drinking problems (Seeman, & Seeman, 1992).

In another study, it was investigated that depression and self-esteem both are negatively co-related to alcohol consumption (DeSemone et al, 1994).

Gossop (1976), identified considerable deficiencies in self-esteem among drug-dependent patients, and believes that teenagers with low self-esteem who are exposed to drugs must be considered to be at-risk.

Miller (1988), demonstrated that a program to increase self-esteem significantly changed the attitudes of students regarding their alcohol and drug use.

Glindemann, Geller, & Fortney, (1999) took a slightly different approach than other studies. They used a single party as a basis for the research. Participants completed a self-esteem survey a couple of
weeks prior to the party. Their blood alcohol content was measured as the participants exited the party. Their results were consistent with previous studies in regards to self-esteem and alcohol consumption and with no significant differences between the genders.

Similarly, Diener & Emmons (1985), found that self-esteem is also positively correlated with positive affect; participants with higher self-esteem reported being happier and joyful than participants with low self-esteem. These results show that both alcohol intoxication and high self-esteem have the same relationship with mood.

In a study on adolescent drinking behavior, adolescents with high self-esteem reported consuming less alcohol than adolescents with low self esteem and reported smaller increases in alcohol consumption over time (Gerrard, Gibbons, Reis-Bergan, & Russell, 2000).

In addition, in a study on college students, students with low self-esteem became more intoxicated at a fraternity party than students with high-self esteem (Glindemann, Geller, & Fortney, 1999).

Although this research shows a relationship between alcohol and self-esteem, it does not focus on the reverse of this correlation between alcohol and self-esteem; there is little if any evidence that investigates how alcohol abuse influences self-esteem.

Although no direct biological link between alcohol and its influence on self-esteem has been investigated, an indirect relationship between alcohol and self-esteem can be seen by
investigating similar effects alcohol and self-esteem have on behavior and cognition. Alcohol affects several neurotransmitters in the human body that influence basic functions such as memory, emotions, arousal, sleep, pain, and response to stress (Chastain, 2006). When alcohol is consumed, the balance of these neurotransmitters in the brain is altered, causing behavioral and cognitive changes involving mood, aggression, social interactions, and risk-taking behavior. Correlations with these behaviors can be seen with both alcohol and self-esteem, showing an indirect relationship between level of alcohol intoxication and self-esteem.


**LEARNED HELPLESSNESS AND ALCOHOLISM**

The effects of learned helplessness are lack of self confidence, poor problem solving, wandering attention and feeling hopeless. Other symptoms include; difficulty in learning behavior pattern in reaction to controllable adversities, reduced motivation in initiating coping responses and emotional reactions of sadness (Ramirez, Maldonado & Martos, 1992).

Research has also identified strong association between trauma and alcoholism in a sample of Vietnam combat veterans showed signs of alcohol addiction (Bremner, Southwick, Darnell &
Charney, 1996). Similarly women exposed to childhood rape often report turning to alcohol use (Epstein, Saunders, Kilpatric, & Resnick, 1998). In addition to that investigators found that 40% of patients receiving treatment for substance abuse also experienced some of the traumatic incidents (Dansky, Roitzch, Brady & Saladin, 1997).

Low personal control and a sense of meaninglessness of life attributes associated with a pattern of human learned helplessness have also been described as contributing to the onset of alcoholism/drug use, as well as the maintenance of chronic substance abuse (Quinless & Nelson, 1988).

Robert & Edward (1996) conducted a study on a sample of 30 consecutive cocaine dependent individuals seeking treatment for the first time. Results indicated that the LHS was internally consistent when administered to this clinical sample and that theoretically meaningful and statistically significant relationships with other measures of psychological functioning were observed. Scores on the LHS were related to treatment retention/outcome.

Thornton et al (2003) studied the pretreatment levels of learned helplessness (LH) related to outcomes for substance-dependent individuals receiving high-structure, behaviorally oriented (HSB) or low-structure, facilitative (LSF) treatment. The subjects were 120 substance-dependent patients randomly assigned to the HSB or the LSF treatment style for up to 12 weeks of weekly individual counseling. The two groups were compared across pretreatment
characteristics as well as in-treatment, end-of-treatment, and 9-month postadmission follow-up outcome measures. Outcomes reflected reduction in problem severity, abstinence, retention, dropout rate, and ratings of treatment benefit. Significant and comparable reductions in symptoms occurred for the HSB and LSF patients both during treatment and at follow-up. Comparisons of other outcomes also did not consistently favor either treatment style. However, significant and consistent interactions were observed between LH and treatment styles with respect to several outcome measures, and these effects were independent of pretreatment levels of depression, addiction severity, and readiness for treatment. Specifically, the more helpless patients did significantly better in HSB treatment, whereas the less helpless patients had better outcomes in LSF treatment. A matching approach that assigns patients to high- and low-structure treatments based on pretreatment levels of LH might improve treatment outcomes for substance-dependent patients.

Richard et al (1989) studied the relationship between attributional style and post-traumatic stress disorder in addicted patients in a group of 99 patients seeking treatment for alcohol dependence and/or pathological gambling. Consistent, significant relationships were found between learned helplessness attributional style and a variety of measures of PTSD.

Sitharthan, Michael, Sitharthan, & David (2001) worked on the Alcohol Helplessness Scale and its prediction of depression among
problem drinkers. A sample of 98 problem drinkers were selected. Hierarchical multiple regression were used to test the helplessness and self-efficacy moderate or mediate the link between alcohol dependence and depression. Helplessness and self-efficacy both significantly and independently mediated between alcohol dependence and depression.

Kannappan, & Cherian, (1990-94) worked on a sample of 119 alcoholics who attended a day care centre completed the 16 PF questionnaire. Information on religion, occupation, order of birth, duration of drinking etc. was recorded for each subject. Results reveal that they scored high on indicating that they were intelligent, aggressive, impulsive, suspicious, imaginative and radical.

Mohan, Virdi, Paramjit, (1994). Investigated the personality of smokers and drinkers adult 500 subjects comprising an equal number of males and females was administered the Eysneck & Eysneck, 1978. Findings indicate that: (a) both smokers and drinkers scored higher on Extraversion and psychotism, where as non-smokers and non-drinkers scored higher on Neuroticism and lie-scale(LS): (b) Extraversion was found to be positively correlated with smoking as well as drinking; (c) Neuroticism correlated negatively with drinking.

The study compared personality need traits of male and female heroin addicts. It showed that both male and female addicts have a tendency to seek support and affection in time of depression and suffering. Male addicts scored significantly higher on need traits of
order, affiliation and change. Similar findings have been reported by Steer & Schut in 1978 who found that addicted males have high needs for dominance, affiliation, exhibition and change.