INTRODUCTION

Man has been experimenting for thousands of years with a variety of naturally occurring substances that act on his nervous tissues. In ancient times alcohol was used by royal families or kings, just to get the freshness of mind and pleasure. But the poor used the drugs in the natural form (Bhang, Opium and Nicotine etc.). Thus the problem of alcoholics and drug addiction is not new in the history of mankind. In India although fermented alcohol “Somras”, bhang, opium have been in use for a long time, the use of synthetic or chemical drugs relatively new. The menace of drug abuse is not only spreading alarmingly in urban areas, but also in rural areas and targets young adult population.

Drug abuse and alcoholism is widely recognized as a serious problem world over with severe psychological, social and physical consequences. Hence the problem of drug and alcohol abuse is not unique either to India or to present times (Sachene, 1990) but is a chronic menace.

The health care system is greatly affected by alcoholism. In India, 10% of adults entering private physician's clinics are alcoholics and 15-40% of adult admissions to general hospitals are for alcohol related problems. (W.H.A. Report, 2002). One fact comes to the forefront while analyzing the whole scenario that is what makes certain drinkers strictly remain social drinkers while others further deteriorate to drinking as a habit and become addicts/dependents.
Alcohol abuse affects not only the individual users but also their families and the general community. The harm can be physical, psychological or social in nature. The abusers pose difficult problems for themselves, for families, for industrial and other establishments and society.

DSM IV-TR (A.P.A., 2005) differentiates different levels of alcohol use as follows:

**Alcohol dependence** is characterised by at least three of specific signs or symptoms from inability to control the amount consumed interferences with work, school or social activities, tolerance, withdrawal and duration of problem being at least for a month.

**Problem drinker**: These are people who can not drink in a controlled manner, or people whose drinking at one time has adversely affected their health or caused them any economic, professional, legal or personal problems (National Institute on Alcohol Abuse & Alcoholism, 1992).

**Social drinking**: can be defined as drinking pattern that is found to be acceptable to the society in which they occurs on an infrequent basis during social occasions that may call for alcohol to be present and/or consumed. Those individuals who engage in social drinking generally only have one or two drinks and are easily able to stop drinking at that time. Social drinking is defined as such because under normal circumstances, the individual would probably not
choose to consume alcohol but may do so only due to the social situation (United State Department of Health and Human Services, 1992).

Alcoholism poses a significant threat to affected individuals, their families and the larger community. Understanding those variables that are involved in the etiology and maintenance of alcoholism is thus a high priority for both the clinicians who treat alcoholics and public health workers attempting to prevent alcohol dependence and related problems. Although a number of biological, psychological and social factors have been implicated in the etiology of alcoholism (National Institute on Alcohol Abuse and alcoholism, 1997), the general belief is that personality plays an important role in causing alcoholism.

Over the past 50 years, hundreds of studies have examined the personality correlates of alcoholics, many of these in search of so-called “Alcoholic Personality” (Sutherland & Tordella, 1950) that was thought to underlie alcoholic behavior. In the first edition of the American Psychiatric Association (APA, 1952), alcoholism was considered a form of personality disorder, implying that disordered personality functioning is a core component of alcoholism.

By the year 1980’s, the alcohol research committee came to recognize that, although there was no single constellation of personality traits that was unique to alcoholics, personality measures could be used to distinguish clinical alcoholics (i.e. individual seeking
treatment for alcoholism or individual meeting diagnostic criteria for alcoholism) from various comparison groups.

**PHASES IN THE DEVELOPMENT OF ALCOHOLISM**

Studies of the effect of alcohol show that it functions physically as a depressant and its most important psychological effect in easing of tension and fear. While there is no uniform pattern in the psychological and social development of alcoholism, some common stages have been identified. Jellinek, (1960) have describe a pre-alcoholic phase in which the future alcoholic attempt to alleviate everyday tensions of life by drinking. At this point he is not considered to have a drinking problem. However, as he consumes progressively larger amount of alcohol in order to gain the same effect that less alcohol used to give, the drinker imperceptibly slips from the pre-alcoholic to the to **the phase of early alcoholism**. The early alcoholic may experience blackouts, brief periods of amnesia during or immediately following a drinking episode. He begins sneaking drinks and actually hides a bottle to drink from when no one is looking. He gradually develops a preoccupation with alcohol and experiences guilt about his drinking behaviour.

During the **phase of loss of control** the drinker loses the ability to abstain even for short periods of time. If he takes one drink, he continues to the point of drunkenness. This has been called **crucial phase** because during it the alcoholic stands in great danger of loosing everything he values (family, job, friends, health). At this stage
he may show tendencies toward grandiosity and intensified aggressiveness toward others. During the fourth and final phase, the **chronic phase**, the individual goes on prolonged, unplanned drinking sprees (benders) which last for many days. To get money for liquor he may steal and write worthless cheques. Some female alcoholics resort to prostitution. During the chronic phase, the alcoholic’s thinking become impaired and he experiences a loss of alcohol tolerance. When this happens he requires relatively little alcohol to arrive at a severely intoxicated state.

**CAUSES OF ALCOHOLISM**

**Biological causes:**

There may be a metabolic defect in the individuals physiologically who are dependent upon alcohol. Alcoholics have reported to metabolize at a faster rate than non-alcoholics. The genetic factors are also probably involved in the development of alcoholism in man.

**Socio cultural causes:**

The facilitating effects of certain cultural factors on the development of alcoholism is well recognized. The value and mores of the community in which an individual lives influence his drinking behavior. Occupation appears to be an important causal factor in alcoholism. Working in the drink trade itself wine merchant places the individual at a high risk but others including printers, businessman or doctors tend to manifest high rates of alcoholism. Predisposing
effects include the availability of cheap of free alcohol, strong peer pressure to drink, a lack of supervision at work etc. Alcoholism has been reported to develop during periods of crises or following significant life events which have led to serious instability, confusion and role stress. It seems reasonable to hold that the presence of alcoholism in a marital partner might by itself constitute a sufficient incentive to divorce or separation.

**Psychological causes:**

According to psychological view, alcoholism, like any other deviant behavior or symptom, is the result of maladaptive learning and must be corrected by a process of retraining. According to psychoanalytic view, (Fromm & Maccoby, 1970) concluded that heavy drinking by men is a response to a repressed, intense mother fixation. From a psychoanalytic view point, alcohol can be considered to be substitute for emotionally mature adaptation, as a result of variety of specific failures in emotional growth. The alcoholic is seen as an economically and emotionally dependent person, passive and lacking in perseverance, devoid of interest in achieving anything other than immediate pleasure or relief. His love relationship is characterised by a self centeredness, a clinging to mothering persons and depressive moods when such support is not forthcoming.

According to the behavioral theories excessive drinking has been suggested by Bandura (1969). According to him, Individuals who are subjected to stressful situations may obtain relief from stress through
drinking alcohol due to its pharmacological effects. The behavior of drinking is reinforced by the reduction of unpleasant experiences that follows from it. Repeated experiences in which the drinking of alcohol leads to a reduction of anxiety, stress or other aversive stimuli results in a progressive strengthening of the alcohol habits. Once established, the excessive use of alcohol begins to have aversive effects on the individual that in turn set up renewed stimulus conditions for continued drinking. Eventually, with prolonged heavy drinking, physiological alternations occur in the body resulting in physiological dependence. Other behavioral factors may have etiological significance, however, social reinforcement, such as peer approval, or imitative behavior, e. g. of parental drinking attitudes and habits, may serve to initiate and/or maintain excessive drinking.

According to the personality theories, it involves the fact that alcohol act as a potent tranquillizers for highly anxious individuals. There is support for the view that some alcoholics manifest high level of anxiety and that alcohol has depressant and sedative pharmacological properties. Another view suggests that alcoholics are individuals who suffer from pervasive feeling of inferiority which result in an enhanced need for power in the face of inadequate personality resources to achieve it. Owing to frustrated ambition, the alcoholic resorts to drinking to achieve a sense of self-satisfaction and achievement as well as a release from tension.
The hazardous and harmful use of alcohol has now become one of the most important risk factors to health; and ranks third in developed countries. According to the (World Health Report, 2002), while alcohol use is deeply embedded in many societies, recent years have seen changes in drinking patterns across the globe wherein rates of consumption are in excess among general population, and heavy episodic drinking among adult people are on the rise. Alcohol consumption contribute to a wide range of diseases, health conditions and high risk behaviors ranging from mental disorders and road traffic injuries to liver diseases and unsafe sexual behavior.

Psychologically, etiology of substance abuse is believed to be a predisposition related to severe ego impairment and disturbances in the concept of self (Leigh, 1985). The person retains a highly dependent nature, with characteristics of poor impulse control, low frustration tolerance and low self-esteem (Jones, 1959). Described these persons as fixated at the oral stage of development and as ones who seek satisfaction through oral gratification (i.e. ingestion of substances). Having once experienced the gratification of supportive, drug induced pattern of ego functioning, users attempt to repeat this satisfying experience as a solution to their conflicts (Milkman & Frosch, 1980).

Research suggests that certain personality factors/traits may play an important role in both the development and maintenance of alcohol dependence (Barnes, 1980). Characteristics that have been
identified include impulsivity, negative self concept, weak ego, low social conformity, neuroticism and introversion. It has also been associated with antisocial personality and depressive response styles (Leigh, 1985). This may be explained by the inability of an individual with antisocial personality to anticipate the aversive consequences of his or her behavior. It is likely that in an effort on the part of that person to manage negative emotional evaluations, he may indulge in substance abuse. Further it may be an impulsive act towards anxiety relief. Achievement of relief then provides the positive reinforcement to continue abusing the substance.

Factors within an individual’s culture help to establish patterns of substance use by modeling and through social attitudes; cultural acceptance and availability of substance are also highly significant. For centuries, French and Italians have considered wine an essential part of the family meal. The incidence of alcohol dependency in them is low, and acute intoxication from alcohol is not common. However the possibility of chronic physiological effects associated with lifelong alcohol consumption cannot be ignored. Historically, a high incidence of alcohol dependency has existed with in the Native American Culture (Westermeyer & Baker, 1986). Approximately 70% of adult in USA drink alcohol, of which 10% are heavy drinkers and 5 to 10% are problem drinkers (Frances & Franklin et al, 1994). Thus ethnic cultural influences are marked in the levels of alcohol use. Different investigators have given definitions of personality:
“Internal, organized, and characteristic of an individual over time and situations...[and] has motivational and adaptive significance” (Watson, Clark & Harkness, 1994).

Personality: the underlying causes within the person of individual behavior and experience.

Allport (1937): “the dynamic organization within the individual of those psychosocial systems that determine his unique adjustment to the environment.”

Cattell (1950): “personality is that which permits a prediction of what a person will do in a given situation”

**PERSONALITY AND ALCOHOLISM**

Costa & Mc Crae, (1992) found that personality and alcoholism can be spuriously related because of “third variable” causation. For example, throughout the adult years, alcoholism is more prevalent among males than among females. However many personality variables are related to gender.

Besides from spurious relations, research on personality and alcoholism has suggested several models relating personality to alcohol use and abuse.

First, there are those models that posit personality as a predisposing factor. In these models, personality traits are thought to lead to alcoholism for any of a number of reasons. Personality traits could provide the primary motivational basis for alcohol consumption (eg. Negative affects regulation sensation seeking). Alternatively,
personality traits could affect the likelihood that an individual who is already drinking is likely to continue drinking despite the fact that alcohol is interfering with his or her life. (e.g., deficits in inhibitory control). Yet a third possibility is that personality traits contribute to the development of specific alcohol-related consequences (e.g., alcohol-related aggression) in someone who has consumed alcohol (e.g., in individuals high in trait aggressiveness).

**HARDINESS**

Hardiness is a newer area of personality. After reviewing the literature, it has been found that few studies have done by different researchers on hardiness and personality, hardiness and stress, hardiness and health, hardiness and illness etc. But no study has been done on hardiness in relation to alcoholism. Thus, we have taken hardiness as a variable in relation to alcohol use for the present study.

**Hardiness as a Personality Construct**

The term hardiness was introduced by Kobasa (1979) to refer to the personality style which keeps the person healthy even after prolonged exposure to stress. Hardy people are hypothesized to possess three general characteristics: commitment, control & challenge.

**Commitment**

Hardy people show deeper involvement in whatever they do and have a tendency to perceive these activities as worth doing. Persons
strong in commitment have a strong sense of purpose and direction and do not easily give up under pressure. Commitment is reflected in the ability to feel activity involved with others and a belief in the truth, value and importance of one’s self and one’s experience (Huang & Wagnitd, 1995; Tartasky, 1993). Adverse situations are ultimately seen as meaningful and interesting (Maddi & Kobasa, 1984).

**Control**

They have a tendency to feel and act in an influential manner in the face of varied contingencies of life. They feel both capable and empowered to achieve desired outcomes (Kobasa, 1979). They act as they are influential in contingencies of life, events are perceived as a natural outgrowth to the individuals actions and not as unexpected experiences (Kobasa et al.,1982).

**Challenge**

Hardy people tend to perceive changes as a challenge, for them anticipation of changes are interesting incentives to growth rather than threat to security. Challenge reflects the belief that change is not a threat to personal security, but an opportunity for personal development and growth (Maddi & Kobasa, 1984). Hardiness reduces unhealthy effects of stress in two ways: (1) it improves health by acting as a buffer to stressful life events (Kobasa & Puccetti, 1983) and (2) it directly reduces the strain by decreasing the use of unsuccessful coping strategies (Kobasa et al., 1982).
Together, these characteristics mitigate the potential unhealthy effects of stress and prevent the organismic strain that often leads to illness. In contrast, non hardy or less hardy individuals easily succumb to ill effects of health as they find their environment boring, meaningless and threatening. They have a belief that life is best without change and allow external forces to impinge upon them and not try to transform the events by taking decisive actions. Kobasa (1979) demonstrated the link between hardiness and health in a study of high stressed executives. She identified two groups of individuals, one who experienced high level of stress and severe illness, and another who had experienced high level of stress but little illness. Kobasa found that although, both the groups have experienced high levels of stress, low illness group was more hardy as compare to the high illness group. The high stress/low illness executives reported a greater sense of control, commitment and challenge than the high stress and high illness individuals did.

Thus hardiness (commitment, control & challenge) may play an important role in degree of alcohol use. If an individual is having strong commitment, control and accept the challenges positively he may not indulge in substance abuse/alcohol misuse and may help in constraining it to social drinking.

**SELF-ESTEEM**

Self Esteem refers to an individual’s sense of his or her value or worth, or the extent to which a person values, approves of,
appreciates, prizes or likes him or herself. The most broad and frequently cited definition of self esteem is by Rosenberg (1965), who described it as a favorable or unfavorable attitude towards the self. Self esteem is generally considered the evaluative component of the self concept, a broader representation of the self that includes cognitive and behavioral aspects as well as evaluative or affective ones. While the construct is most often used to refer to a global sense of self worth, narrower concepts such as self confidence or body esteem are used to imply a sense of self esteem in more specific domains. It is also widely assumed that self esteem functions as a trait, that is, it is stable across time within individuals (Blascovich & Tomaka, 1991).

**Characteristics of High and Low Self-esteem**

Rosenberg’s conceptualization of self-esteem is heavily slanted toward the positive. He saw the high self-esteem person as likely to seek personal growth, development and improvement by pushing themselves to the limits to exercise their capabilities. He characterised the individual with high self-esteem as not having feelings of superiority, in the sense of arrogance, conceit, contempt for others, overwhelming pride. Rather he saw it as having self-respect, considering oneself a person of work, appreciating one’s own merits, yet recognizing personal faults. The person with high self-esteem doesn’t consider himself better than others, but neither does he consider himself inferior to others.
Rosenberg found that a deficient sense of the self has a profound impact on psychological functioning and mental health as well as on interpersonal behavior. He found that low self-esteem people are more likely to feel awkward, shy, conspicuous, and unable to express themselves with confidence. The low self-esteem person is always worried about making a mistake, being embarrassed or exposing themselves to ridicule. For low self-esteem people the self is a tender and delicate object, sensitive to the slightest touch. They have a strong incentive to avoid people or circumstances that reflect negatively on their feelings of self-worth. They are hypersensitive and hyper alert to signs of rejection, inadequacy or rebuff. They tend to adopt a characteristic strategy for dealing with life that is protective and defensive.

They are more depressed and unhappy; they have greater levels of anxiety; they show greater impulse to aggression, irritability, and resentment, and suffer from a lack of satisfaction with life in general. They have greater vulnerability to criticism, less self-concept stability, less faith in humanity and greater social anxiety. Virtually every feature of the low self-esteem personality undercuts spontaneity and creativity.

They tend to look for evidence that they are inadequate whereas high self-esteem people are motivated to discover evidence confirming their strengths. For low self-esteem individuals accepting positive feedback is a more subtle kind of risk than accepting negative
feedback. Where successful performers attribute their successful outcomes to internal characteristics, low self-esteem individuals contribute success to external influences. Thus, their general approach to life is avoiding risk and embarrassment. As a result, they are never able to discover what they can do or be. This results in individual pain and loss of human potential.

Low self esteem is the universal common denominator among literally all people suffering from addictions to any and all mind altering substances such as alcohol. Alcohol use is simply a ramification and bad habit. People drink to suppress and escape their low self esteem. It's a bad habit we adopt for the sensation of "escape", as a sedative to relieve us of our anxieties, our stress, our fears in life, our fears of others, and our feelings of being inferior to others, all ramifications of our low self esteem. Alcohol is but a symptom of our real disease of low self esteem.

**Relationship between Alcohol Abuse and Self-esteem**

Low self esteem ultimately worsens and becomes further aggravated and compounded as life's inner and outer conflicts and problems continue, in our interpersonal relationships and in our love lives, and in every other area of our lives on the job and off the job, in the home and outside the home. Low self esteem plagues and corrupts our professional lives and our private lives.

Keegan (1987) investigated low self-esteem either causes or contributes to neurosis, anxiety, defensiveness, and ultimately alcohol
and drug abuse.

Skager (1988) found, self-esteem is indeed involved in addictive substance use. The use of drugs is often used to compensate for low self-esteem and feelings of a lack of control over one's life. Those with a strong sense of self do not have to be sustained at the expense of others. They do not need to control or humiliate other people or resort to substance abuse to compensate for low self-esteem.

**Effects of Alcoholism on Self-esteem**

Alcohol is a commonly used substance among people all over the world. With its intoxicating effects and potential for abuse, a significant amount of research has been devoted to understanding the effects alcohol has on the human body, understanding what type of people consume alcohol, and understanding who is at risk for developing alcohol addiction. Although there is a significant amount of research devoted to alcohol, there are still many questions yet to be investigated. For instance, research has been conducted on how self-esteem influences alcohol consumption, but research on the reverse association of how alcohol consumption influence self-esteem has been neglected. There is a significant amount of research on the relationship between self-esteem and alcohol, focusing on how self-esteem influences who is likely to consume alcohol. Research shows that low self-esteem is negatively correlated with alcohol consumption.

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.

Different people have different levels of self esteem. Some people think they are wonderful while others think they are worthless. People with drugs or alcohol problems often have low self esteem. They judge themselves negatively- not just for their addiction but also for other parts of their behavior or their personality. Such negativity about themselves would influence their capability in dealing with life or coping with life events. So they might then turn to alcohol to deal with those feelings, if only temporarily. From there they may come to rely or depend on them.

Then of course the habitual use of substance/alcohol may further damage self esteem and reinforce those negative beliefs, which may lead to alcohol dependence/drug dependence. Thus self esteem may play a key role in maintaining the vicious circle around use of different levels of alcohol use.
LEARNED HELPLESSNESS

In both animals and humans, alcohol consumption and learned helplessness are clearly related but alcohol use typically increases following the trauma. It was found in a study with rats that there was very modest increase in alcohol consumption on days when shocks were administered but dramatic increases in alcohol on subsequent days (Volpicelli, Ulm, & Hopson, 1990). It is noted that even among social drinkers, alcohol consumption increases following the traumatic event but not during.

The model of learned helplessness given by Seligman (1973) describes states of helplessness that exist in humans who have experienced numerous failures (either real or perceived). The individual abandons any further attempts toward success. Seligman theorized that learned helplessness predisposes individuals to depression by imposing a feeling of lack of control over their life situations (McKinney & Moran, 1982). It has been empirically proven that negative expectations about the effectiveness of one’s own efforts in bringing about the control over one’s own environment leads to passivity and diminished initiation of responses (Abrahamson, Seligman & Teasdale, 1978). The term learned helplessness describes an organism’s reaction when it is faced with important events that cannot be altered by its voluntary responses. Learned helplessness is both a behavioral state and a personality trait of one who believes that control has been lost over the reinforces in the environment. These
negative expectations lead to helplessness, passivity and an inability to assert oneself.

Learned helplessness is a psychological condition in which a human or animal has learned to believe that they are helpless. They feel that they have no control over their situation and that whatever they do is futile. As a result, they will stay passive when the situation is unpleasant, harmful or damaging. Learned helplessness undermines motivation and retards the ability to perceive success (Seligman, 1975). Martin Seligman developed the theory of depression in the mid 1960’s. The theory has two main points, people become depressed when they think that they no longer have control over the reinforcements (the rewards and punishments) in their lives and that they themselves are responsible for this helpless state. Not all people become depressed as a result of being in a situation where they appear not to have control. Seligman discovered that a depressed person thought about the bad event in more pessimistic ways than a non-depressed person. He called this thinking, “explanatory style”. People in a state of learned helplessness view problems as personal, pervasive, or permanent. That is, Personal - they may see themselves as the problem; that is, they have internalized the problem. Pervasive - they may see the problem as affecting all aspects of life. Permanent - they may see the problem as unchangeable.

It is a motivational problem where one might have failed in a task or two in the past which have made that individual believe that
they are incapable to do anything in order to improve their performance in that task (Stipek & Freeman, 1988).

**Relationship between Learned Helplessness and Alcoholism**

It is a motivational problem where one might have failed in a task or two in the past which have made that individual believe that they are incapable to do anything in order to improve their performance in that task (Stipek & Freeman, 1988). Most humans have an intrinsic need to be competent and to explore behaviors. If they fail, their competence diminishes, and they feel no need to explore. This is when one becomes helpless (Shield, 1988). Symptoms of learned helplessness are few voluntary responses, only answers to direct inquiries; Negative thinking and difficulty learning how to act to effect the outcome; Passivity in all situations; Increase of all of the above over time; Depressed appetite, sexual interest, less socialization, lack of self care, no desire to put out any energy; Physiological changes such as weight loss or gain. The helplessness syndrome can result from stimulus deprivation due to isolation, or from a combination of these things. Individuals experiencing reactions to grief and loss may also exhibit symptoms of the helplessness syndrome (Seligman, 1975).

So, feelings of learned helplessness might influence the individual’s use/abuse of alcohol in the face of stressful situations. In this condition the individual assumes that he cannot control the situations or environment and simply stops trying to make things
better and starts taking substance/alcohol to control the situations. Further the learned helplessness may pre dispose him towards dependence rather than controlled drinking.

Alcohol is by far the most commonly abused drug among the adult population. The health care system is greatly affected by alcoholism. In India, 10% of adults entering private physician's clinics are alcoholics and 15-40% of adult admissions to general hospitals are for alcohol related problems. (W.H.A. Report, 2002). One fact comes to the forefront while analyzing the whole scenario that is what makes certain drinkers strictly remain social drinkers while others further deteriorate to drinking as a habit and become addicts/dependents.

Being a resident of Punjab and having worked in various de-addiction centers, I have confronted problems through various young patients tend to fall and their relapse rate is high directly influencing general and psychological well being of their respective families. The subject himself suffers from a range of allied problems ranging from accidental traumas to more specific diseases like mental disorders and liver diseases. In this study the researcher aims to understand/establish the proportionality between the alcohol intake with different characteristics of personality in terms of hardiness, conceptualization of acceptance and regard for one self in terms of self-esteem and the feelings of not having any effective control over life events in terms of learned helplessness.
The primary focus of the research is to aid counseling and de-addiction of the subjects as well as education of the affected families through a scientifically proven approach which would include hardiness, self-esteem, learned helplessness and their relation with different levels of alcohol use.

AIMS AND OBJECTIVES

1) To determine the relationship between hardiness and different levels of alcohol use.

2) To determine the relationship between self-esteem and different levels of alcohol use.

3) To determine the relationship between learned helplessness and different levels of alcohol use.

4) To determine relative contribution of hardiness, self esteem and learned helplessness on different levels of alcohol use.