THEORETICAL ORIENTATION

From the previous discussion there is a little doubt that alcoholism is related to certain personality type or characteristics but to what extent certain personality characteristics effect the alcohol use in adulthood is still to be understood. Studies have been done on drug abuse and personality but little work have been done on the hardiness, self-esteem and learned helplessness in relation to alcohol use. Since the present problem is related to the problem of alcoholism and its relation to different characteristics of personality, it is therefore necessary first to have conceptual clarification about the concept of alcoholism and have operational definitions of the same.

The term ‘alcoholism’ is a widely used term, but in medicine was replaced in by ‘alcohol abuse’ and ‘alcohol dependence’ in the 1980s DSM III. Similarly in 1979 an expert World Health Organisation committee disfavoured the use of ‘alcoholism’ as a diagnostic entity, preferring the category of “alcohol dependence syndrome”. In the 19th and early 20th centuries, alcohol dependence was called dipsomania, before the term alcoholism replaced it.

Alcoholism is conceptualized as being at the extreme of the drinking continuum so that it emerges from normal drinking behaviour rather than being artificially separated from it. It is also views alcoholism as more is a syndrome and less as a discrete condition. Alcoholism is the intermittent or continual ingestion of alcohol, leading to dependence or harm (Jellineck’s, 1966).
“Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial.”

THEORIES OF ALCOHOLISM

The causes of alcoholism are unknown, but many theories have been formulated, usually based on the background and clinical experiences of the scientists.

1. **Psychoanalytic view point**

Freud (1925) has mentioned the reactivation or repressed homosexual traits as the basic conflicts causing the extensive use of alcohol.

Knight (1937) emphasized early childhood development as leading to alcoholism. He sees the alcohol as alleviating disappointment and rage. It is used as a mean to carry out repressed impulses in order to secure masochistic debasement and as a symbolic gratification of the need for affection.

Menninger (1938) emphasized the self-destructive drives of the alcoholic and term alcoholism as chronic suicide.
Fenichel (1945) maintains that alcoholics are passive dependent and have a predominantly oral-narcissistic orientation.

Tiebout (1951) believes that the alcoholic has an unconscious wish to dominate his environment. He feels that a pervasive feeling of loneliness and isolation is one of the main characteristic of the alcoholic.

2. **Learning (Re-inforcement) Theory**

This theory basically postulates that if an action leads in a relatively short time to a desired effect, the individual is induced to repeat the action to get the same or an even more desirable effect. Alcohol consumption reduces an individual’s feelings of tension and unpleasantness and replaces these feelings with one of well-being and euphoria, which can be observed in people after one or more drinks. Alcohol is the ideal reinforcer of drinking behaviour.

Re-inforcement theories are based on the premise that people begin drinking, drink abusively and remain alcoholic because alcohol serves some useful purpose i.e. the drinking behaviour is rewarded or re-inforced. The reward could be the induction of pleasurable psychological changes, the removal of discomfort or having other enjoyable experiences (Bandura, 1969., Roebuck & Kesseler, 1972).

Alterman, Gottheil & Crawford (1975) observed that the specific effects of alcohol on tension and mood appear to be related to the
amount and time of drinking as well as the specific circumstances in which alcohol intake occurs.

3. **Final Common Pathway Theory**

Mc cord & Mc cord (1962) revealed that the final common pathway of different characteristics and systems have come together to produce the addictive drinker. All aspects of an individual’s life play a part here; his childhood traumas, familial structure, peer groups and social group, stated reversely, absence of these factors will probably prevent an individual from abusing alcohol.

4. **Power-Status Theory**

Mark, Frances, Okum (1986) stated that the power-status approach to alcoholism states, negative emotions that result from outcomes of social relations are subject differential coping responses e.g. consuming alcohol.

5. **Personality Trait Theory**

Many Researchers have attempted to define the causes of alcoholism in terms of an “Alcoholic personality”. Although it is felt that all alcoholics do not have the same personality structure, it is postulated that in the pre-alcoholic stage a personality pattern could be recognized as a predisposition toward alcoholism.

Lisansky (1960) suggested that the alcoholic personality has 1. An intensely strong need for dependency 2. A weak and inadequate
defence against this excessive need, leading to intense dependence – independence conflicts. 3. A low degree of tolerance for frustration or tension and 4. Unresolved love hate ambivalences.

Blane (1970) has presented some of the personality characteristics commonly seen in alcoholics. They include low frustration tolerance, sociability, feeling of inferiority combined with attitudes of superiority, fearfulness, and dependency.

6. Deviant Behaviour Theory

Sutherland & Cressley (1960)., Becker (1963)., Lemart (1967) many researchers through their researches have tried to prove that alcohol abuse as a deviant behaviour.

7. Cultural Theory

From the view point of drinking as a symptom, Horton (1959) noted that its nearly universal occurrence and its survival as a custom, suggests its high acceptability and utilitarian function in society.

Bales (1959) proposed three ways in which culture and social organisation can influence the rates of alcoholism 1. The degree to which the culture operates to bring about inner tensions or acute needs for adjustment in its members 2. The attitudes toward drinking the culture produces in its members and 3. The degree to which the culture provides suitable substitute means of satisfaction.
8. **Socio-culture Theories**

Socio-cultural theories have for the most part been generated by observations of similarities and differences between cultural groups and subgroups. Cultural theories can be viewed from two perspectives: the level of culture being examined and the level of drinking.

On a supracultural level, Bacon (1974) believes that alcoholism occurs in any society combining a lack of indulgence of children with demanding attitudes toward achievement and a restrictive posture toward dependent behaviour in adults.

Culture specific and subcultural theories regard alcoholism as a result of downward social mobility (e.g. job, income) possibly beginning before the problem drinking. This can result from an inability of the individual to participate in opportunities of the community, which might generate frustrations and result in alcoholic patterns.

**PHYSIOLOGY OF ALCOHOLISM**

The major intoxicant of the beers, wines and spirits that we drink is a clear, colourless, somewhat volatile liquid, ethyl alcohol. Ethyl alcohol is one of the series of alcohols. Wines, beers and spirits have characteristic difference in colour, taste and smell but what is important for the student of alcoholism is that they all contain, in different proportions, the active substance ethyl alcohol. The various
drinks and their approximate strength expressed as a percentage of pure alcohol by volume are listed in the following table.

<table>
<thead>
<tr>
<th>Beverage</th>
<th>% alcohol by volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer and ale</td>
<td>4-8</td>
</tr>
<tr>
<td>Table wine</td>
<td>11-14</td>
</tr>
<tr>
<td>Fortified wine (Sheery, portory)</td>
<td>18-23</td>
</tr>
<tr>
<td>Spirits (whisky, Rum, Brandy, Gin)</td>
<td>35-50</td>
</tr>
</tbody>
</table>

Alcohol is unusual in that it is both a drug and a food stuff. As a food, it is a rich source of energy, yielding 7 cal/gm of alcohol. It is therefore yields more energy than an equivalent amount of protein or carbohydrate and only slightly less energy than an equivalent amount of fat. Furthermore, since does not require to be digested, but it is taken up unchanged from the stomach to blood stream, it is a rapid source of energy. It is nevertheless a poor food since it lacks proteins, vitamins and other nutrients.

Indeed, if alcohol is taken in excess, it is a potent cause of malnutrition. Since it is rich source of calories, if a full diet is taken it disturbs the usual balance between carbohydrate, proteins and fats and this may have deleterious consequences. It discourages taking of a full diet.

**EFFECTS OF ALCOHOL**

Alcohol is a member of that group of depressant drugs which includes the volatile anaesthesia. It has many properties in common with these drugs and it is itself an anaesthetic and pain killer.
Alcohol produces its effect on the body and on behaviour in different ways. Some effect follows a direct toxic effect of alcohol or some of its breakdown products on the cells of the central nervous system and the cells of the liver. A further group of symptoms, collectively known as withdrawal symptoms, arise when the physically dependent alcoholic is deprived of alcohol.

**Immediate Effects**

The well-known immediate consequence of drinking alcohol is acute intoxication. Individuals vary greatly in their ability to tolerate alcohol. The speed of drinking, the total dose consumed and the various factors, which modify rates of absorption, are all therefore important determinants of the degree of intoxication.

At low dose levels, alcohol has a slight stimulating effect on the brain (Kalant, 1975) but this is soon overtaken by a depressant action which affects early areas of the brain responsible for the integration and control of complex thinking, feeling and behavior.

At higher dose levels, thinking become low and superficial and learning and retention of information become faulty. Less attention is paid to stimuli from without and within so that feelings e. g. of hunger or pain is ignored etc.

**Approximate correlations between blood alcohol level and behavior level given below**

<table>
<thead>
<tr>
<th>Blood Alcohol</th>
<th>Behavior Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 mg/100ml</td>
<td>Mild feeling of well being.</td>
</tr>
<tr>
<td>50 mg/100ml</td>
<td>Slight unsteadiness, Nystagmus probable,</td>
</tr>
</tbody>
</table>
Long term effects of Alcohol

The development of tolerance and dependence are two important effects of the chronic administration of alcohol. The usual symptoms of withdrawal in the physically dependent alcohol are tremulousness, convulsions and delirium. Mentally the patient is confused. He is hallucinated. Alcohol has long term effects on many of the organs of the body, notably brain and the heart. The heart is also affected by alcohol. Alcohol is an important cause of anemia, which is associated with many different kinds of skin and eye conditions. The extent of the damage is related to the age of the drinker, to the length of the time he has been drinking and to the amount of his drinking. Treatment in hospital is desirable. Usually the response to treatment is satisfactory but occasionally deaths occur.

The psychological effects of alcohol are conductive to acts of aggression in some individuals. Fear and anxieties are reduced and the intoxicated person’s perceptions of the world are changed. He seems himself and the people around him as different. He has tendency to perceive feelings and events with greater sensitivity and to misinterpret the intentions of others. For a person on the threshold of committing a crime, alcohol often provides the calmness, resolution
and courage to diminish realistic fears. Alcohol also diminishes the drinker’s fear of external punishment and chastisement from his own conscience. Thus, the intoxicated individual sheds many of his guilt feelings.

**THEORIES OF PERSONALITY**

**Freud Psychoanalytic theory** – it includes a theory of personality structure, with id as a store house of unconscious drives and impulses; the super ego as conscience; and the ego as executive force, or mediator, balancing the pressures of id and superego with the constraints of reality. Freud also described the stages of psychosexual development (oral, anal, phallic, latency, and genital) and proposed that puzzling events such as dreams and slips of tongue” reveal unconscious impulses and conflicts.

**Inter-personal Theory**- Man is a social being. His behavior grows out of his attempts to establish a meaningful relationship with others. Significant contributions to the inter-personal theory was made by Harry, Adolf & Eric (1928).

Sullivan described the basic principles of the inter-personal theory as

1) Inter-personal relationship and the personality development. He believed, like Freud, that development proceeds through various stages. But he described how in each stage there is involvement of different pattern of relationship. For instance, infancy brings interactions with parents and there is need for contact. In childhood, more interactions with adults by
participation in activities is required. In the stages of pre-adolescence and adolescence, there is gradual withdrawal of the child from parents; peer relationship becomes important. In late adolescence or early adulthood, intimate relationship with heterosexual groups are established, resulting in marital setting.

2) Other aspect of the theory is anxiety which has relationship in the formation of the personality. Since the infant is completely dependent on ‘significant others’ such as mother or father, mother figure like aunt for meeting his physical or psychological needs, lack of any these needs will lead him/her to an insecure and anxious human being. In early childhood, if he/she perceives himself/herself being rejected he/she will have a negative self concept which will lead him/her to maladjustment.

3) Socialisation causes a lot of pressure on children. Appreciation and praise by others will enable the child to label him/her as “Good me” and criticism may lead to the label of “Bad me”. Over a period an individual develops a self system by using defence mechanism to reduce anxiety of socialisation pressures.

4) The other important aspects of the inter-personal theory are social exchange, social role and inter-personal accommodation.

**Behavioral Theory**

Behavioral theory is based on the concept that all behavior, adaptive or maladaptive, is a product of learning. The contributors to
this theory are Watson (1928), Pavlov (1960) & Skinner (1972). The basic assumptions of this theory are:

1) Behavior is a response to stimuli from the environment and reinforcement is essential to get response. Positive reinforcement is a reward for selected behavior. Every time a child draws a good picture, the mother pat on his or her back. In negative reinforcement one would like to avoid a response from a child. Human personality is a combination of stimulus-response habits. Neurotic symptoms viewed as learned habits or responses that are repeatedly reinforced. Maladaptive behavior can be unlearned and replaced by adaptive behavior if the person receives appropriate stimulus to eliminate the maladaptive learning.

Personality traits are five broad factors or dimensions of personality discovered through empirical research (Goldberg, 1993). These factors are often called **Openness, Conscientiousness, Extraversion, Agreeable, and Neuroticism**; in this form, they are also referred to as the Five Factor Model (FFM) are discussed below.

**FIVE FACTOR MODEL OF PERSONALITY**

**Openness to Experience**

Openness to Experience describes a dimension of personality that distinguishes imaginative, creative people from down-to-earth, conventional people. Open people are intellectually curious, appreciative of art, and sensitive to beauty. They tend to be, compared
to closed people, more aware of their feelings. They therefore tend to hold unconventional and individualistic beliefs, although their actions may be conforming. People with low scores on openness to experience tend to have narrow, common interests. They prefer the plain, straightforward, and obvious over the complex, ambiguous, and subtle. They may regard the arts and sciences with suspicion, regarding these endeavors as of no practical use. Closed people prefer familiarity over novelty; they are conservative and resistant to change.

**Conscientiousness**

Conscientiousness concerns the way in which we control, regulate, and direct our impulses. Impulses are not inherently bad; occasionally time constraints require a snap decision, and acting on our first impulse can be an effective response. Also, in times of play rather than work, acting spontaneously and impulsively can be fun. Impulsive individuals can be seen by others as colorful, fun-to-be-with. Conscientiousness includes the factor known as Need for Achievement (NAch).

The benefits of high conscientiousness are obvious. Conscientious individuals avoid trouble and achieve high levels of success through purposeful planning and persistence. They are also positively regarded by others as intelligent and reliable. On the negative side, they can be compulsive perfectionists and workalcoholics.

**Extraversion**
Extraversion (also “extroversion”) is marked by pronounced engagement with the external world. Extraverts enjoy being with people, are full of energy, and often experience positive emotions. They tend to be enthusiastic, action-oriented individuals who are likely to say “Yes!” or “Let’s go!” to opportunities for excitement. In groups they like to talk, assert themselves, and draw attention to themselves.

Introverts lack the exuberance, energy, and activity levels of extraverts. They tend to be quiet, low-key, deliberate, and less dependent on the social world. Their lack of social involvement should not be interpreted as shyness or depression; the introvert simply needs less stimulation than an extravert and more time alone to recharge his batteries.

A simple explanation is that an extrovert gains energy by associating with others and loses energy when alone for any period of time. An introvert is the opposite, as they gain energy from doing individual activities such as watching movies or reading and lose energy, sometimes to the point of exhaustion, from social activities.

Agreeableness

Agreeableness reflects individual differences in concern with cooperation and social harmony. Agreeable individuals have an optimistic view of human nature, and value getting along with others; they are therefore considerate, friendly, generous, helpful, and willing to compromise with others. Disagreeable individuals place self-interest above getting along with others. They are generally unconcerned with
others’ well-being, and are less likely to extend themselves for other people. Agreeableness is obviously advantageous for attaining and maintaining popularity, as Agreeable people are better liked than disagreeable people. On the other hand, agreeableness is detrimental in situations that require tough or absolute objective decisions.

**Neuroticism**

Neuroticism, also known inversely as Emotional Stability, refers to the tendency to experience negative emotions. Those who score high on Neuroticism may experience primarily one specific negative feeling such as anxiety, anger, or depression, but are likely to experience several of these emotions. People high in Neuroticism are emotionally reactive. They respond emotionally to events that would not affect most people, and their reactions tend to be more intense than normal. They are more likely to interpret ordinary situations as threatening, and minor frustrations as hopelessly difficult. Their negative emotional reactions tend to persist for unusually long periods of time, which means they are often in a bad mood. These problems in emotional regulation can diminish a neurotic’s ability to think clearly, make decisions, and cope effectively with stress.

**THE RELATIONSHIP BETWEEN PERSONALITY AND ALCOHOLISM**

There are a numbers of ways that personality and alcoholism can be related; some of these are substantively important.

It is always important to remember 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 (Zuckerman, & Eysenck, 1977) 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).

Causal versus Non-causal Relationship

![Diagram]

Figure: 1 Three basic models of the relationship between personality variables and alcoholism: (1) spurious ("third variable") relation, (2) Etiological (predisposing variable) relation, and (3) consequential relation.
Also, it is possible 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 (Costa & Mc Crae, 1992).

**Direction of Influence**- 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.(eg. deficits in inhibitory control). Yet a third possibility is that personality traits contribute to the development of specific alcohol related consequences (eg. alcohol related aggression) in someone who has consumed alcohol (eg. in individuals high in trait aggressiveness).

**The Relation of Personality with other Causal Variables**

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

Second, 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. To illustrate the notion of an indirect effect, 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, 2000).

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, ones 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).

**HARDINESS**

**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).

Hardiness Concept Map, Figure: 3
Challenger

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).

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).

Cohen (1983) defined self-esteem as the degree of correspondence between an individual’s ideal and actual concept of himself.

Coopersmith (1959) suggested four types of self-esteem namely: what a person purports to have, what he really has, what he displays, and what others believe he has. Self-esteem according to Coopersmith (1967) refers to individual’s personal judgement of his own worth.

Gelfand (1962) defined self-esteem as “a person’s characteristics evaluation of himself and what he thinks of himself as an individual”.

Elder (1968) defined self-esteem as a “feeling of personal worth-influenced by performance, abilities, appearance and judgement of significant others”.

55
Reflected appraisal is the impact that the evaluation of someone else, especially an important person such as a parent has.

Social comparison is the process of evaluating options, abilities, and personal traits by comparing them with the opinions, abilities and personal traits of other people.

Attributions is the process of inferring that one possesses certain traits by looking at the causes of one's behaviour, and where appropriate, seeing that they reflect personal characteristics.

Identification is the process of admiring or envying another person and trying to be as much like that person as possible.

Gergen (1971) proposed that self-esteem is the best thought of as a set of attitudes about the self which produces a different overall self evaluation depending upon the circumstances; it is not a global self evaluation.

Morrison, Thomas, & Weaver (1973) defined self-esteem as a “personality variable expected to influence a person’s evaluation of his work”.

Attempts have been made to relate personality factors to alcohol dependence. Potential alcoholics tend to be emotionally immature, expect a great deal of the world, require an inordinate amount of praise and appreciation, react to failure with marked feelings of hurt and inferiority, have a low frustration tolerance, and feel inadequate and unsure of their abilities to fulfill expected male or female roles. Certainly, many people with similar personality characteristics do not
become alcoholics, and others with dissimilar ones do. One characteristic that appears common to the backgrounds of most problem drinkers is personal maladjustment, yet most maladjusted people do not become alcoholics. Although the significance of alcoholic personality factors remains unclear, researchers have shown that the personality of alcoholics significantly influences treatment outcome. Hence, an understanding of the personality characteristics associated with alcohol dependence may be useful for treatment.

THEORIES OF SELF-ESTEEM

Self-actualization Theory

Maslow(1970) mentioned in his theory the esteem needs (hierarchy of needs) beyond the details of air, water, food, and sex, he laid out five broader layers: the physiological needs, the needs for safety and security, the needs for love and belonging, the needs for esteem, and the need to actualize the self, in that order.

The esteem needs. Maslow noted two versions of esteem needs, a lower one and a higher one. The lower one is the need for the respect of others, the need for status, fame, glory, recognition, attention, reputation, appreciation, dignity, even dominance.

Figure: 4 Self-actualization theory
The higher form involves the need for self-respect, including such feelings as confidence, competence, achievement, mastery, independence, and freedom. Note that this is the “higher” form because, unlike the respect of others, once you have self-respect, it’s a lot harder to lose!

1. **The physiological needs.** These include the needs we have for oxygen, water, protein, salt, sugar, calcium, and other minerals and vitamins. They also include the need to maintain a pH balance (getting too acidic or base will kill you) and temperature (98.6 or near to it). Also, there’s the needs to be active, to rest, to sleep, to get rid of wastes (CO2, sweat, urine, and feces), to avoid pain, and to have sex. Quite a collection!

Maslow believed, and research supports him, that these are in fact individual needs, and that a lack of, say, vitamin C, will lead to a very specific hunger for things which have in the past provided that
vitamin C - e.g. orange juice. I guess the cravings that some pregnant
women have, and the way in which babies eat the most foul tasting
baby food, support the idea anecdotally.

2. **The safety and security needs.** When the physiological needs are
largely taken care of, this second layer of needs comes into play. You
will become increasingly interested in finding safe circumstances,
stability, protection. You might develop a need for structure, for
order, some limits.

    Looking at it negatively, you become concerned, not with needs
like hunger and thirst, but with your fears and anxieties. In the
ordinary American adult, this set of needs manifest themselves in the
form of our urges to have a home in a safe neighborhood, a little job
security and a nest egg, a good retirement plan and a bit of insurance,
and so on.

3. **The love and belonging needs.** When physiological needs and
safety needs are, by and large, taken care of, a third layer starts to
show up. You begin to feel the need for friends, a sweetheart,
children, affectionate relationships in general, even a sense of
community. Looked at negatively, you become increasing susceptible
to loneliness and social anxieties.

    In our day-to-day life, we exhibit these needs in our desires to
marry, have a family, be a part of a community, a member of a
church, a brother in the fraternity, a part of a gang or a bowling club.
It is also a part of what we look for in a career.
4. **The esteem needs.** Next, we begin to look for a little self-esteem. Maslow noted two versions of esteem needs, a lower one and a higher one. The lower one is the need for the respect of others, the need for status, fame, glory, recognition, attention, reputation, appreciation, dignity, even dominance. The higher form involves the need for self-respect, including such feelings as confidence, competence, achievement, mastery, independence, and freedom. Note that this is the “higher” form because, unlike the respect of others, once you have self-respect, it’s a lot harder to lose!

The negative version of these needs is low self-esteem and inferiority complexes. Maslow felt that Adler was really onto something when he proposed that these were at the roots of many, if not most, of our psychological problems. In modern countries, most of us have what we need in regard to our physiological and safety needs. We, more often than not, have quite a bit of love and belonging, too.

**Sociometer Theory of Self-Esteem**

Sociometer Theory explains the need and function of human self-esteem by stating that the sociometer is an internal gauge that moderates human behaviour to ensure that exclusion from the social group is unlikely to occur (Leary & Downs, 1995). It is an evolutionary based psychological theory referring to the fact that in earlier civilisations exclusion from a social group could result in the death of an individual.
Sociometer theory was initially theorised by Leary & Downs (1995) who stated that self-esteem is a mechanism by which an individual can assess their behaviour and current standing in his or her social group. Leary & Downs (1995) suggested that the sociometer, which they describe as being like a fuel gauge in a motor vehicle, is an internal system for monitoring a person’s environment for cues that the person is being excluded or avoided.

According to Leary & Downs (1995), when the internal sociometer notes that there is a potential for exclusion, a negative affect is felt in the person; for example if a behaviour leads to being ignored or ridiculed, the person undertaking the behaviour may feel bad or upset.

Kirkpatrick & Ellis (2003) expanded on Leary and Downs’ (1995) Sociometer Theory by suggesting that self-esteem has separate functions and domains across the human psyche, in order to monitor various types of social interactions and accordingly it is possible for there to be more than one internal sociometer. Kirkpatrick & Ellis (2003) suggested that the sociometer’s function was not only to ensure that an individual was not excluded from their social group but also to rate the strength of the social group compared to other groups.

There is not a conclusive answer as to the theoretical basis of self-esteem. Empirical research in relation to Sociometer Theory has been undertaken by Anthony, Wood & Holmes (2007); Denissen, Penkie, Schmitt & van Aken (2008).
Anthony, Wood & Holmes (2007) tested Sociometer Theory’s ability to explain and guide social behaviour. The researchers found that people with low levels of self-esteem were likely to express low levels of confidence in relation to being accepted by a new social group. Conversely and in accordance with the principles of Sociometer Theory, people with high levels of self-esteem did not report a fear of being rejected by the group (Anthony, Wood & Holmes, 2007).

Denissen, Penke, Schmitt & van Aken’s (2008) research into close social relationships and self-esteem also supported the principles of Sociometer Theory. Denissen, Penke, Schmitt & van Aken (2008) found that day to day self-esteem is affected by the quality of interactions with family members and close friends. Sociometer Theory states that self-esteem’s function is to monitor the environment for clues that behaviours are likely to result in exclusion from the social group.

The Sociometer Theory of self-esteem states that the purpose of self-esteem in human beings is to act as a behaviour monitor ensuring that the likelihood of exclusion from the social group is low. It has not been proved conclusively that the internal fuel gauge of the sociometer is responsible for individual feelings of self-esteem and self worth.

**Terror Management Theory**

Terror Management Theory states that the function of self-esteem is to reduce the anxiety of death by relating to and acting in ways that support a culturally based world view.

According to Greenberg, Pyszczynski & Solomon (1986), cultural beliefs, symbols and values are important to self-esteem as they provide individuals with a sense of permanence and reality and provide an opportunity for immortality. Social situations which provide an opportunity for the cultural world view of an individual to be questioned can be a source of anxiety and a threat to self-esteem (Greenberg, Pyszczynski & Solomon, 1986).

Such threatening situations may only exist at a symbolic level however they can provide a negative affect to the self-esteem of the threatened individual (Greenberg, Pyszczynski & Solomon, 1986). Greenberg, Pyszczynski & Solomon (1986) also noted that threats were not limited to public events and that private awareness of failures could lead to negative affects in self-esteem.

Self-worth begins to develop in childhood and initially the sense of self-worth comes when a child meets the behaviour requirements set down by its parents. As self-consciousness develops, the child learns that feeling valued leads to pleasant outcomes and the avoidance of unpleasant or negative outcomes (Greenberg, Pyszczynski & Solomon, 1986).
Terror Management Theory suggests that from these early interactions develops the individual’s sense of self-esteem which is used to decrease anxiety of mortality as an individual feels that provided they are acting in accordance with the cultural standards of their social group, the individual is of worth (Greenberg, Solomon, Pyszczynski, Rosenblatt, Burling, Lyon, Simon & Pinel, 1992).

Greenberg, et al (1992) experimentally tested the concepts of Terror Management Theory by undertaking three experiments to test the hypothesis that increasing self-esteem leads to a reduction in anxiety. The research found that increased self-esteem did reduce self-report anxiety and physiological arousal in relation to threats.


Terror Management Theory is an evolutionary based psychological theory of self-esteem explaining that the purpose of self-esteem is to assist individual human beings negate the fear of mortality through relating to and acting in ways which promote a cultural world view.

**Social Identity Theory**

Social Identity Theory was developed by Tajfel and Turner in 1979. The theory was originally developed to understand the psychological basis of intergroup discrimination. Tajfel, Flament,
Billig, & Bundy (1971) attempted to identify the minimal conditions that would lead members of one group to discriminate in favor of the ingroup to which they belonged and against another outgroup.

In the Social Identity Theory, a person has not one, “personal self”, but rather several selves that correspond to widening circles of group membership. Different social contexts may trigger an individual to think, feel and act on basis of his personal, family or national “level of self” (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987). Apart from the “level of self”, an individual has multiple “social identities”. Social identity is the individual’s self-concept derived from perceived membership of social groups (Hogg & Terry, 2002). In other words, it is an individual-based perception of what defines the “us” associated with any internalized group membership. This can be distinguished from the notion of personal identity which refers to self-knowledge that derives from the individual’s unique attributes.

Social Identity Theory asserts that group membership creates ingroup/ self-categorization and enhancement in ways that favor the in-group at the expense of the out-group. The examples (minimal group studies) of Turner and Tajfel (1986) showed that the mere act of individuals categorizing themselves as group members was sufficient to lead them to display ingroup favoritism. After being categorized of a group membership, individuals seek to achieve positive self-esteem by positively differentiating their ingroup from a comparison outgroup on some valued dimension. This quest for positive distinctiveness means
that people’s sense of who they are is defined in terms of ‘we’ rather than ‘I’.

Tajfel & Turner (1979) identify three variables whose contribution to the emergence of ingroup favoritism is particularly important. A) the extent to which individuals identify with an ingroup to internalize that group membership as an aspect of their self-concept. B) the extent to which the prevailing context provides ground for comparison between groups. C) the perceived relevance of the comparison group, which itself will be shaped by the relative and absolute status of the ingroup. Individuals are likely to display favoritism when an ingroup is central to their self-definition and a given comparison is meaningful or the outcome is contestable.

Social Identity Theory has a considerable impact on social psychology. It is tested in a wide range of fields and settings and includes prejudice, stereotyping, negotiation and language use. The theory has also implications on the way people deal with social and organizational change.

In further research this example is referred to minimal group studies. Schoolboys were assigned to groups, which were intended as meaningless as possible. They were assigned randomly, excluding roles of interpersonal discrimination such as history of conflict, personal animosity or interdependence. The schoolboys assigned points to anonymous members of both their own group and the other group. Conclusions were that even the most minimal conditions were
sufficient to encourage ingroup-favoring responses. Participants picked a reward pair that awarded more points to people who were identified as ingroup members. In other words, they displayed ingroup favoritism.

**Self-evaluation or Self esteem Maintenance Theory**

Self-evaluation maintenance theory refers to discrepancies between two people in a relationship. Two people in a relationship each aim to keep themselves feeling good psychologically throughout a comparison process to the other person.

Self-evaluation is defined as the way a person views him/herself. It is the continuous process of determining personal growth and progress, which can be raised or lowered by the behavior of a close other a person that is psychologically close. People are more threatened by friends than strangers.

**RELATIONSHIP OF SELF ESTEEM TO HEALTH**

Much of the research about the relationship between self-esteem and health appears to have been done in terms of the influence of self-esteem on health-related behaviors. Self-esteem has been related to such health practices as (Rivas, Torres, Fernandez & Fernandez, 1995) found that young adults with high self-esteem and high levels of knowledge about AIDS employed safer practices for non-conventional sexual practices than those with lower self-esteem, but were riskier than those with lower self-esteem for more conventional sexual practices.
Abood & Conway (1992) found a relationship between self-esteem and health values, and between self-esteem and general wellness behavior. The relationship between self-esteem and general wellness behavior remained significant even when health values were controlled for.

The well-established relationship between self-esteem and psychological well-being (e.g., depression, social anxiety, loneliness, alienation; Blascovich & Tomaka, (1991) may be an important factor in understanding the self-esteem/health relationship.

**RELATIONSHIP BETWEEN ALCOHOL ABUSE AND SELF ESTEEM**

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. The problem and disease is entirely emotional, psychological, and sociological, as opposed to physiological. Low self esteem is the true problem and true disease.

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.

Low self esteem is an intelligent awareness we have with regard to how others perceive us, an awareness that others think of us as
inferior and that others don't accept us. Individuals with defensive or low self-esteem typically focus on trying to prove themselves or impress others. They tend to use others for their own gain. Some act with arrogance and contempt towards others. They generally lack confidence in themselves, often have doubts about their worth and acceptability, and hence are reluctant to take risks or expose themselves to failure. They frequently blame others for their shortcomings rather than take responsibility for their actions.

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.

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.

**LEARNED HELPLESSNESS**

Learned helplessness is a technical term which means a condition of a human being or an animal in which it has learned to behave helplessly, even when the opportunity is restored for it to help itself by avoiding an unpleasant or harmful circumstance to which it has been subjected.

A mental state in which people feel that they have no control over their failures and that failure is inevitable. Learned helplessness often occurs in children who are raised in harsh social environments where success is difficult to achieve. They suffer motivational losses and are very resistant to training.

Learned helplessness is a psychological state where people feel powerless to change their self or situation. This is primarily caused
when people attribute negative things in life to internal, stable and global factors. Essentially, it means that the person feels as if change is not possible, since there is a pervasive and unchangeable personal problem.

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 reinforcers 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 thinks 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).

**The Attributional Reformulation**

Seligman’s learned helplessness theory later reformulated. Abramson, Seligman & Teasdale (1978) redefined learned helplessness
as “a consequence of perceptions of a noncontingency between one’s responses desired outcomes”. If the probably of reaching one’s desired outcome is not increased by one’s responses and desired outcomes is not increased by one’s actions, then learned helplessness will result. The results are passivity, negative perceptions about future events, and generally negative perspective. In late 1970’s, Seligman’s theory of depression was reformulated within the framework of attribution theory (Gilbert, 1984). Briefly depression will occur if the individuals are aware of uncontrollable factors in their environment, view the situation as unchangeable, blames themselves for their helplessness—internal attribution (Seligman, 1992).

The original theory has been proved to be too simple for human behaviors, as not all people become depressed and react the same way after being in a situation they had no control over (Peterson & Park, 1998). Learned helplessness sometimes remains specific to one situation (Cole & Coyne, 1977) but sometimes generalizes across situations (Hiroto & Seligman, 1975).

Thereafter, Abraham, Seligman & Teasdale (1978) incorporated the elements of attribution theory to reformulate the theory of helplessness. The attribution theory by Weiner (1979, 1985, 1986) concerns the way people attribute causality to events. Whenever people encounter aversive events, people try to make causal explanation which includes the dimensions of globality, stability and internality (Weiner, 1986).
A global attribution occurs when the individual believes that the cause of negative events is consistent across different contexts, whereas a specific attribution occurs when the individual believes that the cause is unique to the particular situation. In addition, stable attribution occurs when the individual thinks that the cause is consistent across time, whereas unstable attribution occurs when the individual thinks that the cause is specific to one point in time. Furthermore, external attribution assigns causality to situation factors, while an internal attribution assigns causality to factors within the person (Abraham et. al., 1978).

Reformulated theory of learned helplessness proposes that explanatory style is the other determinant of causal explanation (Peterson & Seligman, 1984). Explanatory style refers to an individual’s habitual way of assigning causes to negative events. Particular style, for example, a pessimistic explanatory style of causal attribution may lead to the loss of self-esteem, uncontrollability and then generality of helplessness (Peterson, Maier, & Seligman 1993).

**RELATIONSHIP BETWEEN 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).
On the whole it can be concluded that feelings of learned helplessness might influence the individual’s use of alcohol in the face of stressful situations. In this condition the individual assumes that he/she cannot control the situations or environment and simply stops trying to make things better and starts taking alcohol/substance to control the situations. Further the learned helplessness may predispose him/her towards dependence rather than controlled drinking.