SUMMARY

Alcoholism is a road often traveled yet there is no light at the end. The road only leads to a life of depression, anxiety, anger, stress, and much more. These are all common unwanted personality traits that we experience at one time or another. However, alcoholics exhibit these traits nearly doubled when alcohol is involved. Alcohol inhibits not only our daily bodily functions but our mind as well. Alcoholism leads to withdrawal, low self-esteem, and an overall unwillingness to be a part of society. It can turn the gentle person into a psychopath without knowing it or if they do know, they refuse to admit it. Alcoholism manipulates the way we think and the way we react in common everyday situations. Minor problems are blown out of proportion while major problems are faced with anger, resentment, and often physical force. Alcoholism does nothing positive for an individual. It has many harmful effects and their effect on one's personality is one of the most harmful of all.

Alcoholism and drug abuse 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.

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

**Alcohol dependence** is characterized 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 drinkers:** 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).

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.

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.

**HARDINESS**

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, 1985).
**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 (Kobasa & Maddi, 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).

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**

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.

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

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.

OBJECTIVES

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

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

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

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

HYPOTHESES

9) Increased level of alcohol use will be negatively related to Hardiness and its dimensions i.e. commitment, Challenge and Control.

10) Increased level of alcohol use will be negatively related to self-esteem.

11) Increased level of alcohol use will be positively related to learned helplessness.

12) There will be significant difference between the three groups Social Drinkers, Problem Drinkers and Alcohol Dependents in
relation to Commitment, Challenge and Control.

13) There will be significant difference between the three groups Social Drinkers, Problem Drinkers and Alcohol Dependents in relation to Hardiness.

14) There will be significant difference between the three groups Social Drinkers, Problem Drinkers and Alcohol Dependents in relation to Self-esteem.

15) There will be significant difference between the three groups Social Drinkers, Problem Drinkers and Alcohol Dependents in relation to Learned Helplessness.

16) Hardiness, self-esteem & learned helplessness will significantly contribute to increase level of alcohol use.

TOOLS

1 Short Alcohol Dependence Data questionnaire (SADD; Raistrick, Dunbar, & Davidson, 1983). This measure is a 15-item measure that assesses the range of current state alcohol dependence (i.e., behavioral, subjective, and psychobiological changes associated with alcohol dependence). Items were answered by checking off one of the following and scored as follows: never= 0, sometimes=1, often= 2, or nearly always= 3. A 45 is the maximum possible score. Concurrent validity was demonstrated by the SADD’s association with the Severity of Alcohol Dependence Questionnaire (SADQ; Stockwell et. al., 1979) of rho=.83, p> .01 (Davidson & Raistrick, 1986). The SADD has
evidence of good split-half reliability ($r = .87$; Raistrick, Dunbar, & Davidson, 1983).

2 **Hardiness Scale:** To measure the hardiness level of subjects Psychological Hardiness Scale (Kobasa & Kahn, 1982) was used. The scale consists of 12 items positively and negatively keyed covering the important dimensions of hardiness as commitment, control and challenge. The scale was administered to the subjects after translating into Punjabi. Scoring was done in accordance to the manual of the scale. The reliability coefficent of the translated scale was found to be 0.628 by the investigator. The validity of the scale was also found to be 0.543.

3 **Self-esteem Inventories- Adult Form,** The scale developed by Coopersmith’s (1981) it is uni-dimensional scale which measures the self-esteem level. This form is used with persons aged 16 and above. It consists of 25 items which are to be answered “like me or unlike me”. It has both positive and negative items to be answered. Maximum score is 100. High score corresponds to high self-esteem. The author reported its internal consistency reliability (determined by Kuder-Richerdson formula) 0.81 and 0.86. Test-retest reliability reported by author to be 0.88 and 0.70 respectively.

4 **Learned Helplessness Scale:** (Dhar, U., Kohli, S., & Dhar, S.,1987). To measure the learned helplessness of subjects the learned helplessness scale was used. This scale consists of 15-items. All items have to be answered in positive, negative and uncertain, and that no
statement is to be left out right item was scored as 3, wrong 1 and uncertain as 2. These are designed to have differences in individual reactions to various situations. The scale was administered to the subjects individually as the subjects were not available in groups. Scoring was done as per the manual. The reliability of the scale was determined by two methods (i) The dependability coefficient (Test-Re-test) on a sample of 100 subjects is 0.77.(ii) The split half reliability coefficient on a sample of 100 subjects is 0.46 significant at 0.1 level. In order to determine validity from the coefficient of reliability (Garret, 1971), the reliability index was calculated indicated high validity.

**SAMPLE**

The final sample of the study consisted of 300 adult males. They were in the age group of 25-45 years. This sample was selected out of a larger sample of 500 subjects, so as to have equal numbers of Social Drinkers, Problem Drinkers and Alcohol Dependents belonging to rural and urban areas of Punjab.

**STATISTICAL ANALYSIS**

Pearson’s correlation was worked out to see the relationship of Hardiness, Self-esteem and Learned Helplessness with different levels of Alcohol use. One-way ANOVA was carried out to see the difference between the three groups Social Drinkers, Problem Drinkers and Alcohol Dependents. ‘t’ ratio were also calculated to check the comparison of the three groups. To check the relative contribution of
hardiness, self esteem and learned helplessness on different levels of alcohol use step-wise regression analysis was conducted.

**MAIN FINDINGS OF THE STUDY**

- Significant negative relation was found between increased level of alcohol use and Hardiness as a whole for three groups but for Problem Drinkers Commitment and Control dimension was not related significantly. In Social Drinkers and Alcohol Dependents the relationship existed across all dimensions of Hardiness.

- Increased level of alcohol use was found significantly negatively related to self-esteem for Social Drinkers and Alcohol Dependents but not for Problem Drinkers; although in the latter the relationship was negative in nature.

- Significant positive relation was found between increased level of alcohol use and Learned Helplessness for Alcohol Dependents but this positive relationship was not significant for Social Drinkers and Problem Drinkers.

- Significant difference was found between the three groups in relation to Hardiness. But no significant difference was found between the three groups in relation to Commitment.

- In relation to Challenge significant difference was found between Social Drinkers and Problem Drinkers, Social Drinkers and Alcohol Dependents and no significant difference was found between Problem Drinkers and Alcohol Dependents.
- Control dimension showed significant difference between the three groups. Although Alcohol Dependents showed less score on Control than Social Drinkers and Problem Drinkers.

- Self-esteem of Alcohol Dependents was found significantly low as compared to Social Drinkers and Problem Drinkers. Yet significant difference was found between the three groups in relation to Self-esteem.

- Significant difference was found between the three groups in relation to Learned Helplessness. But Learned Helplessness of Alcohol Dependents was found significantly more as compared to Social Drinkers and Problem Drinkers.

- Hardiness, Self-esteem & Learned Helplessness contributed significantly for Social Drinkers whereas did not contribute significantly to increased level of alcohol use for Problem Drinkers and Alcohol Dependents.