RESEARCH ARTICLE

A STUDY ON RELATIVE CONTRIBUTION OF HARDINESS, SELF-ESTEEM AND LEARNED HELPLESSNESS IN RELATION TO ALCOHOL USE

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ABSTRACT

INTRODUCTION: 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. 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.

AIM : The aim of the present study was to determine the relative contribution of Hardiness, Self-esteem and Learned Helplessness in relation to alcohol use.

MATERIAL AND METHODS: A sample of 300 alcoholics (adult males) was selected from community and de-addiction centres from Punjab. The measures used were Short Alcohol Dependents Data Questionnaire (SADD, Raistrick, Dunbar and Davidson 1983), Hardiness Scale (Kobasa & Kahn, 1982), Self-esteem Inventories Adult Form (Coopersmith's, 1981) and Learned Helplessness in relation to alcohol use.

RESULTS: Findings indicated that Hardiness, Self-esteem and Learned Helplessness contributed significantly for social drinkers whereas did not contribute significantly to increase level of alcohol use for problem drinkers and alcohol dependents.

CONCLUSION: It is concluded that hardiness, self-esteem and learned helplessness, contribute significantly for social drinkers. So health education programme can be launched at different level for social drinkers in different societies to help them not to become alcohol dependents in their later life.

KEY WORDS: Hardiness, self-esteem, learned helplessness, alcoholism.

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INTRODUCTION & BACKGROUND OF THE STUDY

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[1] 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[2]. 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[4].

Research suggests that certain personality factors/traits may play an important role in both the development and maintenance of alcohol dependence[5]. 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[6]. This may be explained by the inability of an individual with

antisocial personality to anticipate the aversive consequences of his or her behavior.

The term hardiness was introduced by Kobasa (1979)[7] 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.

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[13].

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.

OBJECTIVE OF THE STUDY

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

MATERIAL AND METHODS

Research Approach & Design: Quantitative research approach and descriptive design was adopted for the study.

Sample and Sampling Technique: 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.

Description of tools: The tools were selected in accordance with the aims and objectives of the study. While selecting the tools, psychometric properties, nature of sample, competence of the investigator in scoring and interpretation was taken into consideration. The scales had to be adapted/translated for the sample of the present study.

The Tools used for the study were as follows:

1) Short Alcohol Dependence Data Questionnaire (Raistrick, Dunbar, & Davidson, 1983)[14].

2) Hardiness Scale (Kobasa & Kahn, 1982)[15].

3) Self-esteem Inventories Adult Form (Coopersmith's, 1981)[16].

4) Learned Helplessness Scale (Dhar, U., Kohli, S, & Dhar, S. 1987)[17].

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).

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 coefficiant 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.

DATA ANALYSIS

To check the causation of hardiness, self esteem and learned helplessness on different Levels of Alcohol Use stepwise regression analysis, R^2 and R along with F were calculated.

ETHICAL CONSIDERATIONS

The study has been conducted maintaining the ethical standards as per the human rights guidelines for nurses in clinical and other research. This research study has been approved by the authorities. Participant's written consent was taken and they were assured that their responses will be kept confidential.

RESULTS

Table 1
Stepwise Regression Analysis for Social Drinkers

N=500

Predictor Variable/s	Degree of Freedom	R^2	R	F
Model I				
Learned Helplessness	99	0.180	0.424	21.488*
Learned Helplessness + Self-esteem	98	0.226	0.476	14.186*
Learned Helplessness + Self-esteem + Hardiness	97	0.188	0.434	9.901*
Model II				
Self-esteem	99	0.002	0.039	0.153
Self-esteem + Hardiness	98	0.007	0.084	0.342
Learned Helplessness + Self-esteem + Hardiness	97	0.188	0.434	9.901*
Model III				
Hardiness	99	0.006	0.080	0.630
Learned Helplessness + Hardiness	98	0.197	0.444	11.927*
Learned Helplessness + Self-esteem + Hardiness	97	0.188	0.434	9.901*

*Significant at $p<0.01$
** Significant at $p<0.05$

Table 1 shows that the Model I, II and III of Table 1 reveals that for Social Drinkers values of R^2 of Learned Helplessness, Self-esteem and Hardiness are 0.180, 0.002 and 0.006 respectively. 18% of Alcohol use is thus predicted by Learned Helplessness, 0.2% by Self-esteem and 0.6% by Hardiness. The value of R^2 for Learned Helplessness, Self-esteem and Hardiness taken together is 0.188, thus 18.8% of Alcohol use is predicted by Learned Helplessness, Self-esteem and Hardiness taken together. The F value for the conjoint R^2 is 9.901 which is significant at 0.01 level of significance. This leads to the conclusion that Learned Helplessness, Self-esteem and Hardiness conjointly predict Alcohol use among Social Drinkers more as compared to their separate prediction.

Table 2
Stepwise Regression Analysis for Problem Drinkers N=500

Predictor Variable/s	Degree of Freedom	R^2	R	F
Model I				
Learned Helplessness	99	0.051	0.226	5.255**
Learned Helplessness + Self-esteem	98	0.052	0.229	2.684
Learned Helplessness + Self-esteem + Hardiness	97	0.073	0.27	1.781
Model II				
Self-esteem	99	0.021	0.144	2.062
Self-esteem + Hardiness	98	0.021	0.144	1.027
Learned Helplessness + Self-esteem + Hardiness	97	0.073	0.27	1.781

Model III				
Hardiness	99	0.001	0.025	0.061
Learned Helplessness + Hardiness	98	0.051	0.226	2.605
Learned Helplessness + Self-esteem + Hardiness	97	0.073	0.27	1.781

*Significant at p<0.01

** Significant at p<0.05

Model I, II and III of Table 2 reveals that for Problem Drinkers values of R^2 of Learned Helplessness, Self-esteem and Hardiness are 0.051, 0.021 and 0.001 respectively. 5.1% of Alcohol use is thus predicted by Learned Helplessness, 2.1% by Self-esteem and 0.1% by Hardiness. The value of R^2 for Learned Helplessness, Self-esteem and Hardiness taken together is 0.073, thus 7.3% of Alcohol use is predicted by Learned Helplessness, Self-esteem and Hardiness taken together. The F value for the conjoint R^2 is 1.781 which is not significant. This leads to the conclusion that Learned Helplessness, Self-esteem and Hardiness conjointly do not predict Alcohol use among Problem Drinkers more as compared to their separate prediction.

Table 3

Stepwise Regression Analysis for Alcohol Dependents

N=500

Predictor Variable/s	Degree of Freedom	R^2	R	F
Model I				
Learned Helplessness	99	0.008	0.090	0.0807
Learned Helplessness + Self-esteem	98	0.018	0.133	0.872*
Learned Helplessness + Self-esteem + Hardiness	97	0.04	0.2	1.510
Model II				
Self-esteem	99	0.000	0.003	0.001
Self-esteem + Hardiness	98	0.033	0.182	1.653
Learned Helplessness + Self-esteem + Hardiness	97	0.04	0.2	1.510
Model III				
Hardiness	99	0.032	0.172	3.234
Learned Helplessness + Hardiness	98	0.035	0.187	1.759
Learned Helplessness + Self-esteem + Hardiness	97	0.04	0.2	1.510

*Significant at p<0.01

** Significant at p<0.05

Model I, II and III of Table 3 reveals that for Alcohol Dependents values of R^2 of Learned Helplessness, Self-esteem and Hardiness are 0.008, 0.000 and 0.032 respectively. 0.8% of Alcohol use is thus predicted by Learned Helplessness, 0.000% by Self-esteem and 3.2% by Hardiness. The value of R^2 for Learned Helplessness, Self-esteem and Hardiness taken together is 0.04, thus 4% of Alcohol use is predicted by Learned Helplessness, Self-esteem and Hardiness taken together. The F value for the conjoint R^2 is 1.510 which is not significant. This leads to the conclusion that Learned Helplessness, Self-esteem and Hardiness conjointly do not predict alcohol use among Alcohol Dependents more as compared to their separate prediction.

On the basis of tables 1, 2 and 3 it can be concluded that hypothesis which states that "Hardiness, self-esteem & learned helplessness will significantly contribute to Level of Alcohol Use," is partially rejected. The hypothesis is accepted for Social Drinkers where as rejected for Problem Drinkers and Alcohol Dependents.

The result shows that for Problem Drinkers and Alcohol Dependents- Hardiness, Self-esteem & Learned Helplessness do not significantly contribute to Level of Alcohol Use, where as for Social Drinkers- Hardiness, Self-esteem & Learned Helplessness significantly contribute to Level of Alcohol Use.

DISCUSSION

In the present study results showed relationship of hardiness and self- esteem are negative whereas the learned helplessness is positively related with alcoholism. Significant negative relation may be due to the fact that use of alcohol and other drugs leads to anxiety, fear, depression, loss of willpower, poor concentration, feeling useless, moral deterioration and low self- confidence. This is also mentioned by another study[6] that addicts have high aggression response. However hardy individual exhibits less aggression, anxiety, fear, depression etc. The results also found significant relationship between increased level of alcohol use and hardiness as a whole for the three groups; social drinkers, problem drinkers and alcohol dependents. These supporting findings were reported the same in another study[7]. It is reported that who maintains that low self-esteem is either the cause or contributes to maintain alcohol and drug abuse. Another findings have shown that the level of alcohol use has significant negative relation with self-esteem and learned helplessness[9]. Relationship between attributional style and post traumatic stress disorder was studied in alcoholic patients in a group of 99 patients seeking treatment for alcohol dependence. Consistent, significant relationships were found between learned helplessness attributional styles and a variety of measures of PTSD[8]. As found in the present study, learned helplessness of alcohol dependents was found significantly more as compared to social drinkers and problem drinkers. Further hardiness, self esteem and learned helplessness contributed significantly for alcohol dependents. Another study supported these findings and as they worked on alcohol helplessness scale and its prediction of depression among problem drinkers. Hierarchical multiple regression were used to test the helplessness and self- efficacy moderate the link between alcohol dependents and level of alcohol use among three groups of alcoholics i.e. social drinkers, problem drinkers and alcohol dependents[10].

CONCLUSION

It is concluded that for Problem Drinkers and Alcohol Dependents- Hardiness, Self-esteem & Learned Helplessness do not significantly contribute to Level of Alcohol Use, where as for Social Drinkers- Hardiness, Self-esteem & Learned Helplessness significantly contribute to Level of Alcohol Use. So health education programme can be launched at different level for social drinkers in different societies to help them not to become alcohol dependents in their later life.

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