

PROMOTION OF SELF ESTEEM ACTIVITIES AMONG ALCOHOL DEPENDANTS

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INTRODUCTION

Self esteem is all about how much we feel valued, loved, accepted and thought well of by others and how much we value, love and accept ourselves. People with healthy self-esteem are able to feel good about them, appreciate their own worth and take pride in their abilities, skills and accomplishments. People with low self- esteem may feel as if no one will like them or accept them or that they can't do well in anything

People with high self esteem tend to be ambitious in what they want to experience in Life, they have a drive to express them and to communicate openly and honestly about their needs and desires. People with low self esteem rarely live their life to the full, they distance themselves from others, denied their love and support, and uncomfortable with success, some of them even take alcohol and drugs.

We all experience problems with self esteem at certain times in our lives-especially during our teens figuring out, where we fit in the world. The level of self esteem determines how we operate in life –how we interact with others such as spouse, children, friends, and strangers .It determines our achievements, and our satisfaction and happiness.

Self esteem has long been believed to play an important role in the use of alcohol; People with 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.

Most of the individuals who are addicted to drugs and alcohol are not happy with their lives and live a life of despair and hopelessness, the major symptom is poor self esteem. Poor self esteem is at the heart of an individual's addiction and dependency and there is an inverse relationship between alcohol dependency and self esteem, that if a person's self esteem improves the individual's addictive behavior.

REVIEW OF LITERATURE:**1. Studies related to low self esteem and alcoholism****2. Studies related to self esteem activities and alcoholism****1. Studies related to low self esteem and alcoholism:**

A study conducted on self esteem and Alcohol use on 61 Alcoholic dependants who were admitted in a rural Midwestern medical centre. An individual's reactions to his or her social environment are mediated by a sense of self esteem, low levels of self esteem are develop during Socialization. Results suggest that specific form of social support is important to recovering alcoholic dependants (Steffenhagen and Burns, 2016).

A Pearson correlation was calculated examining the relationship between the amounts of alcohol consumed in the past 30 days and self esteem. A low to moderate correlation was found ($r(23)=.250, p>.05$). (Jeremy W. Lawing, 2016).

A Study conducted on drinking problems and self-Esteem of college students, 148 lower division college students were given the following paper and pencil tests: The Michigan Alcoholism Screening Test, and the "Personal Self" section of The Rosenberg Self-Esteem Scale. College Students are having low self Esteem ($F = 4.23, p = .04$). Tabulation of the incidence of heavy drinking (31%). Result shows an drinking behavior of college students are having low self esteem (Swego, 2015).

A study was conducted on the effects of self esteem on substance abuse among homeless men. This experimental study involving 305 samples of homeless men was assigned randomly to the treatment group and Control group. Control group was referred to community based services, experimental subjects were exposed to individual therapy, group interventions, life skills and relapse prevention training residing in a 24 Hour shelter for three months. Results indicated that self-esteem was increased in experimental group than in control group (Brandon, 2014).

A descriptive study was conducted on self-esteem and alcohol dependants. Study comprises of two groups such as alcoholic dependants as one group and non-alcoholics in another group. Study shown that alcoholic dependants have lowered self esteem compared to non alcoholics self esteem (Donnelly, 2013)

A study was conducted to compare the level of self esteem among 30 alcoholics and 30 non alcoholic persons. They are assessed for self esteem using self esteem scale. The results showed that alcoholics had low self esteem when compared to non alcoholics ($P<001$). Alcoholic dependants were

perceived as less loving and less dominant as compared to non alcoholics, they also perceived alcoholics to be aggressive and sadistic(Neeliyara,2013).

A study conducted to identify the relationship between alcohol consumption and self esteem. Study comprises of 26 Samples (Employees of local retail store), their self esteem was assessed by using Rosenberg's self esteem scale. Results showed that alcohol consumption is strongly related to self esteem (T.F.Heatherson,2010).

A Study conducted on how self esteem influences alcohol consumption Study comprises of 61 samples. Over the course of two weekends self esteem was measured using Rosenberg's self esteem scale. Study showed the results that self esteem is negatively correlated with alcohol consumption. In a study on adolescents drinking behavior, adolescents with high self esteem reported consuming less alcohol than adolescents with low self esteem. (Gerrerd, Russell, 2010)

A cross-sectional survey design investigated the relationship of substance use and self esteem. Self-esteem was assessed using Hare Self-esteem Scale. Four hundred and eleven samples were completed the survey. Results revealed that there is a direct relationship between alcohol use and self-esteem ($F=12.8, df=2, 343, p,.00001$).Regardless recent alcohol abusers had the lowest self-esteem scores and never users had the highest scores(F.X.Gibbons,2011).

A study says that low self-esteem is the universal common denominator among all people suffering from addictions. Low self-esteem is the true disease and it is the underlying origin of all problematic behaviors that plagues the world (Candito,2006).

A prospective study of self-esteem and Alcohol Use Disorders in Early Adulthood.The relation among Self-esteem and Alcohol use disorder diagnoses was examined in a sample of 240 men evaluated at four annual assessments over the college years.The results support clinical observations that low self esteem plays a particularly important iteological role in alcohol problems in men(Fromme.K,2019).

A number of studies have indicated that adolescents who refrain from drinking alcohol have higher self-esteem than do adolescents who drink. The questionnaire used in this study included the Adolescent Alcohol Involvement Scale which has fourteen questions about alcohol use, the Rosenberg (1965) Self-esteem Scale, (Mendel son, Mock, &Erbaugh, 1984).

2. Studies related to self esteem activities and alcoholism

A Study conducted on how group activity has an impact on self esteem among alcoholics. Study comprises 40 samples, 20 patients undergone group activities for 12 weeks in an inpatient setting and 20 patients as control groups. Patients in the intervention group showed significant enhancement in self esteem, social skills and self confidence where as there is no changes observed in control group (John Wiley, 2019)

A Study was conducted how utilization of self esteem programs (Holistic Addiction Treatment Programme) plays an important role in Relapse prevention. Study comprises of 145 samples. Results show that 70 to 90 percentages, self esteem programs are effective in Relapse prevention and over all well-being to the treatment of recovering alcoholics (Harry Henshaw, 2017).

A Study conducted on self esteem activities among Alcoholic patients. Study comprises of 43 samples, volunteers in the group undergone self esteem activities along with drug treatment, the other group only underwent drug treatment. Pretest-posttest comparison on a variety of physiological parameters indicated that significant improvements had occurred in psychological wellbeing including self esteem, self awareness, lifestyle adaptation and relapse prevention skills. Results suggest that promotion of self esteem activities improves self esteem among alcoholic dependants (Michael Peterson, Bryanjohnstone, 2013)

A study conducted on self-esteem and alcoholism among high school students total sample was 140(55males and 85 females) high school students. The questionnaire used in this study included the Adolescent Alcohol Involvement Scale (Moberg, 1983) which has fourteen questions about alcohol use, the Rosenberg (1965) Self-esteem Scale, and the Beck Depression Inventory (Beck, Ward, Mendel son, Mock, &Erbaugh, 1961). Study has showed that indicated that adolescents who refrain from drinking alcohol have higher self-esteem than do adolescents who drink (Butler, 1980; Young, Werch, & Brakeman 2009).

MATERIALS AND METHODS:

Designing a research involves the development of plan or strategy that will guide the collection and analysis of data. The present study is designed to promote the Self-esteem among Alcohol Patients. The methodology of the study constitutes research design, setting, population and sampling criteria for the selection of samples and tool for data collection.

3.1. One Group Pre Test Post Test Design:

3.2. Setting: This study was conducted in Kasthuriba Gandhi De-Addiction Centre, Coimbatore. The De-Addiction centre consists of 25 bedded

3.3. Population: The overall population for the study was alcoholic patients who were admitted in the Kasthuriba Gandhi DE-Addiction Centre from 28.06.2010 to 25.07.2010.

3.4 Sample size And Sampling Technique: Purposive sampling Technique was used to select samples who were admitted in the Kasthuriba Gandhi De-Addiction Centre during the period of study. 30 patients were selected as samples during the study.

3.4.1. Criteria for Selection of the Sample:

Inclusion Criteria:

Patients who were admitted in Kasthuriba Gandhi De-Addiction Centre

Alcoholic patients with Low self esteem

Exclusion Criteria:

Patients who are not willing to participate in the study.

Alcoholic dependants associated with Psychotic symptoms.

3.5. Instruments and Tool for Data Collection: The tool was prepared based on review of literature and guidance of experts from the field of Psychiatry.

Section I: This section includes demographic variables like age, education, family Income, occupation, marital status, marital disharmony, Type of Family Duration of Alcohol intake Consumption of alcohol, physical and psychological problems.

Section II: This section consists of modified Rutgers's Alcohol Problem Index scale. It is a useful tool to assess the problem index among alcoholic patients. It consists of 15 questions.

Section III: This section has an index to measure person's self-esteem. It consists of 20 statements to assess the level of self-esteem of alcoholic dependants.

Score Interpretation: Self –Esteem Assessment Scale consists of 20 statements of assessment of patient's level of self esteem.

The total score is 60, patient who scores the item '3' and more than 46 is having low self-esteem.

Section IV: This section consists of intervention for Low self –Esteem such as Individual activities and Group activities.

Individual Activities: Promoting individually performing activities. The patients are encouraged to do individual activities such as Art writing and Reading Newspapers.

Group Activities: Group activities is two or more individuals unite together to promote an same activity. Patients are encouraged to do psychodrama (Group was given a theme, group members act out based on the theme) and Outdoor games (Tenniequite).

3.6. Variables of the study:

Independent variable: Self-esteem activities.

Dependant variable: Alcohol dependants.

3.7. Techniques for Data Analysis and Interpretation:

The tables were formulated for base line information such as age, education, occupation, type of family, marital disharmony, income per month, amount of alcohol intake, duration of alcohol intake, physical and psychological symptoms.

Paired' test was used to analyze the significant difference in the level of self-esteem before and after promoting self esteem activities.

3.7.1. Paired't'test: The test was used to point out the effect of promotion of self esteem activities among alcoholic patients.

$$t = \frac{\bar{d}}{SD/\sqrt{n}}$$

$$SD = \sqrt{\frac{\sum(d - \bar{d})^2}{n-1}}$$

$$n = \text{Number of Samples}$$

Here d=Mean difference between pretest and posttest score.

SD=Standard Deviation of the Pre test and post test Score

n=Number of Samples.

Pilot study report

Pilot study was conducted for a period of 2 weeks, from 28th May 2010 to 11th May 2010, to test the practicability of the tool and feasibility of conducting the main study. Study was conducted in Psychiatric ward of P S G Hospital. For pilot study 5 samples were selected. Data were collected by interview method.

Through the pilot study it was proved that self esteem activities in promotion of self esteem. The researcher would like to continue the study to promote self esteem among alcohol dependants.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

The process of evaluating data using analytical and logical reasoning to examine each component of the data provided. This form of analysis is just one of the many steps that must be completed when conducting a research experiment. Data from various sources gathered, reviewed, and then analyzed to form some sort of finding or conclusion. There are a variety of specific data analysis method, some of which include data mining, text analytics, business intelligence, and data visualizations.

4.1. General Profile of alcoholic Dependants

1. Age

Among thirty alcoholic dependants, six patients were at the age of 21-30 years, fifteen patients were at the age of 31-40years, seven patients were at the age between 41-50 years and two patients were between 51-60years.

2. Education

Most of the alcoholic dependants were completed their secondary education, seven patients had completed primary education, six patients completed higher secondary education and seven had graduate degree.

3. Occupation:

A. Type of Work

It was found that ten were doing business, five were farmers, four were engineers, two were bus drivers and there was one from each category like tailor, rashion shop, goldsmith, shopkeeper, hotel supervisor, massion, mandapam decorator, Carpenter, cable TV Manager.

B. Hours of Work

Hours of work for alcoholic dependants were varying from 6-15 hrs. Most of them nineteen were working between 11-15 hrs and eleven patients were working 6-10 hours per day.

C. Income per Month

Income of alcoholic dependants varied depends upon their occupation, fifteen were earning between Rs.6000-10000 per month, eight patients were earning between Rs.11000-15000 per month, four were earning between Rs.1000-5000 per month, three patients were earning between Rs 16000-20000 per month.

D. Conflict in Work Area

Majority of alcoholic dependants, twenty expressed no conflict in work area and ten had conflict in their work area.

4. Family history

A. Marital status

Twenty four patients were married, six patients were unmarried.

B. Marital disharmony:

Thirty alcoholic dependants came out with the problem of and only eleven patients had no such problems.

C. Relationship with spouse:

Among the alcoholic dependants, twelve patients were maintaining good relationship with their spouse and twelve patients were not maintaining good relationship with spouse.

D. Relationship with children:

Twenty two were maintaining good relationship with their children and two patients were not maintaining good relationship with children.

E. Type of Family:

Among twenty four alcoholic dependants, six patients were from joint family and eighteen from nuclear family.

F. Family History of Alcoholism:

There is no family history of alcohol intake among twenty five alcoholic dependants and only five patients were having the family history of alcoholism.

5. Social History:

A. Social Support:

Among thirty alcoholic dependants, one had Peer group support, three had support from friends, and twenty six had family support.

6. Alcoholic History:

A. Duration of Alcohol Intake In years:

Duration of 11-15-years of alcohol intake was found among fifteen alcoholic dependants, 6-10years among ten alcoholic dependants, 1-5years among three alcoholic dependants and 16-20 years among two alcoholic dependants.

B. Consumption of Alcohol started by:

Most of the patients twenty five were started consuming alcohol through friends, three started by their relatives and two started by their family members.

C. Quantity of Alcohol when started (Bear in ml):

Majority of the alcoholic dependants, twenty three started with 100-300ml of bear while seven alcoholic dependants were stated with 700-900ml of bear.

D. Quantity of Alcohol at present (Hot):

At present eleven alcoholic dependants was consuming 700-900ml of hot which is more than nineteen alcoholic dependants consuming 400-600ml.

E. Time of drinking Alcohol:

Among thirty alcoholic dependants, twelve patients were taking alcohol in the evening, four were taking alcohol in the morning and evening, fourteen were taking alcohol throughout the day.

F. Money spent Alcohol Consumption:

Among thirty alcoholic dependants, most of them twenty two spent Rs 4000-6000 per month for alcohol consumption seven spent Rs 7000-9000 per month and one spent Rs 1000-3000 per month.

G. Motivation for treatment of Alcoholism:

Maximum number of patients thirteen were motivated by self, seven were motivated by already treated patients in de-addiction centre, five were motivated by family members and five were motivated by Relatives.

H. Reason for Alcoholism:

Seventeen patients were started on alcoholism due to psychological factors such as wife’s death, job stress etc, thirteen patients were started due to peer group pressure and none had the reason of physical and psychiatric illness.

TABLE 4 1

DEMOGRAPHIC DATA OF ALCOHOLIC PATIENTS

S.No	Patient Data	No. Of .Patients
1.	AGE IN YEARS	
	21-30	6
	31-40	15
	41-50	7
	51-65	2
2.	EDUCATION	
	Primary	7
	Secondary	10
	Higher secondary	6
3.	OCCUPATION	
	A. TYPE OF WORK	
	Business	10
	Farmer	5
	Tailor	1
Accountant in Rashionshop	1	
Goldsmith	1	

Hotel Supervisor	1
Driver	2
Construction Worker	1
Engineers	4
Mandapam Decorator	1
Carpenter	1
Cable T.V. Manager	1
B. HOURS OF WORK	
6-10	11
11-15	19
C. INCOME PER MONTH	
1000-5000	4
6000-10,000	15
11,000-15,000	8
16,000-20,000	3
D. CONFLICT IN WORK AREA	
Present	10
Absent	20
FAMILY HISTORY	
A. MARITAL HISTORY	
Married	24
Single	6
B. MARITAL DISHARMONY	
Present	13

	Absent	11
	C.RELATIONSHIP WITH SPOUSE	
	Maintains good relationship	12
	Not maintains good relationship	12
	D.RELATIONSHIP WITH CHILDREN	
	Maintains good relationship	22
	Not maintains good relationship	2
	E.TYPE OF FAMILY	
	Joint family	6
4.	Nuclear family	18
	F.FAMILY HISTORY OF ALCOHOLISM	
	Present	5
	Absent	25
	SOCIAL HISTORY	
	A.SOCIAL SUPPORT	
	Neighbors	0
	Peer group	1
	Friends	3
	Family	26
	ALCOHOLIC HISTORY	
	A.DURATION OF ALCOHOL INTAKE IN YEARS	
	1-5	3
	6-10	10
	11-15	15

	16-20	2
	B.CONSUMPTION OF ALCOHOL STARTED BY	
5.	Friends	25
	Family members	2
	Relatives	3
	Self	0
	C.QUANTITY OF ALCOHOL WHEN STARTED (BEAR) ML	23
	100-300	7
	400-600	
6.	700-900	0
	D.QUANTITY OF ALCOHOL CONSUMPTION AT PRESENT(HOT)ML	0
	100-300	19
	400-600	11
	700-900	
	E.TIME OF DRINKING ALCOHOL	0
	Morning	12
	Evening	4
	Both	14
	Throughout the Day	
	F.MONEY SPENT ON ALCOHOLISM	1
	1000-3000	22
	4000-6000	7
	7000-9000	

G.MOTIVATION FOR TREATMENT OF ALCOHOLISM	
Family members	
Relatives	5
Self	5
Treated patients	13
H.REASON FOR ALCOHOLISM	
Physical Illness	
Psychiatric Illness	0
Psychological Illness	0
Peer group Influence	17
	13

Figure 1
Age of Alcoholic Dependants

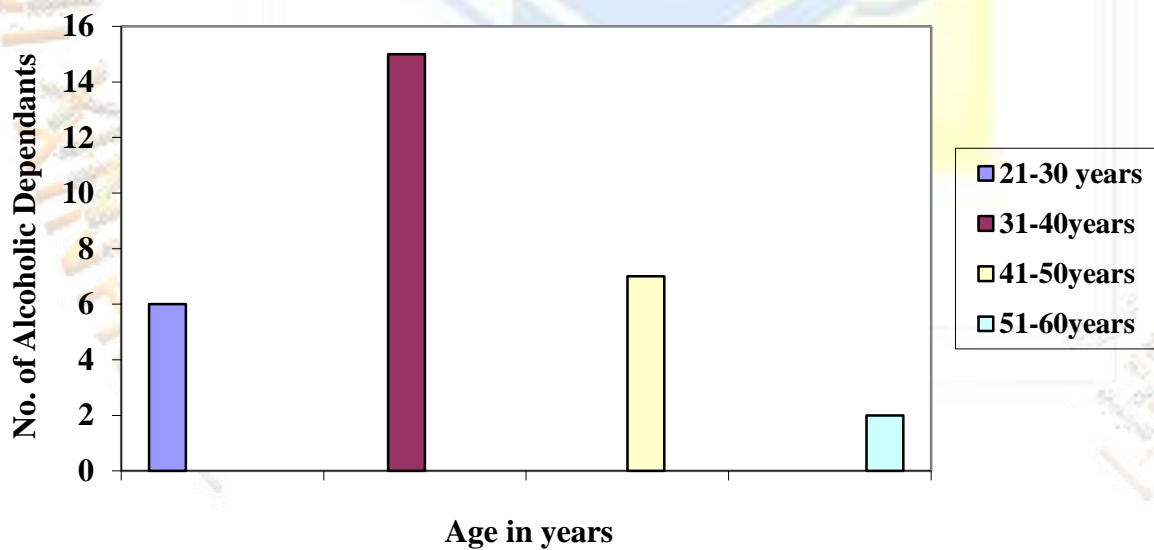
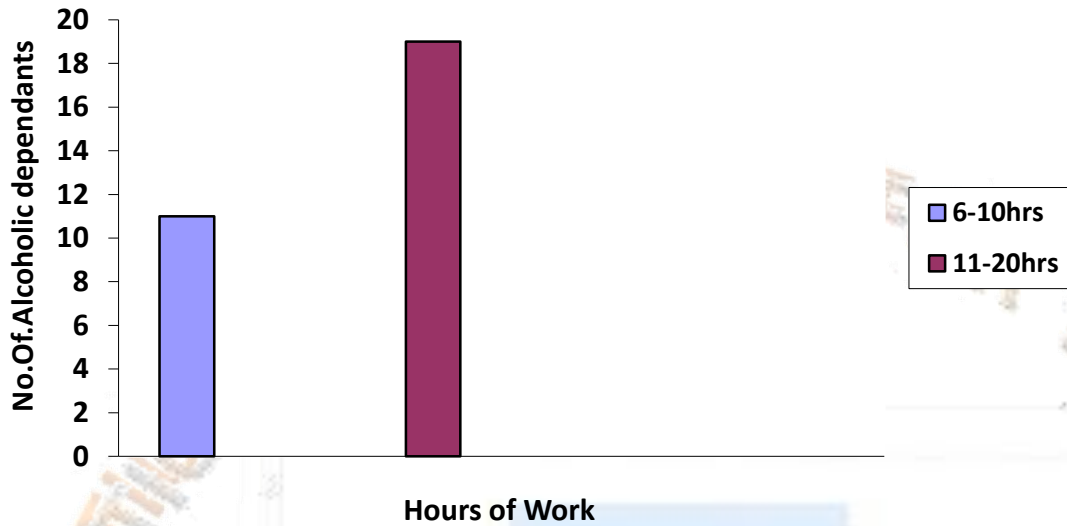


Figure 2

Occupation

1. Hours of Work



2. Income per Month

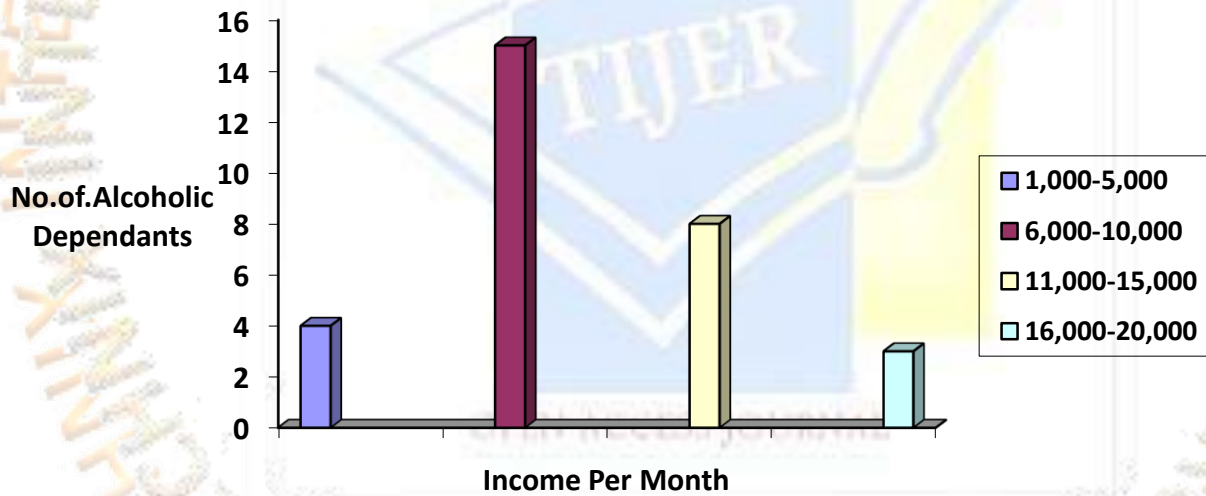
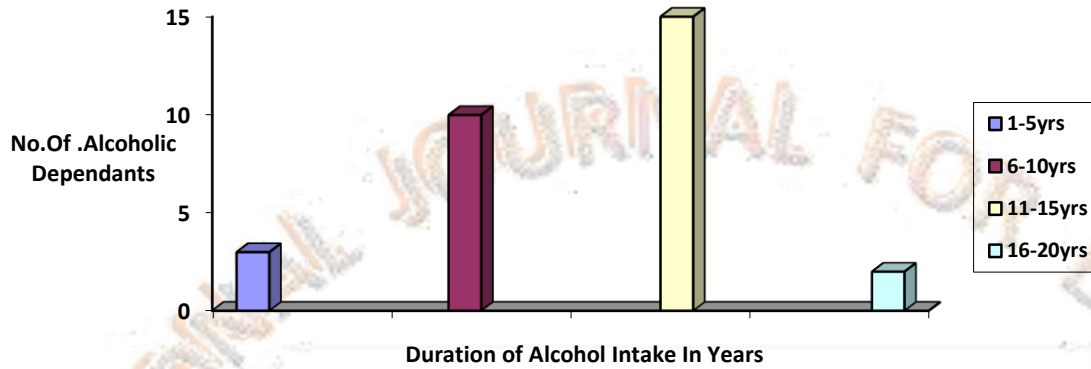


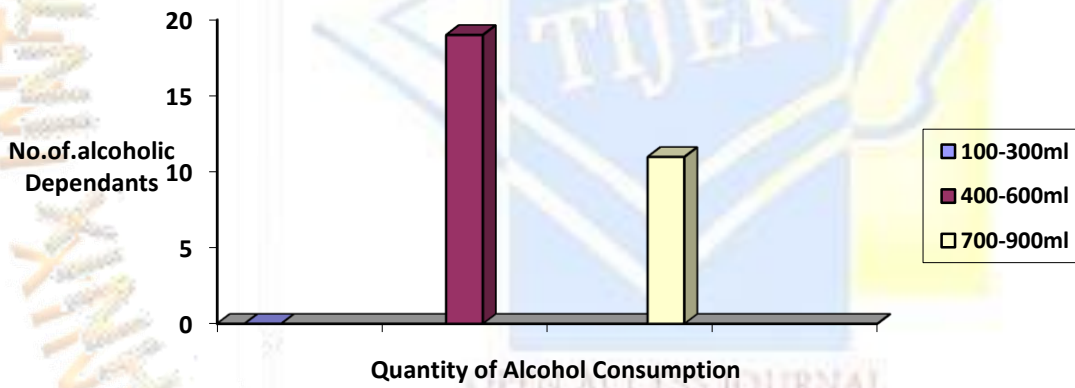
Figure 3

Alcoholic history

1. Duration of Alcohol Intake in Years



2. Quantity of Alcohol Consumption



3. Reason for alcoholism



4.2. Assessment of Problem Index among Alcoholic Dependants:

Among thirty alcoholic dependants, Majority of alcoholic dependants are not able to work, inability to carryout responsibilities, had fight with relatives, neglected by relatives, advised by relatives and friends, to stop alcohol, noticed a change in personality, most of them felt guilty,neede more alcohol to get the same effect previous one, and felt physically and psychologically dependant on Alcoholism.

TABLE 2

ASSESSMENT OF PROBLEM INDEX

n=30

S.No	PROBLEM STATEMENTS	1	2	3	4
1.	Not Able To Work	10	15	5	0
2.	Neglected Responsibilities	10	15	5	0
3.	Had Fight With Others	20	5	5	0
4.	Neglected By Relatives	10	14	6	0
5.	Advised By friends,neighbours,relatives to stop alcohol	0	20	10	0
6.	Kept Promised To Stop Drinking	10	12	8	0
7.	Noticed A Change In Personality	12	16	2	0

8.	Felt Guilty	0	23	7	0
9.	Forgetting Places	16	14	0	0
10.	Fainted Suddenly	26	4	0	0
11.	Gone Suddenly	26	3	1	0
12.	Needed More Alcohol To Get The same Effect As Of previous One	0	20	6	4
13.	Tried To Control Drinking	16	8	6	0
14.	Stopped Drinking Because Of Withdrawal Symptoms	20	10	0	0
15.	Felt physical or Psychologically dependant On Alcohol	0	16	10	4

Score Interpretation: 1.None of the Time, 2.1-2 Time, 3.3-4 Times, 4.More Than Five Times

4.3. Assessment of Level of Self-Esteem among alcohol Dependants:

Fifty one patients were got admitted in kashuriba Gandhi de-Addiction Centre, Coimbatore in the month of July. Among them thirty alcoholic dependants were selected for the study based on the exclusion criteria. Level of self-esteem was assessed for each patient by using self-esteem assessment tool. All thirty alcoholic dependants were having low self-esteem that they become anger when criticized, afraid to try new things, showing difficulty in performing social activities and social interaction. All the alcoholic Dependants were scored the level of self-esteem score between 50-60.

4.4. Promotion of Self-Esteem Activities:

Self-Esteem activities are promoted by scheduling as individual and group activities. Individual activities are promoted in the morning and group activities are promoted in the evening to boost up self-esteem among Alcoholic dependants.

TABLE 3

Self-Esteem Activities Protocol

S.No	Time	Activities
1.	8.30-9.30am	Individual Activities A. Self Reporting
	11.00-12.00Noon	B. Art Writing
2.		Group Activities
	1.30-3.00Pm	A. Caroms
	3.30-5.00Pm	B. Volley Ball

TABLE 4

ASSESSMENT OF SELF-ESTEEM BEFORE PROMOTING SELF-ESTEEM ACTIVITIES

n=30

S.No	Level of Self-Esteem	No.of.Patients	Pre test
1.	Self- Esteem Score (>46)	30	

SCORE INTERPRETATION: Problems With low self-esteem are indicated by a total Score higher than 46

TABLE 5

ASSESSMENT OF SELF-ESTEEM AFTER PROMOTING SELF-ESTEEM ACTIVITIES

n=30

S.No	Level of self-Esteem	No.of.Patients	Post test
1.	Self-Esteem Score(<46)	30	

TABLE 6

COMPARISON OF SELF-ESTEEM BEFORE AND AFTER PROMOTING SELF-ESTEEM ACTIVITIES

n=30

S.No	Level of Self-Esteem	Pre test	Post test
1.	Self-Esteem Score(>46)	30	0
2.	Self-Esteem Score(<46)	0	30

INTERPRETATION: Thirty alcoholic Dependants were scored > 46 before promoting Self-Esteem activities. But after promoting Self-Esteem Activities they have scored <46

TABLE 7

Difference in pretest and Posttest Self-Esteem Score of Alcoholic Dependants

S.No	Pretest Score	Posttest Score	Difference
1	56	33	23
2.	54	36	22
3.	56	32	24
4.	56	32	24
5.	55	30	25
6.	54	33	21
7.	52	34	22
8.	52	33	21
9.	55	33	22
10.	55	32	23
11.	54	31	23
12.	54	30	24
13.	56	33	23
14.	54	31	23
15.	55	32	23
16.	56	33	23
17.	56	33	23
18.	54	33	21
19.	56	34	22
20.	54	32	23
21.	56.	33	21
22.	54.	33	23
23.	55.	33	21
24.	56.	34	22
25.	53.	32	21
26.	56.	33	21
27.	54.	30	23
28.	56.	36	20
29.	55.	33	22
30.	53	34	19

TABLE 8

COMPARISON OF SELF-ESTEEM BEFORE AND AFTER PROMOTING SELF-ESTEEM ACTIVITIES

n=30

S.No	Level of Self-Esteem	Pre test	Post test
1.	Self-Esteem Score(>46)	30	0
2.	Self-Esteem Score(<46)	0	30

INTERPRETATION: Thirty alcoholic Dependants were scored > 46 before promoting Self-Esteem activities. But after promoting Self-Esteem Activities they have scored <46

4.5. COMPARISON OF PRETEST AND POSTTEST LEVEL OF SELF-ESTEEM AMONG ALCOHOL DEPENDANTS

In order to find out the significant difference between pretest and posttest scores of level of self-esteem, paired' test was compared to test the significance, the hypothesis was stated.

Hypothesis: There is a significant difference in level of self-esteem before and after promoting self-esteem activities.

$$t=d/SD/n$$

$$SD=(d-d)/n-1$$

$$(d-d)=65.25$$

$$SD= (65.25)/30-1$$

$$SD= 65, 25/29$$

$$SD= 2.25$$

$$SD=1.5$$

$$t=d/SD/n$$

$$=21.5/1.5/30$$

$$=21.5/1.5/5.4$$

$$=21.5/0.27$$

$$t = 79.62$$

$$df = n-1$$

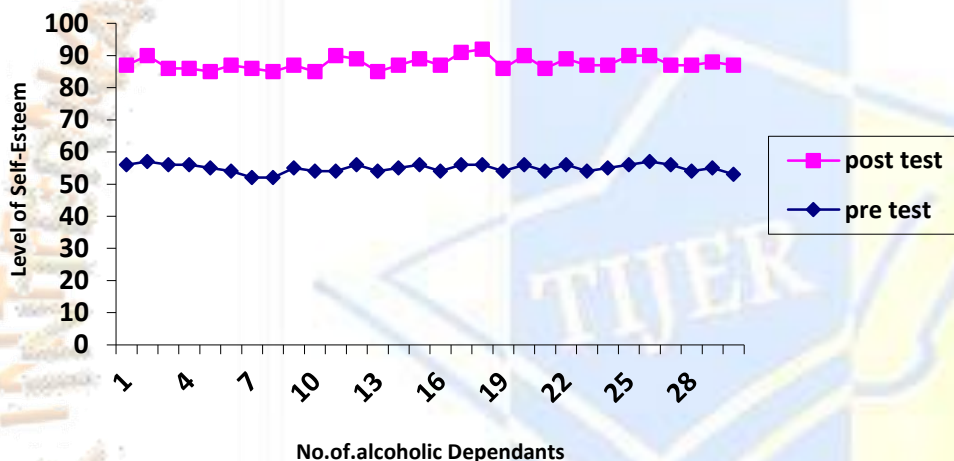
$$=30-1$$

$$=29$$

As the calculated value is 79.62, which is greater than table value (3.66) at the degree of freedom of 29. It is significant at the level of 0.001, and hypothesis is accepted. Hence there is significant improvement between mean pretest and posttest score of self-esteem.

FIGURE 4

COMPARISON OF LEVEL OF SELF-ESTEEM BEFORE AND AFTER PROMTION OF SELF-ESTEEM ACTIVITIES



4.6.1 Influence of age on pretest score of alcoholic dependants with low self-esteem: Karl

Pearson co-efficient of correlation between age and pretest self-esteem score of alcoholic dependants.

Hypothesis: Age positively influence low self-esteem among alcoholic dependants. There is a relationship between age and level of self-esteem.

$$r = \frac{XY}{(x-x)(y-y)}$$

$$=3068/1715(49)$$

$$=3068/84035$$

$$=0.0365$$

$$=0.191$$

The calculated value is 0.191 that there is a positive correlation between age and level of self-esteem. Hypothesis is accepted hypothesis.

4.6.2. Influence of hours of work on pretest score of alcoholic dependants with low self-esteem: Karl Pearson co-efficient of correlation between hours of work and pretest self-esteem score of alcoholic dependants.

Hypothesis: Hours of work positively influence low self-esteem among alcoholic dependants. There is a relationship between hours of work and level of self-esteem

$$r = \frac{XY}{(x-x)(y-y)}$$

$$=157.92/81.76(49)$$

$$=157.92/4006.28$$

$$=0.03941$$

$$=0.198$$

The calculated value is 0.198 that there is a positive correlation between hours of work and level of self-esteem..Hypothesis is accepted hypothesis.

4.6.3. Influence of duration of alcohol intake on pretest score of alcoholic dependants with low self-esteem: Karl Pearson co-efficient of correlation between age and pretest self-esteem score of alcoholic dependants.

Hypothesis: Duration of alcohol intake positively influence low self-esteem among alcoholic dependants. There is a relationship between duration of alcohol intake and level of self-esteem.

$$r = \frac{XY}{(x-x)(y-y)}$$

$$=572/405(49)$$

$$=572/19845$$

$$=0.028$$

$$=0.169$$

The calculated value is 0.169 that there is a positive correlation between duration of alcohol intake and level of self-esteem..Hypothesis is accepted hypothesis.

4.6.4.Influence of quantity of alcohol intake on pretest score of alcoholic dependants with low self-esteem: Karl Pearson co-efficient of correlation between quantity of alcohol intake and pretest self-esteem score of alcoholic dependants.

Hypothesis:quantity of alcohol intake positively influence low self-esteem among alcoholic dependants. There is a relationship between quantity of alcohol intake and level of self-esteem.

$$r = \frac{XY}{(x-x)(y-y)}$$

$$= \frac{565908}{547890(49)}$$

$$= \frac{565908}{268466}$$

$$= 2.1$$

$$= 1.4$$

The calculated value is 0.14 that there is a positive correlation between quantity of alcohol intake and level of self-esteem. .hypothesis is accepted hypothesis.

4.6.5Influence of age on pretest score of alcoholic dependants with low self-esteem: Karl Pearson co-efficient of correlation between age and pretest self-esteem score of alcohol dependants.

Hypothesis: Age of Alcoholic dependants positively influence low self-esteem among alcohol dependants. There is a relationship between

$$r = \frac{XY}{(x-x)(y-y)}$$

$$= \frac{4289}{1891.2(70.8)}$$

$$= \frac{4289}{132370}$$

$$= 0.032$$

$$= 0.18$$

The calculated value is 0.18 that there is a positive correlation between age and level of self-esteem. .hypothesis is accepted hypothesis.

4.6.6 Influence of hours of work on posttest score of alcoholic dependants with low self-

esteem: Karl Pearson co-efficient of correlation between age and pretest self-esteem score of alcoholic dependants.

Hypothesis: hours of work positively influence low self-esteem among alcoholic dependants. There is a relationship between hours of work and level of self-esteem.

$$r = \frac{XY}{(x-x)(y-y)}$$

$$= \frac{320}{1715(70.8)}$$

$$= \frac{320}{121422}$$

$$= 0.0026$$

$$= 0.05$$

The calculated value is 0.05 that there is a positive correlation between hours of work and level of self-esteem. hypothesis is accepted hypothesis.

4.6.7. Influence duration of alcohol intake on posttest score of alcohol dependants with low

self-esteem: Karl Pearson co-efficient of correlation between age and pretest self-esteem score of alcoholic dependants.

Hypothesis: Duration of alcohol intake positively influence low self-esteem among alcoholic dependants. There is a relationship between hours of work and level of self-esteem.

$$r = \frac{XY}{(x-x)(y-y)}$$

$$= \frac{1175.5}{405(70.8)}$$

$$= \frac{1175.5}{28674}$$

$$= 0.04$$

$$= 0.20$$

The calculated value is 0.20 that there is a positive correlation between duration of alcohol intake and level of self-esteem. hypothesis is accepted hypothesis.

4.6.9. Influence of quantity of alcohol intake on posttest score of alcoholic dependants with

low self-esteem: Karl Pearson co-efficient of correlation between age and pretest self-esteem score of alcoholic dependants.

Hypothesis: Hours of work positively influence low self-esteem among alcoholic dependants. There is a relationship between hours of work and level of self-esteem.

$$r = \frac{\sum XY}{\sqrt{(\sum x-x)(\sum y-y)}}$$

$$= \frac{9597444}{547890(70.8)}$$

$$= \frac{9597444}{38790612}$$

$$= 0.02$$

$$= 0.157$$

The calculated value is 0.157 that there is a positive correlation between quantity of alcohol intake and level of self-esteem. Hypothesis is accepted hypothesis.

CHAPTER V

RESULTS AND DISCUSSION

Introduction:

The main aim of the study was to assess the level of self-esteem among alcoholic dependants and to promote self esteem activities. The study was conducted in Kasthuriba Gandhi De-Addiction centre at Coimbatore. A total of thirty patients were selected for the study .each patients baseline information was collected to understand the background of the patient and also some of the factors such as age,occupation,income which are expected to have an impact on alcoholism.

5.1 General Profile of the Alcohol Dependants:

The young age of alcoholic dependant who started intake of alcohol at the age of 21 years was six and in the age of 65 years are two. Many research studies says that, alcohol abuse and alcohol Dependence are not only adult problems they also affect a significant number of adolescents and young adults between the ages of 12-20, eventhough drinking under the age of 21 is illegal(Joseph.A,2008).

Study shows seven alcoholic dependants were having only primary level of education others were completed their secondary, higher secondary and graduates. An individual receives less than or up to 12 years of education can the causative effect of Alcoholism. "This finding implies that improving educational levels has the potential to counteract the risk factors and help to prevent alcoholism" said Wan.

Most of the alcoholic dependants were heavy workers such as drivers, civil engineers; farmer's etc. Some study shows occupation has higher alcoholism rates, High risk occupations attract problem drinkers or create them through job pressures. One hundred and fifty male manual recruits to Scottish breweries and distilleries were interviewed and compared with similar men in lower risk jobs. The alcohol producers reported poorer employment records and were significantly heavier drinkers than the controls. The alcohol producers were also more likely than the controls to have drunk more since recruitment. These results suggest that the drink trade attracts a disproportionate number of people likely to develop alcohol-related problems and indicates that drinking habits may be strongly influenced by work environment.

In this study some alcoholic dependants started taking alcohol by learning from peer groups, work environment. The culture of the workplace may either accept and encourage drinking or discourage and inhibit drinking. A workplace's tolerance of drinking is partly influenced by the gender mix of its workers. Studies of male-dominated occupations have described heavy drinking cultures in which workers use drinking to build solidarity and show conformity to the group (4, 5). Some male-dominated occupations therefore tend to have high rates of heavy drinking and alcohol-related problems (6, 7)

In my study four Alcoholic dependants are having monthly Income Rs.1000-4000, Most of the alcoholic dependants are having the monthly income of more than 6000-20000. The more income people have higher social status or class, more likely their high socio-economic status induces to drink alcoholic beverages.

Marital disharmony also one of the risk factor for consuming alcohol, here in general practice alcoholism should be considered, when the doctor detects marital disharmony, repeated sickness absenteeism, repeated aggressive behavior, patients presenting with anxiety and depression, and those who smell of drink. (B. D. Hoer and R. H. Wilkins).

Psychological factor plays a major role in consumption of alcohol, most of the alcoholic dependants in this consumes alcohol due to psychological factors. some research studies says that people turn to alcohol during periods of stress, frustration e.g. as a result of failure in an exam, loss of dear one, marital breakup, loss of personal property, etc as a way of trying to overcome the stress or depression.

5.2. Assessment of Problem Index Among alcoholic Dependants:

Among thirty alcoholic dependants, majority of alcoholic dependants are not able to work, had inability to carryout responsibilities, had fight with relatives, were neglected by relatives, were advised by relatives and friends to stop alcohol, noticed a change in personality, most of them felt guilty, neede more alcohol to get the same effect as previous one, and felt physically and psychologically dependant on Alcoholism.

5.3. Assessment of level of self-esteem among Alcohol dependants:

Data on level of self-esteem pointed out that most of the alcohol dependants are having low self-esteem. Their level of self-esteem was assessed by using self-esteem scale .Most of them scored the item very often(3) that inability to accept criticism, poor social interaction, afraid to try new things, difficulty to look people in the eye, uncomfortable in the presence of strangers, Feeling embarrassment when others are praising etc.

There is a significant amount of research on the relationship between self-esteem and focusing on how self-esteem influences who is likely to consume alcohol. Research shows that low self-esteem is negatively correlated with alcohol consumption. In a study on adolescent drinking behavior, adolescents with high self-esteem reported consuming less alcohol than adolescents with low self-esteem and reported smaller increases in alcohol consumption over time (Gerald, Gibbons, Bergen, 2000).

In addition in a study on college students. Students with low self-esteem became more intoxicated than students with high self-esteem (Glindemann, Geller, and Fortney, 1999).Although research shows a relationship alcohol and self-esteem.

TABLE 5.1

5.4. Promotion of Self-esteem Activities among Alcoholic Dependants:

S.No	Time	Activities
1.	8.30-9.30am	Individual Activities A. Self Reporting B. Art Writing
	11.00-12.00Noon	
2.	1.30-3.00Pm	Group Activities A. Caroms B. Volley Ball
	3.30-5.00Pm	

5.5. Comparison of Level of Self-Esteem before and After Promoting Self-Esteem Activities:

It was found in the assessment that the level of self-esteem was improved after promotion of self-esteem activities. Alcoholic dependants who scored the item very often (3) in the pretest were scored sometimes (2) or occasionally (1) after promotion of self-esteem activities. Patients were actively participated in self-esteem

activities, before promoting self-esteem activities alcoholic dependants had the problems like becoming angry for criticism, poor interaction, inability to try new things, having difficulty looking people in the eye, difficulty making small talk, etc. But after promoting self-esteem activities alcoholic dependants showed an improvement in accepting criticism, trying new things, facing other people's in the eye, good social interaction.

CHAPTER VI

SUMMARY AND CONCLUSION

The present study was conducted in selected De-Addiction Centre, Coimbatore from 28.6.10-25.7.10. Alcoholic dependants were selected by sample free technique. The level of self-esteem was assessed by using self-esteem scale. Alcohol-induced psychiatric illness and dependants with high self-esteem were excluded. After initial assessment of self-esteem, self-esteem activities were promoted which include Individual and Group activities.

Reassessment was done after a gap of fourteen days using the same scale to identify the enhancement in promotion of self-esteem of alcoholic dependants.

The data collected during assessment and was revealed that the level of self-esteem had significantly improved after promotion of self-esteem activities. The demographic variables like age, hours of work, quantity of alcohol intake, and duration of intake of alcohol were analyzed by using Karl Pearson's co-efficient of correlation to identify the influence of these variables on the level of self-esteem and alcoholic dependants. The results indicated that there is a positive relationship between age hours, quantity, duration of alcohol intake and pretest self-esteem score of alcoholic dependants. The results also indicated for posttest.

The significance of level of self-esteem on pretest and posttest level of alcoholic dependants were calculated using paired 't' test. The results showed that after promoting self-esteem activities the alcoholic dependants had a significant improvement in level of self-esteem.

6.1. Major Findings of the Study:

1. Majority of alcoholic dependants were in the age group of 20-65 years.
2. In pre assessment of level of self-esteem all 30 alcoholic dependants had low self-esteem.
3. In post assessment of level of self-esteem, all 30 alcoholic dependants had improved their self-esteem.
4. The mean pretest score .there is a increase in posttest mean score .
5. The paired 't' test value of self-esteem is $t = 9$ is greater than the table value at the degree of freedom 29 is significant at the level of <0.001 .

6.2 Limitation of the Study:

This study was limited only to alcoholic dependants

This study was aimed only to promote self-esteem of alcoholic dependants

The study was limited only to the De-addiction centre.

6.3 Suggestions For Further Study

Similar study can be conducted for other psychoactive substance use disorders patients

A similar study can be conducted with family members.

A similar study can be conducted for alcoholic dependants on any psychiatric set up.

A study can be conducted among friends of alcoholic dependants who regularly visit wine shops/bars/Arrack shops. A study can be conducted on children's of alcoholics to identify the level of self-esteem.

6.4 Recommendations:

A follow up study on promotion of self-esteem among alcohol dependants after six months to one year can be carried out to explore in to the retaining impact of self-esteem.

Mass media, Posters can be used to create awareness on alcohol treatment to public; this will be helpful in removing misconceptions regarding alcoholic patients.

A similar study can be conducted to assess the self-esteem of the children's of alcoholics and to promote self-esteem activities earlier.

6.5. Conclusion:

The study highlights the practice of self-esteem activities are useful tools for Alcoholic dependants who are having low self-esteem. There is no medical treatment to treat low self-esteem, only we can promote self-esteem by involving them in self-esteem activities. Alcoholic dependants with low self-esteem need positive reinforcement to enhance self-esteem. Individual activities makes the individuals to complete the task by alone and improves the individual capability. Group activities makes the group to work together to achieve the task and also it improves social interaction.

The study review showed that promotion of self-esteem activities among alcoholic dependants was the most effective method for enhancement of self-esteem. The result can potentially be employed as non-pharmacologic adjuvant therapy in the management of alcoholic dependants with low self-esteem.

BIBLIOGRAPHY**Books:**

1. Theory, social self-esteem, and social interaction. *Human Communication Research*, 26(2), 175-202.
2. International Center for Alcohol Policies. *Who are the Abstainers?* Washington, DC: International Center for Alcohol Policies. Report 8, 2000.
3. U. S. Department of Health and Human Services, Substance Abuse and Mental Health Administration. *National Household Survey on Drug Abuse, 2007*. Washington, DC: DHHS, 1998; Wright, J. W. (Ed.) *the New York Times 2000 Almanac*. New York: Penguin, 2009, p. 398.
4. Holder, H. D. *Alcohol and the Community: A System Approach to Prevention*. Cambridge, UK: Cambridge University Press, 2009.
5. Holder, H. D. *Alcohol and the Community: A System Approach to Prevention*. Cambridge, UK: Cambridge University Press, 2010, p.38.
6. Smith, G.E., Garrard, M., & Gibbons, F.X. (2007). Self-esteem and the relation between
7. Risk behavior and perceptions of vulnerability to unplanned pregnancy in college women. *Health Psychology*, 16(2), 137-146.
8. Rosenberg, M. (1965). *Society and the Adolescent Self-Image*. Princeton, N.J.: Princeton University Press.

Journals:

1. Lindquist, C. et al. *Journal of Studies on Alcohol*, 1995, 6, 663-665; Hanson, D.J.; United States. In Heath, D.W. *International Handbook on Alcohol and Culture*. Westwood, CT: Greenwood Press, 2005, pp. 300-315; van Ores, J.A.M. et al. *Alcohol and Alcoholism*, 1999, 34, 78-88; Slater, M.D. et al. *Journal of Studies on Alcohol*, 2009, 60, 667-674
2. Dufour, M.C. *Alcohol Health and Research World*, 1995, 19, 77-84; Slicker, E.K. *Journal of Alcohol and Drug Education*, 1997, 42, 83-102.
3. *Journal of Personality and Social Psychology*, 47(5), 1105-1117. Diner, E. & Emmons, R.A. (2005). The independence of positive and negative affect.
4. McCollam, J.B., Burish, T.G., Maisto, S.A., & Sobell, M.B. (2000). Alcohol's effects on physiological arousal and self-reported affect and sensations. *Journal of Abnormal Psychology*, 89(2), 224-233.
5. Gerrard, M., Gibbons, F.X., Reis-Bergan, M., & Russell, D.W. (2000). Self-esteem, self-serving cognitions, and health risk behavior. *Journal of Personality*, 68(6), 1177-2002.
6. Chastain, G. (2006). Alcohol, neurotransmitter systems, and behavior. *The Journal of General Psychology*, 133(4), 329-335.

7. Fromme, K., Katz, E., & D'Amico, E. (1997). Effects of alcohol intoxication on the perceived Kernis, M.H., Grannemann, B.D., & Barclay, L.C. (1989). Stability and level of self-esteem as predictors of anger arousal and hostility. *Journal of Personality and Social Psychology*, 56(6), 1013-1022.
8. Glindemann, K.E., Geller, E.S., & Fortney, J.N. (1999). Self-esteem and alcohol consumption: A study of college drinking behavior in a naturalistic setting. *Journal of Alcohol and Drug Education*, 45(1), 60-71.
9. Heatherton, T.F. & Vows, K.D. (2000). Interpersonal evaluations following threats to self: Role of self-esteem. *Journal of Personality and Social Psychology*, 78(4), 725-736.
10. Kernis, M.H., Grannemann, B.D., & Barclay, L.C. (1989). Stability and level of self-esteem as predictors of anger arousal and hostility. *Journal of Personality and Social Psychology*, 56(6), 1013-1022.
11. McCollum, J.B., Burish, T.G., Maisto, S.A., & Sobell, M.B. (1980). Alcohol's effects on physiological arousal and self-reported affect and sensations. *Journal of Abnormal Psychology*, 89(2), 224-233.

Reports/Bulletins/Newsletters:

Winter (1994) gave A report on “Alcohol use, self-esteem, depression, and suicidality in high school students”.

Unpublished Thesis:

1. “Group Therapy on Bushman, B.J. & Cooper, H.M. (2019). Effects of alcohol on human aggression: An Integrative research review. *Psychological Bulletin*, 107(3), 341-354.
2. Monahan, J.L. & Lanett, P.J. (2009). Alcohol as social lubricant: Alcohol myopia
3. Theory, social self-esteem, and social interaction. *Human Communication Research*, 26(2), 175-202.
4. Rosenberg, M. (1965). *Society and the Adolescent Self-Image*. Princeton, N.J.:
5. Princeton University Press. Smith, G.E., Garrard, M., & Gibbons, F.X. (1997). Self-esteem and the relation between
6. Risk behavior and perceptions of vulnerability to unplanned pregnancy in college women. *Health Psychology*, 16(2), 137-146. consequences of risk taking. *Experimental and Clinical Psychopharmacology*, 5(1), 14-23.
7. Monahan, J.L. & Lannutti, P.J. (2010). Alcohol as social lubricant: Alcohol myopia promotion of psychological well being Among Alcoholic Dependents at Kasthuriba Gandhi de-Addiction Centre, Coimbatore, Submitted to the Tamil Nadu Dr.M.G.R.Medical University, Chennai,(2018)
8. Thiruvangadam, D”Promoting Coping Measures to Tenth Standard Students in Management of Stress related to examination in Hindu Higher secondary School, In Ambur”Submitted to the Tamil Nadu Dr.M.G.R.Medical University, Chennai,(2015).