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## Self-Esteem and Alcohol Involvement Among Female College Students: Is There a Relationship?

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SELF-ESTEEM AND ALCOHOL INVOLVEMENT  
AMONG FEMALE COLLEGE STUDENTS:  
IS THERE A RELATIONSHIP?

MARLA STEPHANIE SLACK, B.S., M.S.

An Abstract Presented to the Faculty of the  
Graduate School of Lindenwood University in Partial  
Fulfillment of the Requirements for the Degree of  
Master of Art

1998

## ABSTRACT

Although current research has studied the relationship between self-esteem and alcohol involvement among college students, the results have been inconclusive. The majority of studies have used either the Coopersmith Self-Esteem Inventory or the Rosenberg Self-Esteem Scale to establish the level of self-esteem in their subjects. This study attempted to further previous research by using an alternative measure of self-esteem. Undergraduate female students (under the legal drinking age of 21) were randomly selected from Introductory Psychology classes at a midwestern university. Each subject completed the Self-Esteem Rating Scale (SERS) and the Index of Alcohol Involvement (IAI) instrument. The scores on each instrument were correlated in an attempt to establish a relationship between self-esteem and alcohol involvement among female college students. No significant relationship was found between self-esteem and alcohol involvement among female college students.

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## Dedication

This thesis is dedicated to Cheryll Sullivan and Donna Meloney, whose love and support served as pillars of strength along the journey to the fulfillment of my dreams.

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## CHAPTER I

## Introduction

The study of alcohol involvement among college students is not a recent phenomenon. Over the past several decades, researchers have attempted to identify the extent of alcohol use/abuse among this population (Schall, Kemeny, & Maltzman, 1992; Engs & Hanson, 1985), as well as the motivating factors that contribute to the behavior (Corbin, McNair, & Carter, 1996; Pullen, 1994; Kaplan, 1979). As the frequency of alcohol consumption on college campuses becomes more widespread, the issue has created a heightened concern for security staffs, educators, counselors, administrators, and others who may be faced with liability and legal responsibilities (Pullen, 1994).

While the incidence of drinking on college campuses has been predominantly viewed as a male behavior, in that males tend to drink more frequently and in greater quantities than females, recent data suggests that there has been an increase in drinking, and problems resulting from drinking among female students (Engs & Hanson, 1985). The basis for this change in pattern is unclear, however, Perkins (1992) has suggested that one possible explanation is "the



erosion of rigid sex roles" in society, and the movement of women into the more traditional male domains in work and recreation. The increased exposure of women to environments that allow freer access to drinking (i.e. bars and college campuses) has liberalized both the opportunity and the attitudes of society in general, towards women who drink (Temple, 1987). Societal acceptance for women to challenge these traditional roles appears to have encouraged women to participate in more abusive drinking patterns.

While college administrators have begun to notice a change in female drinking patterns on their campuses, there also appears to be a parallel increase in the emergence of female alcoholics in treatment centers (Royce, 1989). This increase has gained the attention of many researchers, since female alcoholics have historically been underrepresented in alcohol treatment programs relative to male alcoholics (Walitzer and Sher, 1996). Both of these situations have prompted researchers to search for, and identify, those factors that may contribute to alcohol abuse and dependency in the female population.

One such factor that has been investigated is the level of self-esteem among those individuals who

use/abuse alcohol. Although several researchers have studied this factor in an attempt to provide data that will enhance the design of effective treatment programs for female alcoholics, their findings have been inconclusive. Major shortcomings of previous research include employment of invalidated measures, questionable research designs, or failure to provide controlled populations (Schlesinger et al., 1990). More current research, however, suggests that there is growing evidence to confirm that low self-esteem in women facilitates a pattern of drinking and possible development of alcoholism for this population (Beckman, 1978; Schlesinger et al., 1990; Sorell et al., 1993).

Although the relationship between self-esteem and alcohol abuse has been investigated primarily with the identified alcoholic population, the need for extending the research into the college population should be explored, as this group may be considered potential problem drinkers. The consequence of such research has important implications in the formation of appropriate prevention programs for female college students, with respect to the inclusion of activities/programs that would potentially raise the level of self-esteem in these individuals.

### Statement of the Problem

The purpose of this study was to investigate the relationship between self-esteem and alcohol abuse among female college students. Alcohol abuse was defined as "a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances" (DSM-IV, 1994, p.182). Self-esteem was defined as the personal self-evaluation of positive and negative feelings in the areas of "overall self-worth, social competence, problem-solving ability, intellectual ability, self-competence, and worth relative to other people" (Nugent & Thomas, 1993, p.195).

### Statement of the Hypothesis

In an effort to more definitively establish the relationship between self-esteem and alcohol abuse in female college students, further research that uses an instrument for accurately measuring self-esteem, as well as one that provides norms from the adult population, is warranted. Therefore, this study utilized the Self-Esteem Rating Scale (SERS) as an alternative method of measuring self-esteem. The focus of this study was to examine the hypothesis that there is no difference in the level of self-esteem among

female college students who abuse alcohol than those who do not abuse alcohol, as measured by the Self-Esteem Rating Scale.

## CHAPTER II

## Literature Review

The continuum upon which various areas of alcoholism have been investigated by researchers begins with defining alcoholism, identifying the cause(s) of alcoholism, and designing the most effective treatment method for the disease.

Clinical Definition of Alcoholism

The most widely accepted clinical definition of alcoholism is based on the separation of alcohol abuse and dependency, as specified in the Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> ed (DSM-IV). The DSM-IV identifies alcohol abuse as "a maladaptive pattern of alcohol use manifested by recurrent and significant adverse consequences related to the repeated use of alcohol" (DSM-IV, 1994, p.182). The diagnosis further defines alcohol abuse through a failure to fulfill major role obligations at work, school, or home, repeated use of alcohol in situations that are physically hazardous (i.e. driving a car while impaired by alcohol use), multiple legal problems, and continuous social and interpersonal problems. These problems must have occurred during a 12-month period,

and must be related to a continual use of alcohol. The DSM-IV further separates alcohol abuse from alcohol dependency by specifying that while alcohol dependency entails tolerance, withdrawal, or a pattern of compulsive use, the problem of abuse includes only the harmful consequences of repeated alcohol use (DSM-IV, 1994).

#### Etiology of Alcoholism

A multitude of theories dealing with the etiology of alcoholism have been formulated since the development of Freud's theory, in which he defined alcoholism as a slow suicide from a death instinct, an oral fixation, or latent homosexuality (Royce, 1989). More recently, several theories have attempted to explain alcoholic behavior through a specific model of causation. These theories fall within one of five general areas: sociocultural factors, physiological factors, moral and spiritual factors, learning and habit, and psychological factors.

Sociocultural models of alcoholism place an emphasis on the interaction among people, along with the cultural attitudes about the use of alcohol, while behavioral models focus on the positive and negative reinforcement aspects of alcohol use (Landry, 1994).

The moral and spiritual models view alcoholic individuals as those who are morally corrupt, evil, or bad, or simply lack willpower. The biological model, which few experts currently believe can completely explain the addictive process, define the contributions of neurochemistry and genetics as factors that help to describe the risk factors for acquiring alcoholism (Landry, 1994).

The question of etiology is difficult to answer, although a great deal is already known about this subject. Although the discussions of causality of alcoholism may pit one theory against another, Royce (1989) contends that a more productive way to view alcoholism may be to accept the evidence for a variety of theories, and assume that there is probably not one single cause of alcoholism, but rather two or more causes that work together, as well as in different proportions, in one individual rather than in another individual.

Additionally, several researchers have questioned the role of gender with respect to attitudes and perceptions that may be related to different patterns of use and abuse among men and women (Berkowitz and Perkins, 1987). For example, Beckman (as cited in

Berkowitz & Perkins, 1987) found that for women alcoholics, situational and environmental factors appear to play a greater role in the etiology of alcoholism. In 1971, another researcher, Jones, studied the personality antecedents and correlates of drinking patterns in women. Her study was summarized by stating that alcohol-related behavior is associated with other aspects of an individual's living pattern, personality, and life history, and that this behavior may be partly predicted from early personality characteristics.

With respect to psychological factors and their role in causing alcoholism, no research has yet found an "alcoholic personality". However, several researchers have found that psychological factors certainly play a part in the etiology of alcoholism and may be the main cause for some individuals (Gottheil, 1987; Oxford, 1985, as cited in Royce, 1989). According to Royce (1989), most personality traits (i.e. low self-esteem, immaturity, selfishness, dependence, etc.) found in alcoholics may be attributed more to the effects of prolonged drinking and an individual's reaction to their drinking problems, rather than to the cause of the alcoholism.



The difficulty in conclusively identifying what constitutes an alcoholic personality lies in the researcher's ability to identify an alcoholic before they develop the illness. The results of psychological tests given to alcoholics reveal a whole array of psychopathology, which may lead one to infer that the cause of alcoholism is one or more personality problems. However, Milan and Farmer (as cited in Royce, 1989) each challenged this theory in two separate studies by administering the Minnesota Multiphasic Personality Inventory (MMPI) to alcoholics after three months of sobriety. The results of the studies found that between 70 and 80 percent of the "alcoholic personalities" turned out to be "normal" when the residual toxicity of the alcohol had begun to subside. However, the studies also showed that approximately 20 percent of the individuals tested did show personality traits that may have contributed to the alcoholism.

#### Self-Esteem

In a continuing effort to specify, examine, and understand the personality traits that may contribute to the etiology of alcoholism, several researchers have studied the differences between alcoholics and

nonalcoholics, if any, with respect to their personalities and/or behaviors. The issue of self-esteem, with respect to its developmental theory and how it affects behaviors, has been a particularly intriguing topic for many researchers.

Theory: Self-esteem may be defined in various ways, depending on how one views the components of this construct. The basis for defining self-esteem comes from the variety of theories which examine the manner in which self-esteem develops. These theories can be identified as the psychodynamic, sociocultural, behavioral, humanistic, and cognitive approaches to defining self-esteem.

The psychodynamic approach, as expressed by White (1963), views self-esteem as being acquired as the result of the developmental process. Within this theory, an infant is initially dependent on the environment and others, yet begins to manipulate its environment and others in an attempt at mastery. Consequently, this approach views self-esteem as developing from two sources: an internal source (the child's own accomplishments) and an external source (affirmation from others).

The sociocultural approach, as expressed by

Rosenberg (as cited in Mruk, 1995), views self-esteem as a process of comparison between an individual's view of himself and a set of core values that have been learned through socialization that specify what constitutes worth and competence. According to this theory, the smaller the gap between one's current self, and the "ideal" self, the higher one's self-esteem.

The behavioral or learning approach views self-esteem as an acquired trait, in that children learn that they are worthy due to parental warmth. They also learn to respect themselves through modeling parental self-esteem, and their values and development of higher standards are reinforced through the establishment of clearly defined limits (Coopersmith, 1967).

Branden's humanistic approach (as cited in Mruk, 1995) views self-esteem as a basic human need that affects most of behavior. According to this theory, individuals learn to satisfy their needs through reason, choice, and responsibility, and that if legitimate sources of self-esteem are not found for motivation in a positive, humanistic, or rational direction, then alternative sources are sought. Branden further states that the need for self-esteem is so great that extremely low levels of self-esteem can

lead to self-destructive behaviors and even death.

The cognitive approach to self-esteem is based on the theory that human beings gather information about themselves and the world through experience, family, culture, etc. The information is then organized into a set of ideas and beliefs, which are then generalized into a cognitive map that influences one's motivation and behavior (Mruk, 1995).

Each of these theories contributes to the definition of self-esteem by revealing different dimensions of this construct. These dimensions may serve as guidelines in the process of moving from the abstract to the concrete, for the purpose of understanding such issues as how self-esteem may be a motivating factor in behavior, recognizing the relationship between self-esteem and mental health, and formulating practical ideas on the enhancement of one's self-esteem. Among the multitude of definitions available for selection, Pope, McHale, and Craighead (as cited in Mruk, 1995) have summarized this construct by stating that "self-esteem arises from the discrepancy between the perceived self, or self-concept (an objective view of the self) and the ideal self (what the person values, or wants to be like)" (p.17).

Research: The relationship between self-esteem and substance abuse is perhaps most profoundly summarized by Khantzian (as cited in Dowling, 1995) in his study of the self-regulation vulnerabilities in substance abusers. Khantzian states that:

individuals are not apt to become drug dependent if they are more or less in touch with and able to bear and express their feelings, if they feel good about themselves, if they have reasonably healthy relationships with others, and if they have an adequate capacity for self-care (p.24).

He further states that the suffering experienced by addicts is due to the fact that they do not feel good about themselves, which they display in cool and aloof mannerisms, hiding the layers of shame and feelings of inadequacy. Consequently, the mood-altering properties of addictive substances are sought as antidotes to the inner feelings of emptiness and disharmony.

Mruk (1995) supports Khantzian's theory by stating that one of the links between self-esteem difficulties and substance abuse relates to problems with competence or worthiness, or both, in that "substance abuse can both act as a buffer to experiencing the anxiety associated with the fear of failure that accompanies

competence issues or the sense of worthlessness common in depression or loneliness" (p.144).

Initial studies of the role of self-esteem in the etiology of alcoholism primarily used only alcoholics as subjects. One such study by Vanderpool (1969) investigated possible changes in an alcoholic's self-concept under controlled conditions of drinking and abstinence. It was hypothesized that alcoholics drink to improve their self-concepts, and that an alcoholic's self-concept would be significantly lower when sober or partially satisfied. Although the findings of the study supported the stated hypothesis, generalization of the findings (which were based on all subjects being male veterans from an Alcoholic Treatment Center) to the total population of alcoholics seems suspect, given the possibility of another variable impacting the self-concept of veterans, as a group outside the general population.

In an effort to extend the study of self-esteem and its relationship to alcoholism, Berg (1971) compared the self-esteem of both alcoholic and nonalcoholic men, controlling for the neuroticism personality factor. The results of this study supported Vanderpool's (1969) findings, in that

alcoholics seemed to have a lower self-image than nonalcoholics, and that intoxication shifts the self-concept of alcoholics to a "more favorable and less critical position" (p. 448).

In 1974, Clarke attempted to study the differences in self-esteem between men and women alcoholics. By using the Q-Sort as a measure of self-esteem, Clarke concluded that men and women alcoholics are not significantly different in self-esteem. Once again, one might question the results of this study based on Clarke's use of only Caucasian volunteers.

By 1976, Charalampous et al. attempted to further the investigation of the relationship between self-esteem and alcoholism by using both alcoholics and nonalcoholics as subjects in their study. Although the results of their study suggested that alcoholics have significantly lower self-esteem than do nonalcoholics, careful examination of the study reveals a concern for the generalization of their findings for two reasons: (1) given the small number of subject alcoholics used in the study (N=19), one must question if the sample was representative of the total population of alcoholics, and (2) the alcoholic subjects were chosen from a sample of individuals on probation for driving

while intoxicated, with participation in the study mandated as a condition of their probation.

In a review of the literature which examined the relationship between self-esteem and substance abuse, Mruk (1995) stated that "there is the possibility of some consensus that self-esteem is also related to two other kinds of pathological behavior: substance abuse/dependence and social deviance" (p.79). Steffenhagen and Burns (as cited in Mruk, 1995) state that in the relationship between self-esteem and substance use, low levels of self-esteem are the cause, not the result, of deviant behavior. However, a more in-depth examination of their study reveals that their findings were largely based on case study information, rather than the application of specific tests. However, Mruk (1995) also found that other researchers did support Steffenhagen and Burns findings, as evidenced by the administration of the Multidimensional Self-Esteem Inventory to patients being treated for depression and alcohol problems. In this study, self-esteem was found to be lower than normal for those patients with drug and alcohol problems.

While it appears that the development of self-esteem is a dynamic process begun early in life, as



children react to the biological and cognitive constraints of childhood, the management of self-esteem continues to grow as we move into adulthood. This occurs as life presents us with situations that we perceive in view of our self-esteem, and may serve as consequences to the maintenance or loss of our self-esteem. For example, maintaining our personal-social values and solving problems that challenge our abilities are common situations that require us to react or behave in ways that will either support or refute our current level and quality of self-esteem (Mruk, 1995).

Given the challenge to react to life events in a manner consistent with our current level of self-esteem, one might suspect that there is a definitive link between one's self-esteem and behavior. However, this link is difficult to define, due to the paradoxical effect that one encounters when attempting to understand this connection. In essence, self-esteem appears to depend on the degree of worthiness and competence which one feels as the challenges of life are met, yet one's ability to behave in a worthy and competent manner is also a reflection of the level and quality of one's self-esteem (Mruk, 1995).

### Women and Alcoholism

In 1978, Beckman presented the findings of her study on the "Self-Esteem of Women Alcoholics". This study generated a multitude of interest by other researchers who began to investigate the etiology of female alcoholics. This recent attention to the long neglected and underestimated evidence of alcoholism among women may be due in part to the lack of accurate identification and reporting of alcoholism for this population. However, the rate and amount of drinking by women has increased considerably (Royce, 1989), which has caused concern for those who design alcohol treatment programs. Currently, such programs for women are frequently lacking in their identification of the needs of this population, as most programs are designed for and run by men.

The foundation of Beckman's (1978) study was developed in 1975, when she embarked on an extensive review of the etiology of alcoholism as it specifically applied to women. Among the findings generated through these studies were indications that women seemed to become problem drinkers at a later age than men, and that it was difficult to separate psychological damage caused by the alcoholism from prealcoholic predisposing

factors since women alcoholics were more likely to hide their alcoholism by drinking alone or in the privacy of their own homes. Additionally, Beckman (1975) found that several studies suggested a poor self-concept among women alcoholics, and that many of these individuals drank heavily to relieve feelings of loneliness and inferiority, when they were anxious, or "to be more sociable".

One such study, reported by Wood and Duffy (1966), investigated the predisposing and precipitating factors in the backgrounds of 69 alcoholic women. The results of this study indicated that each subject "developed feelings of worthlessness and inadequacy which utterly negated her generally superior beauty, talent, and intelligence" (p. 342). The researchers further discovered that while the majority of their subjects began drinking in early adult life, many of them started to drink to excess in school or college years. Additionally, for each of the subjects, alcohol served to calm their anxieties about themselves, while allowing the individual to more freely express the person she wanted to be.

Through her review, Beckman (1975) stated that many studies designed to investigate the personality

and motivational characteristics of women alcoholics were "not well designed, using inadequate or biased sampling procedures or inadequate control groups, or presenting only case history data" (p. 797). In an effort to correct many of these methodology flaws of previous research, Beckman (1978) designed a study that investigated the differences between the self-esteem of women alcoholics, men alcoholics, nonalcoholic women in treatment for psychiatric disorders, and women with no history of alcohol abuse or serious emotional disorder. Self-esteem was measured by the Rosenberg Self-Esteem Scale. The results of her study found that of the four groups studied, women alcoholics in treatment initially showed exceptionally low self-esteem, compared to the other three groups. However, Beckman (1978) also concluded that the results did not conclusively identify whether or not low self-esteem predisposes one to alcoholism, since a lower self-concept also appeared characteristic of the nonalcoholic women in treatment for other psychiatric disorders. She suggested that a level of bidirectional causality may be evident, with respect to women with low self-esteem at risk for abusing alcohol, and the abuse of alcohol further decreasing self-esteem. Beckman (1978) further stated

that if one accepts the hypothesis of Charalampous et al. (1976), in that there is feedback between behavior and self-esteem, "an individual with low self-esteem can be expected to exhibit ineffectual or self-destructive behavior consistent with low self-esteem" (p.497).

McLachlan, Walderman, Birchmore, and Marsden (1979) studied the evidence of self-evaluation, role satisfaction, and anxiety when comparing a group of alcoholic women to a matched group of nonalcoholic women. The outstanding finding of their study was that the women alcoholics had a greater sense of personal inadequacy than the nonalcoholic women, with respect to personal health, interpersonal relationships, worth as a human being, the attainment of long-range goals, assertiveness, motivation, and purpose in life. Although the results of this study seem to contribute to the overall question of the relationship between self-esteem and alcoholism, the researchers failed to identify the racial/ethnic component of their subjects, leading one to wonder as to the generalization of the results for the population of alcoholics as a whole. Additionally, the researchers mention that 38 of the 100 alcoholic subjects had also been using others drugs

(i.e. diazepam) on a daily basis. This factor alone may have had an impact on the results of the study.

In 1988, Silvia, Sorell, and Busch-Rossnagel studied the biopsychosocial discriminators of alcoholic (n = 60) and nonalcoholic (n = 60) women. Their goal was to address the concerns regarding previous research that seemed to be inadequate with respect to methodology (i.e. no comparison group, or females compared to males). Their premise was to support previous findings that alcoholic women experience higher levels of depression and lower levels of self-esteem than nonalcoholic women, among other things. The results of their study indicated that with respect to self-esteem, alcoholic women did appear to exhibit lower levels than nonalcoholic women. However, the researchers were unable to definitively assess the discriminant function of self-esteem in alcoholic women due to the extent of its shared variance with depression (Silvia, et al., 1988).

In an effort to continue their previous research, Sorell, Silvia, and Busch-Rossnagel (1993) investigated sex-role orientation and self-esteem in alcoholic and nonalcoholic women. Their findings supported Beckman's (1978) suggestion that women who are alcoholic abusers

are likely to have weak self-concepts as compared to nonalcoholic women. However, the researchers further state that the negative self-evaluations of alcoholic women may not derive solely from abusive drinking, as their findings indicated an association between alcoholism, low self-esteem, and sex-role orientation. With respect to the limitations of this study, one might question two issues: (1) 97.5% of the subjects were Caucasian, and (2) the employment status between the alcoholic and nonalcoholic women was significantly different. Both of these issues may contribute to the generalization of the findings to other racial/ethnic and employed/unemployed populations of alcoholic and nonalcoholic women.

#### Women and Self-Esteem

As the evidence establishing the relationship between self-esteem and alcoholism for women grows, the concept of how self-esteem in women develops becomes more critical. According to Miller (as cited in Josephs et al., 1992), relationships and interdependence with others are more central to the self-concepts of women, due to their relatively "powerless position in society". The consequence of this position results in women being more attuned to

and responsive to others who may dominate and control their fate. From a theoretical perspective on self-esteem, recent views on the formation of self-esteem suggests that self-esteem derives from "succeeding at what is valued in a given social-cultural niche" (Josephs, et al., 1992). The basis for the theory that others may be incorporated into the self has been investigated by several researchers who maintain that "in some close relationships, there may be a type of self-other merging in which others are included in the self" (Aron, et al., as cited in Josephs, et al., 1992).

Although the current literature generally supports the hypothesis that female alcoholics are more likely to have lower self-esteem than male alcoholics, Walitzer and Sher (1996) state that it cannot be concluded that low self-esteem is an etiological factor in female alcoholism. Their argument is based on the fact that no longitudinal data exist that specifically addresses the etiology of alcoholism and its connection to self-esteem.

#### Developmental Perspective

As the questions regarding both the progressive use of alcohol and the motivations behind this behavior



among the female population increase, many researchers have begun to study adolescent drinking patterns to gain a developmental perspective on this phenomenon.

A number of studies that have investigated the drinking patterns of adolescents have shown that adolescents who refrain from drinking alcohol have higher self-esteem than adolescents who do drink alcohol (Butler, 1980; Young, Werch, & Bakema, 1989 as cited in DeSimone, et al., 1994). DeSimone, Murray, and Lester (1994) examined the association of alcohol use and self-esteem in high school and college students under the legal drinking age of 21. The results of their study indicated that the students who drank more often and misused alcohol had higher self-esteem scores, which is contrary to the findings of other studies.

Labouvie and McGee (1986) studied adolescents in a longitudinal study over a three year period of time in order to determine the relationship between personality factors and subsequent substance abuse. Their findings suggest the possibility of synergistic interactions among "safe" and "risky" personality attributes that combine to predict differences in levels of substance abuse.

According to Berkowitz & Perkins (1987), studies have consistently shown that there is an increase in alcohol use among students as they make the transition from high school to college. These researchers further state that many studies report a greater increase in alcohol consumption for women than men during this transition.

With respect to how the transition from high school to college affects alcohol use behavior, Brennan et al., (1986) state that as adolescents make this transition, it often involves learning to cope with life problems without a familiar and supportive family structure. Additionally, alcohol consumption is considered a less deviant behavior with college students than adolescents, so that this behavior may come under the influence of different factors than alcohol consumption by high school students.

Several researchers have investigated the factors that may lead to heavy alcohol consumption by the collegiate population. According to Valliant and Scanlan (1996), a variety of factors have been found, including: extroverted personality, sensation-seeking, low inhibition, increased anxiety in interpersonal relations, low self-esteem, feelings of isolation,

guilt and compulsive personality (Schall et al., 1992; Pittman, 1967; Herscovitch, 1989; Valliant, 1995).

Other researchers have investigated possible combinations of factors that may lead to alcohol and drug use among college students. For example, Valliant (1995) studied the aspects of personality, self-esteem, and social affiliation as factors responsible for alcohol abuse in this population. The results of this study indicated that there were no differences in self-esteem between male and female college students, related to their alcohol or drug use.

Pullen (1994) also studied the relationships among alcohol abuse and selected psychological/demographic variables in college students. The findings of this study suggest that family abuse of alcohol, depression, anxiety, self-esteem, and GPA are the best predictors of alcohol abuse, both singularly, as well as in combination.

In an attempt to further their research, Valliant & Scanlan (1996) investigated the extent to which living arrangements, personality characteristics, and self-esteem lead to the involvement of alcoholism among college students. The results of their study indicated that there was a positive correlation between excessive

alcohol behavior and self-esteem in both males and females, in that as the total weekly consumption of alcohol increased, self-esteem also increased. Schall, Kemeny, and Maltzman (1992) state that among college students, the variability in drinking is due in part to several attributes, including the environment, the context and nature of social interactions, an individual's attitudes and values, and the personality characteristics of that individual.

Although the relationship between self-esteem and alcohol abuse has recently been studied by several researchers, the results of these studies have been inconclusive with respect to determining if, in fact, there is a definitive relationship between an individual's level of self-esteem and their behaviors associated with alcohol abuse. Throughout the literature, several researchers found evidence of the relationship between low self-esteem and heavy alcohol use in women and/or female college students (Corbin, et al., 1996; Silvia, et al., 1988; Berg, 1971; Beckman, 1978; Charalampous et al., 1976; Walitzer & sher, 1996; Schlesinger et al., 1990; Beckman & Bardsley, 1981; McLachlan et al., 1979; Sorell, et al., 1993). However, other researchers refute these findings,

stating that either there is no relationship between self-esteem and alcohol involvement, or the relationship is inconclusive, due to the difficulty in separating self-esteem from other mitigating psychological and/or motivating factors in the abuse of alcohol (Labouvie & McGee, 1986; Valliant, 1995; Beck, 1983; Ratliff & Burkhart, 1984).

One factor that may play a role in the inconclusive findings of previous studies is that the majority of the studies have used either the Coopersmith Self-Esteem Inventory, Adult Form (CSEI) (Valliant & Scanlan, 1996; Pullen, 1994; Valliant, 1995; Schlesinger et al., 1990), or the Rosenberg Self-Esteem Scale (DeSimone et al., 1994; Corbin et al., 1996; Silvia et al., 1988; Ratliff & Burkhart, 1984; Beckman, 1978; Charalampous et al., 1976; Sorell, et al., 1993) to measure self-esteem in their subjects. Although each of these instruments are among the best known and most widely used measures of self-esteem, they each present a variety of problems that may sufficiently jeopardize the accuracy of the obtained results.

Coopersmith Self-Esteem Inventory, Adult Form (CSEI). In particular, the CSEI has been criticized

for its possible clinical uses based on the fact that a variety of independent samples (children aged 8 - 15) were used to establish norms (Peterson and Austin; and Sewell, as cited in Mitchell, 1985). According to Sewell (as cited in Mitchell, 1985), the CSEI manual presents several tables of means and standard deviations from different samples. For example, the means for males range from 57 to 81.3, which creates a concern for making a comparative analysis, depending on the sample one chooses to use as the reference group.

Given the range of norming samples, Sewell (as cited in Mitchell, 1985) further states that "acceptable reliability and validity standards cannot be inferred from the diverse samples utilized" (p.398). Although the internal consistency of the CSEI is impressive (.87 to .92), the evidence for validity is suspect, given the fact that concurrent validity was established by correlation of the CSEI with achievement and intelligence tests, rather than other measures of self-esteem. Additionally, Sewell (as cited in Mitchell, 1985) states that no reliability and validity data are reported for the CSEI, Adult Form.

Rosenberg Self-Esteem Scale. The Rosenberg Self-Esteem Scale has also been criticized for its use as a

clinical measure of self-esteem, given its construction based on a Guttman scale of measurement. Nugent and Thomas (1993) state that although there is evidence for the reliability and validity of this instrument, the use of a Guttman scale assumes that there is a perfect correlation between the item being scored and the attribute being measured. The authors contend that this is an unreasonable assumption, due the fact that no item will correlate perfectly with the trait being measured, if one allows for errors of measurement.

Finally, the primary population for which the norms of both the CSEI and the Rosenberg Self-Esteem Scale have been established, include children or adolescents. The Adult Form of the CSEI was adapted from a version of the CSEI School Short Form, and when applied to a sample of 103 college students, the reliability was reduced to .74 for males and .71 for females (Adair, 1984). Therefore, the application of these instruments to adults is somewhat questionable, with respect to their reliability and validity in accurately measuring an adult's self-esteem.

## CHAPTER III

## Method

Participants

Subjects for this study were selected from a private, midwestern university that maintains an alcohol-free campus environment. The student population on campus is primarily Caucasian (78%), while the remaining 22% constitute a multicultural minority of African-Americans (9%), Hispanics (1%), International students (3%), and others unknown (9%). Fifty female students (under the legal drinking age of 21) were selected from a total population of 206 students enrolled in Introductory Psychology classes at the university. The mean age of the students selected was 19 (S.D.= .78), with the majority of students Caucasian (88%). Most of the students were either freshmen (46%) or sophomores (40%).

Instruments

Personal Data. Demographic information was collected on each subject in the current study, including: age, race, and year in school.

Index of Alcohol Involvement (IAI). This study used the Index of Alcohol Involvement (IAI) instrument (MacNeil, 1991) to measure alcohol abuse. The IAI is a



self-report inventory consisting of 25 items which were scaled to measure the degree or magnitude of problems of alcohol abuse. All items were constructed to represent a sample of all possible items indicating the presence or absence of problems related to alcohol abuse, and is appropriate for use with individuals whose cognitive functioning level is at or above age 12.

The IAI was originally studied with 305 undergraduate students at a large western university. The sample characteristics include: mean age of 24 years; 87% white, 13% minorities; and 60% female, 40% male. The characteristics represented by the norming sample of this instrument are consistent with the sample being used in the current study, which are defined as the following: adults aged 18-20; 86% white, 14% minorities; and female (100%).

The IAI is a readily administered instrument (for both individual and group settings) that provides ease in scoring and interpretation. A subject's final score on the IAI can range from 0 to 100, with a low score indicating little or no alcohol abuse problems, and a higher score indicating the presence or greater degree of difficulties related to the use of alcohol. Each of

the items are structured as problematic statements about alcohol use, with the exception of three of the items. The subject is prompted to respond to each statement by choosing one of seven responses (1 = never, 2 = very rarely, 3 = a little of the time, 4 = some of the time, 5 = a good part of the time, 6 = most of the time, 7 = always). Scoring procedures entail initially reverse-scoring the three nonproblematic items (i.e. changing a score of 1 to 7, 2 to 6, etc). The final score (S) is computed by the following formula:  $S = (\text{Sum } [Y] - N) (100) / ([N] [6])$  (Y = score on an item; N = total number of items completed by the respondent).

The reliability of the IAI (.90) was established through a coefficient alpha computation, while the standard error of measurement was computed to be 4.61. The IAI also demonstrates very good factorial and construct validity, as it was highly correlated with other scales that are related to alcohol abuse (i.e. Generalized Content Scale, Index of Clinical Stress, the Partner Abuse Scale, Index of Sibling Relations, and the Abuse of Partner Scale).

The overall weaknesses and strengths of the IAI include:

1. The norming sample (87% white) indicates a possible ethnicity bias, which may limit its generalization ability to other populations.
2. The IAI is a self-report measure, which is vulnerable to the issue of honest responses.
3. The IAI demonstrates strong reliability and construct validity for the sample population used in the study.

Self-Esteem Rating Scale. The Self-Esteem Rating Scale (SERS) (Nugent and Thomas, 1993) was used in this study to measure both positive and negative aspects of self-esteem. The SERS consists of 40 items which were constructed to represent a range of self-evaluation areas, such as overall self-worth, social competence, problem-solving ability, intellectual ability, self-competence, and worth relative to other people.

Two samples were initially studied as a norming group for the SERS. The total number of subjects (N=353) displayed the following characteristics: mean age of 32.5 years; 61% white, 39% minorities; and 68% females, 32% males.

The SERS is also a readily administered instrument (for both individuals and in group settings) that provides ease in scoring and interpretation. The

subject is prompted to respond to each statement on the SERS by choosing one of seven responses (1 = never, 2 = rarely, 3 = a little of the time, 4 = some of the time, 5 = a good part of the time, 6 = most of the time, 7 = always). Scoring entails summing the items that have been identified as positive statements, and subtracting the remaining items. The total score will range from -120 to +120. Positive scores indicate more positive self-esteem and negative scores indicate more negative levels of self-esteem.

Reliability of the SERS was established at an alpha internal consistency of .97, with the standard error of measurement equal to 5.67. Content, factorial, and construct validity of the SERS are reported as good, with significant correlations for construct validity established with the Index of Self-Esteem and the Generalized Contentment Scales.

With respect to a weakness of the SERS, one must question the overrepresentation of Caucasians in the norming sample. The applicability of the results must be carefully considered with respect to generalization to other racial/ethnic populations.

One strength of the SERS relates to the potential for measuring both problematic and nonproblematic

levels of self-esteem, which may assist the therapist or social worker in differentiating between those areas that may be further investigated as they work with their clients.

Another strength of the SERS relates to its construction, which is based upon the domain sampling model, as opposed to a deterministic model, thereby avoiding psychometric problems (Nugent and Thomas, 1993).

#### Procedure

A basic correlational design was used in this study, whereby scores were obtained on each subject for their self-reported level of self-esteem and alcohol involvement. This design was selected for the purpose of determining the degree to which a relationship exists between one's level of self-esteem and alcohol involvement.

Potential threats to validity that were controlled for in this study included: history, mortality, and maturation (subjects completed the tests in one sitting); instrumentation (two reliable instruments were used); and differential selection of subjects (participants were randomly selected).

The general procedure for collecting the data

entailed randomly selecting two classes from a total of five possible Introductory Psychology classes offered at the university. The teachers were contacted in order to obtain permission to solicit student participation in the study. Each student was given a cover letter describing the purpose of the study, as well as information regarding confidentiality of responses (i.e. each instrument was numbered, eliminating the need for names). Demographic information was requested, along with the completion of the Index of Alcohol Involvement (IAI) instrument and Self-Esteem Rating Scale (SERS).

In order to explore the relationship between self-esteem and alcohol involvement, the scores from each instrument were correlated, resulting in an overall correlation coefficient. The statistical significance of the coefficient was determined in order to ascertain the probability of a true relationship between the variables, at the 95% confidence level.

Permission to use the IAI instrument were obtained from WALMYR Publishing Company.

## CHAPTER IV

## Results

The following data examines the results of a correlational analysis between the scores on the Index of Alcohol Involvement (IAI) and Self-Esteem Rating Scale (SERS) for each subject. Statistical information on the data collected on the sample is illustrated in Table 1.

**TABLE 1**

Test	Mean	SD	Range
IAI	11.78	8.57	39
SERS	73.78	22.34	130

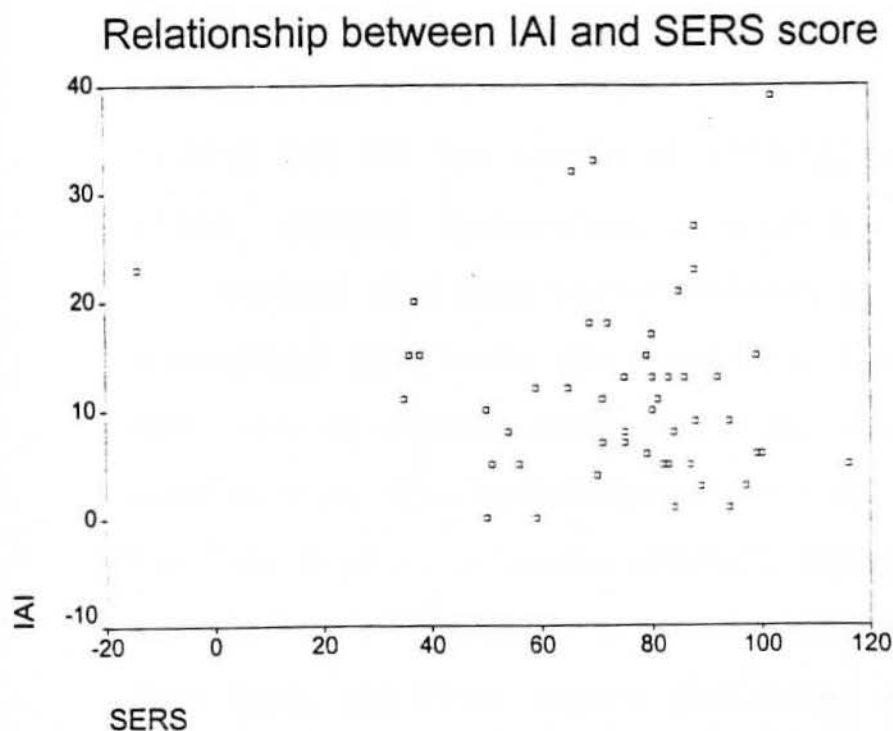
IAI: The range of scores for the sample size ( $n = 50$ ) was 0 to 39, with a mean score of 11.78 and a standard deviation of 8.57. The possible range of scores for the IAI instrument was 0 to 100. The most frequently reported score for this sample was 5, indicating a very low use of alcohol for this sample. The standard error of the mean was 1.21.

SERS: The range of scores for the sample size ( $n = 50$ ) was -14 to +116, with a mean score of 73.78 and

standard deviation of 22.34. The mean score of 73.78 indicates a high level of self-esteem for this sample, since the possible range of scores for the SERS instrument was -120 to +120. The standard error of the mean was 3.16.

Pearson r Correlation: The correlation coefficient between self-esteem and alcohol use was reported at -0.117 ( $p = 0.418$ ). This indicates a somewhat negative relationship between self-esteem and alcohol use; the relationship would be considered insignificant. Figure 1 illustrates this relationship.

FIGURE 1





## CHAPTER V

## Discussion

This study investigated the relationship between self-esteem and alcohol involvement in female college students. Based on the results of the study, the data suggests that there is no significant relationship between these two variables for this particular population. This conclusion is consistent with other studies (Labouvie & McGee, 1986; Valliant, 1995; Beck, 1983; Ratliff & Burkhart, 1984) that also did not find a significant relationship between self-esteem and alcohol involvement.

Further analysis of the data suggests some explanations for obtaining these results. Primarily, the data collected indicates a restricted range of alcohol use for the sample of students used in this study. Several factors may have played a role in this occurrence. One such factor relates to the specific university from which the sample was taken, which specifies an alcohol-free campus policy. Given the premise that this particular university is not known in the community as a "party school", students may have selected this university specifically for this reason. Therefore, one might expect that fewer students using

alcohol would be selected for the study.

A restricted range on the self-esteem measure was also evident in the data collected for this sample. One factor that may have played a role in this occurrence relates to the fact that the SERS is a self-report instrument. The subjects may have responded to the questionnaire with answers that they believed to be more socially acceptable, rather than valid and accurate.

Additionally, all of the participants were under the legal drinking age of 21. Although the questionnaires were specifically designed to maintain anonymity, the participants may not have been completely honest in their responses to the Index of Alcohol Involvement instrument, given their age and what they may have perceived as negative consequences to their honesty on the questionnaire.

Another factor that bears consideration is the fact that although the breakdown of race percentage among the participants was representative of the total student population for the university selected, the majority of the participants were Caucasian (86%). This fact implies that the results of the study may only be generalized to other Caucasian female students,

and not to other minority student populations.

While the question regarding self-esteem and its role, if any, in the etiology of alcohol abuse remains unanswered, the significance of the question remains viable, since several studies have, in fact, found an incidence of low self-esteem in both female college students and women alcoholics. Biber et al. (1980) state that continued investigation in this area is important, given the fact that women are gaining ground with men with respect to their drinking patterns, especially on the college campus.

Beyond the determination of the relationship between self-esteem and alcohol abuse among females (which is difficult to ascertain), many researchers suggest that the identification of the causal aspect of such a relationship is equally difficult to determine, and may be impossible to verify. For example, Corbin et al. (1996) state that while females who drink heavily may experience lower self-esteem, the reverse may also be true, in that heavy drinking may result in negative feedback from others, leading to a lower self-esteem.

Other researchers who pose the same question as a result of their studies, include Stein et al. (1987),

who determined that personality more often predicts changes in substance abuse behavior, rather than early substance abuse leading to changes in personality, and Labouvie and McGee (1986), who found evidence that personality attributes served as antecedents rather than consequences of alcohol and drug use.

Maintaining a focus on the changing patterns of young women's drinking habits, may prevent an increase in the number of older female alcoholics. Identification of low self-esteem in female college students and the development of programs to increase the levels of self-esteem in these students are important considerations for diminishing the risk of possible future alcohol dependency and/or alcoholism.

Based on a study by Walfish et al. (1981), who conducted a needs assessment for the prevention of alcohol abuse on a college campus, alcohol abuse appears to be a major source of psychosocial problems for college students, yet effective methods of preventing these problems have not yet been developed. Corbin et al. (1996) suggest that the implications for treatment of female problem drinkers within the college population should include increasing self-esteem with these individuals to help control their alcohol abuse.

Additionally, Berg (1971) states that since many personality theorists contend that self-concept is an important determinant of behavior, it would make sense that treatment programs should include the development of positive self-esteem as a factor in the maintenance of the addictive process.

#### Limitations and Future Considerations

There are several limitations in this study that should be addressed and considered in any future research. Specifically, the restricted range of data collected for both alcohol use and level of self-esteem reported by the subjects may have played a large role in the results suggested by this study. Additionally, since the majority of the subjects were Caucasian, and all between the ages of 18 and 20, the results may only be generalized to this specific population, rather than the entire population of female college students.

One final limitation that one might consider in reviewing the results of this study relate to the geographical location of the students selected for the study. Would there be a significant difference in the results if students were selected from other parts of the country? Are there differences in the social acceptance of alcohol use by college students in other

parts of the country? If so, would this have played a role in the responses given by the subjects? This is a question worth investigating in any future studies.

Future implications for research in the etiology of alcohol abuse among women, and particularly in the college population, may consider focusing on longitudinal studies that emphasize the drinking patterns of young women and the factors that play a role in this behavior. The college population is a fundamental subgroup to investigate, as they are a part of our society, and "the use of alcohol by these individuals is a reflection of our society's tolerance for alcohol use and abuse" (Kozicki, 1982 p.62).

## Appendix A

Dear Participant,

I am a graduate student at Lindenwood University, and I am conducting a research study on the relationship between self-esteem and alcohol involvement among college students. This study is being done for the purpose of completing my thesis, which is a partial fulfillment for the requirements of a Master of Arts degree in Professional Counseling. Your participation will be greatly appreciated. By completing the attached materials, you will be granting your permission for me to use your responses in this study. No names are required; all information will remain anonymous.

Please take a moment to complete the demographic information listed below before you complete the attached questionnaires. If you have any questions, please do not hesitate to contact me.

Age: \_\_\_\_\_

Race:      Caucasian                   \_\_\_\_\_

            African-American        \_\_\_\_\_

            Hispanic                    \_\_\_\_\_

            Asian                        \_\_\_\_\_

            Other                        \_\_\_\_\_

Year in  
School:    Freshman                    \_\_\_\_\_

            Sophomore                \_\_\_\_\_

            Junior                      \_\_\_\_\_

            Senior                      \_\_\_\_\_

I appreciate your support and am thanking you in advance for your participation.

Sincerely,

Marla S. Slack  
(314) 949-4949

## Appendix B

## INDEX OF ALCOHOL INVOLVEMENT (IAI)

This questionnaire is designed to measure your use of alcohol. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

- 1=Never
- 2=Very rarely
- 3=A little of the time
- 4=Some of the time
- 5=A good part of the time
- 6=Most of the time
- 7=Always

Please begin.

1. \_\_\_\_\_ When I have a drink with friends, I usually drink more than they do.
2. \_\_\_\_\_ My family or friends tell me I drink too much.
3. \_\_\_\_\_ I feel that I drink too much alcohol.
4. \_\_\_\_\_ After I've had one or two drinks, it is difficult for me to stop drinking.
5. \_\_\_\_\_ When I am drinking, I have three or fewer drinks.
6. \_\_\_\_\_ I feel guilty about what happened when I have been drinking.
7. \_\_\_\_\_ When I go drinking, I get into fights.
8. \_\_\_\_\_ My drinking causes problems with my family or friends.
9. \_\_\_\_\_ My drinking causes problems with my work.
10. \_\_\_\_\_ After I have been drinking, I cannot remember things that happened when I think about them the next day.
11. \_\_\_\_\_ After I have been drinking, I get the shakes.
12. \_\_\_\_\_ My friends think I have a drinking problem.
13. \_\_\_\_\_ I drink to calm my nerves or make me feel better.
14. \_\_\_\_\_ I drink when I am alone.
15. \_\_\_\_\_ I drink until I go to sleep or pass out.
16. \_\_\_\_\_ My drinking interferes with obligations to my family or friends.
17. \_\_\_\_\_ I have one or more drinks when things are not going well for me.
18. \_\_\_\_\_ It is hard for me to stop drinking when I want to.



19. \_\_\_ I have one or more drinks before noon.
20. \_\_\_ My friends think my level of drinking is acceptable.
21. \_\_\_ I get mean and angry when I drink.
22. \_\_\_ My friends avoid me when I am drinking.
23. \_\_\_ I avoid drinking to excess.
24. \_\_\_ My personal life gets very troublesome when I drink.
25. \_\_\_ I drink 3 to 4 times a week.

MacNeil, G. (1991). A short-form scale to measure alcohol abuse. Research on Social Work Practice, 1(1), 68-75.

Permission to use this instrument granted by WALMYR Publishing Company, P.O. Box 6229 Tallahassee, FL 32314

## Appendix C

**SERS**

This questionnaire is designed to measure how you feel about yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

- 1=Never
- 2=Rarely
- 3=A little of the time
- 4=Some of the time
- 5=A good part of the time
- 6=Most of the time
- 7=Always

Please begin.

- \_\_\_ 1. I feel that people would **NOT** like me if they really knew me well.
- \_\_\_ 2. I feel that others do things much better than I do.
- \_\_\_ 3. I feel that I am an attractive person.
- \_\_\_ 4. I feel confident in my ability to deal with other people.
- \_\_\_ 5. I feel that I am likely to fail at things I do.
- \_\_\_ 6. I feel that people really like to talk with me.
- \_\_\_ 7. I feel that I am a very competent person.
- \_\_\_ 8. When I am with other people I feel that they are glad I am with them.
- \_\_\_ 9. I feel that I make a good impression of others.
- \_\_\_ 10. I feel confident that I can begin new relationships if I want to.
- \_\_\_ 11. I feel that I am ugly.
- \_\_\_ 12. I feel that I am a boring person.
- \_\_\_ 13. I feel very nervous when I am with strangers.
- \_\_\_ 14. I feel confident in my ability to learn new things.
- \_\_\_ 15. I feel good about myself.
- \_\_\_ 16. I feel ashamed about myself.
- \_\_\_ 17. I feel inferior to other people.

- 1=Never  
 2=Rarely  
 3=A little of the time  
 4=Some of the time  
 5=A good part of the time  
 6=Most of the time  
 7=Always

- \_\_\_18. I feel that my friends find me interesting.  
 \_\_\_19. I feel that I have a good sense of humor.  
 \_\_\_20. I get angry at myself over the way I am.  
 \_\_\_21. I feel relaxed meeting new people.  
 \_\_\_22. I feel that other people are smarter than I am.  
 \_\_\_23. I do **NOT** like myself.  
 \_\_\_24. I feel confident in my ability to cope with difficult situations.  
 \_\_\_25. I feel that I am **NOT** very likeable.  
 \_\_\_26. My friends value me a lot.  
 \_\_\_27. I am afraid I will appear stupid to others.  
 \_\_\_28. I feel that I am an OK person.  
 \_\_\_29. I feel that I can count on myself to manage things well.  
 \_\_\_30. I wish I could just disappear when I am around other people.  
 \_\_\_31. I feel embarrassed to let others hear my ideas.  
 \_\_\_32. I feel that I am a nice person.  
 \_\_\_33. I feel that if I could be more like other people then I would feel **better** about myself.  
 \_\_\_34. I feel that I get pushed around more than others.  
 \_\_\_35. I feel that people like me.  
 \_\_\_36. I feel that people have a good time when they are with me.  
 \_\_\_37. I feel confident that I can do well in whatever I do.  
 \_\_\_38. I trust the competence of others more than I trust my own abilities.  
 \_\_\_39. I feel that I mess things up.  
 \_\_\_40. I wish that I were someone else.

Nugent & Thomas, (1993). Validation of the self-esteem rating scale. Research on Social Work Practice, 3, 191-207.

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