🔓 OPEN ACCESS

Medicine

Self-Esteem and Addictions

Hala Chebli[1*], Farah Azraf[1], Hajar Berrada[1], Maria Sabir[1], Fatima El Omari[1]

[1]Arrazi University Psychiatric Hospital, Salé, CHU Ibn Sina Rabat, Mohammed V University Rabat, Morocco

*Corresponding author: Hala Chebli
Arrazi University Psychiatric Hospital, Salé, CHU Ibn Sina Rabat, Mohammed V University Rabat, Maroc

Abstract	Original Research Article

Self-esteem represents the degree of positivity or negativity each person feels towards him/herself, as well as the value he/she places on him/herself, the respect he/she shows for him/herself and the opinion he/she has of his/her own importance. Some authors have concluded that there are bidirectional links between low self-esteem and addictive disorders. The following study aims to assess the degree of self-esteem in patients hospitalized in the addictology department of the Arrazi University Psychiatric Hospital in Salé for the management of addictive disorders. A socio-demographic and clinical data sheet was used, along with the Rosenberg Self-Esteem Scale and the Social Self-Esteem Inventory to assess patients' self-esteem. 58 patients were recruited in this study. scores on the Rosenberg scale ranged from 19 to 38, with a mean of 27.7, and those on the Social Self-Esteem Inventory from 82 to 158, with a mean of 107. Around 79% of patients had low to very low self-esteem according to the Rosenberg scale. Thus, therapies aimed at improving patients' self-esteem can improve the management of addictions.
Keywords: Self-esteem, substance use disorders, addiction.

INTRODUCTION

Self-esteem is a representation of self-knowledge and personal evaluation of one's own worth. Our internal (ego) conceptions of ourselves emerge through a process of action, and are then consolidated by reflection on our actions and how they are perceived by others. Self-esteem encompasses our emotions about ourselves and our assessment of our own worth. In fact, self-esteem can be interpreted as a global judgment of our own identity [1]. Addiction can be seen as a learning process, the result of an interaction between the effects of psychotropic substances on the brain and the user's interpretation of this situation, linking it to his or her environment and consolidating it as learning [2]. It has been established that the use and exploration of psychotropic substances is a widespread psychosocial phenomenon during adolescence [3]. However, for some patients, use may evolve into a problem [4], influenced by various factors such as family dynamics and social self-esteem. The relationship between self-esteem and substance use has been the subject of several studies. In his work published in 2010, Wheeler concluded that the likelihood of substance use is inversely proportional to the degree of self-esteem among adolescents. On the other hand, according to Harter, self-esteem is what enables individuals to protect themselves and adapt. However, the precise mechanisms explaining the association between these two factors remain partly enigmatic. The aim of our work is to assess social and general self-esteem in a population of patients diagnosed with substance use disorders.

MATERIALS AND METHODS

This is a descriptive study conducted among patients hospitalized in the addictology department of Arrazi Hospital in Salé. This study was carried out over a 3-month period, between March 01st 2023 and May 31st 2023. Information was collected using a data sheet containing socio-demographic and clinical data, substances used and psychiatric comorbidities.

Two scales were used with patients:
➢ **Rosenberg Self-Esteem Scale**
This succinct instrument, comprising 10 items, is easily administered. Self-esteem is measured on a scale from 1 (strongly disagree) to 4 (strongly agree), with two intermediate points: 2 (somewhat disagree) and 3 (somewhat agree). The overall score varies between 10 and 40, with a value below 25 indicating very low self-esteem, a score between 25 and 31 indicating low self-esteem, a score between 31 and 34 corresponding to average self-esteem, a score between 34 and 39 reflecting high self-esteem, and a score above 39 representing very high self-esteem.

> **The Social Self-Esteem Scale**

The Social Self-Esteem Inventory designed by Lawson, Marshall and McGrath (1979) is a tool composed of 30 descriptive statements, half of which are formulated positively and half negatively. Participants are asked to rate these statements on a six-point scale, ranging from "completely different from me" (1) to "exactly like me" (6). For each statement, respondents indicate their level of recognition using a scale ranging from 1 (completely different from me) to 6 (exactly like me). Scores from 2 to 5 represent different degrees of identification. It's important to note that the rating must be reversed for half of the items (1, 2, 9, 10, 11, 14, 16, 18, 19, 20, 21, 23, 26, 29 and 30).

RESULTS

We recruited 58 patients, who were hospitalized in the addictology department at Arrazi Hospital in Salé during the 3 months of the study.

1) Sociodemographic data

The mean age was 34.6 ±11.8 years, with 62.1% men and 37.9% women. 6.9% of participants lived in rural areas and 93.1% in urban areas. Regarding marital status, 55.2% of patients were single, while 27.6% were divorced and 17.2% were married. As for occupation, 24.1% of patients have no profession, 27.6% manage their own projects, 17.2% are salaried employees, 24.1% are students, 3.4% are retired and 3.4% are day laborers.
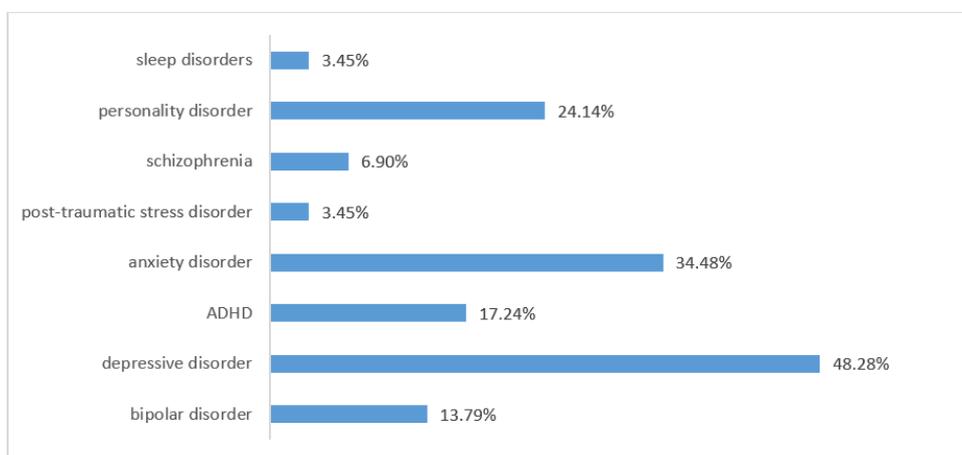
2) Pathology data

With regard to substance use disorders, tobacco use was diagnosed in 86.2% of participants, alcohol and cannabis in 55.2%, followed by benzodiazepine use in 41.4% and cocaine use in 27.6% pathological gambling was present in 3.4% of participants
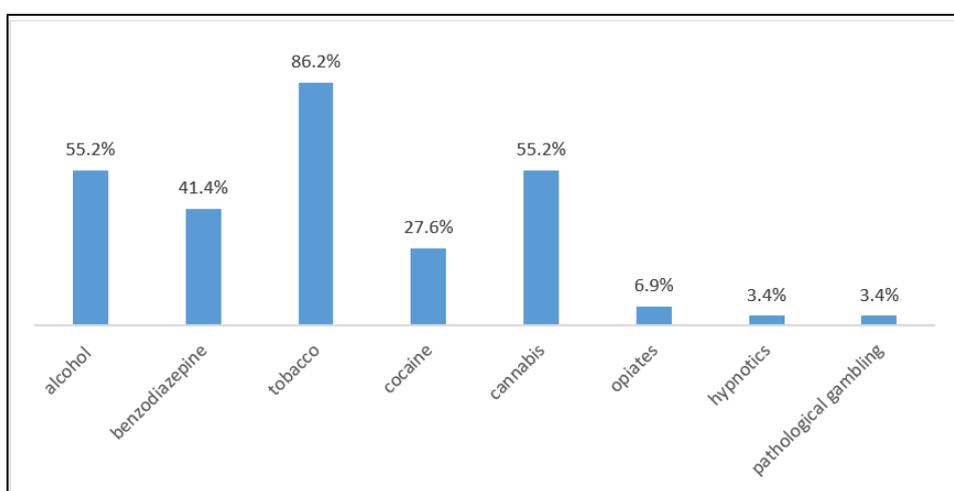
Figure 1: Distribution of participants by type of addictive disorder

With regard to comorbid psychiatric disorders: depressive disorder was present in 48.28% of patients, anxiety disorder in 34.48%, followed by personality disorder in 24.14%, then ADHD in 17.24% of patients. Schizophrenia was present in 6.9% of participants, and sleep disorder and post-traumatic stress disorder were present in 3.45% of cases.

Figure 2: Distribution of patients according to comorbidities

3) Scale results

For the Rosenberg self-esteem scale, results ranged from 19 to 38, with an average of 27.7. The results were distributed as follows (figure 3).
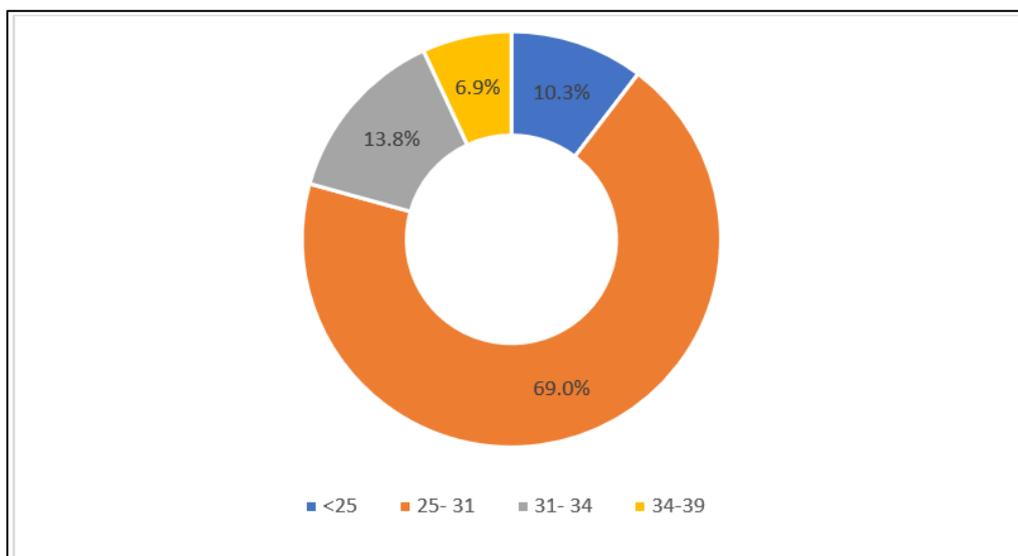
Figure 3: Distribution of patients according to Rosenberg self-esteem scale scores

Scores on the Social Self-Esteem Inventory ranged from 82 to 158, with an average of 107.

DISCUSSION

During the 3-month study period, we recruited 58 patients. Tobacco use disorder was present in 86.2% of participants, alcohol and cannabis in 55.2%, followed by benzodiazepine use disorder in 41.4%, cocaine use disorder in 27.6% and pathological gambling in 3.4%. Scores on the Rosenberg scale ranged from 19 to 38, with an average of 27.7, with around 79% of patients having low to very low self-esteem. The relationship between self-esteem and substance use has been studied in several studies. Wheeler's work, published in 2010, concluded that the higher the self-esteem, the lower the likelihood of substance use in adolescents [5]. Self-esteem represents the degree of positivity or negativity each person feels towards themselves, as well as the value they place on themselves, the respect they show themselves and the opinion they have of their own importance [6]. Self-esteem plays an adaptive and protective role for the individual [7]. and a low level of self-esteem would have a significant impact on the ability to adjust to change. In fact, self-esteem emerges from the beliefs that individuals cultivate about themselves, and is structured around four fundamental components: perceived stability and self-assurance, introspective understanding, feelings of inclusion in a social group, and perceptions of individual competence [8]. Self-esteem plays an adaptive and protective role for individuals, according to Harter [9]. and low self-esteem may have a significant impact on the ability to adjust to change [10]. Deficiencies in self-esteem are considered a major source of psychological distress, playing a determining role in the need for psychotherapeutic interventions. Moreover, many psychological problems appear to be closely linked to self-esteem difficulties, according to André and Lelord [11], and the etiology and maintenance of these difficulties are often correlated with this concept. Although numerous empirical studies have shown an association between self-esteem and mental health [12], the causal links are not definitively established.

The precise mechanisms by which low self-esteem might be associated with increased substance use remain partly enigmatic. Various theoretical proposals have been put forward in this respect: some theories suggest that increased substance use could potentially facilitate inclusion in specific social groups [13], or serve as a coping mechanism for negative emotions emanating from social rejection or depression [14]. However, despite these suggestions, causal relationships remain subject to extensive discussion. Nevertheless, findings from three studies point to a trend in which declining self-esteem may precede the initiation of smoking [15, 16, 17]. Conversely, further research has indicated an association between low self-esteem and the use of psychoactive substances. [18, 19, 20, 21]. In our sample, all our patients were diagnosed with a substance use disorder, 86.2% of whom had a tobacco use disorder, followed by cannabis and alcohol in 55.2% of participants. The Rosenberg self-esteem scale score was between 25 and 31 in 69% of participants, corresponding to low self-esteem. However, high self-esteem was found in only 6.9% of the participants in our study. Self-esteem remains a central issue in the context of patients suffering from alcohol dependence, where low self-esteem can favour the propensity to drink, and conversely, alcohol consumption can alter self-esteem. A study published in 2004 [22] shows that alcohol-dependent individuals have more negative levels of self-image and self-esteem than

the general population. In addition, a disparity is noted between women with alcohol use disorders, who show less favorable self-esteem and self-image than men. Many researchers suggest that self-esteem should be at the heart of therapeutic interventions aimed at achieving abstinence [22, 23, 24].

CONCLUSION

The quality of self-esteem plays a protective and adaptive role for the individual [6]. And some authors have concluded that low self-esteem can encourage the use of certain substances. The aim of our study was to describe the degree of general and social self-esteem in patients hospitalized in the addictology department of Arrazi Hospital in Salé for the management of their addictive disorder. The results of the scale were in favour of low self-esteem in the majority of participants. This leads us to conclude that therapies aimed at improving patients' self-esteem can improve the management of addictions.

REFERENCES

1. Alavi, H.R. (2011). The Role of Self-esteem in Tendency towards Drugs, Theft and Prostitution. *Addict Health, Summer-Autumn, 3*(3-4), 119-24.
2. Silveira, C. D., Meyer, C., Souza, G. R. D., Ramos, M. D. O., Souza, M. D. C., Monte, F. G., ... & Parcias, S. R. (2013). Qualidade de vida, autoestima e autoimagem dos dependentes químicos. *Ciência & Saúde Coletiva*, *18*, 2001-2006.
3. Zoccolillo, M., Vitaro, F., & Tremblay, R. E. (1999). Problem drug and alcohol use in a community sample of adolescents. Journal of the American Academy of Child and Adolescent Psychiatry. 38 (7), 900-907.
4. Brunelle, N., Cousineau, M., & Brochu, S. (2005). Juvenile drug use and delinquency: youths'accounts of their trajectories. *Substance use & Misuse, 40* (5), 721-734.
5. Wheeler, S.B. (2010). Effects of self-esteem and academic performance on adolescent decision-making: an examination of early sexual intercourse and illegal substance use. *J Adolesc Health, 47*(6), 582-90.
6. Rosenberg, M. (1979). Conceiving the self. New York: Basic Books.
7. Harter, S. (1999). The construction of the self: a developmental perspective. New York: Guilford Press.
8. Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, N J: Princeton University Press.
9. Harter, S. (2001). The Construction of the Self: A Developmental Perspective. Guilford Publications

10. Modrain-Talbott, M. A., Pullen, L., Ehrenberger, H., Zandstra, K., & Muenchen, B. (1998). Self-esteem in adolescents treated in an outpatient mental health setting. *Issues in Comprehensive Pediatric Nursing, 21*(3), 159–171.
11. Lelord, F., & André, C. (2011). L'estime de soi: S'aimer pour mieux vivre avec les autres. Paris : Odile Jacob.
12. Vallieres, E. F., & Vallerand, R. J. (1990). Traduction Et Validation Canadienne-Française De L'échelle De L'estime De Soi De Rosenberg. *International Journal of Psychology, 25*(2), 305-316.
13. Oetting, E. R., Donnermeyer, J. F., & Deffenbacher, J. L. (1998). Primary socialization theory. The influence of the community on drug use and deviance. III. Substance Use & Misuse, 33(8), 1629-1665.
14. Leary, M. R., Schreindorfer, L. S., & Haupt, A. L. (1995). The role of low self-esteem in emotional and behavioral problems: Why is low self-esteem dysfunctional? *Journal of Social and Clinical Psychology, 14*(3), 297-314.
15. Abernathy, T. J., Massad, L., & Romano-Dwyer, L. (1995). The relationship between smoking and self-esteem. *Adolescence, 30*(120), 899.
16. Laure, P., Binsinger, C., Friser, A., Ambard, M. F., & Girault, S. (2005). L'estime de soi et l'anxiété sont-elles prédictives de la consommation de substances psychoactives par les préadolescents? *Psychotropes, 11*(1), 73– 90
17. Fergusson, D. M., Lynskey, M. T., & Horwood, L. J. (1995). The role of peer affiliations, social, family and individual factors in continuities in cigarette smoking between childhood and adolescence. *Addiction, 90*(5), 647–659.
18. Andrews, J. A., & Duncan, S. C. (1997). Examining the reciprocal relation between academic motivation and substance use: Effects of family relationships, self-esteem, and general deviance. *Journal of Behavioral Medicine, 20*(6), 523–549
19. Jackson, C., Henriksen, L., Dickinson, D., & Levine, D. W. (1997). The early use of alcohol and tobacco: its relation to children's competence and parents' behavior. *American Journal of Public Health, 87*(3), 359–364.
20. Taylor, D. N., & Del Pilar, J. (1992). Self-esteem, anxiety, and drug use. *Psychological Reports, 71*(3), 896–898
21. Walitzer, K. S., & Sher, K. J. (1996). A prospective study of self-esteem and alcohol use disorders in early adulthood: evidence for gender differences. *Alcoholism: Clinical and Experimental Research, 20*(6), 1118–1124.
22. Aubry, C., Gay, M.-C., Romo, L., & Joffre, S. (2004). L'image de soi de l'alcoolodépendant à travers l'échelle tennessee du concept de soi: Étude comparative entre hommes et femmes. *L'Encéphale, 30*(1), 24-31.
23. Beckman, L. J. (1978). Self-esteem of women alcoholics. *Journal of Studies on Alcohol, 39*(3), 491-498.