

Escalation of Destructive Behaviour due to Advertising: An Empirical Study on Adults

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Introduction

When you think of “addicts”, what image comes to mind? Do you see dirty and disheveled people huddled on an old mattress in an abandoned building, waiting for the next fix? Or any other picture business people huddled outside on a rainy afternoon furtively smoking cigarettes? Of course, both these images are accurate, because the nicotine in tobacco is a psychoactive substance that produces patterns of dependence, tolerance, and withdrawal – nicotine use disorders, and this is now a days influenced by Media. An empirical study conducted will show you. **John Bowlby** says “once we become intensely attached or addicted to an authority figure, we will subsequently become attached or addicted to his or her ideas, no matter how peculiar they may be. What then frequently follows when we become addicted to something be a substance, an activity a person, a group, an idea, or a belief is that our thinking can become more or less distorted within the subject range of the addiction. Thus the distorted thinking of an alcoholic whose problem is obvious to the rest of us is evident in his denial, that he has a problem.

How many times have we heard, “my mind tells me one thing, but my gut tells me something else? Or my head tells me over thing, but my heart tells me differently? Or “I feel this in my blood (or my bones or my soul) or, I feel this deep down? I don’t know why I am so hard on myself? These are all metaphors of our own making to explain that we are feeling instinctually, the workings of this second operating system in our brains/minds.

Carig Nakken says “the addictive personality “slowly over time, addictive logic develops into a belief system- a delusion system from which the addicted person’s life will be directed. The person will fight this and delay it as long as possible, but eventually the delusion system.....takes control.

Craig Beridge, Prof of Wisconsin-Madison adds, that note to me that the addict may be aware in some care that his actions are self-destructive, and yet “the addict can’t control his compulsion.

Destructive Behaviour is not only that which disturbs others, but also self destruction. DSM-IV does not describe an intoxication pattern for nicotine. Rather, it lists withdrawal symptoms, which includes depressed mood, insomnia, irritability, anxiety, difficulty concentrating, restlessness, and increased appetite and weight gain. Nicotine in small doses stimulates the central nervous system. Caffeine for ex is the most common of the psychoactive substances used regularly by 90% people. Like wise there are many more substance abuses that induces DESTRUCTIVE BEHAVIOUR. They are;

- (i) Alcoholism
- (ii) Smoking
- (iii) Drug Abuse
- (iv) Anorexia Nervosa
- (v) Bulimia Nervosa
- (vi) Confirmity

The above are some of the “SELF DESTRUCTIVE” stepping-stones. The abuses will slowly lead to other consequential personality disorders or sick personality, i.e. is one in which there is a break down in the personality structure which results in poor personal and social adjustments. The scientists regard such person as “disturbed”, disordered, and in severe cases neurotic or psychotic. A personality what the layman recognized as a normal personality is not a necessarily a healthy personality, as per Jourard “it is possible to be a normal personality and be absolutely miserable”. There exists a feeling that the present day marketing of products and instigating marketing channels and media are provocateurs to such behaviour. A cause of concern for the consumers and society is at demand.

The above habits may otherwise also due to unfavourable environmental conditions, but the basis for them is physical. The basic and fundamental psychological cause of personality sickness is anxiety, which stems from self-dissatisfaction. The person is unhappy or influenced to be unhappy about himself and dislikes himself to the point where he or she becomes self-rejecting. He/she constantly wishes that he were different or that he could be like someone he admires and looks up to. Self-rejection includes chronic attitudes of self-disapproval and self-disparagement, self-distrust, feelings of being unworthy, not being deserving of satisfactions, reward or success. In one of its most cruel forms self-rejection includes severe guilt, viewing oneself as among the damned.

The self-rejection shows itself in a wide variety of behaviour patterns. The person is self critical and self derogatory. Self-rejection shows itself also in distrust of one's own attitudes and feelings. It is evident when a person strikes a pose, pretending to be what he is not, and when he boasts brags in an attempt to impress others. He is mostly artificial. When self-rejection is strong, it is sometimes expressed in various forms of self-destructiveness, such as taking reckless chances, inviting punishment, or doing things to bring disgrace upon oneself.

Some of the facts are:

- Self rejection can develop at any age, though it tend to be stronger at the adolescence
- When unable to gratify needs.
- Unrealistic expectations
- Environmental obstacles
- Unfavourable social attitudes
- Personal limitations
- Severe emotional strain
- Repeated failures
- Identification with maladjusted people
- Inability to get a proper self perspective
- Poor childhood training
- Lack of motivation

Slowly the above factors lead to the above destructive behaviour in the forms of Alcoholism, Smoking, Drug Abuse, Anorexia Nervosa, Bulimia Nervosa, Conformity. So let us see what these self destructive behaviours lead psychological disorders and later into a social malady.

The Problem

The substance-related disorders are on the increase. These are associated with the abuse of drugs such as alcohol, cocaine, and heroin and with a variety of other substance people take to alter the way they think, feel and behave. These disorders represent a problem that has cursed us for millennia and that continues to haunt us and **Advertising Media** in the name of promotion and marketing strategy or advertising slightly misses out the “**DANGER SIGNALS IT SENDS TO THE SOCIETY**”

Another view of substance dependence uses the DRUG SEEKING BEHAVIOURS and is very much influenced by the media, in every form.

Look at any item, which comes into the category of drugs and narcotics control. The risk factor like “smoking is hazardous to health”, drinking is injurious to health, or even inducers like pharmaceutical drugs does markets for the benefit but never come out in telling its consequences, instead promotes in a very disturbing manner, so as to promote rather than being explicit on its dangers.

The cost in live, money, and emotional turmoil has made the issue of drug abuse a major concern worldwide. Many presidential administrations in this country have declared various wars on drugs, but the problem remains.

The MEDIA IS NOT PLAYING EFFECTIVELY AS IT HAS TO. Smoking cigattes, drinking alcohol, and using illegal drugs are all related to these disorders, and are responsible for astronomical financial costs and the tragic waste of hundreds of thousands of human lives each year. Worst is that most of the human beings behaved in ways that are characteristic of these disorders, at some points in our life? Let us see some of the serious self-abusing agents.

The undermentioned are the substance related disorders- it means to ingest psychoactive substances- which alter mood and/or behaviour- to become intoxicated or high, to abuse these substances, and to become dependent on or addicted to them. Drinking a cup of coffee in the morning in order to wake up or smoking a cigrette and having a drink with a friend in order to relax are examples of substance use, as is the occasional ingestion of illegal drugs such as marijuana, cocaine, amphetamines, or barbiturates. DSM-IV defines substance abuse in terms of how significantly the substance interfere with the user's life. If substances disrupt your education, job, or relationships with others, and put life in dangerous situations, for ex while driving, and if related legal problems, would be considered a drug abuser.

Advertising impact on Appetite pleasure states:

Appetite Pleasure states as per clinical psychology professor Norman Doidge of university of Toronto, is our "Lower Instincts- affective process", which strikes me as being highly disruptive.

Alcoholism - *"In some ways the dynamic is this simple, alcohol makes everything better until it makes everything worse "as said by Caroline Knapp* For a long time, when it's working, the drink feels like a path to self-enlightenment, something that turns us into the person we wish to be, or the person we think we really are. Alcohol is a depressant, its initial effect is an apparent stimulation. Generally there is a feeling of well being, our inhibitions are reduced, and we become more outgoing. This is because what is initially depressed – or slowed down are the – inhibitory centers in the brain. With continued drinking, however alcohol depresses more areas of brain, which impedes the ability to function properly. Motor coordination is impaired (staggering slurred speech), reaction time is slowed, we become confused and our ability to make judgements is reduced, even vision and hearing can be negatively affected.

Smoking - Smoking has been linked with signs of negative affect, such as depression, anxiety and anger (Hall, Munoz, Reus & Sees 1993). Many people, who quit smoking, but later resume report that feelings of depression or anxiety were responsible for the relapse. There is complex relationship between cigarette smoking and negative affect. In one, severe depression was found to occur significantly more often among people with nicotine dependence. This was true whether they continued smoking or tried to quit during the study period.

Part of Pot's attraction is "doing something illegal together" To most psychiatrists, the increase in marijuana smoking represents not so much a search for new thrills as the traditional, exhibitionistic rebellion of youngsters against adult authority. There is not much that students can do that is defiant", says a Boston psychiatrist "they think with some degree of glee about what their parents would think if they knew they were smoking marijuana".

Drug users - The feelings of well being produced by small doses can change to paranoia, hallucinations, and dizziness when larger dozes are taken. Research on frequent marijuana users suggests that impairments of memory, concentration, motivation, self-esteem, relationships with other and employment are common negative outcomes of long-term use.

Anorexia Nervosa - The overwhelming majority of individuals with bulimia are within 10% of their normal weight(Hsu,1990) In contrast, individuals with anorexia nervosa (which literally means a " nervous loss of appetite", differ in one important way from individuals with bulimia. They are so successful at losing weight that they put their lives in considerable danger. Both anorexia and bulimia, are characterized by a morbid fear of gaining weight and losing control over eating. DSM-IV specifies two subtypes of anorexia nervosa. The restricting type, individuals diet, to limit calorie intake; in the binge-eating-purging type.

Bulimia Nervosa - It is one of the most common psychological disorders on college campuses. The hallmark of bulimia nervosa is eating a larger amount of food- typically, more junk food than fruits and vegetables- than most people would eat under similar circumstances.

Conformity - The degree to which a person conforms to the mores of the social groups with which he is identified-in appearance, speech and patterns of behaviour-is an appearance,speech, and patterns of behaviour-is an indication of how well adjusted he is, both personally and socially. Causes of conformity are not per se a sign of personality sickness, but because they feel that it is to their personal advantage to do so.

Some times the above habits are due to purely media influence and half knowledge as the facts associating these habits are not given in full due to affects in marketability of certain products and process. This has also been developed

to have a showing off attitude like clowning, part of pot's attraction is "doing something illegal together". Some times the above are psychological pain killers.

Studies of adults who are addicted to psychological pain killers reveal that certain personality traits are characteristics among them. So this study is to see whether assumptions still hold true.

Objectives:

- To analyse whether **MODERN marketing and advertising** strategies add to the Existing problem.
- To analyse whether these subject adults(samples) may fall into the clusters of personality disorders like
 - Cluster A- ODD or eccentric cluster** which includes paranoid, schizoix and schizotypal personality disorder.
 - Cluster-B- dramatic emotional**, or erratic cluster- which consists of antisocial, border line, histrionic and narcissistic personality disorder.
 - Cluster-C- fearful cluster-** includes avoidant, dependent, and observe compulsive personality disorder.
- To analyse which category of the substance abuse is maximum like **Depressents-** which include alcohol,sedatives, hypnotic and anxiolytic drugs
 - Stimulants** – These substances cause us to be more active and alert, and can elevate mood. Included in this group are amphetamines, cocaine, nicotine and caffeine.
 - Opiates-** The major effect of these substances is to temporarily produce analgesia (reduce pain) and euphoria. Heroin, opium, codeine, and morphine are included in this group.
 - Hallucinogens-** These substances alter sensory perception and can produce delusions, paranoia, and hallucinations. Marijuana and LSD are included in this category.
- **To analyse whether marketing strategies using media like** (cinema, advertising and magazines and print media for promotion strategies) plays a influencing role.
- **To know whether all the above factor improvises destructive behaviours.**
- **To analyse the harmful effects of unconscious traps due to media.**
- **To relate whether substance abuse relates to mood disorders or disturbances which develops to destructive behaviour**

Methodology

- **Disproportionate random sampling** by selecting people who uses atleast one of the substance.

Tool of analysis

- **Using questionnaire in Franklins addictive tool model (1990).**
- **Using Dr.Peter Lewinsohn's Pleasant Activities scheduling.**

Universe: Mala, Thrissur district, Kerala

Findings and Recommendations

On analysis by **Disproportionate random sampling** by selecting people who uses atleast one of the substance taking this district of Kerala as universe and testing the questionnaire on educated adults (mostly college students)with Franklins addictive tool model (1990), and. Dr.Peter Lewinsohn’s Pleasant Activities scheduling, the findings revealed are quite shocking.

- adults(samples) does fall into the clusters of personality disorders like **45% in Cluster A- ODD or eccentric cluster** which includes paranoid, schizoix and schizotypal personality disorder.
25% in Cluster-B- dramatic emotional, or erratic cluster- which consists of antisocial, border line, histrionic and narcissistic personality disorder.
30% in Cluster-C- fearful cluster- includes avoidant, dependent, and observe compulsive personality disorder.

Many young people become addicted to drugs like cocaine because they believe they have the will power, the rational strength, to prevent any future addition. The virtual inevitability of addiction is rarely apparent before they begin.

“it won’t happen to me”, I will be able to stop at any time” , they think some can, many can’t. Every characteristic is measured in levels of intensity. And each of us has each characteristic in varying levels of intensity, which is why we are all so different, and why we all react so differently to new influences in our lives”.

No two human brains are alike, even among identical twins. Since our minds, which house our thought process, our ability to reason, our creative capacities, outlooks; memory, system of emotions and our sense of consciousness, reside in our brains; there are no two minds that are alike.

Consequences predicted

Addiction, in the parlance of psychology is an “extreme attachment”. There is a whole body of academic work relating to the field of attachment. It appears the brain/mind has a propensity to attach to all sorts of things from loan interests, to religious, to our children, to substances, to philosophical ideas, to a far-reaching variety of physical and metaphysical phenomenon including exercise and masochism.

“Lower refers to the lower part of the brain when these older brain structure reside “**Instinctual**” **can** be said to refer to an autonomous or to use the less academic term “ **automatic response**”, we come across an allegation in the park who is about to laugh at us and we sense fear though we see it on a chain.

“affective refers to our reactive feelings and emotions such as fear, depression, elation, happiness, disgust and anger. “**Processes**” **refers to the** brain chemicals and connection that create the system and make it work.

“**Instinctual emotion system’- instinctive** – which implies a natural, genetic tendency. In fact our natural instincts are molded our time by events, particularly traumatic events, that takes place in our lives. Thus we may have a low natural power drive, but in late adolescence, our father tell us “you will never amount to anything”. If at time we are vulnerable to such a statement by an authority figure we respect, it may ratchet up our power drive and innately change us”.

As per experts; a comparison

Freud and early thinkers” “ unconscious is a system of instincts, motives, etched memories and emotional reactions that are controlled by a subset of brain structure that operate in parallel and frequently in opposition to our own rationality and intellect.

There are many labels;

- The limbic brain
- The dinosaur brain
- The primitive brain
- The inner mind
- The inner child
- The inner grown up
- The inner voice
- The inner dummies
- The id
- The instinctual brain
- The unconscious
- The subconscious
- The reptilian brain
- And the emotional brain

It is partially instinctual; containing what scientists call appetitive drives, some of which are readily recognizable, such as those that regulate hunger, sex kingship, status, and our need to nurture the young. It also includes our reactive emotions and feelings, what scientists call/effects/affect, which can be rewarding or punishing, or in a nutshell, makes us happy or sad while the instinctual emotional side of our minds, does many nice things for us, such as revising us when we are hungry and giving us the feeling of love, it is also capable, due to its primitive nature; of virtually infecting our rationality with finished views that appear perfectly logical and reasonable to those so infected. Vulnerability of rational mind among many of us, to the infection of twisted realities generated by the primitive drivers of the instinctual emotion side of our minds, is perhaps the human race's greatest weakness.

According to **Freud; id** which has his metaphor for the instinctual; emotional system has no sense of logic, time or awareness. By this he meant that this side of our mind is not only capable of being or becoming addicted, or using the more common term, fanaticized, to a distorted outlook or attitude, but once it does, it is not immediately open to rational persuasion, no matter how logical or compelling.

Fantasy: Blazer defines fantasy as “an escape or defensive mechanism offering either solace or an illusionary mechanism offering either solace or an illusionary release from unsatisfying reality or an imaginary satisfaction of wishes any actual gratification of which has been forbidden by repression” Whenever fantasy is excessive for a person's age and level of development, it may be regarded as a danger signal of personality sickness”. “**Although no one can give a precise definition of what is an** “excessive” amount of fantasy, practical criteria can be applied to individual cases. Too great a dependence on daydreaming seems to be caused by the same factors that underlie the seclusive forms of defense. When fear anxiety or persistent frustration prevents active adjustment, daydreaming will be used. Fantasy plays a dual role as a direct satisfier of basic motives and as a compensation for thwarted attainments”.

Fantasy : The white lies of childhood, resulting from the young child's desire to be more self-acceptant, are not the conscious falsifications of the truth; instead they are unconscious falsifications which serve to inflate the child's ego. Sour grapes Mechanism, Pollyanna Mechanism etc.

Compensation: Compensation is an ego defence which reduces the person's feelings of self-rejection in two ways; first, by channeling his energies into an activity in which he can achieve success and thus eliminate some of the self-rejectant attitude that followed failure in another activity, and second, by diverting his attention as well as the attention of others from the activity in which he failed to the one in which he is a success.

“A Compensatory activity may be unrealistic, such as exaggerated manner.....or affected speech. The individual may tend to compensate for a defect by over aggressiveness, bullying, false submissiveness, or overzealousness in denunciation of social or individual inadequacies. These compensatory habits are expressions of the individual’s denial to himself of his own inadequacy”.

Showing Off : All young show off to attract attention to themselves. They discover, partly by trial and error and partly by the encouragement they receive from doting parents, that when they say or do something to put themselves at the center of attention their feelings of neglect and rejection are replaced by the ego satisfaction that comes from being noticed, approved or even applauded.

Patterns of Show-off behaviour; One of the most common forms of showing off is boasting about one’s achievements, possessions, and social contacts. Whether it is the child who boasts of his larger and better toys, the adolescent who boasts of his romantic conquests, or the adult who boasts of his important friends, often subtly by name dropping, the fundamental source of satisfaction is the ego inflation he hopes to achieve from the admiration of others.

- Clowning in any situation and at any age, can be counted on to get a laugh.
- Making derogatory comments and name calling are show-off techniques that are often substituted for clowning.
- The daredevil who takes unreasonable chances and defies authority has a marked feeling of personal inadequacy which he is trying to compensate for.
- Accident-proneness is regarded as a danger signal of personality sickness
- Defying authority, in the form of rules and laws laid down by parents, teachers, and law-enforcement authorities is a common show-off technique.

Psychological Pain Killers; The attention value of using such techniques as drinking, smoking and taking drugs to defy authority and their value as a means of inflating the ego lead some people to rely upon them to ease the psychological pain that comes from self-dissatisfaction and self-rejection.

As psychological pains increase, many people follow the same path that they use for easing physical pain; they increase the frequency of use and the intensity of the pain killer. Today it is recognized that a person who has become addicted to any technique to deaden the psychological pain of self-rejection is suffering from personality sickness.

On the other hand, their use may be regarded as a danger signal under three conditions; first, if they are used more often in solitude than in social settings; second ; if they are used so frequently and with such intensity that they attract negative attention only- pity or contempt; and third, if they are used much more often by those who are not well liked or who are socially inadequate than by those who are popular and who make good social adjustments. “Addictions” as per Stewart and Livson, “are not isolated habits but expressions of pervasive personality tendencies”.

Drinking usually starts as “defiant drinking”- a revolt against adult authority and way of asserting one’s independence of parents and teachers, many adolescents when they first start to drink, get little physical satisfaction from it but much psychological satisfaction. Not only do they feel that they are grown up and independent but they also feel that they are accepted members of the peer group.

They find, from social drinking, that alcohol gives them a lift, they drink enough, they learn that alcohol anesthetizes them, temporarily at least, against all unpleasant activities.

Once they discover the psychological value of drinking, they may use it excessively and in solitude, as chain smokers use cigarettes. Drinking is no longer a social activity, to be carried out with their friends, but a psychological painkiller. Whenever they feel depressed and unhappy, they take a drink. If this does not kill their psychological pain, they take another and still another. In time, unless therapeutic steps are taken, they slip into alcoholism- the excessive use of alcohol, usually in solitude, to help them forget their troubles or, as the saying goes, “ to drown their sorrows”.

Many people, especially by members of the younger generation, use narcotics as a psychological painkiller. Many discover from using marijuana that it gives them a psychological lift and makes them forget their troubles temporarily and feel more adequate. The use is at first, social; people want to do what other members of their peer group are doing.

Overeating to compensate for feelings of inadequacy is more prevalent among females than males. It is considered more sex-appropriate for females to eat sweets, and that is why there is more obesity due to overeating among women. Men who suffer from obesity usually overdrink.

As the double standard of moral conduct in the upper and middle socio economic groups is being abandoned, so is the use of overeating as a leading female psychological pain-killer. Women and girls of the upper and middle socio-economic groups today are extremely weight conscious and are turning more and more to masculine psychological pain-killers, especially excessive smoking and alcoholism. Younger women in the lower socioeconomic groups are also becoming weight-conscious, no longer accepting the traditional views about smoking, drinking, and the use of narcotics.

Conformity; the degree to which a person conforms to the mores of the social group with which he is identified-in appearance, speech, and patterns of behaviour- is an indication of how well adjusted he is, both personally and socially. Because conformity is intended to fulfill normative group expectations, the person who conforms to these expectations is favourably judged by members of the group. Consequently, he can judge himself favourably. Too much or too little conformity can be judged only in terms of the norms of the age of the person who is being judged by members of the group. Consequently, he can judge himself favourably.

Too much or too little conformity can be judged only in terms of the norms of the age of the person who is being judged. At certain times, such as late childhood and early adolescence, overconformity is to characteristic that conformity must be almost obsessive to be regarded as a danger signal of personality sickness. Lack of conformity and a desire to assert individuality, on the other hand, are characteristically found in preschool children and older adolescents, especially college students, and are therefore signs of normal adjustment.

Causes of conformity: Conformity is not per se a sign of personality sickness. Some people conform, even overconform, because they feel that it is to their personal advantage to do so. The adolescent may readily choose to conform in what he wears, says, and does because he hopes that this will increase his acceptance by members of the peer group. Mostly the cause is a product of child training. **Conformity conditioning** is one of the devices, found in some form in every culture, by which society maintains, its integrity, although often at some cost to the adjustments of the individual persons..... If an association between punishment and blame is made very frequently or very strongly, the conditioning generalizes. A person so conditioned then comes to react with fear and submission to any social criticism whatsoever, either expressed or implied. A generalized fear of criticism affects one's perception of other people's actions, just as all strong motives affect the way the world is perceived. Consequently, a person over conditioned to criticism sees slights and insults when none are intended, and in popular speech he is said to be 'sensitive'. We all have a moderate fear of social scorn, which perhaps is necessary for social control. A stronger degree of fear is disorganizing, because a person is so preoccupied with escaping it or combating it that he does not attend to the satisfaction of his other constructive social wants.

Over conformity; when excessive conformity occurs at ages when it is not normally found, it is a danger signal of personality sickness. It shows that the person is suffering from feelings of personal inadequacy and is afraid to do or say anything that might draw the criticism and scorn of others. He may even question his own judgement and hold back from saying or doing what he would like for fear that he might be wrong while others are right. He becomes a "compulsive conformist" who conforms even when it is against his own principles. Underconformity, in which a person refuses to conform to social expectations and often chooses a pattern of behaviour diametrically opposite to that approved by the group is a more evident danger signal of

personality sickness than is overconformity. The underconformist is showing, by his appearance, his speech, and his actions, that he feels rejected by members of the social group and is “thumbing his nose” at them as a way, usually unconscious, of easing the psychological pain that social rejection brings.

Attitude toward conformity; when a person conforms because he believes it is the right thing to do and will be to his personal advantage as well as contributing to the welfare of the group, his attitude may be regarded as “healthy”.

When, on the other hand, he conforms because he is afraid not to, fearing punishment or social disapproval, his attitude is “unhealthy”. If, in addition, he conforms against his better judgment and against his principles, this is further evidence of personality sickness. The attitude of extreme nonconformist is unhealthy. Flouting mores and repudiating the views of the majority about what is right and best for all concerned shows a lack of respect for others as well as a lack of pride of self. The nonconformist’s attitude is, if anything, even more unhealthy than that of the overconformist. As such, it is a danger signal of even greater personality sickness.

Consequences due to these habits are and may be in some cases

Suicide ; it is a rare adolescent who does not, at some time or other, think of killing himself because he is a “failure” or because he believes the world is “unfair” to him. Relatively few adolescents go beyond talking, though some do try to commit suicide, if for no other reason than to frighten their parents or teachers into treating them better in the future. They are one of the most serious danger signals or maladjustment. **Suicide** is, in most cases, a sudden precipitous reaction to a stressful situation resulting from frustration, depression, overt or masked anger, or a rebellious act against a restraining figure, a loved one. It is intended to frighten and to cause the restraining persons to change an attitude or behaviour towards the victim. It is often intended as a warning to parents or loved ones, as an expression of dissatisfaction or displeasure with existing unpleasant situations, and as a plea for improved relationships.

Personality Patterns of suicide victims; clinical studies of people of different ages who commit suicide, who attempt to do so, or who meet their daily problems by talking about suicide reveal that they all have one characteristic in common, namely they are strongly self-rejectant. Sometimes this self-rejectant attitude comes from accumulated failures, often failures which they have convinced themselves are due to no fault of their own, and sometimes it comes from the loneliness which results not from environmental isolation but from social isolation.

Most people who are suicide-prone have long histories of gloominess, withdrawal, anxiety, and other problems. They have suffered from personality sicknesses which have grown progressively worse and have resulted in greater and greater self-rejection. A person who is poorly adjusted finds it particularly difficult to adjust to the problems that are normal for persons of his age. When he sees his problems mounting, he becomes increasingly self-rejectant, feeling that he is even more of a failure than he was earlier.

Excessive smoking, especially in solitude may be regarded as a danger signal of personality sickness. The person who smokes much more than his peers, and does so in solitude as well as when he is with members of the peer group, shows that he is engaging in an activity which he has discovered gives him psychological satisfaction whenever he feels depressed, frustrated, or annoyed. It gives him a “lift” when he feels self-rejectant. **Chain-smoking or excessive smoking** is often found among those who have a history of rebelling against social restrictions, in some cases since elementary school days.

Narcotics are used as a psychological pain-killer by many people, especially by members of the younger generation. Many discover from using marijuana that it gives them a psychological lift and makes them forget their troubles temporarily and feel more adequate. This use is, at first, social; people want to do what other members of their peer group are doing.

Since narcotics are expensive and their general sale and use are illegal, some young people sniff glue to relieve their depressive states. However, many juvenile delinquents from all social classes

steal to get the money necessary to buy narcotics, which they find more effective once they become accustomed to them.

Other Predictable Variations: The factors responsible for the variations in frequency and severity are age, sex, socioeconomic status, family size, particularly, and kind of sickness.

Age: Personality sickness is more likely to occur at ages when major physical, social, or environmental changes occur in the person's accustomed pattern of living.

Sex: Personality sickness is more common among males at certain ages and among females at others. From late adolescence through middle age, neuroses and psychoses are more frequent among girls and women than among boys and men.

“As was explained in relation to suicide, many men find the adjustment to retirement a very traumatic experience. Any self-rejection they experienced earlier is intensified if they believe that family members regard them as “useless” now that their wage earning days are over”.

Family Size: One might expect to find more personality sickness in small families, than in larger one-child, “spoiled brat” families, than in larger ones.

Popularity: Those who are in especially favoured positions will not need to escape from the world in which they find themselves, and will turn to the world of mass media less often. Conversely, those in a particularly disadvantaged position will often use this way out of their unfavourable environment.....When an adolescent is in a system that fails to give him status and allow him status and allow him in a positive self-evaluation, (he) often escapes to a world where he need not have such a negative self evaluation-the world of mass media.

Regardless of the form personality sickness takes, the fundamental cure consists of a change in the self-concept. No wonder drug or operative technique can be used to achieve this goal. Instead it must come from the willingness of the person to make a change in the way he views himself and the way he would like to be. Only then can the sickness be cured.

Successful therapy tends to narrow the gap between the “real self” and the “ideal self”. Self-acceptance also seems to be increased by therapeutic counseling. In the course of which the client tends to acquire understanding, to become more secure, more self-accepting also seems to be increased by therapeutic counseling, in the course of which the client tends to acquire understanding, to become more secure, more self-accepting, less apologetic and self-condemnatory, more realistic in his self-appraisal, and more self-reliant. He may become able to change patterns in himself that he recognizes as undesirable.

To be able to achieve the goal of being less self-rejectant and more self-acceptant, many people need temporary or permanent aids. Two aids have been widely and successfully used to date.

Two aids have been widely and successfully used. First psychological pain killers, in one form or another, may be used for a short period until the severity of the illness has subsided and the person is able to cope with his problems without this artificial aid.

Margaret Mead states “we should not have to go through the day with a headache. We should not have to face unnecessary anxiety when a pill would relieve the tension.....it's very unhealthy not to face uncertain stresses”.

The second aid is a change of environment. Just as physical illness is often cured more speedily and more completely by a change of environment, so is personality sickness.

Unless members of the social group have a favorable attitude toward a person, remaining in the group will be psychologically damaging to him, and self-rejection will be the predicted outcome. One cannot overstress the importance of recognizing that, unlike physical illness, which may develop with lightning rapidity, personality sickness normally develops gradually.

Common Psychological Pain-Killers; When children reach adolescence, they find that obesity is a social handicap, especially in their relationships with members of the opposite sex. The more rejected they are socially, the more they turn to eating as a way of killing the psychological pain social rejection brings. As they reach adulthood, they often discover that obesity is a vocational, social, and marital handicap. By the time, overeating has become a habitual method of meeting all frustrations and all situations that make them feel self-rejectant. Consequently, except in rare

cases where there is a glandular or some other physical cause, obesity is due to overeating. Either obesity or overeating may be regarded as a danger signal of personality sickness.

Conclusion

The physiology of the mental side of our brain is rarely covered in our formal education and so most of us explain away the irrationalities; we might observe in others, based on what we know from experience and what we are told by others. “Wilson; the Harvard/sociobiologist and author of concilience says, “ people know more about their automobiles than they do their minds; and thus is obviously true even for those who of us rarely speak of auto’s hood.

Donald W Black; professor of Psychiatry at the university of Iowa College know for certain how it might continue to evolve or what technological advance might speed their evolution along. That is why we are probably quiet correct in aiming that there may be hope for positive change. While our brain is created genetically at the rate of 2,50,000 neuron cells per minute in the womb; the mental software it comes with is designed to absorb knowledge and behaviour from the environment in which we are born.

Seriousness of Personality Sickness; Bennet declares ; Maladjustive behaviour shows a tenacious tendency to remain maladjustive. Forms of activity that succeeded in doing the individual far more harm than good remain in operation even in the face of the strongest psychotherapeutic efforts. Minor forms of maladjustive behaviour become permanent fixtures in the totality of the individual’s behavior and often remain throughout his lifetime. Small things, insignificant in themselves, pile up and the burdens to the day-to-day existence and drain efficiency. **Third,** Personality sickness spreads through conditioning and becomes general rather than specific. A person may become rebellious against overdomineering parents, and as time goes on, he will come to feel rebellious toward all in authority.

Fourth; personality sickness leads to or exaggerates already-existing social rejection. A maladjusted person, regardless of what form his personality sickness he takes, is not a pleasant person to be associated with.

Fifth; the most serious aspect of personality sickness is that it leads aspect of personality sickness is that it leads to unhappiness not only for the person who experiences, it is hard for him not to be self-rejectant.

The unhappiness that comes from physical or psychological sickness tends to be cumulative and persistent. If the person who is physically or psychologically ill finds that flight into the world of fantasy helps him to be less **self-rejectant**, the habit of flight will grow.

Suggestions for further research

Coping with Personality Sickness; One of the most common traditional beliefs about personality, as has been stressed is that the person will outgrow undesirable personality traits and automatically develop desirable ones. Scientific evidence does not substantiate this belief. Instead, it shows that any trait, favorable or unfavorable, will be reinforced by repetition and will become a deep-rooted habit. In coping with personality sickness, personologists must take the same approach that is taken by members of the medical profession in coping with physical illness.

Research must be done on the personality deeply to unveil the options available for coping with personality sickness and methods to cope with and not drugs alone

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