THE RELATIONSHIP BETWEEN SELF-ACTUALIZATION AND DRUG USE

MICHAEL HARVEY WALLACE

THE RELATIONSHIP BETWEEN SELF-ACTUALIZATION AND DRUG USE

An Abstract

Presented to

the Graduate Council of

Austin Peay State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

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by

Michael Harvey Wallace

April 1981

ABSTRACT

A study was conducted to investigate the relationship between self-actualization and drug use as measured by the Personal Orientation Inventory. The study used 79 subjects; 46 were male and 33 were female. The mean age of the subjects was 22. In the first phase of the study, subjects were given the Drug Use Questionnaire. During phase two, the subjects completed the Personal Orientation Inventory. The Drug Use Questionnaire was then matched with the Personal Orientation Inventory. A correlational analysis revealed high intercorrelations between the various POI dimensions. Intercorrelations between the three drug categories suggest that those subjects who use alcohol are also likely to use marijuana. Critical correlations between the twelve POI scales and the drug use categories were not significant. The attenuated correlations were, in part, attributed to the restricted ranges on the substance usage scales. To test the possibility that a curvilinear relationship may exist, the average deviation in alcohol and marijuana consumption at points on the Time-Competent and Inner-Other POI scales were compared. The positive correlations imply that a curvilinear relationship may exist with self-

actualizers being either above or below average in their use of alcohol and marijuana.

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To the Graduate Council:

I am submitting herewith a Thesis written by Michael Harvey Wallace entitled "The Relationship Between Self-Actualization and Drug Use." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Psychology.

Garland E. Blair
Major Professor

We have read this thesis and recommend its acceptance:

Cyril J. Sadowski
Minor Professor

John D. Martin
Third Committee Member

Accepted for the Council

William H. Elles
Dean of the Graduate School

ACKNOWLEDGEMENTS

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CHAPTER I

PREFACE

Drug abuse is a phenomenon causing considerable concern throughout many of the industrialized nations of the world. Psychologists and other social scientists, supported by their respective governments, are frantically investing time, money, and effort into researching effective preventive programs. The main thrust of these programs appears to center around drug education. The assumption is that if the individual is made aware of the destructive psychological and physical harm of drug abuse he or she would be responsible enough to discontinue its use. Since drug abuse continues to increase, this approach is apparently not efficacious. It is possible that such an approach may even produce a sophisticated drug abuser. This serves only to complicate the problem.

An approach that takes into consideration the personality dynamics of the drug abuser might come closer to uncovering essential factors involved. Such approaches have been attempted. Recent studies (Cohn and Schoolar and White, 1972; Holroyd and Kalin, 1974; Smart and Jones, 1970) have shown that certain personality characteristics exist among those individuals who abuse

drugs. For example, it was found that drug abusers reject present social values. They have a higher incidence of conduct disorders, feelings of alienation, nonconformity, self-deception, and lack of self-confidence. However, these ascertained personality characteristics of the drug abuser are descriptive. They are limited in the sense that they offer no framework within which to work in changing drug abuse behavior.

A descriptive framework which does have implications for changing drug abuse patterns may be found within the Humanistic-Existential Model of Psychology. Weil (1972) has pointed out that people take drugs for a variety of reasons, all of them traceable to the desire to be more comfortable with themselves, or simply to feel better. This implies the existence of a void or crisis due to a desire for change. Such feelings emerge from a lack of self-actualization. Self-actualization, as presented within the framework of the Existential-Humanistic Model of Psychology, better addresses what may be considered the core elements involved in drug abuse. It also provides a means whereby change can occur. In order to facilitate an understanding of the rationale involved in choosing the Existential-Humanistic model, the main tenants of the Existential-Humanistic school will be presented.

Shaffer (1978) presents five Existential principles that comprise the central emphasis within the Existential-Humanistic model. These include the phenomenological or experiential, man's wholeness and integrity, existential freedom and autonomy, anti-reductionism, and limitations in defining man's nature.

To the Existentialist experience is not solely a matter of phenomenology. Conscious or subjective experience is of primary importance. Each individual has an inherent right to his or her feelings. Reality is not so much objective as it is personalized and individualized for each perceiver. Considering the drug abuser's conscious or subjective experience does not necessarily lend itself to relativism, nor is it contrary to logical positivism.

The Humanist emphasizes man's wholeness and integrity. Basic human motivation moves toward unity and wholeness. Man possesses a central core of being that integrates fragmented parts of the personality. This fragmentation occurs as a result of conflicts between personal and cultural demands. Non-self-actualizers may use drugs as a means of dealing with these conflicts. These attempts at resolution must be respected. Empathy is the primary agent through which changes can occur.

Man's essential freedom and autonomy is recognized

by the Humanist. Although he cannot change who his parents are, his place in society, or many other facets of his life situation, the drug abuser has no perspective of the fact that he or she can choose a psychological stance with which to face these unalterable facts. The freedom to make such a choice with the resulting autonomy is essential to the Humanist. The drug abuser can choose an attitude toward conditions imposed upon him or her.

The Existential-Humanistic orientation is toward anti-reductionism. Experience is not reduced to basic drives or defenses as in Psychoanalysis or as a by-product in Behaviorism. Anti-reductionism addresses particularly the idea of an unconscious mind. Humanists do not reject the notion of the unconscious mind, but emphasis is on the irreducible wholeness of human beings. Fragmenting man by splitting his mind into unconscious and conscious parts can easily be used by the drug abuser to deny his or her autonomy and rationalize away responsibility for drug taking behavior.

The Humanist contends that human nature can never fully be defined. By not placing limits on human nature, the human personality then has the possibility of being infinitely expandable.

Shaffer (1978) presents five basic concepts of the

Existential-Humanistic model that provide further elucidation. These include the concepts of being and non-being, being-in-the-world, the I-thou relationship, intentionality, authentic and inauthentic existence, existential versus neurotic anxiety, and existential versus neurotic guilt.

The concept of being and non-being concerns the treatment of self. The Humanist makes a distinction between viewing the self-as-subject or self-as-object. Being is equivalent to experiencing self-as-subject. Non-being is experienced when self is viewed as object. When self is perceived as subject the individual experiences his aliveness. He or she is reactive to the environment. Conversely, experiencing self as object implies being acted upon. Behavior is geared to please others. Sense of self is lost in a myriad of perceived external demands and expectations. Non-self-actualizers fall into this latter category.

Closely related to the idea of being and non-being, being-in-the-world implies that there is no separation of self from the external world. There is no division between the inner and outer that alienates man from his environment. The implication is that there is no self buried deep within that experiences the world and othes indirectly. Instead, there exists a confluent or

reciprocal relationship between the inner and outer. The drug abusers probable experience of alienation and separateness is a result of not experiencing this confluency between the inner and outer. He or she feels isolated and cut off from the world and others.

The I-thou relationship is a concept that pertains specifically to interpersonal interactions. The I-thou relationship is in contrast to the I-it relationship. Operating within the I-thou framework implies that others are perceived as subject of their world and not as a "thing" or "it" within the phenomenological field of the perceiver. Others are respected for their individual perceptions, feelings, and experiences and are permitted complete freedom within their reality model. Such a view also prevents one from manipulating or using others for one's own purposes and personal gain. Non-self-actualizers operate primarily within the "I-it" framework. While non-self-actualizers experience self-as-object, others are relegated to the same position. The drug abuser approaches relationships with apprehension, guardedness, and suspicion. Alienation is perpetuated further still.

The Existential concept of intentionality states that the world is acted upon with a certain intent by the individual. The drug abuser, as everyone else,

approaches the world with a degree of intent. This intentionality makes for an authorship of what one experiences. Once responsibility is taken for this authorship, one aligns himself or herself more with the concept of self-as-subject. Non-self-actualizers refuse responsibility for his or her intentionality, thus reinforcing the perception of self-as-object. Only by being aware of one's intent can responsibility for one's actions be owned.

Related to the notion of non-being, inauthentic existence is an existence based solely on the idea that one must achieve fixed characteristics, play status-seeking games, and seek approval of others. Such a quest is doomed to failure. The non-self-actualizer lives inauthentically. When unable to obtain the fixed characteristics or the approval of others, the non-self-actualizer falls into a downward spiral moving deeper into despair and alienation. With authentic existence one confronts the threat of self-as-object and makes decisions despite uncertainty. There is respect for the autonomy of others and an appreciation for one's own purposes to fulfill. Others do not exist for one's own pleasure and self-enhancement.

Existential anxiety is simply a consequence of the fact that one is born alone and dies alone. Everything

that happens between birth and death is a struggle with the threat of non-being and knowing that no one is to blame but oneself for actions that are detrimental to self and the environment. Existential anxiety is not indicative of pathology. Neurotic anxiety is pathological. It results whenever existential anxiety is evaded and not confronted. The non-self-actualizer refuses to face his or her existential predicament. Rather, the approach to life is passive and non-committal. Anxiety occurs when sense of self is dependent upon the ever elusive approval of others. Committal and confrontation occurs when active choices are made in spite of uncertainty.

Existential guilt and neurotic guilt are similar as is existential anxiety and neurotic anxiety. Existential guilt, like existential anxiety, is genuine. Such guilt is experienced when one for whatever reason brings real hurt or disappointment to another. Existential guilt also results when certain potentials are neglected. Since these experiences are inevitable existential guilt becomes neurotic when sense of self-as-subject is lost. Self is focused upon as an object relegating it to a position of either being good or bad. Non-self-actualizers evaluate themselves by arbitrary standards.

In the foregoing principles and concepts of the Existential-Humanistic model, it may be seen that the

concepts as presented represent polarities (i.e., being and non-being, authentic versus inauthentic existence, etc.). "A polarity is defined as a continuum with discrete variations from a central zero point of constriction of feeling, to a fullness of feeling at the outward extremes" (Shostrum, 1976, p. 4). Experiencing the fullness represented by the extremes within these polarities reflects a process of self-actualization. According to Shostrom, self-actualizing is " . . . an ongoing process of growth toward utilizing ones potential" (p. 1). Process is stressed in opposition to static existence. The process is the means whereby one's expressiveness reaches toward the extremes represented by these polarities. The result is an experiencing of one's aliveness.

To what extent is the drug abuser self-actualizing? Exploring this question, Knapp (1975) cited studies which used the Personal Orientation Inventory and showed that alcoholics and heroin addicts scored significantly lower than the " . . . original validating, clinically nominated, self-actualizing sample" (p. 61). If Existential-Humanistic principles and concepts are applicable in determining the dynamics involved in drug abuse, it would then come as no surprise to find that alcohol and heroin addicts are non-self-actualizing--especially since heroin addicts and alcoholics represent

extremes when compared to the casual drug abuser. Since it has been determined that the more casual drug abuser possesses particular personality characteristics, it could then be assumed that values of a non-self-actualizing nature are held by this same population and are in fact open to measurement. It has been hypothesized that non-addictive drug abuser functions on a continuum within the polarities represented in the Existential-Humanistic model expressing values contrary to those of a self-actualizing nature.

CHAPTER II

METHOD

Subjects

A total of 79 subjects actually participated in the study. Of the subjects, 46 were male and 33 were female. Ages of the subjects ranged from 45 to 18. The mean age was 22.

The instructor of the class from which the subjects were drawn introduced the study by explaining that the research was being conducted to fulfill the requirements for the completion of a Master of Arts degree in Psychology by a University graduate student. He explained that the study would be conducted in two phases. Consent and Agreement forms were signed by the subjects (see Appendix A).

Apparatus

The Personal Orientation Inventory (POI) (Shostrom, 1974) was created to meet the need for a comprehensive measure of values and behavior seen to be of importance in the development of a self-actualizing person as described by Maslow (1954), Brammer and Shostrom (1960), and Shostrom, Knapp, and Knapp (1975). The POI consists of 150 two-choice value and behavior judgments. The

items are scored twice, first for two basic scales of personal orientation, i.e., Time Competence and Inner-Directed; and second, for ten sub-scales, each of which measures a conceptually important element of self-actualizing. A general overview of the POI follows.

Time Competence yields a ratio score which measures whether one's reactivity is basically toward others or self. Self-Actualizing Values measures one's affirmation of the primary values of self-actualizing persons. Existentiality measures one's ability to situationally or existentially react without rigid adherence to principles. Feeling Reactivity measures one's sensitivity of responsiveness to one's own needs and feelings. Spontaneity measures one's freedom to react spontaneously or to be oneself. Self-Regard measures one's affirmation of self on the basis of his valuation of himself as worthwhile or strong. Self Acceptance measures one's affirmation of self in spite of weaknesses or deficiencies. Nature of Man measures one's ability to see man as essentially good, to resolve good and evil, masculinity-feminity, selfishness-unselfishness, and spirituality-sensuality dichotomies. Synergy measures one's ability to see the opposites of life as being meaningfully related. Acceptance of Aggression measures one's ability to accept anger and aggression within one's self as

natural. Capacity for Intimacy measures one's ability to develop meaningful, intimate relationships with other human beings.

"Self-actualizing samples are significantly higher on all scales and non-self-actualizing samples tend to be lower on all scales" (Shostrom, 1974, p. 18). According to Shostrom (1974), the degree or level of any subject's self-actualizing may be determined simply by examining the scores on the Time Competence and Inner-Directed scales. Also, for correlation or other statistical analysis it is recommended that scores from the Time Competence scale and Inner-Directed scale be used in preference to the ratio scores, due to the statistical complexities of the ratio scores.

Drug Usage Questionnaire

The questionnaire assessed the subject's current substance usage. This information was obtained by dividing the questionnaire into three sections. The sections assessed the subject's alcohol, marijuana, and hard drug usage, respectively. The section on alcohol usage was comprised of six questions and the remaining two sections were comprised of five questions each. Each section confirmed the subject's usage of that substance, the frequency of usage, and a subjective rating of themselves along a continuum from a very light user to a

heavy user (see Appendix B for a copy of the Drug Usage Questionnaire used).

Procedure

Phase One. As soon as the subjects had signed the Consent and Agreement Form each received a Drug Usage Questionnaire. The subjects were given the following instructions:

> This questionnaire concerns your use of drugs and alcohol. Please answer the questions as they pertain to you. Since the questions asked are of a personal nature, the obtaining of this information will be done in such a way as to conceal the identity of each individual. In order for this to be accomplished, you are asked to write in the upper right hand corner of the questionnaire only your birth date and middle initial. Later, in Phase Two, you will be given another set of questions to answer which will require, again, only your birth date and middle initial. This procedure will allow the two sets of questions to be matched to the same person while maintaining and respecting each individual's concern for confidentiality.

Phase Two. During Phase Two, the POI was administered according to the directions in the manual.

After the subjects completed the POI, they were debriefed concerning the nature of the study and were informed that arrangements could be made for them to meet with the researcher to discuss scores and their implications.

The Drug Usage Questionnaire was then matched for each subject with their POI answer sheet from the study. The data obtained allowed for a comparison between a

subject's drug usage and the extent of self-actualizing values held by that same subject.

CHAPTER III

RESULTS AND DISCUSSION

The present study was concerned with the degree of self-actualization as measured by the POI, and its relationship to drug abuse. Marijuana, alcohol, and hard drugs were the drugs of primary focus. The 12 scales comprising the POI were combined with the three categories of drug usage creating a total of 16 variables per subject for 79 subjects. The drug variables were quantified in terms of frequency of usage.

The means, standard deviations, and ranges for the POI and drug usage scales are presented in Table 1. These scores are close to the norms established by the POI manual (Shostrom, 1974, p. 24). It may be noted that the ranges within each of the POI scales are rather small, but the distributions were approximately normal. Ranges within the substance usage scales are very restricted, with the scale on alcohol usage having the widest, lower for marijuana, and only one report of hard drug use.

Intercorrelations are presented in Table 2. High intercorrelations between the POI dimensions are apparent. This suggests that the POI is consistent in its

Table 1

Means, Standard Deviations and Ranges of POI Dimensions and Drug Usage Category

Variable	M	SD	Lowest	Highest
POI Dimension				
1. TC	15.15	3.53	8	21
2. I	82.70	9.85	55	103
3. SAV	19.62	2.57	14	25
4. EX	19.44	3.77	11	29
5. FR	16.34	2.69	10	21
6. S	12.11	2.59	6	16
7. SR	12.11	2.68	6	16
8. SA	15.05	3.19	9	22
9. NC	11.44	1.92	7	16
10. SY	6.73	1.26	3	9
11. A	15.98	2.83	8	21
12. C	17.48	3.84	10	24
Drug Usage Category				
Alcohol	1.39	1.53	0	8
Marijuana	.58	1.42	0	7
Hard Drugs	.12	.11	0	1

Table 2

Correlations Between POI Dimensions and Drug Usage

Variable		2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.	TC	.702***	.309**	.580***	.542***	.631***	.578***	.494***	.003	.408***	.580***	.655***	.030	.122	.036
2.	I		.604***	.773***	.683***	.774***	.686***	.689***	.180	.474***	.736***	.714***	.032	.041	.026
3.	SAV			.342**	.312**	.498***	.525***	.121	.424***	.671***	.339**	.282*	.188	.041	.027
4.	EX				.553***	.521***	.338**	.587***	.028	.444***	.642***	.689***	.009	.108	.016
5.	FR					.583***	.356**	.372***	.137	.231*	.662***	.666***	.025	.160	.098
6.	S						.581***	.464***	.109	.320**	.658***	.518***	.135	.036	.039
7.	SR							.419***	.177	.302**	.484***	.413***	.010	.022	.004
8.	SA								.022	.175	.597***	.545***	.104	.001	.033
9.	NC									.442***	.172	.176	.014	.021	.032
10.	SY										.283**	.236*	.118	.117	.154
11.	A											.651***	.038	.074	.079
12.	C												.041	.141	.042
13.	A/C													.420***	.487***
14.	MAR														.509***
15.	HD														

Note: N = 79 * p .05 ** p .01 *** p .001

measurements. Correlations between the substance usage scales indicate that a relationship exists between alcohol and marijuana use (i.e., those who use alcohol are also likely to use marijuana). Critical correlations between the POI dimensions and substance usage were not significant. Restricted ranges on the POI dimensions and substance usage were not significant. Restricted ranges on the substance usage scales may, in part, account for the non-significant correlations obtained. Another possibility would be that the relationship between self-actualization and substance usage is not linear. To test the possibility that a curvilinear relationship might exist between self-actualization and drug use, the average deviation in alcohol and marijuana consumption at points on the Time Competence and Inner-Directed Scales were compared. The correlations between the POI dimensions levels and substance abuse appear in Table 3. Although non-significant, positive correlations imply that a curvilinear relationship may exist with high self-actualizers being either above or below average in their use of alcohol and marijuana.

The hypothesis that those who use drugs move in a direction away from values of a self-actualizing nature was not supported by this research. A post hoc analysis of the data indicates that self-actualizers may in fact

Table 3

Correlations of Time-Competence and Inner-Other Directedness with Average Deviation of Substance Use at Each Level

POI Dimension	Alcohol	Marijuana
Time-Competence	.484	-.029
Inner-Other Directed	.292	.223

use drugs as is shown in the curvilinear relationship between frequency of usage and the scores obtained on the Time-Competence and Inner-Directed scales of the POI. Therefore, it would be inaccurate to assume that drugs are used only by persons with non-self-actualizing personality characteristics. That self-actualizers use drugs may be attributed to the idea that they are by nature open to a variety of experiences and would not restrict themselves in using drugs. Nonetheless, more highly developed theoretical assumptions surrounding the concept of self-actualization may be needed to adequately explain drug taking behavior of self-actualizers. Until more rigorous theoretical assumptions are developed, the use of concepts and principles of the Existential-Humanistic Model of Psychology--particularly the concept of self-actualization--do not seem adequate in ascertaining the roots of drug-taking behavior with prevention as the goal.

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Appendix A: Consent and Agreement Form

LETTER OF CONSENT AND AGREEMENT

I, _____
on this date, _____,
hereby of my own free choice consent and volunteer to participate in this research study, being assured and guaranteed by the student researcher and his/her director(s) that the data collected from any individual and/or group testing, in whatever form deemed necessary and sufficient by the researcher and his/her director(s) will be kept now and forever in the strictest confidence; that such data will not be released for inspection, examination, or analysis by any person(s) other than the researcher and his/her thesis director(s). The researcher assures that only he/she will know the identity of the subject, and the researcher shall not reveal in any manner, at any time, to any person such identity. Furthermore, that any and all information identifying me will be destroyed, e.g., answer sheets on which my name appears, at the completion of the research. Furthermore, it is agreed and assured that I will be immediately debriefed concerning the true nature of the research once my participation in the research is concluded, and that I shall be protected from any hard, whether to body or emotions, throughout the research; and that should I require any care or counseling following the conclusion of my participation in this research, I will be assisted in securing such care and/or counseling by a qualified and competent professional.

As a volunteering subject, I agree to cooperate with the researcher by not discussing his/her research or any part of it with any other subject or potential subject until the research in its entirety is concluded. I reserve the right to withdraw from the research at any time when I deem it necessary to protect my own integrity; while abiding by my agreement with the researcher as set forth above.

I contract this agreement with the researcher of

this study and his/her director(s) and to the responsibilities and assurances herein set forth.

_____

Signature of the Volunteering Subject

_____

Signature of the Student Researcher

Appendix B: Drug Questionnaire

DRUG QUESTIONNAIRE

This questionnaire concerns your use of alcohol and other drugs. Please answer the questions as they pertain to you.

Section I

1. Do you ever drink beer, wine, or liquor? No _____ Yes _____ If no go to Section II.

2. Which of these do you drink most often? Beer _____, Wine _____, Liquor _____.

3. How long ago did you last drink beer, wine, or liquor? Less than one month _____, 1 or 2 months _____, 3 months to one year _____, more than one year _____.

4. During the past week, on how many days did you have something to drink? 0, 1, 2, 3, 4, 5, 6, 7.

5. How many drinks did you have on each of the days you did drink? Start with the last day and work back. Sun. _____, Mon. _____, Tues. _____, Wed. _____, Thurs. _____, Fri. _____, Sat. _____.

6. At the present time how would you classify yourself? 1. Very light drinker _____, 2. Fairly light drinker _____, 3. Moderate drinker _____, 4. Fairly heavy drinker _____.

Section II

1. Do you ever smoke marijuana? Yes _____, No _____. If no go to Section III.

2. How long ago did you last smoke marijuana? Less than one month _____, 1 or 2 months _____, 3 months to one year _____, more than one year _____.

3. During the past week, on how many days did you smoke marijuana? 0, 1, 2, 3, 4, 5, 6, 7.

4. How many times did you smoke marijuana on each of the days you did smoke? Start with the last day and work back. Sun. _____, Mon. _____, Tues. _____, Wed. _____, Thurs. _____, Fri. _____, Sat. _____.

5. At the present time how would you classify yourself? 1. Very light smoker _____, 2. Fairly light smoker _____, 3. Moderate smoker _____, 4. Fairly heavy smoker _____, 5. Heavy smoker _____.

Section III

1. Do you ever take (for non-medical use) hallucinogens (LSD, Mescaline, PCP, MDA, etc.), stimulants (cocaine, amphetamines, pep pills, uppers, etc.), depressants (barbituates, tranquilizers, downs, etc.) or Narcotics (opium, morphine, codeine, heroin, etc.)? Yes _____, No _____.

2. Which of these do you take most often? Hallucinogens _____, stimulants _____, depressants _____, narcotics _____.

3. How long ago did you last take any of these drugs? Less than one month _____, 1 or 2 months _____, 3 months to one year _____, more than one year _____.

4. During the past week, on how many days did you take hallucinogens, stimulants, depressants, or narcotics? Start with the last day and work back. Sun. _____, Mon. _____, Tues. _____, Wed. _____, Thurs. _____, Fri. _____, Sat. _____.

5. At the present time, how would you classify yourself? 1. Very light user _____, 2. Fairly light user _____, 3. Moderate user _____, 4. Fairly heavy user _____, 5. Heavy user _____.